

Unfortunately, a drug is often in great popularity before an adequate test of clinical use and subsequent case reports clarify the dangers attendant to its administration. If the side effects are acknowledged, emphasis on the statistical relationship—1 case of aplastic anemia for every 400,000 courses of the drug, which was the 1952 estimate; and, then at the Kefauver hearings, it was 1 in 225,000; and now, I believe, the next reference is to that, of even 1 case for every 22,000 courses—may make that untoward reaction seem too remote to be of concern in a given case.

In addition, the pressure by patients for one of the antibiotic "wonder drugs" is not without its influence on many practitioners; for the lay mind has become imbued with the belief that these antibiotics are a panacea for all types of infections, major or minor, bacterial or viral. Many patients even know the name of the drug which helped them, or helped someone known to them, in the past.

The average physician, then, intelligent and well-trained, but still subject to human frailties, is not unaffected in his decisionmaking by such influences as the promotional activities of drug companies, the cajoling of his patients, and the apparent safety of statistics too weighted in his favor.

Any effective remedy to the problem of misuse and overuse of drugs must not only assure proper education of the prescribing physician but must also provide for prescription by physicians who will not be misled into improper use of the product. The method most likely to overcome the indiscriminate use resulting from overpromotion by the pharmaceutical house and from physician error is to confine its administration to the hospital environment, where it could be ordered only with the approval of a select physician, or a committee of select physicians, who would be most likely to be well aware of its indications, contraindications, and potential toxicity.

Since the only valid indications for the use of chloramphenicol are limited to typhoid fever and other salmonellosis, and in other infections where drugs of lesser toxicity are shown to be ineffective, the relatively few patients with these conditions could easily be required to undergo hospitalization for treatment with the drug. The chronic state of typhoid fever, which requires prolonged treatment and would, therefore, be impractical for hospitalization throughout therapy, no longer requires treatment by chloramphenicol. I think this is akin to what we do now for cases where we think someone should undergo a therapeutic abortion or sterilization. Such a procedure requires the approval of a select committee, and I think it is more workable possibly than some administrative control.

Senator NELSON. Who would decide which of the drugs on the market should be placed in this special class and should be administered only in hospitals and/or with the approval of a committee of physicians?

Dr. HEWSON. Oh, I think that would well fall within the area covered by the FDA. I think they do the most studies on toxicity and use of drugs and indications and contraindications. It would not be a long list of drugs, I am sure.

Senator NELSON. Are you suggesting that the FDA, then, in consultation with experts in the medical profession, should be authorized