

Dr. BEST. Well, the best thing I can do is guess. I do not have any really solid figures on which to make such a statement. As stated in my article there is somewhere in the neighborhood of 30 percent who you could probably make a reasonably good case that they should have had the drug.

Senator NELSON. Should have had the drug?

Dr. BEST. Should have had it. Another about 30 percent where they should not, and then the remaining middle 40 percent we do not know, and my guess is that most of the middle one should not have had it, either. Obviously, there are some biases involved in those who were reported to the registry, and the chances are the bias would be towards reporting the cases where the drug was given for more serious diseases rather than less serious ones, so that just to kind of reach into the air and pull out a figure, I think the one that Dr. Dameshek mentioned of perhaps 10 percent of all that is given as having a good reason to be given is probably as good a guess as I would want to make but I do have to say that it is a guess.

Senator NELSON. That would mean, then, that the guess is also that 90 percent—

Dr. BEST. Ninety percent, probably some other drug or no drug at all would have been the better thing to use.

Mr. GROSSMAN. Doctor, can I just ask you one question about the ramifications of this failure of the warning system. For example, Dr. Dameshek says that the numerous warnings regarding the indiscriminate use of Chloromycetin have been practically without effect. With regard to our entire drug system, do you think that we have a failure of our warning systems to work and do we need some kind of a change?

Dr. BEST. I do not agree with his statement in that case. I think it has not been without effect, to use a double negative. I think it has had an effect. I do not think it has had nearly as much effect as we would like it to have, but I think it has had an effect. I believe we would see a much worse situation if we did not have the warnings. This is based on conversations I have had with individual physicians. I know many who are very reluctant to use chloramphenicol because they are aware of these warnings.

It is just that we have not hit 100 percent of physicians as far as this philosophy is concerned. So, we would like to do better. But I would not say that we have had no effect as far as our warnings are concerned.

Mr. GROSSMAN. Would you say it is a minority of physicians or smaller group of physicians?

Dr. BEST. It is hard to say whether it is a minority or a majority. Certainly, among those that I am personally familiar with, and these tend to be those who are academically oriented, I would say the vast majority are aware of this danger and tread very lightly in the use of chloramphenicol.

Mr. GROSSMAN. What are the ramifications as far as other drugs are concerned? In other words, are warnings being heeded on other drugs? Is the same true in most of our other drugs? If it is not being done here to some degree, how can we believe that warnings are really effective at all on any—

Dr. BEST. I am sure they are only partially effective. I am sure nonetheless that the average physician when he uses a drug does become