drug of choice for any disease in this country? It doesn't say that. I know what happens. I have had doctors say, "who reads these package inserts!" In the first place, they don't see them. They all go to the pharmacists. They see them if they get a free drug. So they really aren't seeing the ad anyway but they do see that ad in the medical journals.

So, what you are really saying is we've gotten reasonably tough about the package insert which never goes to the doctor who prescribes it. I don't think this is fair to the consuming American public.

Mr. GOODRICH. We have put into the record a copy of the package insert which is a detailing piece that goes with the free samples. We've also put into the record the ads. Now, if that is not satisfactory, then it is not satisfactory, but that is what's been done.

Senator NELSON. Well, I don't think it is satisfactory because I think we have to go by the test of results. All the distinguished witnesses, including Dr. Goddard and Dr. Ley, and all the other experts who have testified have said in public that about 90 percent of the people are getting this drug for nonindicated cases. And Dr. Goddard sat in that witness chair and said "I am at wits end," to quote him precisely, "on how to stop the use of this drug." Well, I'm not at my wits end. I'll give you some suggestions.

I think they ought to have to run an ad saying this is what it is now indicated for. I would think in the package insert, which most physicians don't really see, it should say right at the top in a box, quote:

> Not the drug of choice in any case. Here is what it is to be used for: Never to be used except in a case where the disease is serious; never to be used except when no other antibiotic will do the job, and never to be used unless the organism involved is susceptible to chloramphenicol.

Not a whole lot of print, just concise and to the point. And then in the ad that goes in the paper, I would think you ought to print at the top, exactly what I've said. You know, if we had accomplished our purpose with what we had done a year ago, what Dr. Goddard did, I think there would be no argument, but we haven't. We've come a long way. There is no question about that. We have reduced the usage from 42 million grams to 20, but we are talking about people who are going to unnecessarily die. And I think that we ought to tell every doctor in America, in ads and package inserts, that here is the present status of the recommended use of the drug.

Are you, for example, going to send out the "Dear Doctor" letter saying here is what the National Academy of Sciences says—not the drug of choice?

Dr. LEY. This is a perfectly satisfactory option for us to consider, and I will weigh this very carefully. We have, Senator, also embarked on another effort which is broader in scope than this but very similar.

Early this month, we cosponsored a conference with the NIH on the continuing education of physicians in which Dr. Dowling chose chloramphenicol as a beautiful example of the difficulty in updating the physicians' knowledge on drugs. His remarks were very similar to your own a few moments ago. He pointed out that there are a variety of influences operating on the physician. None of these are perfect. Public interest, newspaper publicity, to some extent the labeling, all are important in molding his reaction. However, the response which he indicated here is attractive in terms of the decrease in certification