Dr. PARROTT. That is correct. After all, I feel the physician, the medical student, the intern, the resident, is far too sophisticated to be controlled or totally influenced by advertisements, whether they be in scientific journals or not.

Senator HATFIELD. Are you not really, in a sense, in many of your meetings, and I have read your journal, there are so-called professional articles written about new drugs or new processes and techniques, which is another form of communication, oftentimes without recommendation, without promoting that new technique or that new drug; it is merely purely an analytical statement and then a physician is introduced through that medium.

Dr. PARROTT. Yes, sir. As a matter of fact, the American Medical Association has for a number of years now published a volume known as "New Drugs." This will eventually be amalgamated into a volume which you have probably heard about, the ADE, or the "American Drug Evaluations Compendium."

Senator HATFIELD. So that all your advertising, then, is of such a standard that it meets all the legal requirements with respect to the claims as permitted by FDA. Just to reiterate and make this point clear, that is true?

Dr. PARROTT. That is correct.

Senator HATFIELD. I have no other questions.

Senator NELSON. I would like to pursue this point. I have asked committee counsel to go to the office and get the Fond du Lac study which was done under the auspices of the AMA several years ago in describing prescribing practices of physicians.[1] The study will speak for itself. My remembrance is that 50 percent of the doctors in that study said they prescribed a new drug based upon information from the detail man and advertising. I hope I am not misstating what the AMA study found. I think that is correct. At any rate, it was a large percentage which indicates, if the study was accurate, that detail men and advertising are a very significant influence in the decisionmaking of the doctor being introduced to and prescribing a new drug.

I would like to ask about a more recent drug, perhaps you can explain. If advertising is not powerfully persuasive, how do you explain the rather tragic chloramphenicol case? Here is a situation in which the journals, including JAMA, carried articles in the editorial section—one, I recall, by a very distinguished blood dyscrasia expert, Dr. Dameshek, of Mount Sinai Hospital—warning the doctors against the misprescribing of chloramphenicol. We had testimony which remains unrefuted in the record by five very distinguished doctors who made their own statement based upon their experience. Now, Dr. Dameshek treated lots of people who ended up in his hands as a consequence of the administration of chloramphenicol for a nonindicated case. One of them was a pathologist who said in all the deaths he had ever seen from aplastic anemia caused by chloramphenicol, he had not yet seen a case in which it was administered for an indicated situation. One of the doctors said that he felt that less than 1 percent of chloramphenicol administered in this country was administered for an indicated case. Dr. Dameshek thought perhaps it was prescribed 90 percent of the time for nonindicated cases. In 1967,

[1] See Appendixes VIII to XII, pp. 5771–5919.