physicians rely very heavily upon the information given to them by detail men. We have had some dramatic cases including testimony here by a doctor who was told by a detail man that chloramphenicol did not have any serious side effects, when the same detail man had given notice to the community pharmacist that there had been something.

I think it presents a very serious problem. If the detail man is as influential on the prescribing practices of a large number of physicians as it appears he is, what method of control over what he presents to the physician can the FDA have, or what method should they have, or what should we do about it?

Referring once again to chloramphenicol, here is a most dramatic case of overpromotion through advertising and through the detail man had been called to my attention, achieving a situation in which distinguished experts testified that 90 percent and as high by one witness, as high as 99 percent of the people receiving chloramphenicol are receiving it for nonindicated cases, acne, infected gums, infected toenails, upper respiratory diseases, sore throats, headaches, all of them nonindicated, all of these cases exposing the patient to aplastic anemia, and a number died who received it for insignificant minor infections.

Yet the company was able to move into the marketplace through promotional advertising, through claims of the detail man, and sell at least 90 percent at the smallest estimate of its drugs for nonindicated cases. There were lawsuits with big claims, big judgments for misprescribing.

Dr. Goddard testified that he was at wit's end, to use his phrase, as to how to persuade the doctors to stop misprescribing this drug. The American Medical Association apparently was absolutely ineffective if it had any interest in trying to dissuade the doctors at all. It has been a great tragedy. Nobody knows how many thousands of people died from aplastic anemia that were not reported, because in those cases where chloramphenicol was prescribed for a minor infection, and the patient got aplastic anemia and died, they aren't reported. There is a good reason for not reporting them. There is no record-keeping. There is no central reporting. The physician who did it and discovered he had made a mistake is not going to report it. So we don't know how many thousands and thousands of people died from it that were unreported, and how many more thousands ended up with a suppression of the capacity for producing blood cells, and remain ill the rest of their lives.

This can happen with the next drug and the next drug and the next drug. In this case the medical profession, the American Medical Association in particular, should have been screaming at the top of its voice. Nothing was done; nothing effective, anyway. Nothing effective happened until we had extensive hearings on it and until there was widespread publicity.

The FDA sent out 200,000 letters, and stories were appearing all over the country, and then from that the batch certification dropped, January 30 through June 1967 it was 20 million grams, and January through June of this year 4 million grams. It is just an incredible story to me. It took a congressional hearing to dramatize the case, and if there hadn't been a congressional hearing on this thing, there would be 4 million people a year getting chloramphenicol, 90 percent at least, according to Dr. Dameshek and as high as 99 percent, according