over again. This is an area of real concern to us. When it comes to advertising, I have specifically raised this question with some of our people. We also have fair trade problems involved in discriminating against one company as opposed to another. If we are talking about broad spectrum antibiotics and we except three or four companies, when they comply to certain other requirements, then we are in this position, too. I do not attempt to know whether or not this applies in this instance by virtue of the other side effects of chloromycetin, chloramphenicol, its generic name. However, this is an area where we admit there is a real problem. It is one we have tried to solve. And again, I would like to ask Dr. Hayes if he can give a summary at least of what we have done in this area.

Senator NELSON. Of course.

Dr. HAYES. Well, the first statement on chloramphenicol that the council on drugs published was in 1951. That original statement indicates the peculiar and dangerous hazard of chloramphenicol. Since that time, in all of the statements of the council and its publications, the message has been very clear and consistent that there is a peculiar, dangerous hazard to the use of chloramphenicol as regards bone marrow depression, and that as time has gone on and other effective antibacterial agents have appeared for use by physicians, the indications for chloramphenicol have become fewer. Those statements have clearly indicated that.

In addition to those statements in the formal publications, the council has periodically published in JAMA statements firmly enunciating the proper perspective of chloramphenicol as regards its uses and its hazards.

Now, I might just say in addition that in JAMA itself over the past 20 years that chloramphenicol has been available, the Journal itself has published some 285 articles on chloramphenicol, of which, as I recall, 55 were directly related to its toxicity. In the specialty journals, there were some 30 articles published—that is, the 10 specialty journals—of which 20 or more related to its toxicity.

But most important, in 1953, recognizing the seriousness of the hazards of chloramphenicol as a cause of aplastic anemia, the council established a Committee on Blood Dyscrasia to look into the matter. They established a registry of blood dyscrasia which collected case reports on all drugs causing blood dyscrasia, but it was generated by the problem involving chloramphenicol.

In 1963, the council expanded that registry on blood dyscrasia to include the reporting of adverse reactions of all types on all drugs. And that activity continues to this day.

We recognize that in spite of this consistent effort which, when added up, is quite considerable, in my opinion, we need to get our message across in a more effective way.

In 1963, we approached the Joint Commission on Hospital Accreditation and asked the commission to include in their standards the reporting of adverse reactions to drugs. The commission at that time was not amenable to do that. They did agree to publish in their bulletin statements encouraging hospitals, through their hospital and pharmacy therapeutics committees if they did exist, to report adverse reactions. We have continued those conversations, and I am happy to say that it looks as though we are making a little bit of progress. The joint