Senator NELSON. Would that statistically be the answer?

Dr. WESTON. Statistically, I am sure it would, yes.

I do not want to become sensational in this presentation but I would just like to tell you a little bit about the last case that I examined. The father had a myocardial infarction shortly after the daughter died. The daughter had been sick for about 3 years. It is a case of a youngster who had a bad cold and sore throat, tonsillitis. The mother was given a prescription by a physician, took it to the drugstore and got it filled. This particular prescription was for chloromycetin. In worked very effectively against the youngster's tonsillitis.

The youngster got sick about 3 weeks later and the mother went down to the druggist and got the prescription refilled, took it home and gave it to her daughter again.

The third time she went down to the druggist the druggist asked if she was sure she wanted this refilled? And the woman said, "Yes, I do." "Well," he said, "I can't do it without calling the doctor." So, he thereupon called the doctor and the doctor was not in. So she said, "Well, isn't there anything that you can do?" he said, "Yes, I have another physician that I can call." So, he called this other physician and said, "I have a little girl with real bad tonsillitis. She has had chloromycetin before. Can I give her a prescription?" He said, "Yes." So, therefore, upon telephone communication with the second doctor, never ever having seen the patient, he gave the little girl a third prescription.

Well, all in all, she had some five different courses of chloromycetin. She came into the hospital and was treated for about 3⅓ years with hormones. The mother is now in a psychiatric institution because she has all the guilt reaction which goes with her having talked the druggist into prescribing this drug. The father is incapable of working any longer.

This is not an unusual case. When chloromycetin is prescribed neither the druggist or doctors seem to realize the potential toxicity. On the other hand, if you talk to this doctor, after he had this type of drug reaction, and ask him whether he would give chloromycetin to this or any other patient for just about any condition, he would say: "No, I would not give it. I just will not give it, period."

So, I have had the occasion to talk to three different doctors who have had this type of reaction. Dr. Wintrobe in our department, of course, has dealt with families going almost into the hundreds that have had this type of reaction since he is such a well-qualified hematologist. He tells you uncategorically, he would not give chloromycetin and he does not see how they give chloromycetin. It is an entirely different situation than if you have a youngster who is coming in with typhoid fever. You have got a kid with a cold, that is what it amounts to, a runny nose, and you are giving him something that could take his life away anywhere from 3 months to 3 years later.

There just does not seem to be any way of equating the thing, as far as most university physicians are concerned at this time. It is really very sad; it is impossible.

Now, to go on in the statement, Parke, Davis has, from its outset equated the untoward reaction to chloromycetin to that with other drugs and, I am sure you will find in the literature if you look for it,