Dr. ANNIS. One of the cases has been hemophilus influenza and there are still physicians today who still feel it is the drug of choice in hemophilus influenza or pneumonia.

Senator NELSON. That is contrary to the National Academy of Sciences-National Research Council, who said it is no longer "the" drug of choice for any reason.

Dr. HAYES. As far as respiratory infections are concerned, there are some who believe that treatment in specific instances of cystic fibrosis, involving the lungs, that chloramphenicol is effective in reducing the possibility or potentiality for serious respiratory infection. I certainly would agree that in any pneumonitis bacterially caused, there may well be other as effective antibacterial agents as chloramphenicol. It would be unlikely that you would prescribe chloramphenicol unless it became a life-threatening situation and for one reason or another other antibacterial agents could not be used, such as sensitivity of the bacteria itself or possibly in the matter of some reaction of the patient to other drugs that might be used. It would be a rare instance where it might be used.

Senator NELSON. Has it ever been indicated in general for upper respiratory diseases, bronchitis, or any other thing like that?

Dr. HAYES. Not that I know of as a general indication. However, you must take into account that irrespective of the hazards of chloramphenicol, and they are very real and I think that every physician is aware of them—I do not condone the misuse of the drug in the face of these hazards at all—it is a very effective broad spectrum antibiotic. In fact, at the institution where I do some volunteer teaching, they occasionally post a summary of the sensitivities as determined by their routine testing of bacterial sensitivities to a number of organisms. It is surprising that chloramphenicol in the vast majority of the organisms that they encounter will turn out to be most effective antibacterial agents in and under those tests. I do not say on the basis of those that you would use the drug, but I merely say that to emphasize that it is an effective antibacterial agent and in the face of a life-threatening situation, a physician might elect to use chloramphenicol if he was not certain of the offending organism or organisms. And that is the situation that he might encounter if he is remote from a medical center where all of the sophisticated facilities might be available to him.

Again, I would not condone the use of chloramphenicol or possibly any other antibacterial agent for a hangnail or some incidental infection.

Senator NELSON. I am sure you know better than I do that the indications have been stated as very, very, very limited. As I stated before, according to the National Academy of Sciences, it is not the drug choice for any disease.

Dr. ANNIS. I understand that has been very recent. I do not know how recent, but I heard it the first time 2 or 3 days ago.

Senator NELSON. It was last October. But for 15 years, correct me if I am wrong, it was indicated for ricketsial diseases, it was indicated when the disease was serious—it always had to be serious—when no other drug was effective against the organism and when chloramphenicol was effective against it.