may ignore the warnings partially or totally.

For many years, it has been known that the situation in some other countries is somewhat different. As you yourself disclosed a decade ago in your hearings on Chloromycetin--the Parke-Davis brand of chloramphenicol--the warnings published for the product in the United States were far more strict than those included in promotion in Great Britain. You will recall, Mr. Chairman, that when you called this discrepancy to the attention of a company official, he offered the defense that full disclosure of hazards was not required by British law.

That revelation before your committee was a brief but important prelude to what we can report today.

In our own studies, we investigated the 26 drugs as they were promoted in the United States, Mexico, the six Central American countries--Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, and Panama--and in Colombia, Ecuador, Brazil, and Argentina.

Essentially, we conducted a comparison of what each company said about its product to physicians in the United States through PDR, and what it said about the identical product to Latin American physicians in somewhat comparable Latin American reference volumes.

Here, two points are important.

First, I am in no position either to support or to condemn the policies and decisions of FDA as reflected in  $\underline{PDR}$ . But  $\underline{PDR}$ 

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