use of chloramphenicol dropped after our hearings. In the year 1968, it dropped from 40 million grams prescribed down to about 20.

But the testimony before this committee by distinguished doctors and pharmacologists and authorities in the field is that about 90 to 99 percent of the patients receiving chloramphenicol are receiving it for nonindicated cases, an incredible number.

Dr. ALFANO. Ninety to 99 percent, is that?

Senator NELSON. One of the witnesses testified that in his judgment, less than 1 percent of the people getting chloramphenicol are getting it for indicated cases and that of every death he had ever seen from chloramphenicol, not one had received it for an indicated case.

Dr. Dameshek, the distinguished hematologist who has written for the AMA on this question, testified that perhaps about 10 percent received it for indicated cases.

Our files are filled with letters, two more last week—I get some every week—of cases of doctors prescribing chloramphenicol for nonindicated cases—acne, infected gums, flu, sore throat—the last one, a woman died from getting it for flu—hangnails, all kinds of things.

How did it get that way? It got that way by some fantastic promotion in the medical journals in this country. That is what misled physicians. They did not correct it.

Dr. ALFANO. I have never seen it advertised for hangnail or flu or acne or that type of thing.

Senator NELSON. No; it is just advertised—Chloromycetin, when it counts. Very cleverly over the years, it has been promoted—at least it ends up this way—for use as a broad-spectrum antibiotic for all kinds of things. I do not think the doctors promoted it. I think it is the company's promotion that was effective through their detail men, through their advertising, through their promotion.

Or maybe somebody else has an explanation. The medical profession did not reform itself. The reduction in use has come about from the broad publicity this committee is getting.

Last week, Dr. Ley testified that still about 90 percent of the patients are getting it for nonindicated cases.

Dr. ALFANO. I am glad the committee has had a beneficial effect, but I believe we should not condemn the pharmaceutical industry or the PMA. I think it is a function of the medical societies, the medical organizations, to improve their continuing education programs. I believe you, through the committee, have probably functions in that regard. I do not believe you can condemn advertising per se as the cause of a problem that exists probably based on something else.

I am involved in continuing surgical education and there is a problem as far as stimulating the individuals to participate in courses and methods of instruction.

Senator NELSON. Well, what responsibility does the profession have? The fact is known. The medical journals, I suppost all of them—I do not know whether I have seen an ad in your journal on Chloromycetin, but I assume you have had them. I have seen them in all kinds of medical journals, including the AMA journal.

Dr. ALFANO. It is a good drug.

Senator NELSON. Yes, but the indication is——

Dr. ALFANO. It has uses.

Senator NELSON. But the indications are very, very limited.