two decades. I think the implication here is that there are a whole lot of diseases for which it is indicated.

Dr. GODDARD. That is the implication I draw from it, too, sir. And I think it is misleading, without question.

Senator NELSON. I understand your legal division is going to pursue this question further?

Dr. GODDARD. Yes, sir.

Mr. GORDON. I have one question about this.

The ad says, "Second in a series published as a public service by the Pharmaceutical Manufacturers Association."

Would you consider this a public service? Or would you say it is a public disservice to mislead?

Dr. GODDARD. To answer your second question, yes, I am a poor lawyer, and I have to rely on Mr. Goodrich here, as to what we would properly define as a public service.

Now, let me say, I just think this whole campaign in Reader's Digest—the first series of articles was full of errors. I think we detailed some of these to the committee. I think they were misleading, too.

Now, the drug industry has done things that it properly should receive credit for. I just do not think this is the way to get credit for them. Personal opinion.

Mr. GORDON. They misled in two out of two cases. Why do they have to resort to this type of activity?

Dr. GODDARD. This was apparently their decision, to help their image. That is the only conclusion I can draw.

Senator NELSON. I think in at least one respect, Doctor, the eight-page article on three drugs is a public service, because after all of the hearings we have held here, PMA uses only generic names in discussing the drugs.

Dr. GODDARD. Yes, sir. We noted that, too.

Senator NELSON. Which I was told is a very bad thing. But at least the PMA now is using just generic names in the three drugs they are mentioning.

Dr. GODDARD. Hopefully we can get that done in a compendium, Senator.

Senator NELSON. I hope so, too.

Go ahead, Doctor.

Dr. GODDARD. The exact number of patients who have suffered a serious or fatal blood disease as a result of the indiscriminate use of chloramphenicol is not known. Various estimates place the incidence rate of blood dyscarsias from chloramphenicol at 1 person in 10,000 to 1 person in 100,000 who receive the drug, general reactions.

Despite the risks associated with the use of chloramphenicol, if one may judge from the sales figures, use of the drug continues to be excessive. Where have the FDA, the manufacturers, and the medical profession failed? Is the general medical community unaware of, or unconcerned about, the risks associated with this drug? What must be done now? These are most difficult questions, and the answers do not come easily.

The "box warning" in the labeling is strongly worded and tells the physician quite bluntly the dangers of the drug, yet it has not accomplished its intended purpose.