physicians. This in spite of reminder cards, tear-out cards in their weekly publication, the JAMA. And it is an extremely difficult subject to get at.

I am convinced that small increments are being made. We are making some progress. But the problem is not unique to chloramphenicol. We are constantly up against the lack of good data, whether you are talking about chloramphenicol, the sulfa drugs, whatever you will.

Senator NELSON. Well, I can appreciate that.

But it seems to me that you have to start some place. And chloramphenicol is not just another drug. As you know better than I, it is very, very limited in its recommended use. And, I guess, every hematologist in America is shocked at the indiscriminate prescription of the drug, and the unnecessary killing of innocent people. I understand you to say you would have to have drug reporting on all the drugs in the market from all the hospitals every single year if you want to follow such a procedure with chloramphenicol, and that it is probably unnecessary. But the medical profession has had long experience with the sulfas and penicillins and I guess has a pretty good idea about the problems there. At least the problems are not as serious as they are in the case of chloramphenicol, are they?

Dr. GODDARD. I would have to say that the fatal reactions to some of the drugs you have mentioned, although not as frequent, also constitute a serious problem.

Senator NELSON. Well, are you telling me, doctor, that the best clinicians in our great medical profession, who have the expertise, and the FDA could not sit down and select a dozen drugs that are not in a gray area at all, or a half dozen, on which we must have hospital reports and decide that reporting be required.

Why can't we do that? Why go on needlessly injuring and killing people. Almost all the cases we hear about deal with persons who should never have had the drug in the first place. And, Dr. Weston, Utah State Medical Examiner, said he had never seen a case of a person who died from aplastic anemia when the drug was really indicated. Every single one of them were cases in which the patient should not have received the drug, as I recall.

Dr. GODDARD. I would not question his testimony, Senator. But let me point out that in the California study, 7 out of 10 deaths that occurred, occurred in patients who received the drug for appropriate indications.

Senator NELSON. Yes. But how are the cases selected? If it were prescribed for an inappropriate case—acne or a head cold—there is a strong inclination on the part of the physician, when he finds out what he has done, not to report it. Any time it were given for a proper indication in a hospital, no doctor would hesitate for a moment to report that this was the result he got. So that is a loaded statistic, I think.

Dr. GODDARD. I would tend to agree with you, Senator. I am simply pointing out that it does occur in those patients who receive it for proper indications as well.

Senator NELSON. Well, I am assuming it does. As you are aware, Dr. William Dameshek is a distinguished hematologist who has seen many, many cases and has written on the matter in the AMA Journal. He