

proper place among our therapeutic agents, strictly in the field where it is required and where the risk of its use will have to be balanced against the need of its therapeutic ability. I have already presented at our Staff Meeting a report of ten cases of aplastic anemia secondary to Chloromycetin therapy. Six of these cases are already dead. This report will be published in the Proceedings of the Staff Meetings of the Mayo Clinic and I am sure that you receive these Proceedings regularly. If not, we should be very happy to send you a copy of this report. The cases, I believe, will be published in their entirety and there may be further follow-ups on the cases that are occurrent at the moment, by the time publication is complete. I could not, of course, supply you with the names and addresses of these patients for obvious reasons but the material in the Proceedings are, of course, open to all of the professions once they are published. Other hematologists, I am sure, are going to follow suit and publish their cases, in which Chloromycetin is the etiologic agent or at least the common denominator in these cases of aplastic anemia and I would think that within a period of six months many reports will be available and that Chloromycetin will have been put in its proper therapeutic niche. The point that seems most important to me is the matter of sensitivity that develops to the drug and consequently the inability of following blood counts in order to avoid disaster in case the patient happens to be one of the sensitive individuals.

I do appreciate your confidence in writing to me in this hour of trouble and while time will never erase your sorrow I do hope that it will soon lessen it.

Sincerely yours,

M. M. HARGRAVES, M.D.

Dr. WATKINS. The inability of the blood count, that is what he says, Dr. Hargraves, of the Mayo Clinic. This was back in 1952.

Senator LONG. Let me understand this, because apparently this company would contend that you are prejudiced, and there is no proof that this drug is what actually caused it, that these things might have happened anyway.

Now, do I understand it that reputable institutions like Johns Hopkins share your feeling that this drug may very well be causing these deaths, and that therefore, they would wish to use extreme care when this drug is administered? You say Johns Hopkins said that it should only be used when you have two doctors, is that right?

Dr. WATKINS. Yes. That is what Dr. Conley told me at Johns Hopkins in 1952.

Senator LONG. Are there other well known hospitals or organizations of doctors which have taken the same attitude toward this drug?

Dr. WATKINS. The Los Angeles County General does. That order has to be countersigned.

Senator LONG. So in Los Angeles County General they would insist that the order be countersigned?

Dr. WATKINS. Many hospitals have this requirement.

Mr. ELFSTROM. I think if you made a survey of all the hospitals in the country, you would find quite a few that have that requirement.

Senator LONG. So there are quite a few hospitals that have concluded that you are right about this matter; this is what has caused these deaths.

Mr. ELFSTROM. It is my understanding, Senator, that the Food and Drug Administration has this authority now to restrict the drug's use, to restrict the drug to the hospitals. In fact, they have the authority to take it off the market if they choose to. But we have never asked for that.

Senator NELSON. I am not sure as to what legal authority we have. Dr. Goddard will be testifying tomorrow. And this among other questions will be raised with him at that time.