1955 Squibb had only one Medical Director and his authority extended to the overseas market as well as the domestic market. This resulted in a constant source of friction between the Medical Division and the advertising and promotion department of the Overseas Division. The Overseas Division held not only the notion that the safety and efficacy of a drug varied with the patient's nationality, but also that the advertising and promotion of drugs depended on the nationality of the physician. Physicians in any of the countries south of the border were considered less sophisticated than U.S. physicians and a "simpler" approach had to be used. This simpler approach resulted in some rather remarkable distortions. There were many products that were sold south of the border that had become obsolete in the domestic market but I recall only one, an Elixir of Glycerophosphates that had magical tonic qualities south of the Rio Grande and was useless in the States. More frequently, the difference was in the claims made for the same drug.

The real eruption occurred in about 1955 when, as I understood it, Parke-Davis had offered Squibb a license to market chloramphenicol in some of Squibb's South American markets. (Parke-Davis apparently felt that Squibb had a firmer position in these markets and that they could realize more profit from royalties on Squibb's sales than on their own sales.) I was presented with the prospect of marketing chloramphenicol under the Squibb label making all the excessive claims for the drug and excluding a warning statement since it was not required in the countries in which sale is proposed. I refused to approve the tentative copy and made it clear that I would tender my resignation before I would approve the copy. Apparently my colleagues thought I was sufficiently valuable and instead of making a confrontation out of the issue they decided to use an end play. The Overseas Division appointed its own Medical Director who was in no way responsible to me. Curiously Squibb never did market chloramphenicol, at least not to my knowledge. I do not know the reasons why.

As I think back I recall one absurd proposal intended for the South American markets. It was proposed that we add to our injectible penicillin a substance that would produce the taste of garlic when it was absorbed. This, it was said, would impress the patient and would lead him to believe that he had, indeed, been given effective medication. The Medical Division did not approve it. Let me add that to anyone who believes in placebo medication and the mumbo-jumbo of the art of medicine the proposal has merit. It has no place in modern concepts of a science of therapeutics.

To get the full flavor of the kind of jockeying that went on you must understand that during my tenure as Medical Director I used a philosophy of giving in on the smaller issues and reserving veto power on large issues backed up by a letter of resignation I carried in my pocket for almost two years. I still have it in my files and it shows obvious signs of wear.

Question. Why did you leave Squibb?

Answer. Since it is almost 12 years since I resigned I have had sufficient time to reconsider the decision. I cannot count the number of times the question has been asked nor the number of answers I have given. I believe that the best answer can be found in my unfinished essay on *The Good Life of a Drug Company Doctor.* Toward the end I said: "These are only some of the things a drug company doctor must learn if he is to be happy in the industry. After all, *it is a business,* and there are many more things he must learn to rationalize. He must learn the many ways to receive the FDA and, failing in this, how to seduce, manipulate, or threaten the physician assigned to the New Drug Application into approving it even if it is incomplete. He must learn that anything that helps to sell a drug is valid even if it is supported by the crudest testimonial, while anything that decreases sales must be suppressed, distorted and rejected because it is not absolutely conclusive proof. He must learn to word a warning statement so it will appear to be an inducement to use the drug rather than a warning of the dangers inherent in its use. He must learn, when a drug has been found too dangerous for use in this country, he can approve its use in other countries where the laws are less stringent and people have less protection. He must learn, when a drug has been found useless on one side of the Rio Grande, it can be sold as a panacea on the other side and that he is expected to approve the claims made for it. He will find himself squeezed between businessmen who will sell anything and justify it on the basis that doctors ask for it and doctors who demand products they have been taught to want through the advertising and promotion schemes contrived by businessmen. If he can absorb all this, and more, and still maintain any sensibilities he will learn the true meaning of loneliness and alienation."

During my tenure as Medical Director I learned the meaning of loneliness and