and milder classic side effects"; "with minimal side effects"; "minimum incidence of certain side effects"; "relatively nontoxic"; "untoward reactions infrequent and minimal"; "undesirable reactions are seldom encountered or are minor in degree"; "lower incidence of severe side effects"; "virtually free from side reactions"; "side effects minor"; "side effects generally miled and can be overcome by adjustment in dosage"; "fewer side effects", et cetera.

I realize that these statements are out of context without the full ad, but are some of these statements the kind you, as a specialist, certainly would not endorse?

Dr. BEST. I would certainly agree; some of those statements I would consider very misleading. One of the problems in this whole business of studying the side effects of drugs is the question of confusing how frequently something occurs with how serious it is when it occurs, and——

Senator NELSON. And how unnecessary it is in those instances where it should not be used in the first place.

Dr. BEST. Yes.

Senator NELSON. Like the story of the fellow who, I think it was in the Philippine campaign where a soldier came back and everybody was saying, "Well, it was not a very big war," and he said, "No, but it was awfully big for those fellows that got killed." That is as big as it can get for the man.

Mr. GORDON. Doctor, on page 8 of your statement you refer to headlines like: "When it counts," "Among the most significant drugs in use today," and "A name you can count on when it counts."

Now, if I were to suggest that these slogans tend to play down the danger of the drug, would you accept that as a reasonably accurate statement?

Dr. BEST. Yes. I would consider these ads as being inadequately documented as to the dangers, and as I say, these were last summer. I do not know whether they still are putting these out anywhere or not but I looked through a pile of journals in the library and these I found.

Senator NELSON. Thank you very much, Doctor, for taking the time to come here and for your very useful contribution to these hearings.

(The article by Dr. Best referred to previously, follows:)

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CHLORAMPHENICOL-ASSOCIATED BLOOD DYSCRASIAS—A REVIEW OF CASES SUBMITTED TO THE AMERICAN MEDICAL ASSOCIATION REGISTRY

(By William R. Best, M.D.)

From the Research Resources Laboratory, University of Illinois, College of Medicine, Chicago, and Biostatistics Research Support Center, Veterans Administration Hospital, Hines, Illinois. This report has been prepared at the request of the Panel an Hematology of the Section on Adverse Reactions of the AMA Department of Drugs. Reprint requests to Secretary, Council on Drugs, American Medical Association, 535 N. Dearborn St., Chicago 60610.

Chloramphenicol, an effective broad spectrum antibiotic, was introduced in 1948. Only after three years of extensive use did it become evident that this drug was capable of seriously depressing bone marrow activity in rare recipients. It was in response to the delay in recognizing the toxic potentialities of this drug