

We also wish to express disagreement with Mr. Bass's implication that, because some prescriptions now are dispensed in hospitals and in physician's offices without pharmaceutical service, the idea of lowering pharmacy's standards should be entertained. We disagree specifically with his generalization that "in our Armed Services, prescriptions are dispensed by orderlies" inasmuch as in the majority of DVA and Armed Services hospitals pharmaceutical services are being provided by pharmacists. The fact that patients in many small hospitals across Canada do not receive the same high standard of pharmaceutical service that non-hospitalized patients receive from the community pharmacy is regrettable and calls for renewed efforts by pharmacy to solve professional manpower and other difficulties, including the economic problem, in order to remedy this situation.

We trust that these comments can be brought to the attention of your colleagues on the Committee and that they will prove helpful.

Yours very truly,

J. E. Halliday, Chairman,
Canadian Conference of Pharmaceutical
Faculties.

F. Norman Hughes, President,
Canadian Association of Deans of
Pharmacy.

APPENDIX "C"

THE UNIVERSITY OF BRITISH COLUMBIA

Vancouver 8, Canada
Faculty of Pharmacy

FEBRUARY 20, 1967.

Dr. H. C. Harley,
Chairman,
Special Committee on Drug Costs and Prices,
House of Commons,
Ottawa, Ont.

Dear Dr. Harley:

It is unfortunate that the Committee didn't question me in more depth when I appeared for the Consumers Association of Canada. The work that I carried on phenylbutazone and reported on in the C. A. C. brief has stirred up much controversy. I can do nothing but stand by the results that I obtained even if these are in conflict with Food and Drug data.

In fairness to the Food and Drug Directorate, the samples which I checked were obtained during the summer of 1965. The work was completed by the summer of 1966 and reported on at the research conference in St. John. I know,