

to do with the chloramphenicol problem. I do not think it did. I think chloramphenicol was widely used at one time because it was a good drug.

You point out that it was used 90 percent of the time——

Senator NELSON. I do not want to continue to interrupt you but I did not point that out. If you want to quarrel with Dr. Dameshek, Dr. Lepper, Dr. Best, some of the most distinguished people in this country—I have quoted them. I do not pose as having any expertise independently at all. So you quarrel over the statistics with them. If you have some statistics that refute them—we have said this to Parke, Davis, we have said it publicly—we will be happy to have such testimony for the record.

Dr. PARROTT. You can't refute statistics that do not exist. In the first place, that statistic that Dr. Dameshek referred to was not a statistic, it was more or less a retrospective impression of what had happened. He was talking about 50 to 56 deaths that occurred from this drug over a 10-year or 15-year period. Now, there is no way that you can hang anything rational on a statistic that is done in a retrospective fashion unless you have a control on all the people that took the drug, all the people that are walking the streets today because they took the drug as against those that had problems. I would dare say, some of the people who died of this drug would have died of their disease anyway. Nobody has that statistic. What I am getting to is this: You are hanging your hat on statistics that do not exist. I do not think you can use Chloromycetin in that fashion because of advertising or because of what detail men did. The drug was a good drug for the day it was used. It is still a good drug, except its demise is almost obvious now. It is a dead issue because it is a medical-legal issue, not a physiologic issue at all.

I would like to point out, though, that this has been before this committee many times and I do not want to belabor the point. About the bronchoscope—perhaps that did represent enthusiastic advertising, I do not know. But it is not in the journals anymore. If something happened in ads that has not been continued, I do not see how anybody could object to that. You might object to it at the time.

Senator NELSON. That was a year ago.

Dr. PARROTT. Yes, but this thing has been pointed out and I do not know why we have to belabor the point. What are you trying to prove here? Are you trying to prove that there is some kind of implied conspiracy between the drug industry and the Medical Association?

Senator NELSON. No, I hope I don't give that impression.

Dr. PARROTT. That is the impression we get after reading the testimony. I think this is a preconceived notion in your mind.

Senator NELSON. No, I think there is a pretty close tie which is obvious and I, personally, feel it is not very healthy. I am prepared to say that.

Now, take the claims that are consistently made by people that advertising does not influence the doctor—to illustrate the Chloromycetin case is not over with. It is still being widely misprescribed. However, after the hearings before this subcommittee and after Dr. Goddard appeared before our committee and he agreed to send out a "Dear Doctor" letter to every doctor in America, the use of chloram-