So now on the question of advertising and promotion, if I understand the experts correctly here, it has never been generally usuable as a broad-spectrum antibiotic, at least since the first side effects were found in 1952 or 1953. It is not indicated for general upper respiratory diseases, as I understand it.

On the question of which is the most effective, the articles of the journals as to its indicated use or drug advertising promotion and detail men, it seems to me that the ad in the AMA Journal with the bronchoscope picture is not saying: "We are running this bronchoscope to indicate that you might use Chloromycetin if there is cystic fibrosis." What they are doing with the bronchoscope is saying, gentlemen, if there is anyhing in that area, use Chloromycetin when it counts. So obviously, that is an improper ad, making a claim on its face that I do not think any scientist who has testified here would defend.

It obviously must have had effect, because it is vastly and widely prescribed for upper respiratory problems. We have had letters of deaths in the files that it was used for that purpose.

So on the question of which is effective, just again using horse sense, I would say vis-a-vis the articles by Dr. Dameshek and others in the journal cautioning against it and vis-a-vis the effectiveness of the ad, I think the ad and the detail man run away with the case.

So I raise the question, one, I think it is effective, and, two, why would the AMA run an ad with a bronchoscope in it when they know very well it is not indicated for that use?

Dr. ANNIS. Mr. Chairman, I would not plead that we do not have human error in judgment. I suspect that in this particular instance, the evaluation of the bronchoscope and the rest, from the standpoint of its implied suggestion that it would alleviate the need for bronchoscopics and conditions of that kind, this undoubtedly was inappropriate. I would think so as I review the record and what is there.

But I still would like one of these days to have someone, if we can find out from the records, find out the age of the doctors prescribing it. Are we, in effect, getting new prescribers in the last 5 or 6 years, or, in essence, are we still getting prescriptions coming primarily from the same sources?

Or as indicated by Dr. Hayes, from those in medical centers where, on sensitivity tests, it is indicated?

These are some of the other perplexing areas that are involved in this drug and its advertising and we are seriously concerned about the effects of this or any other drugs that have similarly serious effects.

This is why I reiterate the welcome participation that we will receive from Dr. Ley in an effort to expand our efforts to inform those segments of the profession that still use this very dangerous drug that its limitations are even greater than they used to be by virtue of newer and more effective drugs to take care of conditions that in the past were treated by chloramphenicol.

Senator NELSON. But it seems to me the facts in the case scream rather loudly. They use the advertising device very widely. They have sophisticated advertising, a powerful group of creative minds involved.

Dr. ANNIS. It was cleverly done; no question about it.

Senator NELSON. And they have been able to get doctors to prescribe it. If I can use the expert testimony, they misprescribe it 90 to