to every hospital administrator, and we have followed that up by following the promotion to make sure that those defects which we have outlined in the statement did not appear, such as that cystoscope and the headline series on respiratory infections, serious urinary tract infections, that now the message on chloramphenicol be oriented to its use only on the basis of an identified causative organism, not to be used where another less potentially hazardous product is available, and not to be used except in these specific indicated cases.

This is the kind of message I think you are talking about that should be sent to the physician, and since we send it ourselves, first-class mail, with a notice on the front of the envelope, we think we communicated that to the physicians. They need to be told again, and as Dr. Ley's statement says, we are planning to try to communicate with them through the AMA at their local county medical society meetings to see if we can't emphasize this, too.

Senator NELSON. But the test is the result?

Mr. GOODRICH. Right.

Senator NELSON. The testimony still is that 90 percent of the people receive it for a nonindicated case. It really wouldn't have done any good for General Motors to have announced that a whole lot of these cars have this defect, including a carburator that might induce lethal gases from the exhaust into the car, had a story on that, and that is all. It would have about the same effect as what the FDA is saying to the doctors. Some people would notice it and do something about it and most would not. And most apparently haven't done aything about this.

Mr. GOODRICH. Well, there's been a substantial reduction in the use of the drug. I think we have started by agreeing with that.

Senator NELSON. Correct.

Mr. GOODRICH. And our point was that while some progress, some very good progress had been made, much remains to be done, and we've suggested a program of going at it.

Senator NELSON. What I am getting at is, whether or not it is adequate.

Now, it is a fact that it is no longer the drug of choice in any case. At one time it was the drug of choice in certain circumstances. And millions and millions of dollars were spent to demonstrate that it was the drug of choice. Apparently as a consequence of this kind of promotion, it was much more widely used than its indications warranted. This is a matter of public health. It is a matter of life and death to anybody who gets it for a nonindicated case and dies.

Why shouldn't Parke, Davis be told that they should now run an ad in all journals saying "here is what the National Academy of Sciences now says—it is not the drug of choice for any disease, and here is specifically how to use it?" They got to the doctors in promoting it. Why shouldn't they get to the doctors in depromoting it, is my question?

Mr. GOODRICH. That was the point of the statements in the indications sections: "Chloromycetin must be used only in those serious infections for which less potentially dangerous drugs are ineffective or contraindicated."

Senator NELSON. Even the package insert doesn't tell the case. Why shouldn't the package insert say right at the top, this is no longer the