Senator DOLE. As a matter of practice, do you screen ads that come to you?

Mr. HARRISON. Yes, we have a department which evaluates drug advertising and it does so in accordance with the principles included in our testimony.

Senator DOLE. Yes, I read the principles here.

Dr. ANNIS. The screening is there, but when it comes to such things as the drug content, the pharmacology, the chemistry, the efficacy, the safety, these are matters that the Food and Drug Administration is responsible for. Essentially, if they meet the FDA requirements and our requirements—advertising critical of others, or pricewise, saying we are better than someone else's, and all of the other things that are there, plus the keeping of medical ethics, they are acceptable.

That is what we screen basically for, but the basic contents, since the FDA has been given that authority by the Congress and has assumed the authority and are doing a good job with a difficult chore, we leave this matter to them, because we do not have the mechanism or the means to go into these details.

Admittedly, out of either their screen or our screen, occasionally there are errors.

Senator DOLE. The FDA has made errors, too, I assume.

Dr. ANNIS. Well, yes. Everybody has. A good example is thalidomide, a safe drug. You could buy it over the counter in Europe. The main reason it was so popular was that one could not commit suicide with it. One could take a barrel of it and it would not kill.

But looking back, for a young woman in her first 6 or 7 weeks of pregnancy, it created problems. Researchers could not find them in test after test on animals. They only found it in a certain species of rabbits. You have a drug that is safe. Old people take it, young people take it, it has minimum toxicity.

People take it for sleeping. If they take too many, it will not kill them. Think what a great thing this was. They could even buy it over the counter in Europe. It was never used in this country, not because of the drug effect on the unborn child, but because it had peripheral side effects—numbness in the fingers and toes, a sort of tingling.

But the research group, Richardson-Merrill, continued its research on it. Then we began to hear of the trouble they were having in Europe with this drug. Then, as a result of what happened, they saw the danger. From then, you could set a clear course.

Chloramphenicol has not been the same, but similar. It is a drug that has not been widely used, a drug with an admitted broad spectrum, a drug that came along with other drugs at a time when we were looking for something extraordinary. So in the minds of many physicians, older physicians, particularly, of 15 or 20 years ago, here was a great tool.

Now even its severest critics—and we are among those—admitted that its side effects are rare. But when they occur, they can be tragic. But a man could have used it for 15, 20 years without any trouble. So when he hears that other people have had trouble, he says, "I have had no trouble."

Then the FDA took it off the market. Then, for a while, he could not get his favorite broad-spectrum antibiotic. Now, it is back on the market. He can get it again. And in the mind of this fellow, not one