Dr. HEWSON. Yes. I agree with you wholeheartedly, but I think the phrase you used, those who are informed, is the key to it. I think that certainly Dr. Dameshek and Dr. Weston, hematologists, good internists, stay well informed. They are academically oriented, but I do not think that speaks to the average physician. I think there is a communications breakdown. I do not think the AMA could communicate that well with the average physician, and certainly I do not think the drug companies would or could.

Senator NELSON. Is it not true that every major teaching hospital, at least, and every major first-rate hospital in every State of America for years has been very careful about the prescription of this drug and the prescription of it in such hospitals is at a much lower rate than it is outside of that hospital?

Dr. HEWSON. That is correct, and I think that goes along with my position—that the physicians out in practice, the ones performing the great amount, rendering the great bulk of medical care in the country, do not stay well informed, that your teaching hospital physicians are the vast minority of the physicians involved in giving medical care in this country.

Senator NELSON. But if that is the case, to remedy it then, do you not have to give to the FDA and the major medical societies some kind of a responsibility here for noting so if that is not done? Are you not going to have to have some change in their practices or legislation respecting this kind of a problem drug?

Dr. HEWSON. Yes. No doubt you would have to mitigate or obviate the influence of the over-promoting drug company and still you have to control on the other hand, the prescribing physician, the everyday average prescribing physician.

My own thought would be that the most workable solution would be to limit it to hospital practice where you could have a committee, even a one-man committee, determine when the drug should be used.

As for control by a governmental agency or though legislation, I am sure that could be tried. I do not quite know how they could exert a complete control and still leave the drug in the hands of everyday physicians. And this does not speak just of Chloromycetin. Certainly, I think your investigations will probably put Chloromycetin in its rightful medical place, at least I hope so; but this is 20 years since the drug came on the market and certainly we have to worry about the next Chloromycetin. And other drugs are certainly misued and abused, but the side effects are not so dramatic. When you get aplastic anemia your chances are 50 to 75 percent that you will die. The side effects of other drugs, such as anaphylactic reactions to penicillin, have a much higher survival rate. Or the side effects of a potent drug like cortisone; they are usually reversible on stopping the drug.

Senator NELSON. I note in reading Drs. Goodman and Gilman on chloramphenicol, they are quite specific in stating that it should be administered only in a hospital except in very special cases where there is an agreement between the patient and the doctor that the blood studies will be made, as I recall, once every 48 hours.

Dr. HEWSON. I am sure you have heard testimony to the effect, Senator, that these blood studies probably are not reliable, that the immediate depression of the bone marrow does not reflect that long-term