references to granulocytopenia, treated with sulfonamides, and a substantial array of medical literature now on anaphylactic reactions, many of them due to penicillin, but you cannot equate the amount of penicillin which has been given to the amount of chloromycetin given and quantitatively put it down on anaphylactic reactions even if they were all uniformly fatal which they are not any longer. They are treated and suspected and watched for in quite a large percentage of the patients. So that you cannot equate them.

Aspirin is another thing which in two malpractice trials I have seen introduced as something which causes untoward reactions. If you stop to think of how many aspirin are administered or taken in this country in a year, this is a rather ridiculous argument. Certainly there are a smaller number of cases but my own personal search of the literature reveals that more children die from taking aspirin accidentally in a home in 1 year than have been reported from untoward reactions to aspirin in 10 years. So that again, you cannot equate aspirin.

And if you are going to go into dicumarol, which is another thing I have seen in malpractice testimony, this is ridiculous, because here you have a man who is on the borderline of life and death. You are offering him the opportunity to keep his coronary arteries open at the cost of introducing an agent which has a very definite calculated risk and you cannot equate this any more than you could with a variety of anti-neoplastic agents that we are using which are known to be toxic, which are known to cause bone marrow damage. You are dealing with fatal conditions and potentially fatal conditions and we cannot put the two of them in the same sentence even in court testimony.

Chloromycetin is indicated in any infectious disease in which another antibiotic with less toxic effect is not efficacious, or cannot be tolerated by the patient. Present indication, again depending on the method of administration, the sensitivity of the patient, could be construed to include at the very most typhoid fever, certain rickettsial infections such as epidemic, murine and scrub typhus, rickettsiapox and Rocky Mountain spot fever.

It may be indicated in overwhelming infections where positive identification in the organism and sensitivity to antibiotic would only serve to delay the value of effective chemotherapy and hasten death.

Senator NELSON. May we back up a moment?

Dr. WESTON. Yes, sir.

Senator NELSON. Maybe I do not read this sentence correctly. You say: "Chloromycetin, (chloramphenicol) is indicated in any infectious disease in which another antibiotic with less toxic effect is not efficacious."

Dr. WESTON. Well, you have to take into consideration the method of administration. Tetracycline administered orally has frequently sufficient side effects to it that it causes the patient such gastrointestinal disturbance that he is incapable of keeping it within his system, and if you are going to talk about treating a patient with tetracycline, you have to consider that the patient will be capable of keeping the drug within his stomach and his intestine long enough for it to be absorbed, or you are going to have to administer it parenterally or by injection. Now, if you can do this, that is fine, but if you cannot do this, then you have got to use chloromycetin, is what I am saying.