Dr. WEHRLE. That is correct. But I think this gives at least a picture as to whether this is a uniform problem or a problem restricted to particular areas. It may be that most of the Nation's chloramphenicol is going into particular portions of ten of the major cities or maybe it is predominantly a rural problem for the practitioner who does not, because of one of several reasons, get into the medical center to see what is happening.

This technique is at least a step toward finding out where the problem really is. I simply don't know drug usage patterns even in Los Angeles.

In conclusion, the widespread usage of chloramphenicol, a drug with limited and decreasing usefulness, has continued during a period of substantial publicity and resulting greater awareness of its hazards. This poses a problem in designing the proper method of reducing usage without the establishment of unduly burdensome restrictions. Several methods of approach to this problem are suggested which may also have application for other particularly hazardous drugs in the future.

Senator NELSON. Your primary suggestion was, as I recall it, the same as Dr. Dameshek's, and perhaps some others, before the committee that it only be dispensed in a hospital or through a hospital pharmacy, is that correct?

Dr. WEHRLE. This is the easiest one I think to accomplish. There will be obvious objections to this, and I have indicated some of my concerns. But I think this would be the most workable of several different approaches.

As far as the usefulness of this and hampering its use by such a route, I would point out that about equal quantities of the drug have been used for some time in the oral and injectable forms in our hospital which would again indicate that the great bulk of this is going into hospitalized patients for inpatient use.

Senator NELSON. We've had some of the doctors, including one at the FDA, who expressed the view that most of the injectables are used in hospitals. We hope to have some statistics on that tomorrow. But at least that is what I was advised by a couple of different doctors. And if that is the case, that would explain the statistics of the past year—that is, the dramatic drop in the use in both capsule form and injectable, and then in the first 6 months of 1968 versus the first month of 1967. And then for some reason, and this may be the reason, capsule use in the last 3 months of 1968 increased from 3.6 million to 4.9 million grams, that is, 1968 over 1967, a 36-percent increase of 1968 over the last 3 months of 1967, whereas in injectable form it went down during this 3-month period from 1,600,000 grams to 500,000 grams, If, in your hospital, it was 50–50, that was typical of hospital administration, then something else has to account for the increase of the capsule use elsewhere.

Dr. WEHRLE. That is correct. And I wondered and speculated a bit about this. Now, if there is no artifact in these figures, in other words, if the producers of chloramphenicol are not getting large numbers of grams approved for next year's use, something like that, then I would think that it is most interesting that this is happening during the respiratory disease season and during the influenza outbreak, first the Hong Kong variety and currently the B which is beginning arise in some areas. So I think that this would indicate the need to at least