include any statistics of those physicians who didn't report that it was caused by chloramphenicol.

Dr. WEHRLE. This is certainly correct, and I think some of the problems in death certificate reporting are well known to the members of your committee. The death certificate reporting is as good as we have for many kinds of problems, but still such reporting is still not entirely accurate by any means.

Senator NELSON. You may proceed, Doctor.

Dr. WEHRLE. The five factors which may be at least in part responsible for the continued usage are:

1. The initial availability at a time when widespread staphylococcal disease was occurring and the preferred drugs, the newer penicillinase resistant penicillins, were not yet available.

2. Its preferred role by most pediatricians for the treatment of Hemophilus meningitis and other serious illnesses for many years.

Just parenthetically, it is apparent that a drug that can effectively treat a condition that is 100-percent fatal if untreated is a most impressive drug and develops an aura quickly that may spread to many other conditions.

3. The excellent diffusion, both in vitro and in vivo. This characteristic gives impressive zones of inhibition in the usual hospital bacteriology laboratory, whereas another antibiotic with smaller zones of activity may be equally effective clinically.

Mr. GORDON. Doctor, may I go back to No. 2. Do you think the pediatricians throughout the country are generally aware that Ampicillin is better for Hemophilus meningitis?

Dr. WEHRLE. I think there has been a considerable change in most hospitals around the country in the use of this drug for this condition.

Dr. Martha Yow in Houston has published on a number of occasions. There have been several Canadian hospitals that have reported their experiences with this drug, in Toronto particularly. One of the Boston hospitals has reported experience with this particular drug. My associates and I have made several reports, and I think have the largest experience with this particular drug. But I think as in anything else the physician's admonition of don't be the first to take up the new, nor the last to discard the old holds here. A change has taken place over the last 2 or 3 years and I think the acceptance of Ampicillin has made a profound difference in the consumption of chloramphenicol by pediatricians around the country.

Mr. GORDON. Would you know whether the manufacturers of Ampicillin are pushing that particular drug for this particular use with as great vigor as Parke, Davis pushed their drug?

Dr. WEHRLE. It is my impression that people who make Ampicillin are most anxious to sell it wherever they can.

Mr. GORDON. Your hospital did a study of relative efficacy between Ampicillin and chloramphenicol. Was it for this disease only or for what?

Dr. WEHRLE. This was the main and I think the most important one of the antibiotic controls of the control studies that we have done in recent years. We have done others, but this one I think is the one that bears directly on this problem.

Mr. GORDON. Can we get a copy of that?