an immediate threat in the United States or Great Britain the problem is potentially serious on a worldwide basis. In discussing the problem, Anderson and Smith observed:

> The ultimate appearance of epidemic strains of S. typhi carrying R factors coding for chloramphenicol resistance is most likely in countries where two conditions are satisfied. The first is that typhoid fever must be common, so that the organism is frequently present in the human intestine. The second condition is that chloramphenicol should be used indiscriminately, so that its widespread selective pressure will promote the emergence of stable R factors coding for the respective resistance. Both these conditions are satisfied in Mexico: it is a country with a relatively high incidence of typhoid fever; and not only is chloramphenicol used on a large scale by doctors but it can be bought (12) by the general public.

Why do I dwell on this problem at such length and ignore the other problems that may arise in Latin America because of the promotion of prescription drugs by multinational corporations that Dr. Silverman has described?

I do so, Mr. Chairman, because I believe the indiscriminate use of chloramphenicol in Latin America, specifically in Mexico, is related to the way this drug is promoted and it is also related to the prevalence of chloramphenicol resistant enteric pathogens, such as Salmonella typhi.