domethacin. So I would like to read something to that point into the record.

Senator NELSON. The reason I referred to it is that your language was in the most general kind of terms as were used for chloramphenicol or many other drugs. Chloramphenicol happens to be one of the dramatic examples heard before the committee, standing unrefuted by the company or anybody else that I know of, of the wide misrepresentation of a drug because of the type and intensity of promotional activities.

Mr. GADSDEN. But I think there is a differentiation between the point that I was making, which related to effectiveness—the patient and the physician cannot be fooled over an appreciable period of time by an effective drug—and the issue which you raised about whether the physicians did or did not pay attention to whatever might have been known about the safety of chloramphenicol.

Senator NELSON. Well, I would suggest that they were not fooled in this case over any period of time about an ineffective drug. It was a dramatically effective drug, but was being used for the wrong purpose. It no doubt had an effect on infections, but it also may cause fatal aplastic anemia. It was just being incorrectly used.

Mr. GADSDEN. With your permission, may I make a statement on this point?

Senator NELSON. Yes.

Mr. GADSDEN. Chloramphenicol is an extremely potent antibiotic drug with a propensity to cause aplastic anemia which often results in a fatality. Indomethacin has no adverse effect even remotely approaching this condition. Chloramphenicol, although uniquely valuable for some infectious diseases such as typhoid fever and staphylococcus infection, can often be replaced in the case of other infectious diseases by different antibiotics with less severe side effects. Indomethacin, on the other hand, does not have greater adverse effects than most of the other drugs available for treating certain classes of arthritic disease. Moreover, patients suffering from arthritic diseases do not uniformly respond to the same drug. While it may be that aspirin has fewer adverse effects than indomethacin in the massive doses needed to treat rheumatic disorder, although this has not been proved, there are many arthritic patients who cannot tolerate aspirin or who do not respond to it.

Dr. Hodges estimated the number who cannot tolerate aspirin at 25 percent. Many such patients do respond to indomethacin and do not suffer greater adverse effects than those caused by other, alternative treatments.

Dr. Hodges has summarized for you the many severe side effects that result from the corticosteroids, the butazones, the antimalarials, and gold salts, and you can see that indomethacin compares favorably with any of these alternatives.

Accordingly, any suggested parallel between indomethacin and chloramphenicol is, in my opinion, extremely farfetched.

Senator NELSON. Has anybody suggested a comparison?

Mr. GADSDEN. Sir, I am paraphrasing.

Senator NELSON. I have not suggested a comparison?

Mr. GADSDEN. I apologize for my undue sensitivity.