

Mr. HARRISON. The circulation is in the neighborhood of 215,000, I believe. I have the exact figure here.

Senator DOLE. How many of those are doctors?

Dr. ANNIS. 212,000 are members.

Mr. HARRISON. Except for libraries, Senator, and other recipients of that nature, almost all the direct recipients are physicians.

Senator DOLE. If they have all gotten the letter, I do not know why you would need to run an ad in the journal, unless you get it twice.

Mr. HARRISON. They all receive the letter. Also, the other hundred thousand or so physicians who do not receive the journal also receive the letter.

Senator NELSON. I would submit that there is a moral obligation involved. If you run an ad that misleads and it is seriously misleading, as a number of these were, in the place where the ad occurred, you ought to, and are morally obligated to tell the doctor that the company that advertised in here was wrong. If that is not a moral obligation of the AMA, I do not think the AMA has one.

My heavens, Doctor, if I ran a publication in which the health of the people—

Dr. ANNIS. Senator, we are guided, as I have repeatedly told you, in the basic content by the regulations of the Food and Drug Administration. Many of these rules have emanated as a result of hearings, such as yours, in an effort to tighten up this situation. If we are going to castigate any organization because they occasionally make an error—because unless you are going to accuse them of deliberate falsification—even those who have testified before your committee as to the severity of the complications, and Dr. Dameshek is a good example, have recognized this. One of his earliest statements was that this drug is rare in its complications.

Senator NELSON. Which?

Dr. ANNIS. Chloramphenicol. He indicated that it is rare that it event has side effects and that its absorption in youngsters was and is great. So many pediatricians used it. It is the rare thing that does occur that is tragic. There is not any question about this. There is no argument about this. But the point is that even these men have not held that the drug, for example, should be abolished. It still has limited but nevertheless essential uses. For this reason, the manufacturers have a legitimate right for it to be advertised.

Do not forget, as I indicated this morning, there is no question in my mind that many of the physicians who have used this drug are among physicians, such as myself, who have learned to use and depend upon a few basic drugs in the past. If a drug that I used for 4, 5, 6, 8 or more years was consistently successful, was consistently giving me good results, and I never had a bad effect—and that could easily be in a drug that has had a bad effect in one in 20,000, or up to one in 200,000—I would continue to use it. I can easily see if a drug is pulled off the market, when it comes back, a physician could say, in effect, that the FDA is saying, "look, after we have looked into this, we find this is still a good drug, and once again we will allow it to be sold, and the advertising to be done."

And once again, it comes on the market, and the content of that copy is contained in the inserts, as prescribed by the Food and Drug Administration. I maintain that we have not been derelict because we have not read fine print or taken occasional exceptions.