

Senator NELSON. Before it could be administered to any patient in that hospital?

Dr. WATKINS. Yes; they did daily blood counts on it.

On my two trips across the United States, stopping at nearly every university and inquiring in every good sized town, concerning reactions to Chloromycetin, I was convinced of many things.

No. 1, that every case investigated, the victim would in all probability have survived the original illness had they not been given any Chloromycetin.

No. 2, that I would not gain much information from my own profession. A doctor in Charleston, W. Va., Dr. William Thornhill, who had lost a 16-year-old son with five capsules was very helpful, but an internist in Colorado would have no part in helping me, saying "My daughter is gone. It was God's will."

A psychiatrist in Oregon would not even see me. In all, we had records of around 30 physicians who either died or lost a member of their family. I feel convinced that many victims have been signed out as leukemia, and any doctor who had lost a case through his ignorance and malpractice would not leave a stone unturned in an attempt to cover up his malfeasance.

This was way back in 1952. Doctors were particularly hard hit in those days, as I was, because we had great faith in Parke, Davis, we thought they could do no wrong, we thought if a Parke, Davis man came in our office and told us something was good, it was good. And that is the reason that this list we have here of doctors who have lost their life or their wife or one of their children were hard hit. And all of these, I think, have notified Parke, Davis. And this was previous to 1952.

Some doctors are always comparing the calculated risks of using this drug with anticancer drugs and other dangerous drugs seldom used, usually used in hospitals, and only used in almost hopeless cases. They do not try to understand this drug is used on relatively healthy innocent little children with mild pharyngitis or some similar disease. In my records of many deaths, most of these victims had sore throats or urinary infections, although quite a few were treated for acne.

You take a culture of someone with an infection in the hospital or throat or otherwise, and then you culture this on an agar medium. And Chloromycetin always comes back, it is always the drug, it is always the drug of choice, it is always No. 1. It is the one that the organism is sensitive to. Doctors were very much impressed with that until they became better informed.

Doctors are impressed with in vitro studies in which Chloromycetin is always shown to be the really effective antibiotic—they do not stop to think that carbolic acid in the agar plate culture would give a similar inhibiting, growth reading because it, too, is poisonous.

I think Chloromycetin is so toxic that it kills the germs in the agar plate. As I say, many other poisons would, too. But the thing we have to understand is that doctors are human. We are in a competitive profession, believe it or not. Every doctor is competing in the healing art, and he wants to make and perpetuate a good image of himself as a healer.

So naturally he wants to use the drug that is going to give results, because that is the way he gets his patients to come back to him.