that has no laws against exaggerated claims." is legally correct. This is where the problem of ethical and moral values come in. It appears to me, as a professional person, absolutely unconscionable for a manufacturer to hide behind such a defense when human lives are involved. It is simply not true that, because a particular antibiotic may need to be prescribed more often in a developing country, where the diseases for which it is useful are more prevalent, it is therefore justifiable to exaggerate the indications and minimize the contraindications. This is arrant and dangerous nonsense, as is the argument that reactions are less frequent in these countries, where, in fact, there is inadequate reporting. It is one thing to say that in a country with a high incidence of typhoid fever one may be justified in treating a typical clinical picture without awaiting laboratory confirmation. It is another to imply that because typhoid is prevalent the drug should be promoted for every case of diarrhea.

In 1947 I wrote a short paper on what I called Noxicity of Antibiotics. At that time most people were concerned with toxic reactions but I argued that there were at least three other "noxa" involved--encouragement of the development of resistant strains, interference with bacterial balance, which leads to overgrowth of other organisms, and a "masking" phenomenon, where overdependence on the antibiotic closes the physician's eyes to the need for other diagnostic and therapeutic efforts. These difficulties have not disappeared and are perhaps even more important in developing countries with insufficient health manpower.

In our seminar in Ann Arbor we have discussed the ethical and moral values involved. There is no doubt but that in a free-market society it is the ethical responsibility of a company management to earn profits