Mr. VALADE: The purpose of my question was to find out their standards in respect of ours and whether they have limited it to 1,000 units.

Dr. MORRELL: You say they do allow anything under 1,000 units?

Mr. VALADE: I think so.

Dr. BRIEN: From the standpoint of getting into trouble with reactions, I do not think it makes any difference whether a person takes one lozenge with 3,000 units or three lozenges with 1,000. There should not be any at all.

Mr. VALADE: My question was an attempt to find out on what basis we work in respect of putting a drug on prescription and on what basis they are required to put a drug on prescription in the United States. Do we have the same standards or are we more or less lenient?

Dr. MORRELL: The legislation in respect of prescriptions is not in step all the way along between the United States and Canada. There are differences on both sides. Sometimes we seem to be more strict and sometimes they do. The question of penicillin lozenges containing 3,000 units or less per lozenge was discussed ten or more years ago with what was the equivalent committee of the drug advisory committee. At that time I think it was the committee on pharmaceutical standards. The matter was brought to the attention of the committee and a study was made of the reports by members of the committee. There was literature and so on in respect of the sensitivity reactions which might have been produced by these lozenges; and when the data was submitted to the committee the matter just dropped. It was not thought that there was sufficient evidence to require the elimination of that from the prescription sale. It has never been brought before the committee since. I do not know whether it was ten or 12 years ago, but it was a long time ago anyway.

Mr. HARLEY: I think from what Dr. Brien has said various medical bodies at varying times have agreed that penicillin lozenges in this strength should be off the market. What representations could they make, or to what body would they make them, to have this considered by the food and drug directorate?

Dr. MORRELL: The drug advisory committee meeting today has two members from the Canadian medical association. One of the members is Dr. McNeil from the committee of pharmacology in the Canadian medical association.

I am sure the directorate would consider any recommendation from the Candian medical association to this effect.

Mr. MITCHELL: I think the pharmaceutical manufacturers have corrected that situation themselves. Speaking from a retail point of view I cannot remember when we have sold a penicillin throat lozenge for well over a year, but there are plenty of other antibiotic throat lozenges which have taken their place completely.

Dr. BRIEN: Yes. I think the tendency is to use agents that are used topically or locally, not necessarily all the time, but most of the time, and not ones that are very apt to be injected. The serious reactions to penicillin, the ones that are fatal or nearly so, not invariably but nearly always, follow the injection of a particular form of it. You can find a few fatal cases from penicillin taken by mouth, but they are pretty few and far between. The thing which triggers off the possibility is either the deliberate or inadvertent usage of penicillin at some prior time.

Mr. MITCHELL: In other words, you mean it tends to make them penicillin fast.

Dr. BRIEN: No. Here instead of making the germ penicillin fast it induces a state of hypersensitivity into that individual so that the next time they need it,