his questions that presumes something. I do not think it is fair to our witnesses. This is not a McCarthy trial; the witnesses are here to give us information. I do not think it is fair to put on the record that there had been or might be indiscriminate flooding of doctors' offices with samples.

Have you found this literature which has been referred to misleading in any way and do you find that pharmaceutical firms, in pushing their particular brands, claim any performance for their drugs which is not true and, therefore, this is misleading and dangerous to your patients, when taken at face value.

Mr. WIGHTMAN: No. But, in the case of some of the literature from some companies there is a certain amount of generalization, perhaps leaving you with the opinion that it is all the same. But, there certainly is promotional material sent out which is not educational and which does, in subtle ways, overemphasize the place that this particular drug may have, and the value it may have in respect of others. This is a matter of advertising techniques, and this does occur.

If one examines the thing from a scientific point of view I think one might frequently complain there was not enough scientific data for a scientist to satisfy himself. But, I do not think it is very often that you will find misleading information in the obvious sense in which you mean it.

Mr. MACKASEY: In the fourth line from the bottom of page 3 you state:

> Our reaction to substitution at the discretion of the pharmacist is unfavourable.

I would like you to elaborate on that.

Dr. A. D. KELLY (*General Secretary of the Canadian Medical Association*): Dr. McNeil comes from a province where legislation permits such substitutions and perhaps from his own experience he could comment on this.

Mr. WILLOUGHBY: Is this substitution not made after notifying the doctor of the alternative product?

Mr. MCNEIL: It is necessary that a doctor state either the name of the company that produces the drug or the trade name, and it is up to him to state that there be no substitution; otherwise, it is possible for a pharmacist to supply a drug of a similar nature with, perhaps, a different brand name.

In Alberta physicians largely have marked their prescriptions so that there would be no equivalent. They did not agree with this act which allowed substitution.

Mr. WILLOUGHBY: But does not the druggist usually phone the doctor to say he has not this particular product available at the moment and requests permission to prescribe this other product, if it is all right.

Mr. MCNEIL: That sometimes happens, and the doctor might or might not agree. He still has the control of it.

Mr. ORLIKOW: Suppose the food and drug administration was given the responsibility for a much broader testing program than it has carried out to date and they had the facilities for investigating drugs; in this way doctors could be assured when there was a generically named drug available that it was the equivalent, although it might be cheaper. Would you have any objection to this? It seems to me from what you have said up until now you do not think—and I do not think anyone would disagree with you—that the individual druggist really has the knowledge required to be certain that the drug he is going to substitute will do the same thing as the one the doctor prescribed. But, as I say, suppose the food and drug administration tested these drugs, certified or licensed them as suggested, would there be any objection then?