had no compunction about saying one thing at home and another abroad. I should note, to be sure, that U.S. centered companies are no different in this respect from companies with headquarters in other parts of the world.

Our seminar early decided to broaden its interests to consider the ethical values involved, utilizing a small grant from a program called University Values Year, to bring in guest speakers. We have tried to look at commercial aspects, professional educational aspects, private practice aspects, legislative aspects, and patient behavior and health education aspects.

I should note that in my presence here I am speaking as an individual since our seminar group has not yet formulated its conclusions or reached consensus on recommendations; these we expect to have ready this fall.

Latin America is a particularly sensitive area of the world in regard to drug promotion and utilization. The people of Latin America have the same kind of fascination with drugs and specific medication that is found in every part of the world. They are, however, more vulnerable to imported drugs since the national pharmaceutical industry in the various countries is much less developed than in the U.S.A. or Western Europe. This situation is changing and the government of Peru, for instance, has recently taken the lead, on behalf of the Andean Pact countries, in developing national resources for producing generic drugs. In another respect, that of local quality control, a national equivalent of our Food and Drug Administration is either essentially absent in many Latin American countries or has seriously limited powers and resources. The problem is further complicated because in any developing economy there is a general tendency to give market-place considerations precedence over regulatory or consumer protective activities.