previous attempts at legislation controlling its use in at least one State. With the numerous agencies available for reporting use of the drug in outpatient and hospital practice, it would appear at this time that a legislative attempt should be made to limit the use of this toxic antibiotic to those conditions in which it is indicated. However distasteful such measures may be to physicians, my personal experience in dealing with physicians who have been associated with severe untoward reactions to the drug has revealed considerably more displeasure on their part at this time.

Senator NELSON. You mean more displeasure about what?

Dr. WESTON. About their untoward reactions, about their aplastic anemias. Whenever anyone has a reaction, they stop using Chloromycetin, has been my experience. Of course, it is too late.

Senator NELSON. In the cases you have recited, are you talking about doctors who prescribed it for a case in which it was not indicated?

Dr. WESTON. Yes, sir.

Senator NELSON. They should not have prescribed it.

Dr. WESTON. That is correct.

Senator NELSON. And, in all of those cases the doctor would have been happier if there had been some restriction on his freedom of prescription, is that right?

Dr. WESTON. Yes, sir.

Senator NELSON. We had testimony to that effect on Tuesday. Dr. Lepper testified that there ought to be some limitation upon prescription of this drug. He was not prepared to say what kind of formula or what kind of a method should be used. One of the witnesses suggested that we follow the same procedure used in the prescription of morphine: That chloramphenicol be identified in a certain way and a record filed, and so forth. But, in any event, I understand your testimony to be that there should be some attempt, legislative or otherwise, to control the use of this drug.

Dr. WESTON. Yes, sir. I would not limit it to this drug. I think that there are now and there will be, perhaps not nearly as toxic as Chloromycetin, but I am sure that experimentally the time will come when there may be another drug which may have untoward effects and any machinery which is set in motion to control these drugs, I think should take into consideration the fact that we are using drugs in different ranges of effectiveness and in different ranges of risk. Dicumarol certainly has a well accepted risk. We know a certain number of people are going to take Dicumarol to the point where they will bleed internally and subsequently die from this. On the other hand, to equate this with the effect it has in preventing perhaps thrombosis within a coronary artery, this is not a bad risk. The same is true of agents which are used for prevention of cancer or treatment of cancer. We have watched the antileukemic agents for a number of years and have seen the bone marrow of these patients sometimes go down to nothing, and then tried to build them up. We knew this was an accepted risk.

These were experimental drugs and I think any doctor that gives an experimental drug to a patient has an obligation to the patient or to the family to explain that this is an experimental drug. So, I think the legislation—and I am sure, as Dr. Lepper testified, that the