proach of the detail man, the doctor may yet be instilled with unwarranted reliance if the toxic potential of the drug is not made known to him. The withholding of facts which may make the difference between life and death cannot be justified by the label of "sales promotion"; nor can the failure of the physician to seek complete data on a drug be accepted.

Mr. GORDON. What can you do about this?

Dr. HEWSON. Shall we go into that now? I think the remedy is the last part of the discussion. And it is the most difficult part, I agree.

Mr. GORDON. All right.

Dr. HEWSON. In my own experience as a general practitioner, I do not recall the Parke, Davis detail men ever discussing the relationship between administration of the drug and the development of blood dyscrasias, other than on one occasion when I asked about the present incidence. I was told that it was still quite rare. One of our experts in the *Incollingo* case stated that these detail men were so uninformed about the toxicity of Chloromycetin that he took it upon himself to give them a lecture on the subject. Another expert in the *Incollingo* case testified that he had been lecturing—he was a hematologist—he had been lecturing on aplastic anemia and the fact that he had four cases of it which he attributed to Chloromycetin. Several men, I believe three, from the administrative end of Parke, Davis came to visit him personally to ask what his data were and how well documented they were with the inference being that the relationship had never been proven.

Two of the physicians to whom I have talked stated that Parke, Davis detail men became at least annoyed when they were interrogated on the subject of blood dyscrasias from Chloromycetin. I have talked to one former Parke, Davis detail man who told me that he was instructed to discuss the effectiveness of the drug affirmatively and to approach the subjects of its side effects only if asked; then he was to relate only the incidence as given to him by the company and to refer any further questions to someone in Detroit. Of the many physicians that I have talked to with regard to these detailing methods not one has stated that the Parke, Davis man voluntarily brought the toxicity to the physician's attention. In my own practice I did treat the family of a Parke, Davis detail man, and on one occasion he told me that he was giving his child Chloromycetin, on his own, for a painful ear. Apparently he, too, was misinformed about the drug's potential toxicity.

The physician may be misled, then, by overpromotion in the detailing and the advertising of a drug (including the information in that old standby, the Physicians' Desk Reference, which contains the pharmaceutical house's promotional literature on its drugs) if he does not attempt to remain knowledgeable by referring to other more objective sources. Even if he becomes cognizant of the dangers of a drug, he may continue to prescribe it on the basis of his own safe experience with its use—a criterion which Parke, Davis has recommended.

Physicians who do not practice a limited specialty and who are away from the stimulating intellectual atmosphere of a teaching hospital are prone to become lulled into mechanical, unchanging treatment by the absence of unhappy results from its use.