has been picked up as their own gospel by many of those who were most horrified at the original expression. As a matter of fact as I review those words of 8 or 9 years ago in the light of current events I am amazed at how close to the mark they were in foretelling what was going to happen in the pharmaceutical field given the attitudes which were then, and still are prevelant. All of which only goes to prove that developments are predictable on the one hand, and on the other that the legend of the unheeded prophet, Cassandra, is still relevant today.

Not having learned any restrictive lesson from this earlier experience, I am here again to discuss some recent controversies involving the pharmaceutical industry, and to express from my experience what might be a way to avoid such unpleasant situations in the future.

I am here today to express from my experience what might be a way to avoid the situation which we are discussing now, the promotional excesses in countries outside the United States by U.S. firms.

Certainly none of us, in the industry or outside it, can take any pride or satisfaction in listening to the recital of the promotional excesses that the committee has heard in the last few days. Essentially, however, this is just the newest example of the fact that pharmaceutical managers live and work in a goldfish bowl which makes all of their actions reviewable by a large and varied audience of critics, most of whom are not inclined to be overly sympathetic.

The root of most of the problems that the industry has with its critics over promotional matters is the feeling that somehow sales pressures, advertising, commercial exploitation and selling in its strict dollar and cents aspects are all foreign to, and incompatible with, the practice by the physician of his profession. Choice of treatment, drug selection, and indeed, the whole physician-patient relationship seem not properly affected by any forces outside the physician's training, abilities and understanding of the patient and his malady.

The idea that anything coming out of such fields as advertising, sampling, sales pressures, price advantage, or third party recommendation of any kind could intrude on this relationship is somehow repugnant to the public who still regard the medical profession as a sort of prefabricated-all-knowing-group of specialists of superior and perhaps even secret powers who need no help or direction from those inspired by motives other than the specific cure of the patient at hand. Commercialism of all kinds, and medicine, have always been uneasy associates. It is difficult to keep this relationship in proper balance, and it is the struggle to do so that leads to hearings of this type, and eventually is the cause of much of the governmental regulation imposed on the industry.

We now have before us examples of how promotional activities vary from country to country on the same drug by the same company. Indeed, it appears that promotional claims for certain drugs which are forbidden in this country are emphatically stated in other countries, and that a fair case can be made for what looks like the exploitation of ignorance of peoples who lack the medical scientific experience which has evolved in the United States in the last 30 years or so. It is difficult to imagine any justification at all for the promotion or sale of a drug for an indication for which is not a specific, or any promotion or sale of a drug without adequate information as