to be more effective for reporting drug reactions. Only the more severe drug reactions would be discovered from hospital and death reporting, but these instance are, of course, our greatest concern. The greater attention currently devoted to hospital organization and toward departmental program and function by the Joint Commission on Accreditation of Hospitals provides substantial assurance that hospital sources of information may be improved.

4. Surveillance of local or regional usage patterns of particular drugs. Given the authority and personnel to do so, the Food and Drug Administration might be able to detect factors which influence excessive usage of a drug in a region or in a local area. This approach appears to deserve study, as it may give a better insight as to why well-motivated and skillful physicians continue to persist in particular patterns of behavior after the factors establishing those patterns have ceased to operate. Comparative usage figures of an antibiotic such as chloramphenicol for several areas during a widespread influenza outbreak might be particularly revealing and may also be helpful in designing appropriate methods of approach.

Senator NELSON. Is it indicated for influenza?

Dr. WEHRLE. Absolutely not, but I think that this point might give a hint as to where the problem really is. One of the things that I would love to know, for example, is where the drug is going in Los Angeles, just as a matter of curiosity to see what types of physicians are using it and for what purposes.

I think that one of the responsibilities that medicine has is in terms of the education and the assistance of the members of the profession. And I would feel very strongly that such information would be most helpful to guide efforts on the part of either the Food and Drug Administration or the post graduate programs in medical education in many of the schools and hospitals. The staff in many of the hospitals is providing guidance, and indications as to drug usage. I would not restrict this to chloramphenicol. I think that these would be data that would be very helpful to those charged with the responsibility of post graduate education of physicians.

Senator NELSON. How would you find those statistics?

Dr. WEHRLE. These could be collected in several ways. The easiest way would be to simply look at the distribution of a drug in a community, and you know pretty well the physicians in the neighborhood and what pattern of practice they have. And if the usage is eight times or 10 times or 20 times as high in East Los Angeles as it is in San Gabriel or if you see other widespread differences in pattern, then I think it would be possible to be more selective in terms of who is prescribing and for what general kind of conditions.

This would give a lead for the first time as to where the drug is going within a community.

Senator NELSON. Well, mechanically, how would you collect it; how much is sold to the pharmacist in the area and how it was dispensed, that sort of thing?

Dr. WEHRLE. I would think that data on sales from pharmacies should be kept by the pharmacist. He's got to keep track of his stock and how much is going in and how much is going out. And I see no reason why such figures could not be made available.

Senator NELSON. But then you'd only be guessing, unless you did some survey about how it was used, wouldn't you?