

a stimulus to look, but certainly they were not the deciding factors as to whether or not we prescribe the drug.¹

Senator NELSON. I did not mean to or intend to open up this whole question at this moment involving the drug chloramphenicol, upon which I have some questions to ask later. But I might pose this question: We have had Dr. Goddard appear before the committee, and to quote him, he said, "I am at wits end on how to dissuade doctors from misprescribing chloramphenicol"—in this case, Parke, Davis' chloromycetin. We had Dr. Dameshek, Dr. Best, Dr. Lepper, and two others, all of these whom you know, estimating that between 90 and 99 percent of the patients receiving this drug were receiving it for nonindicated cases. This was their estimate. It has not been refuted by anybody. A week or so ago, Dr. Ley appeared before the committee and estimated that still 90 percent of the cases are receiving it for nonindicated cases.

The medical journal, the literature have all stated what the indicated cases are. If advertising and detail men are not important in determining what the doctor prescribes, how do you account for the fact that contrary to all the expertise and all the literature, including articles in the AMA, doctors continue to prescribe this drug for hangnails, upper respiratory diseases, sore throats, infected toes, infected gums, a whole miscellaneous list of cases for which it is not indicated?

Dr. ANNIS. Senator, I share with the distinguished array of scientists who have been before this committee their concern for the misuse of any drug. I am concerned about the use of a drug with great potential for harm when other drugs with less potential are available and about the use of a dangerous drug for minor conditions, especially when other drugs are available. We are in accord with this. This is a long record of the American Medical Association. I am sure that the Senator is aware that we have agreed and our council on drugs is happy to serve and work with Dr. Ley, and others to increase our efforts to further educate more physicians.

What I keep looking for in the records, and what I have yet to find and am hopeful of finding, is who is prescribing these drugs, where do they fall, for example, in age groups—not just age chronologically—and how long have they been practicing and where are they practicing?

Many physicians in the earlier days, before we knew the side effects of this and other drugs, leaned upon it as a drug that was found to be effective in many conditions. It has been a number of years since the AMA testified that our clinicians, as well as our researchers and advertisers and teachers were finding some of the very serious side effects from the use of chloramphenicol.

I suspect two things, but I cannot prove either of them. One, if we could look and see a spectrum of physicians who prescribe the drug, I think we will find that they fall, I would expect, on the basis of my experience with the profession, into two areas. One, the physician in practice a number of years, as I have been, who has gotten into my habit, I have never been a great prescriber of new drugs. You learn six, eight, 10 or 12 well that serve your purposes and that is generally where you stay. I suspect that some of these, will be found in physi-

¹ See app. XII for excerpts of affidavits submitted to FDA by doctors who prescribed Thalidomide on basis of statements by detail men, pp. 4857-4862, *infra*.