by the profession that the problem can be solved by education. We submit, this process of educating physicians in the proper use of Chloromycetin has been going on now for nigh on to 20 years and still abuses continue.

The other day a man who has devoted the past 10 years to seeking adequate legislation in California which would censor and/or reprimand physicians who carelessly and repeatedly violate the code of good medical practice, dropped by to see us as he also has been interested in the Chloromycetin problem. He said one of the physicians in his city had the audacity to tell him that doctors would have no worry about prescribing Chloromycetin if they carried plenty of malpractice insurance. This is unbelievable.

A physician here in our city who evidently was full of misinformation about the drug and the work we had been doing, said to a friend of ours that we should be behind bars.

In January of last year the CMA News of our California Medical Association, stated:

> No reasonable basis exists for enactment of a special legislative category to restrict the use of the drug chloramphenicol by licensed physicians in California.

And this was after release of the latest study of the department of public health which revealed an increase in the incidence of aplastic anemia following use of the drug as mentioned above.

We wrote the association, in part, as follows:

> If a layman can accummulate continuing and mounting evidence that this potent antibiotic is being prescribed for minor infections (in most instances without blood studies) contrary to the specific warning issued by the Food and Drug Administration, you must know it, too.
>
> Unless you can guarantee that members of the profession will pay heed to the FDA warning literally, you are going against the public interest by opposing legislation which would make such adherence mandatory.

In reply the executive director of the CMA concluded his letter with:

> Your concern is understood and appreciated, but your conclusions and suggestions do not agree with those of this association. The medical profession has had a long and honored history of striving to protect the public interest, and will continue to do so in the future.

We were pleased to note that the several eminent men of medicine who appeared before this committee 2 weeks ago agree that some restriction—legislation or directive—is necessary and advisable.

During the hearing on Chloromycetin conducted by the California Senate Factfinding Committee on Public Health and Safety, held in the State Building in San Francisco, Kenneth McGregor, the then vice president of Parke, Davis—who presented a prepared statement—was asked by one of the senators whether he would consider it bad medicine for a physician to prescribe Chloromycetin for a common cold or sore throat. Mr. McGregor hesitated for quite a while before he answered and then said it was a loaded question which he did not feel he should answer.

Despite the opposition that developed, our crusade, if one could call it that, has been endorsed by a number of well-known men of medicine who have encouraged us in a task they knew would meet strong opposition but which they felt needed exposure by someone outside the medical profession.

To name a few:

From Dr. Walter C. Alvarez: