have had sufficient discussion or have had an opportunity to hear from all parts of the profession as to the limitation of any therapeutic agent just to a hospital.

In my earlier years of practice, I did a little of what they used to call barehanded practice when I was in Wisconsin. I was out in the country many times. I have seen patients where, if it were a necessity to send them to a hospital, they would rather stay home and die.

I do not know, maybe people have changed since that time. However, I am not quite sure. I know of instances in the past couple of years, at least of two people who have died following automobile accidents in Miami because the family, the patient who was dying and the family, refused to allow the physicians to give blood transfusions, where there was massive hemorrhage as a result of the accident. It was impossible to treat the patient without blood, and there was refusal.

In one instance, the mother of two children died.

There are these tragedies. We can go on through tragedy after tragedy for the want of proper medication.

In another case, the giving of a drug under ideal circumstances results in fatality.

In a third, ignorance and unwillingness to allow modern trained physicians to use a therapeutic agent that could be life saving, results in a fatality.

All of these are merely examples of the constant problems that face physicians. But many of them face physicians who are far removed from a hospital or medical center. And there I would not attempt to come to a conclusion. I would be reluctant and hesitant to tie the hands of any physician with a therapeutic agent that might, under some circumstances, be the difference between his offering his patient an opportunity to survive a serious or perhaps fatal illness, or depriving him of any such treatment by virtue of there being no other tool available at that time in that situation, and the inability to get into a hospital.

I do not know, and I gather from other testimony that others are not yet persuaded, including Dr. Goddard.

Senator NELSON. But the National Academy of Sciences has indicated these drugs are for very limited cases, that, in fact, it should not be used until no other drug would work, and since we have tetracyclines and other drugs—the doctor would then try those first. If you compare what is happening all over this country with the widespread misuse of this drug compared with the limited number of rare cases for which it is indicated—well, the doctor would say "I cannot use chloramphenicol in this case for acne or hang-nail or sore throat or a nonspecific high fever." He would say "I shall try out one of the other antibiotics" and I submit you would avoid this kind of tragedy. Then after a year or 2, I believe you would find the drug would be limited to the uses for which it is indicated—which is very small, according to all the experts we have heard.

Dr. ANNIS. I think the record is becoming increasingly clear, Senator. I do believe that as a result of the testimony of very distinguished people before your committee, you have enhanced the effort of the American Medical Association to spread this message.

I have indicated earlier that we intend to expand it, that our Council on Drugs has already indicated its willingness to meet with Dr. Ley and to cooperate and work with him in its behalf.