Senator NELSON. Today you heard Dr. Weston's testimony suggesting that some limitation, by legislation or otherwise, be imposed upon the use of this drug. We had similar testimony Tuesday from Dr. Lepper, and both Dr. Dameshek and Dr. Best, I believe, thought some kind of a limitation ought to be imposed. Do you agree or disagree with that?

Dr. HOEPRICH. I think something should be done. The question is whether it should be at the level of limitation by direct decree of use of the drug itself. I am not sure that this ought to be the only mechanism. I know the suggestion has been made that its use be limited to hospitalized patients. I think this might be an undue restriction in that people with severe salmonelloses are not always treated in hospitals. I, myself, think they should be. That does not mean that this always happens. So that I am concerned about that.

I would wonder if it would not be possible to approach the matter, at the same time, from the other end. As is obvious in my statement, I really think that this indirect suggestion for prescription in the advertisements is a point of attack that might be very useful.

Senator NELSON. What is that?

Dr. HOEPRICH. Well, this business of displaying a bronchoscope and saying it may be useful in bronchopulmonary infections. Indeed, it may be useful, but the approach should not be that it may be useful. Rather, say it is useful in salmonelloses, typhoid fever. In other words, I think a positive statement of indications and the complete prohibition of quasi, occasional, possible, indirect suggestions, would be of great impact in terms of misuse of the drug.

Senator NELSON. That would mean, I assume, that somebody with the authority, FDA, for example, would have to say with regard to drugs that create serious problems, "This is precisely the kind of advertising that you are allowed."

Dr. HOEPRICH. Yes. I am encouraged in this thought because of the abolition of the man in the white coat on television with reference to aspirin ads, for example. I am encouraged to think this kind of approach can be used. That the display business can be taken out of ads. It has been in some circumstances.

Senator NELSON. Tuesday the three doctors who testified made what they considered to be a guess, that only 10 percent of the patients who received chloramphenicol should, in their judgment, have received it. Today, it was Dr. Weston's judgment that 1 percent or less of all the patients that received it should have received it. Do you have any estimate of your own?

Dr. HOEPRICH. Yes. I would occupy a middle ground. I would say probably around 5 percent of those who received it should receive it.

Mr. GORDON. Let us come back to the advertising problem for a moment. Even if the written advertising was controlled to some extent, and I think the FDA does have jurisdiction over that, court cases have certainly shown that the detail man, the salesman who visits a doctor, through his blandishments, I was going to say, through his promotional activities, vigorous promotional activities, seems to water down or to cancel out the written warnings, and I understand that the FDA does not have any control over that type of promotional activity. Do you have any ideas along this line?