Mr. Grossman. You would like to increase that 80 percent figure to 100 percent if possible?

Dr. Goddard. Yes, sir. But we have to also say unless the other steps are taken, in terms of proper review of its usage in the hospitals, this

is not going to necessarily change it.

Senator Nelson. I take it, then, because of that recommendation on the label, that it is your judgment and that of your consultants, that it is desirable to use chloromycetin only in the hospital, when possible. And that means using "possible" the way I understand it should be used in outpatient treatment only in exceptional cases.

Dr. GODDARD. Correct.

Now, it was my judgment, and Dr. Ley's judgment, after a discussion with our consultants, and after looking at the past history, and discussing it with our staff, that this was one additional step that we

would take, plus the others I have yet to describe to you.

But I had to make that decision. I participated in the meeting of the advisory committee. I will tell you, sir, that our advisers did not vote unanimously on that point. Two of them said they felt, in spite of the very proper indications for outpatient use, that it should be labeled "for hospital use only." Four of them said, no, they felt such labeling was not proper. And so as is always the case, we had to make a decision, and ultimately I had to make one, and this represents our decision.

Now, we think that this, plus the other steps we are recommending will be helpful. Certainly we hope to exploit these steps along with the information developed from this public hearing. We hope to exploit these additional steps I am going to mention in such a way that it will help make a significant inroad into the excessive uses. I can only say that that is where we are today.

Senator Nelson. Then, if I understood you correctly, two of the six advisers were of the opinion it should be confined to hospital use

only?

Dr. Goddard. Yes. They also recognized the problem one has in defining a hospital. Does that include a nursing home? These kinds of

things all get into it.

Now, here again, the decision has to be made on the basis of what would be effective. We cannot enforce either one of these, Senator. It comes down to how can you enforce this—not what we say on the label—because that is clearly not helping. You know, this drug has the toughest warning I think of any drug I am familiar with.

Senator Nelson. And it does no good.

Dr. Goddard. It does no good. I cannot tell you that this new warning is going to do any good. I can tell you the new warning, plus the "Dear Doctor" letter we intend to send to every doctor and hospital administrator, plus the material we are going to provide the publishers of medical magazines and newspapers, plus the constant review on the monthly production data, and the rewarning of the profession when it indicates any upswing, plus the change in the reminder ad—these represent what we in our opinion feel we can do now within our present authority.

Mr. Gordon. Do you have the authority to prohibit all advertising

and promotional activities with respect to this drug?