tion cannot persuade them to continue prescribing the drug unless they themselves find that it fills a real need in their practice. Indeed, the history of medicine is replete with examples of drugs whose early promise was not fulfilled, and whose sales were equally unsatisfactory.

Senator NELSON. I would like to make the point, however, that chloramphenicol is one item which was heavily promoted, and the promotion was very effective; there is no question about that. The promotional activities were effective and there were disastrous results because the drug was prescribed and used for nonindicated cases. That is part of the issue on which we have been conducting hearings here.

Certainly the doctors got dramatic results. One of the distinguished physicians testified—I think it was Dr. Dameshek—that he had a patient who had been taking chloramphenicol prescribed for a cold. His patient told him that the doctor told her to take it home, put it on the bathroom shelf, and take it every time she had a cold. It sure wiped out the cold for all time, but it killed her, too.

This is one dramatic case where the promotion of the drug resulted in a vast overprescription of the drug, which caused Dr. Goddard to say before this committee, "I am at my wits end" as to how to persuade doctors not to use this drug for nonindicated cases.

That is what the hearings are about, the effectiveness of the promotion of drugs. Here is a case where the promotion has been fantastically effective, with disastrous results for many, many patients. I have scads of letters in my office from people about relatives who have died from taking this drug. One doctor prescribed it because he had been told by a detail man that there were no side effects. He prescribed it for his son for a minor infection. The child developed aplastic anema and died.

Well, the evidence is that promotion is effective and very often doctors do not pay any attention to the precautions that are written in the labeling and that very effectively, in their advertising, drug companies manage with the cleverest advertising agents in America, to kind of skip over the side effects.

We had testimony on the advertising of your drug on this exact point. Yesterday we heard testimony that in JAMA, the language used was that Indocin was "(a) drug of choice."

Mr. GADSDEN. Yes, sir.

Senator NELSON. Well, everybody knows that the phrase "drug of choice" are words of art in the medical field and that they have a very special meaning and that to put the word "a" in brackets does not prevent doctors from thinking that it is "the" drug of choice. I think it is misleading.

But in any event, I have seen example after example of the very clever wording which is aimed at playing down side effects, playing down contraindications, and expanding claims for a drug's use.

I am not criticizing your company especially. I think every single company I have looked at that uses ads does not tell the story as accurately in the ad as they tell it in the package insert which has to be approved by FDA.

Mr. GADSDEN. Senator, if I may respond—you can understand, I imagine, my continued sensitivity to perhaps the inadvertent reference to chloramphenicol within the context of our discussions about in-