

Dr. WESTON. That is correct.

The mechanics of this, I am sure, have probably been pointed out by some of the other experts, but in testing a patient and an organism to determine its sensitivity, one has to take from the person a culture, which is really a growth of the organism outside of the body, transplant this into an artificial media, and then attempt to grow this organism in this artificial media in the presence of the antibiotics that are available. There is an element of time entailed in this. You first have to take it out and grow it with the antibiotics and without the antibiotics, and if in its artificial media it is shown not to grow with the antibiotic, then, of course, this would be the antibiotic choice. But this does require a matter of hours, days before you can determine this. By giving an agent which is effective in virtually every infection you preclude the necessity of doing this.

Senator NELSON. Am I correct in my interpretation of the expert testimony that we have had thus far that although chloramphenicol is effective in a wide range of infections, there are a number of those infections for which, in fact, it should not be used despite the fact that it may be effective, is that correct?

Dr. WESTON. That, sir, this is true of most of them. I will come to that later on, in the vast majority of them.

Senator NELSON. In the vast majority of areas where it is effective it still should not be used, is that correct?

Dr. WESTON. That is correct.

This is quoted:

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It should be kept in mind that the incidence of aplastic anemia is not known because statistics on this affection are incomplete and inadequate. In the survey, among those who received the estimated 8,000,000 courses of therapy of Chloromycetin, aplastic anemia is known to have appeared in 193 patients. The ratio 193 : 8,000,000 gives a rate of 1.74 per 100,000 which probably is not much greater incidence than would be expected in a population of sick persons who had not received any Chloromycetin.

Senator NELSON. Considering the present knowledge available about the risk, that is not a correct statement?

Dr. WESTON. That is correct. The California study just completed establishes the most reliable statistics of what the anticipated incidence of fatal aplastic anemia would be, again taking into consideration not only registered cases but a survey of death certificates which was occasionally followed up by follow-up investigation.

Now, I should point out in all deference to my colleagues that if I were prescribing Chloromycetin for a minor respiratory infection and a year from now it became apparent that this patient developed aplastic anemia, I would be somewhat reluctant to sign a death certificate on such a case as aplastic anemia having seen at least two malpractice cases that approached \$200,000 awarded in the country in the last several years. Not only do you lose money in your insurance, but you lose patients this way. So, I think you have to view any reporting of the incidence of any untoward reaction to a drug with a rather jaundiced eye, so to speak, and realize that it really touches only a small