nounced, without telling anybody who I was and said "Have you had an increase in the sales of antibiotics including Chloromycetin in the last 3 weeks," because in Utah we have had continued publicity about flu although we haven't documented it in any of our laboratories accurately yet, and he said, "Yes, we have had a marked increase in all antibiotics and we have this usually, seasonally, including Chloromycetin."

So there is no question; there never has been any question in my mind, but that it has been used indiscriminately, and this is an example of a lay person working in a medical center, who had no idea of the degree of toxicity.

I have read quite a bit in the California proceeding, I am sure you have already considered putting something on the prescription package which actually ultimately wound up in the hands of the patient telling them that they were taking a drug which might cause serious reaction, and I feel perhaps, as most of the doctors do, that this is unwise because there may be a patient, possibly one in a million, I don't know how many it would be, who may have to have this drug who is allergic to tetracycline, Ampicillin, or one of the other drugs and is in a life-threatening situation and if she were to receive this particular drug with a warning "This might kill you, it may depress your bone marrow, or it may do something else," I am sure I wouldn't want to take the drug and perhaps she wouldn't want to and yet it might, in that particular instance, be the agent of choice. So I am inclined to agree with the physicians, if there is going to be a warning, or if there is going to be restriction on its use, the restriction should lie with the person who prescribes it, not with the advertisement on the material to the patient themselves, although this was considered at some length in the California hearings which you probably are aware of.

Senator NELSON. Well, I am still puzzled about the explanation for the widespread prescribing of this drug for minor infections. It seems to me, since it is perfectly clear from the law suits that have already been tried, that the doctors are liable for prescribing it for a minor infection. The only logical conclusion, it would seem is that the doctor prescribing it really isn't aware of the caution that should be used with this drug. I can't come to any other conclusion.

Dr. WESTON. Well, in my field I deal a great deal with human behavior, working with things other than drugs, motivations, reason for automobile accidents and related accidents, and I would say that there is a widespread feeling, not only in physicians, but people in general that this won't happen to me, and this is really, in my estimation, the crux of the thing.

I can't believe there are enough physicians uninformed about Chloromycetin today with what has been in the literature, including at least three editorial comments from the council on drugs in the JAMA, which have covered a full page. The Senate hearings in California were quite widely publicized and I can't believe that the doctor is that uninformed. He may well be, but I think that—I would have to conclude that part of the responsibility at this point rests with the doctor. I can't blame it all on Parke-Davis, because he has to open the PDR, he has undoubtedly received samples from Parke-Davis, and warnings in the literature with the material. When a doctor gets up in a malprac-