years or do not get well documented enough for everybody to become aware of it. Certainly, the most common source of information to the physician is the drug company through its advertising, through its detailing, and through the Physicians' Desk Reference.

Most desirable, of course, would be a more objective source of information, a less enthusiastic source, not so filled with accolades to its effectiveness but giving a more thorough discussion of its potential toxicity or its side effects and their incidence. I do not know whether the FDA could undertake this or whether some local type of educational system could be set up, but certainly the detailing and other advertising and promotion should be on a more objective basis.

Senator NELSON. Given the natural inclination of any company to increase its sales, is it really practical to rely upon a salesman of a product to accurately and scientifically inform the physician? It has not worked in this case.

Dr. HEWSON. No, I do not believe it is. Certainly, there is a large pecuniary interest involved. The detailing is done by nonprofessional men who are still basically salesmen. Even though maybe they may not realize it, they are dealing with life and death rather than with just sales of a product which is innocuous. These drugs are all potentially toxic and Chloromycetin more so.

Senator NELSON. When you consider that even as late as 1961, when the FDA quite belatedly, given all the information they had since 1952, insisted upon, under the law, a more specific warning; and given the fact that very distinguished hematologists such as Dr. Dameshek now of Mount Sinai Hospital were giving warnings to physicians, is it not clear that there is some rather dramatic breakdown in communications between the people who are informed about the drug and those who are prescribing it?

Dr. HEWSON. Yes. I think there is no doubt about that. I think the advertising, if we can use the term "overpromotion," may get the drug started on its misuse and then I think your communications, your chances to get through, probably are eliminated and I think the detailing can maintain the misuse and abuse. Despite the 1962 warnings, sales have stayed very high for chloromycetin and I think that speaks to what you have said and affirms it. But, from here on I go to the detailing and to the physician's role, which is more important than what the drug company puts down in black and white because the detailing is on a very personal, usually two-man level, in a closed room; and it is much more difficult to control. Then, of course, we must consider the role of the physicians who do make the final decision of whether the drug should be used; I think we have to look at them carefully—the role they have played and what they have done in this unrestrained use of the drug.

Senator NELSON. But, given the circumstance that the whole medical profession, that is, at least those informed about the drug, and AMA, and FDA, were well aware for years that the drug was being overprescribed—whatever fault there may be with the busy physician who is reading the clever advertising, and certainly there is some—is there not a grave responsibility that rests upon the medical profession itself, the American Medical Association, and the Government, the Federal Food and Drug Administration to remedy the situation.