behind a drug counter selling a drug. And I have no difficulty blaming that on the licensing authorities in the country where the sale was made. I have a little difficulty in shifting that blame back to somebody here in the United States, however. I think that it is reprehensible that people in those countries do not have better standards for the people who are going to dispense these drugs. But you said that in this instance the danger of the drug was fairly common knowledge to physicians, but a 14-year-old kid was dispensing it.

Dr. SILVERMAN. Right.

It would be very easy to point the finger to examples of this sort—and there are many like this—in which a law has clearly been violated. But as a citizen of the United States, I do not feel that I can point a finger at any other country for failures to enforce its laws.

Senator BEALL. Well, I can understand bad marketing practices and over-aggressive marketing factors, but the example you gave me I think is one where the fault clearly rests with the individual who was dispensing the drug, who was not equipped to handle the job that he is performing. And I have a hard time putting that responsibility back on somebody some place else other than the people that are running the pharmacy and perhaps those charged with the licensing of the pharmacy.

Dr. SILVERMAN. Well, let us match that with the use of this drug Largactil, also called chlorpromazine, which is prescribed by physicians down there who are unaware of the known hazards of the drug. This is legal. The physician is not violating any national laws. But he has not been presented with adequate information by the manufacturer.

Senator BEALL. That is a reprehensible marketing practice.

Dr. SILVERMAN. I think it might be considered so.

Senator BEALL. All right.

But I think we have to disassociate those two. You have to talk about the marketing practices, on the one hand, which we may or may not be able to do something about, and licensing standards in foreign countries, on the other hand, which I do not think we can do anything about, as bad as they are, except perhaps create the kind of international discussion that would cause people to come up with better standards.

Excuse me, doctor, please go ahead.

Dr. SILVERMAN. All right.

When these inconsistencies—inconsistent between what the company is saying about its product in this country and what it is saying in Latin America—became apparent to us, we showed them to the heads of some of the American and European countries involved, and we asked how these could be explained. I think it is important to emphasize that in no instance did the company spokesman deny the differences. Their responses usually included a number of different defenses. For example, they would tell us that Latin American physicians do not need any warnings; they are already aware of any hazards. Such a claim, we learned, totally infuriates Latin American medical specialists, particularly those teaching in medical schools, and clinical pharmacologists, and by pathologists and hemotologists, who by the nature of their specialties, are most aware of the damage done and where the bodies are buried.