We could go on for hours telling about the countless tragedies that have come to our attention since we started to devote limitless time to the problem.

We are saddened by all of them because we know the suffering such tragedies bring. Some date back to the time of our disaster but many are recent as is this one from a father in Iowa who writes, in part:

We lost our almost 16-year-old daughter November 3, 1967, at Rochester, due to aplastic anemia caused by Chloromycetin, and my wife and I do not seem to know how to live with it.

I will not go into detail but our daughter was given 52 capsules for a sore throat in June.

Senator Nelson. Was she sent to Rochester for this treatment?

Mr. Elfstrom. Let me go on, and I will explain it.

Senator Nelson. What I want to get at was whether it was administered at Mayo.

Mr. Elfstrom. No. For instance, just last week we received a telephone call from this father, who said his wife, who had been teaching school, had to resign her position and he was afraid she was going out of her mind.

Just before I left California, I received a letter from this man that I would like to read into the record. It is dated February 21:

DEAR MR. ELFSTROM: Thank you very kindly for your reply to my letter. Your information is deeply appreciated.

"I am not a fluent writer, but I would like to furnish you with a résumé of our horrid experience with Chloromycetin, hoping perhaps it might prove to be of some value to you in Washington, D.C. I would also like to assure you that if we can personally help in any way, we would be most happy to do so. We will even come to Washington on February 28 if there is anything we can do to help.

Our 15-year-old daughter, Chris, was given 52 capsules of this drug in June and July of 1967 for a sore throat. Blood tests were not taken prior to or while she was taking this drug. A throat culture was not taken. My wife, daughter, or myself were not familiar with this drug. Chris was allergic to sulfa, but I do know there are many other antibiotics of a less toxic nature that could have been prescribed.

The first visible symptom was discovered by us the latter part of August, blood spots under the skin. We took her immediately to the same doctor who prescribed the drug and who had been our family doctor for 5 years—and he took the first blood tests. Her platelets were destroyed.

That is the congealing factor of the blood. If you don't have platelets, you will just bleed to death.

So he sent us to the Iowa City Hospital. Chris was checked very thoroughly, bone marrow, etc. They diagnosed "Thrombo cyto penic purpura" and commenced with high dosages of cortisone. She was there a couple of weeks and was allowed to come home. She kept failing so we entered the local hospital and in a few days were on our way back to Iowa City, where she had another bone marrow test and more blood tests. This time they thought she had leukemia; we decided to take her to Mayo Clinic. Three days of intensive testing and they diagnosed aplastic anemia; we had not even heard of this disease and felt a great relief. This was the first time we were alarmed about Chloromycetin.

We flew back home and in a few weeks she was again admitted to the local hospital for blood transfusions. Our local doctor was beginning to treat us different and even sarcastic, and in a subtle way wanted out from under the case.

One night at 12:30 a.m. she started bleeding profusely from her kidneys. I immediately called the doctor and he told me a little blood looked like a lot. I told him I knew better—he did not come to our home. The next morning about 7 a.m. I took a urine specimen to the hospital and in a few minutes he telephoned and alarmingly stated it was raw blood.

The internist at Iowa City was gone for the week, so I chartered a plane to Rochester where she was admitted to the Methodist Hospital, with Dr. Bayrd, a hemotologist, in charge.