The Government and the pharmaceutical industry must take steps to protect the public, which my profession has failed to do. Long before the reactions were common knowledge, all reputable drug companies knew Chloromycetin was a dangerous drug.

Before I knew it in 1952, other men came in and told me, representatives of other companies told me this. They so informed their salesmen but warned them not to make the profession or public aware, not to talk against a competitive product. After all, they, in turn, might be detailing something dangerous.

I told one or two companies in those early days, especially Eli Lilly in Indianapolis, that there should be a central policy-governing body to reprimand and inhibit the unprofessional conduct and unethical practices of a few—otherwise they would all fall victim to severe Government supervision of their entire industry.

The day is here, and many restrictions are already in evidence at this time. If, as Parke, Davis advises, this drug should be used for typhoid fever—where I am told it converts many acute cases into chronic carriers—and for rickettsial fever and salmonella, what do you think the gross sales would be since there are so few cases of these diseases in our country?

Do you know anyone that has typhoid fever or any of these diseases? As a professional, I haven't seen one case of typhoid fever in 10 years. Compare this gross figure of, say, approximately $100,000——

Senator NELSON. I believe you are talking about the cumulative sales over a period of time. I believe the sales were $70 million worldwide in 1966, and $45 million in the United States.

Dr. WATKINS. I am not sure. It seems to me like I have a recollection of the sales being close to $200 million.

Dr. FARMAN. $40 to $50 million.

Mr. ELFSTROM. In 1960 it was $60 million.

Dr. WATKINS. I thought it was very high in the fifties. I knew it was the most commonly used.

Senator NELSON. I am talking about the testimony as to current sales. I don't know what it was in previous years.

Dr. WATKINS. Compare this gross figure of, say approximately $100,000, if it were sold and used for diseases in which it might be of benefit, with a known calculated risk, to the millions grossed from the misdirected and criminal use of Chloromycetin.

I have a large, general practice averaging approximately 40 patients daily in the office, and numbering six to 12 patients in the hospital all the time. Although I have not ordered Chloromycetin for any patient in the last 16 years, and have not lost one patient with infection, I have had consultants on my cases use it. And never once, so help me God, have I seen a patient saved or benefited by the use of this drug.

You say, what happened to it? For instance, we had a case this year that had a subacute bacterial endocarditis. The man was supposed to be allergic to penicillin. We tried various things, and nothing worked. And my consultant had permission to use chloramphenicol. I was interested in saving his life. It was a calculated risk, he would have died anyway. We had him on it for a week. It did nothing for him. And then we had to take a chance. He was supposedly allergic to penicillin, but we tried penicillin. And the man got well.