who has kept up with things, but one who had been getting good service from a drug over a number of years, he begins to use it again.

I suspect that a number of users of this drug will fall into that category, where they have never had any trouble with it and it is the same old deal. It has long been a human saying, and it is dangerous in drugs, I will admit, but the saying is "When you have something that works well for you, do not be the first to jump to the new."

I suspect—I cannot prove it, but I suspect this from physicians with whom I have had discussions in the last year and where I have zeroed in on this drug. But over the years, I have pointed out the many side effects that have occurred in rare instances.

Now, what has happened is that our recognition of it and the safeguards that Senator Nelson is referring to have not yet, at least in his mind, caught up to today's knowledge. It is different today. We are more secure, more certain.

Even the references he made this morning about the National Research Council—even these final pronouncements that apparently, for the first time, indicate that there is no indication left for chloramphenicol—that other drugs do as well or are better and safer—even this is only a result of today.

So we have several years where apparently, it was a pretty good drug with minimal side effects. Then we began to see some side effects. Then we began to see an increasing number of serious side effects—not often, but when they occurred, very serious indeed.

Now, the record begins to lay out.

So as we look back over those years, the Senator is amazed. Why did you not do something sooner? Well, of course, if we had known about thalidomide—they were not researching defects in children, but researching something else. That is the way research has been made.

Some of these are just as dangerous as flights in space. We are so proud of what we have accomplished, and it has been tremendous, it has been exhilarating as a nation. But we lost three men.

These are the hazards that come with progress, as we move forward. In retrospect, we now fix it so that we will not lose them that way again. But we lost three men.

The same is true here. Now, we can ask: should we not have recognized this earlier? Perhaps. Perhaps the safeguards we build in now will make it possible for use to recognize other and similar potential tragedies in the future, before they occur.

These are some of the very real problems that are the practical problems of medicine. You have a disease, you have a condition that is difficult to deal with. Somebody comes along and says, here is an answer. You begin to use it and you say, "gee, this is great," Then all of a sudden, you realize that the side effects that go with it can be very serious indeed.

We have a number of drugs which solve many problems, but they produce deafness, total deafness. One of my good friends, one of the outstanding otolaryngologists in this country, has a patient I met one day. This man is totally deaf from a drug, dihydrostreptomycin, given to him for something else. As we look back, we are adding to our knowledge, and as we keep people alive who used to die, we find that the same drug that saved life produced deafness or inability to see.

Aralen—a great drug in the control of malaria, was found by acci-