

alone would pose an undue hardship on some patients for whom the drug is properly prescribed. There are fewer than 1,000 cases of typhoid fever in this country each year, but the major proportion occurs in rural areas which may not be served by hospitals and a few patients may require continued use of the drug after their hospital discharge. Some persons, therefore, would be deprived of appropriate treatment unless they undergo the inconvenience and expense of a hospital confinement.

Senator NELSON. Again, if the testimony of the experts before this committee is correct, that about 4 million people get the drug, and that 90 to 99 percent of that number should not get it, is the inconvenience to a relatively small number of people for whom it might be indicated outside the hospital, anywhere near as important as the exposure of over 3½ million people to a drug that may have lethal effects when prescribed for a condition that does not warrant it at all?

In other words, if you are weighing the equities, so to speak, isn't the inconvenience of a few people, however many that may be, much less important than the tragedies that we are having across the country? If you require that hospital admission be a prerequisite for administration of chloramphenicol 3½ million people are not going to go to the hospital. I doubt whether a doctor is going to send them there for acne, sore throats, head colds. And, then, the physician would see that this is a serious matter and therefore take another look at the literature, wouldn't he?

Dr. GOODARD. Senator, you are drawing an assumption here. First of all, let me point out and remind you that we believe at least 50 percent of it is administered in the hospital today. Now, that would indicate 2 million people receive the drug when hospitalized which is still excessive by any estimate—2 million people. You would admittedly get at part of the problem.

Now of course you are well aware of the fact that we can only restrict through labeling changes, and we do propose, in our labeling change, a sentence in the warning saying, "Because of the necessity of repeated blood studies during therapy, it is desirable that patients be hospitalized if possible."

Now, this is not what you are asking for, and I recognize that. But we have put the matter to our advisory group, and the problem has been before other advisory groups. Every time it answers this way.

Just because eminent physicians suggest it does not mean restriction solely to hospitals would solve the problem. They recognize much of the misuse in hospitals.

So I go back to what I said earlier and suggest that you also concomitantly examine the question of whether therapeutics committees can be brought into being in all the hospitals as a means of getting at the misuse in hospitals.

Now, beyond that, if you go more broadly, it certainly would require legislation. And I think it would raise a serious question, one that you and your colleagues would want to explore in some depth, in order to control the misuse of drug. I could suggest a system, yes. I could suggest one, that would, for example, limit the amount of the drug manufactured, and preposition it in warehouses at various points of the United States, so it will be quickly available to those who need it. Then it could only be obtained after filling out the proper