

over the past year, is one which must be continually pressed for by new means and more effective means of communication between us and the community at large.

Senator NELSON. Well, now, I hope you will consider a "Dear Doctor" letter. I know that there will be those who get it for headaches and acne and flu and die from it, but these people are entitled to the most vigorous protection possible.

Then it seems to me the advertising should contain what the National Academy of Sciences now says and with which the FDA agrees—this ought to be boxed in a very prominent place. I know enough from political advertising about how to cover up the warts and exaggerate the good qualities, but it would seem to me the FDA ought to require a very prominent place in the whole medical journal advertising. This is new. It is not the drug of choice.

Now, why shouldn't that be considered? You can approve the advertising. All you are doing is saying tell the doctors what the National Academy of Sciences says.

Dr. LEX. This is a possibility to consider that has wider ramifications than merely this product. There are at present, and will soon be many more, examples of drugs whose indications are being drastically revised by the Academy's action and review. I think that the problem of communication of such changes of appropriate indication for the older class of drugs marketed between 1938 and 1962 is a very important problem for us to consider. How may we get this information, not just for chloramphenicol, but for the entire spectrum of drugs marketed between 1938 and 1962 effectively before the physician population of this country?

It is a difficult problem, one that we have been looking at and exploring possible avenues of approach. We do not have an answer as of this time.

Senator NELSON. I am sure it is a difficult problem. I'm sure you know how much more difficult a problem it is than this committee does. But I am concerned that we vigorously pursue it. And it does seem to me that the medical profession is entitled now to be told what the National Academy says. I am not critical—nobody conceivably could be critical of a practicing physician who doesn't know what the National Academy of Sciences now says. How is he going to know that? And the continuing education problem is certainly a tough one. I think the friends I have in the medical profession are very conscientious people. Some have a complicated, difficult problem to keep up on all these matters. But it seems to me in a case like this the situation is clear, though the FDA has done a lot, there is more it ought to do in terms of the advertising and the packaging insert and notifying the doctors, otherwise I think we'll have the tragedy of a rising use of the drug again. We will have more at the end of next year and we will still be talking about it at the end of next year.

I wonder if perhaps you would take a look, when it is printed, at Dr. Wehrle's testimony, in which he made a suggestion about trying to find out just where geographically chloramphenicol is being used, for what purpose, and what doctors are prescribing it. He thought that you could perhaps set up some sample areas and do a survey of how much is being used in this area and what are the reasons for its use.