4 million people received it. If you use the conservative figure of Dr. Dameshek, then you had 3,600,000 people who were administered chloramphenicol for nonindicated cases.

Now, in all the literature, the indications for the administration of chloramphenicol are perfectly clear. If any doctor turned to the literature—it could be any of the scientific literature, it could be Goodman and Gilman, any source—they would find very limited indications for its use. In fact, according to the National Academy of Sciences, it is no longer the drug of choice for any disease.

Through all these years when the drug was being widely misprescribed, the AMA journal carried promotional advertising for chloramphenicol, Parke, Davis' Chloromycetin.

I have looked at many of these ads. One of them that ran in the journals, including JAMA, was an ad which had only a few words—"Chloromycetin when it counts." That is all it said. Then it showed a picture of a bronchoscope. All the testimony of the experts was that there are no upper respiratory diseases for which chloramphenicol is indicated. The journal accepted the ad, the journal carried the ad. Leading physicians in the American Medical Association were aware of the wide misprescribing of the drug. I would like to ask: One, why would they carry an ad like that, which is very misleading? Two, if it is not the promotional advertising that convinced the doctor to use the drug, what did convince him? Certainly not the scientific literature.

Dr. PARROTT. Have you read the scientific literature on chloramphenicol of 15 years ago? Do you know the scientific literature on the drug as of 15 years ago?

Senator NELSON. I read what claims were made for it in 1954 and what happened when it was taken off the market and the revised claims made for it in the advertising for probably every year since 1954.

Dr. PARROTT. Do you also know how many other broad spectrum antibiotics were associated with it or on the market at the same time?

Senator NELSON. Well, tetracycline and a number of others——

Dr. PARROTT. How are you going to cover gram-negative infections of 15 years ago?

Senator NELSON. I am not talking about 15 years ago. I am talking about last year. After our hearings, after the publicity——

Dr. PARROTT. That is after the education on the drug built up. I have read the testimony on this committee before. I have not heard you say this before, but I have certainly read it many, many times before. I have read it in the Adriani testimony, I have read it in the Annis testimony, in the McGill testimony. I don't know why we have to repeat this so many times, but I would like to point out, just as an aside, that after all, chloramphenicol was a good drug, is still a good drug for certain things. I know the indications have decreased with time because other things have taken its place. But when you make the statement that 90 percent or——

Senator NELSON. Not my statement; Dr. Dameshek's, Dr. Best's, Dr. Lepper's. Very distinguished people.

Dr. PARROTT. I understand, but you keep repeating, sir. Obviously, you are getting at a point, I think, that you are trying to prove something. You are trying to prove, first, that advertising had something