long time with a bronchoscope, and just a simple heading, "Chloromycetin when it counts." It is not indicated for any upper respiratory illness, so why the bronchoscope? The Journal of the AMA accepted the ad. And so did all the rest of them. And then we had testimony from a group of distinguished experts about the use of chloramphenicol, including Dr. Dameshek from Mount Sinai and Dr. Mark Lepper, and Dr. Best, in which their guess was, from their experience, that anywhere from 90 to 98 percent of those that prescribe chloramphenicol tend to prescribe it in nonindicated cases. In fact, in one test that I read recently in 406 cases of chloramphenicol induced aplastic anemia, half of whom as of this test died, only 6 percent were given for indicated cases, and 12 percent were given for the common cold. Now, where did the physician who prescribed it get his information about the use of chloramphenicol except from the promotional advertising? Certainly no place in the literature. In the Journal of the AMA Dr. Dameshek himself, plus others, I think, over the years, wrote distinguished pieces criticizing the misuse of chloramphenicol. But in the pages of the Journal they accepted promotional advertising.

And it is quite obvious that the promotion was much more persuasive to the physician, the promotion in the advertising, than the scientific literature, all of which has been cautioning for a good many years about the misuse of chloramphenicol.

Dr. FREYHAN. I think we have two different psychological sets. It does not require much sophistication to understand that the pharmaceutical industry must sell products in a competitive market. The psychological set is one of promoting the quality of a product. The other set is that of the academically trained mind of the physician. In this frame of reference one must distinguish between what is scientific presentation and what commercially motivated advertisement. As much as I agree on the fact of abuse and distortion in some advertisements, I find it difficult to see the physician as a victim. We do, after all, have a choice, we have other sources of information available. I think that it is a task for the medical schools and for training centers to develop a physician's ability of discriminating between scientific and promotional aspects as reflected in literature and advertisements.

Senator NELSON. But I gave you what I think is a well-documented case of chloramphenicol where the distinction was not made, physically not made, so to speak. Not that this was true of all physicians. I received all kinds of mail from physicians quite critical of the use of chloramphenicol. And, in fact, after our hearings the use of chloramphenicol in the country dropped by over 50 percent. There was great publicity, and then the FDA finally sent a letter to every physician in this country.

If we had no advertising at all of the kind we have now, under what circumstances would any physician in this country prescribe chloramphenicol? He would have to go to Goodman and Gilman, he would have to go to the Medical Letter, he would have to go to the scientific literature. Otherwise he wouldn't know what it was for.

Dr. BRILL. Senator, may I comment on that?

Physicians have been making mistakes in pharmaceuticals for a long, long time, long before the advent of drug advertising of this type. And