they are often far removed from medical centers, far removed from the ability to get the tests and everything necessary, and where his practice or experience over the years with various diseases has led him to use drugs which, in his mind, have saved lives.

That is the other angle to this that must not be overlooked.

If we want to concentrate on the few with dangerous side effects, including those ending in fatalities, we must also, in fair appraisal of any drug, not just this one that we are talking about, take a look at in how many instances is the evidence there that it saved lives, prolonged lives, terminated illnesses quickly, protecting against further complications?

I do not know all these answers, but I do think so far, in reviewing the record of many distinguished physicians who have testified before your committee, and I share their concern about this drug, I am not yet convinced, nor are some of your other witnesses of equal prominence yet convinced, that confining or restricting the use of the drug to a hospital will solve the problem we all want solved.

I am not opposed to it, but neither am I a proponent of it. I would want to hear more from others in circumstances where its use is dictated by conditions beyond those to which I personally have been exposed.

Senator NELSON. But here you have a case in which it is really catastrophic, if Dr. Dameshek and the rest are correct, that this drug is being widely misprescribed and that we have deaths like this. Now, I assume that the person who got the penicillin in a hospital got the penicillin for an indicated case.

Dr. ANNIS. I would hope so.

Senator NELSON. But here is a case where 90 percent, if it is 90 percent, are getting it for nonindicated cases, and the fact that you require it to be administered in a hospital immediately reduces that percentage.

Presumably there is somebody there who asks if this disease is serious enough for this and is there another drug that will do the job?

Also, is the organism susceptible to chloramphenicol? You would save quite a few lives that way.

I believe it was Dr. Dameshek and some of the others, too, who advocated this and said, if they are sick enough to have chloramphenicol, they ought to be in a hospital. But it seems to me that Dr. Goddard's answer that it interferes with the practice of medicine is hardly a justification in a case where the medicine is being practiced incorrectly.

Dr. ANNIS. I think Dr. Dameshek's exposure has been in a great medical hospital where we have up-to-date tools and many qualified people around. He works in a totally different envorinment than those to which I have reference, and I suspect to which Dr. Goddard has reference. But I did indicate, indirectly perhaps, that even the use of chloramphenicol in a hospital would not protect that person, wherein one exposure is adequate to set off the very dangerous and ultimately destructive mechanism. Again, I am merely quoting some of the testimony before this committee that it does not have to be prolonged administration in a certain percentage of people for one reason or another. A very small amount of the drug, just like a small amount of tetanus toxin—antitoxon, I should say—can be sufficient to result in a fatality. This is merely an area where I do not believe that we