don't pay much attention to this and do the same thing that they did with chloramphenicol?

Dr. MINCHEW. Of course, what the doctor does is something that we don't have any direct authority over.

Senator NELSON. No, but you do have control over the labeling. You had control over labeling, but the advertising and promotion of chloramphenicol didn't work.

Dr. MINCHEW. Our feeling is that if the physician uses these products in keeping with the labeling of dicloxacillin he will be using it appropriately. If he is not using it in keeping with the labeling, he perhaps would not observe tighter label restrictions.

Senator NELSON. But you did decide, after the chloramphenicol hearings and the publicity on them, that you had to do something much more dramatic; so you wrote your "Dear Doctor" letters. As I understand it you wrote to the medical journals of the country and advised them, and to hospitals, and so forth, that, if this is important, then why not toughen up the labeling and put a special box in there? Just tell the doctors that one of the problems around the country has been the development of resistant strains, and so forth, of various kinds. It has created a tremendous problem, of which you are aware. These semisynthetics should be limited solely to this purpose or we are going to have exactly the same problem again, and box it in, in double black lines, and send them all a letter.

Dr. MINCHEW. We feel that the dicloxacillin labeling is tight enough in regard to being certain that the physicians have been notified of this. I think further testimony, which I will give, will show you what action has been taken in regard to seeing that all physicians have gotten a letter.

Senator NELSON. Then when it is all over with, if it ends up that the doctors haven't noticed or haven't paid any attention or the companies have continued somehow or other to blur the point by their promotional activities, and find, as we did in chloramphenicol, that it is being widely used in circumstances where it is not desirable to use it, because there is another drug that is as effective, what do you intend to do then?

Dr. MINCHEW. That, of course, we would have to respond to at the time. In this instance, as you will subsequently see, we have already responded in our relationship with the manufacturer when he promoted it outside of the labeling.

Senator NELSON. The test will be, you recite—I don't know what they did in Switzerland, France, and Denmark, but your sentence is that "More recently the Bureau of Medicine has become aware of reports from Switzerland, France, and Denmark of the development of increasing numbers of methicillin-resistant strains of staphylococci."

Supposing that develops in this country?

Dr. MINCHEW. I would like for Dr. McCleery to offer a comment here.

Dr. MCCLEERY. Mr. Chairman, in some, I believe real, sense what you are asking today, what you are describing, is a process which is already underway in the aftermath of the introduction of Dynapen by promotional labeling and journal advertising which we get to later.

We found that it might indeed be desirable for the labeling for these three dicloxacillin products, as they entered the market, to be tighter