the fine print, you see it indicated "When it counts Chloromycetin (chloramphenicol) can be useful in urinary tract infections." And then you have a whole page of fine print.

The same thing is true, and these are incidentally in their original advertisements, partly in color "may be indicated in certain severe respiratory infections." They carried the same list of indications and warnings within the advertisement that is published elsewhere.

Senator NELSON. In which type of severe respiratory infection is chloramphenicol indicated?

Dr. WESTON. Well, categorically I would say chloramphenicol is not indicated in any respiratory infection in which any other antibiotic which is less toxic is effective, and this is true of any infection in the body for that matter. Now, the only exception to that might be in a patient in which another antibiotic is effective, but the patient is so sensitive to the drug that you might endanger his life by administering it to him.

Senator NELSON. Well, the headings says "May be indicated in certain severe respiratory infections." There are, of course, a wide range of respiratory infections. Is there any respiratory infection itself, in addition to the one circumstance you just named, in which chloramphenicol is the drug of choice?

Dr. WESTON. Yes, sir.

Senator NELSON. There is none in which it is the drug of choice?

Dr. WESTON. No, not taking other antibiotics into consideration. They say this; I don't mean to imply that in the scope of the two-page advertisement they don't say exactly what I have said, because they do. It is in fine print, it says "Because of its wide antibacterial spectrum and its ability to diffuse into effective forms Chloromycetin may be of value in the treatment of selected severe respiratory tract infections due to susceptible microorganisms. However, as with any antibacterial agent, the administration of Chloromycetin must be adjunctive to the overall therapeutic approach to this family of diseases. Appropriately treated good results can be expected." Then they go on to say "The decision to choose Chloromycetin from a group of antibiotics suggested by in vitro studies to be potentially effective against specific and respiratory tract pathogen should be guided" by various, "by severity of infection, relative susceptibility pathogenically to the various antibacterial drugs, relative efficacy of the various drugs in this family of infections and the important additional concepts contained in the warning box." They say everything that I just said. If there is no other drug that is less toxic which can be used then use Chloromycetin, but they have put it, couched it in, quite different language than I think I expressed here. They have again equated it with the toxicity of other antibiotic drugs.

Now, I have asked myself the question many times, why has this occurred? Referring back to the continuing widespread use. I believe the reason is twofold. Chloromycetin is a very effective antibiotic which may be used to control virtually the entire spectra of infections ranging from Rickettsial diseases, which include Scrub Typhus, Murine and Epidemic Typhus, Rickeettsiapox and Rocky Mountain Spotted Fever, and most of the gram negative and gram positive diseases in between. But as I indicated previously most of these infections, and