

segment of what may actually be happening. I would not want to sensationalize it. On the other hand, I do not think saying you can see one in a thousand or one in 10,000 is a true picture. I do not think anybody really knows, but I am sure we are seeing that there is a great deal more blood dyscrasia from Chloromycetin than is reported in a voluntary register of any kind.

Mr. GORDON. Dr. Weston, the figures given in the California report, if I am not mistaken, indicate that the risk of aplastic anemia is one in 524,600 per year in California for those who have not received chloramphenicol; is that correct?

Dr. WESTON. Yes, sir.

Mr. GORDON. But the Parke, Davis instructions to the detailed men said one in 1.74 per 100,000?

Dr. WESTON. Yes, sir.

Mr. GORDON. You have no idea where they go that figure?

Dr. WESTON. No; I do not.

Mr. GORDON. Thank you very much.

Dr. WESTON. The recent California survey reveals an incidence in 71½-gram doses of one fatal aplastic anemia in approximately 21,000.

Mr. GORDON. That is for those who take Chloromycetin?

Dr. WESTON. That is for those who take it; yes, sir.

Thus Parke, Davis & Co. sought to convince the medical profession by its advertising and detailing that Chloromycetin was the broad-spectrum antibiotic of choice, that its uses were in no way curtailed by the FDA announcement, and that the drug's toxicity was akin to that of many other drugs. The increase in sales speak for the widespread use of Chloromycetin from the late 1950's to a total sales volume within the United States in 1962 of \$37,499,733. Experts in malpractice trials have testified that the detail men of Parke, Davis were loath to discuss the bone-marrow toxicity of the drug and emphasized its effectiveness in a wide variety of clinical conditions, this includes again Dr. McGehee in *Incollingo v. Parke, Davis and Associates*. Dr. McGehee at that time was a practicing clinician, practicing internal medicine as well as hematology and was aware by virtue of his hematology experience of the untoward effects as well as in constant contact with the detail men as is any practicing physician.

Parke, Davis was highly successful in the period from 1952 to 1960 in setting the standard of care for the medical profession. However, in the late 1950's, reports of blood dyscrasias associated with Chloromycetin therapy began to multiply; and in 1961, the National Research Council was again asked to submit a report with recommendations to the Federal Food and Drug Administration. The Council, at this time, recommended that the following warning, more forceful and explicit be placed on the Chloromycetin packages and circulars:

(Immediate container label): "WARNING: Blood dyscrasias may be associated with the use of chloramphenicol. It is essential that adequate blood studies be made (see enclosed warnings and precautions.)"

And then the drug enclosure:

WARNING: Serious and even fatal blood dyscrasias (aplastic anemia, hypoplastic anemia, thrombocytopenia, granulocytopenia) are known to occur after the administration of chloramphenicol. Blood dyscrasias have occurred after short-term and with prolonged therapy with this drug.