bility, but I don't think anybody who knows the facts, any American citizen, can help but be shocked and ashamed at what is going on in the promotion of drugs for purposes for which they should not be used, just for the purpose of making a profit. I think that is a terrible, terrible thing.

When I look at that stack of letters in my office from parents whose kids got chloramphenicol, 18-year-olds, infected tooth, hangnail, sore throat, my heavens, what are we coming to if that is what we will do to make a profit? And what is happening to regulations in this country, if the FDA with all of its physicians can't come up with some recommendations as to what we should do? Maybe we ought to get rid of all detail men. If that is the result, maybe we ought to stop it, just not have it. If this is the best we can do, we ought to stop them. Maybe you ought to stop this type of promotional advertising; make the physician go to a source to find out what that drug does; he should go to a reliable, unbiased source. Make them take some educational courses, continuing education of the physician. But I don't see out of the promotional practices—I see a negative in the detail man and the promotional advertising.

It shocks me, the stuff I have looked at, but I don't expect you to respond to that. That isn't what I called you up here for. But I expect to be calling upon the FDA for some ideas about this because I think it has got to be corrected.

Mr. GOODRICH. May we respond just very briefly, Senator, to that. You know what our program was on Chloromycetin. We did send out the letters as you know, and we sent letters to the physicians and to the hospitals and others.

Senator NELSON. Are you talking about the Chloromycetin letters?

Mr. GOODRICH. Yes, sir; after the hearings, and it did have an effect. This matter of oral detailing of Chloromycetin was reviewed by Senator Kefauver's committee back in 1961. At that time we did not have inspection authority over this kind of information. Nonetheless the Commissioner did take it up with Parke, Davis and within the limits of what he could do with voluntary compliance efforts were made to stop this. This is not to say that oral detailing isn't a problem.

You asked what has Food and Drug Administration done and implied that the total picture or presentation of information to the physicians is totally bad. With that of course we must disagree.

Senator NELSON. I didn't say it was totally bad, but all I am saying, if I may interrupt, Mr. Goodrich, is that in the promotion of chloramphenicol, through advertising and detail men, 4 million people a year were being prescribed that drug when it shouldn't have been—well, the highest figure by Dr. Damashek was 100,000, maybe, and that was the effect of the promotion and advertising.

If you will look at the sales record over the years, after the Kefauver hearings and at various times, it fluctuated up and down a bit, but the first time it dramatically dropped was after our subcommittee's hearings, and in comparing the first 6 months of last year versus the first 6 months of this year. What are you going to do if it gets back up to 40 million grams a year again?

Mr. GOODRICH. What the Commissioner committed himself to do, and I am certain that it will be done, is to follow the production and certification of that drug in a regular way, on a regular basis, so that if its certification and sales do grow again, then the message must be put out