It is of interest, Mr. Chairman, that in the debate on this resolution every single one of the countries that took part in the debate supported the idea more or less vigorously. But there was an interesting kind of division: The small countries all supported it wholeheartedly; the big countries gave slightly less enthusiastic support, warning of the dangers and problems of interfering with confidentiality involved in reporting.

More recently, just a year ago the 1975 Assembly adopted a resolution on standards for quality control of drugs, another area in which WHO has worked intensively. You may know that it was only some 5 years after establishment of the World Health Organization that, in 1952, the first International Pharmacopeia was adopted.

All of these efforts, unfortunately, Mr. Chairman, have accomplished very little and emphasizes your earlier question: Why don't they do more? I think it goes back, in essence, to the fact that the World Health Organization and the Pan American Health Organization are intergovernmental units. They can pass resolutions which may be noble and high sounding. They can distribute information. They can give advice. They can outline better procedures. But in the end it falls upon the Ministry of Health of each country and these Ministries simply do not have the clout to compete with other parts of their own government when commerical interests are involved.

Fundamentally, Mr. Chairman, as Dr. Silverman and Dr. Lee and you yourself have pointed out, what goes on in any country is the responsibility of that country. When a manufacturer says it is not illegal to make exaggerated claims in a country that has no laws against doing so, he is absolutely correct, legally. But, Mr. Chairman, here is where the problem of ethical and moral values comes in. It just seems to me, as a professional person, absolutely indefensible for a company to say that because there is a high incidence of typhoid fever in a given country one ought to treat every case of diarrhea with chloramphenicol.

Mr. Chairman, I have lived in the era when we did not have antibiotics or chemo-therapeutics. When I was a medical student and an intern I had the experience of seeing case after case of influenza bacillus meningitis die. When I was Pediatrician-in-Chief at Charity Hospital in New Orleans, the first time I used chloramphenicol in a child with influenza bacillus meningitis was one of the most dramatic incidents in my medical career. This was an 18 month old baby with the highest fever that I have seen anywhere. The child had a temperature of 109.2 on admission to the hospital, and this was confirmed with any number of thermometers. The child was treated with chloramphenicol, and within 36 hours the baby was standing up in bed yelling for food.

This kind of experience is a very powerful influence on a physician who has seen children get well from a disease he always considered fatal. But it is still dangerous nonsense to use chloramphenicol routinely for every case of meningitis. You must know what you are dealing with.

Diarrheal disease is a prime example. In 1973, the year after the tragic death of their daughter, Professor and Mrs. Zander traveled in Spain and brought home this poster which was on the drugstore counters, Chlorostrep, a product of Parke-Davis of Spain. The poster says, in effect, "Don't allow diarrhea to interfere with your vacation. Take Chlorostrep at the first problem." This drug is a combination of chlor-