

Well, Dr. Goddard said he was "at wits' end" about what to do about this problem. I have a high respect for him and I think I know what his problem was. Dr. Goddard said that restricting its use to hospitals would be an interference with the doctors' practice of medicine.

Do you think that would be interference in a doctor's practice, if you have a case of this kind, where little kids like this are dying and 4 million people are getting it, and we have been unable to persuade the doctors. This is a way to guarantee that in most instances it would call the doctor's attention to the fact that it should be used only in a hospital. Besides, in any good general hospital, you have some expertise on the drug there.

Do you agree or disagree that that would be a good proposal?

Dr. ANNIS. Again, Senator, you will recall, as I said before, I am not speaking as a user nor a defender of the drug. But I do know that there are many physicians in this country of ours who practice many miles away from a hospital. One of the real problems is to get physicians to practice in rural areas, in sparsely populated areas, in areas far removed from medical centers and often far removed from hospitals. I suppose that some, at least, of the rather consistent users of the drug fall into that category. If it becomes necessary, if the circumstances justify it, if there are no other drugs, if we fail in our education along other lines, then this, too, would have to be, as with anything, have to be considered.

I would suggest, however, that even in some of the testimony that has been presented before this committee, there have been indications that one need not have taken chloramphenicol over a long period of time if one is sensitive to it. One dose in itself can set up the mechanism that ultimately results in the depression of bone marrow production, aplastic anemia, and death.

I would also suggest—and I recite these not as arguments but as reasons for a continued dialog in this particular area—that one of my good friends in Miami had his wife take their little girl to the hospital and request a shot of penicillin for an infection a couple of years ago. She went into the hospital to the outpatient department and requested it. The physician who was in attendance agreed that it was all right, and Andrea, the little girl, was given her injection of penicillin. She was dead within a few minutes; they were unable to resuscitate her.

So the mere fact that a patient is brought to a hospital for treatment or as an outpatient does not necessarily protect him. The theory is, of course, that if they are in a hospital, they are under better care, you can watch their blood count, do other things. If, however, we are dealing with hypersensitivity for any one of a number of reasons, being in a hospital would not protect.

I think, ultimately, the point arises that it is not a question of the location at which the drug is given, it is a question of trying to educate our doctors wherever they practice as to hazards, as to new knowledge, as to the fact that whatever their experience has been in the past, there are other drugs today that can satisfy their needs much more safely. I still say that the answer to this, like most areas in the field of medical practice, where human beings are dealing with human beings, we should improve one's education to as great an extent as possible.

But not forget that a physician may be dealing with people where