Latin American books, the claims for efficacy are long, numerous, and often--at least in my mind--grossly exaggerated.

2. In the United States, the list of the contraindications, warnings, and potential adverse reactions is lengthy and detailed. Virtually every unhappy, serious, or possibly lethal side-effect to which a physician should be alert is included.

But in striking contrast, the potential hazards published in the Latin American volumes are usually minimized, glossed over, or totally ignored. In some cases, not a single danger is disclosed.

Let me cite some examples--

Antibiotics

Consider first the antibiotic chloramphenicol, which has figured so prominently in the hearings of this committee. It is unquestionably a potent and useful drug, but its known dangers are such that it is promoted in the United States for only such serious infections as typhoid fever and a few other life-threatening but relatively infrequent infections in which the causative organism is shown to be susceptible to the drug.

Physicians in this country are advised not to use it in trivial infections, or when other effective but less dangerous drugs are available.

In Mexico and Colombia, the Parke-Davis brand marketed as Chloromycetin is promoted for use not only for life-threatening conditions but also for tonsillitis, pharyngitis, bronchitis,