cians as old as I am, 30 years in practice, who many years ago began to use this drug and because it did give good results. Even in the records presented to you, the fatality is one in 20,000, something of this kind. Too many. One in a hundred thousand is too many unnecessarily. That is not my point.

My point is a physician could have been using it for 15 or 20 years and never himself have had a fatality. So they are not persuaded against it. I would suspect that we find a great number in this category.

I doubt seriously if you will find many of the medical students of the past 10 years misusing it. I have already talked to my sons and some of those in school with them. They have all been forewarned.

The second group includes physicians who work in areas far removed from a medical center, physicians who are often far removed from a hospital where they could run sensitivity tests, where they do not have the chemist and the pharmacologist and the pathologist, to assist them, and where they are dealing with diseases often associated with poverty, with lack of nutrition and other factors. On high temperature diseases, sometimes of a gastrointestinal nature, where they are not quite sure what is the maatter with the youngster or with the patient, and knowing its broad spectrum applications and that it is readily absorbed, and again on the basis of experience, they will often lean on this drug.

Now, again, I am not citing this to justify it, because we share with your witnesses the very serious concern for the use of a good drug in too many instances. But I would not be at all surprised if this is where we are going to find them.

Now, we have to increase our efforts to educate these physicians that even though they have not gotten in trouble themselves, or they are not aware of it, the danger is there, the record is there, the potential is there, and that the use of this drug, like others of tremendous potential, should be limited to strict areas where it is the only drug of choice or where it is preferable because of other conditions of sensitivity or otherwise on the part of the patient. I have to admit to you frankly, Senator, I have never prescribed Chloromycetin. One reason, perhaps, was that Harry Beekman at Marquette, where I went to school, was one who educated me and my colleagues to be very wary of any kind of drugs. So I cannot speak from personal experience.

But I have talked to physicians around the country who use the drug. I talked to them especially this past year or so. In every instance, the physician who continues to insist on it has not been persuaded.

So I agree with you. This is why the American Medical Association is anxiously awaiting a meeting that had to be postponed twice in the last couple of weeks. Dr. Ley was tied up with other problems of the Food and Drug Administration. We are most anxious to expand our effort to bring the total message to all of our physicians.

We feel that the drug itself has proven in the minds and in the experience of every qualified clinician to have a very worthwhile and a very definite place in the armamentarium of drugs, but it is one that should be limited in its use to definite indications. We go along with this completely.

Senator NELSON. The issue that was raised, however, is the extent to which doctors base their prescribing upon advertising, promotion, and detail men vis-a-vis the literature——

Dr. ANNIS. I think the success of the advertising was 15 or 20 years ago, Senator. I do not think it has continued success today.