as to how feasible it would be to incorporate within the provisions the requirements for accreditation one which spoke to the question of the existence of a therapeutic committee within the hospital.

Mr. GROSSMAN. Thank you, doctor.

Senator NELSON. What is the authority of the Joint Committee on Accreditation? What is the source of their authority?

Dr. GODDARD. Senator, I think they have more leverage than authority. By denying certification, approval, to a hospital, they in effect shut off their supply of interns and residents, and this is a very crucial matter for those hospitals that use interns and residents to handle much of their caseload, much of the work that goes on.

And so there is an authority related to certification of the individual institution rather than an authority that comes from a State or Federal body. It is a voluntary program with participation by the hospitals in the United States. Not all of them participate—I do not recall the numbers, frankly, but it is a significant proportion of all hospitals that do.

Senator NELSON. Do we have any statistics on how many hospitals in America have therapeutics committees?

Dr. GODDARD. I will attempt to get them and supply them for the record, but it is a very small percentage at the present time.

Senator NELSON. Small?

Dr. GODDARD. I believe it is, in terms of the context we are talking about.

(The subsequent supplemental information follows:)

STATEMENT OF THE FOOD AND DRUG ADMINISTRATION REGARDING HOSPITALS WITH THERAPEUTICS COMMITTEES

Information obtained from the American Hospital Association, Chicago, Illinois, indicates that in September of 1967 there were 7,253 registered hospitals in this country. Of these, approximately 1,700 were accredited. To become accredited, a hospital must have a "Pharmacy and Therapeutics Committee," unless the hospital staff is less than 10. Even a smaller staff must have this activity, if not a committee. Therefore, about 23 percent of registered hospitals in this country have Pharmacy and Therapeutics Committees.

Dr. GODDARD. Now, many hospitals have committees which you might better call formulary committees, yes—these exist. But we are talking about a broader range of functions—the review of adverse reactions, the review of drug usage to see whether or not appropriate drug utilization is being carried out. This type of activity is not a common one.

Senator NELSON. Do most of our major teaching hospitals have a therapeutics committee in the sense you are talking about?

Dr. GODDARD. Most of the major teaching hospitals, Dr. Ley and I agree, would have such an activity.

Senator NELSON. Well, I think that is a good suggestion. The committee will consider inviting the Joint Committee on Accreditation to appear.

Continue.

Dr. GODDARD. The National Research Council established a committee of outstanding hematologists and internists under the chairmanship of Dr. John Holmes Dingle, professor of preventive medicine, Western Reserve University, to review and evaluate the chloramphenicol problem. On August 7, 1952, the committee reported as follows: