of a new drug that was offered in the United States. They would demand it go through the procedures that they require for the introduction of a new drug into the United States and, likewise, although we would accept clinical evaluation if it was adequate according to our requirements—that is, pharmacological and toxicological testing done in the United States—nevertheless, we want to see what was done and we would want to see the complete details of the manufacturers' knowledge of that drug, just as they do. I think it would be unwise to accept blindly any drug without taking a look at the requirements of any particular country, even the United States.

Mr. SLOGAN: I do not mean to say we should blindly accept it, but are the standards that much different, or are they very similar; is there room for a meeting of minds in respect of setting a common standard?

Mr. MORRELL: We do work rather closely with the food and drug administration in the United States. We do examine their regulations as they examine ours when they set up standards. There may be some local or national peculiarity which requires some differences here and there, but by and large our regulations cover the same ground in almost the same detail as the United States regulations. However, we are responsible for enforcing the Canadian regulations, and the United States food and drug administration is responsible for enforcing the regulations of their country.

In other words, we have not gone so far as to delegate to the United States authorities the authority to approve or permit a drug to be sold in Canada. We have to do that ourselves; that is a responsibility we take. Therefore, in order to make sure we are doing the right thing, we must see all of this information wherever it is gathered and judge for ourselves whether or not it meets the requirements of our law. This is what we do. I do not know whether or not the day will come when we will accept somebody else's judgment on that. That time has not yet arrived in any event.

Mr. SLOGAN: I brought this up following on what Mr. Orlikow said that even though we can order drugs by their generic names from the different companies, we have no way of knowing what is the standard behind that company, if it is a company which is unknown to us. Therefore, the tendency is to prescribe drugs from known companies. However, if there was a standard set, say by the Canadian Medical Association, which sets out the quality this drug must meet, and if this appears on the label, then, of course, it would have to be tested and approved by the government.

If the drug meets the Canadian medical specifications and is certified by the government, then when someone came up with a drug by a generic name from a new company, we would know whether or not we should accept it.

Mr. MORRELL: If the government certified it, you could have more confidence in it. However, this is not in existence at the present.

Mr. SLOGAN: I think the government is at fault to a certain extent in not doing this, because they could save the people of Canada a good deal of money by instituting such a service. The medical profession or the pharmacists are in no position to assess whether or not that drug is up to par.

Mr. MORRELL: In those instances do you think we should allow the sale of any uncertified drug at all?

Mr. SLOGAN: I think we should have a type of bureau of standards which could do a good deal for the profession and the people as a whole.

Mr. ENNS: This comes back again to the matter of the possibility of exploring further the setting up of some authority similar to the United States bureau of standards.

Mr. MORRELL: I think we had better look into that. So far as I know, the bureau of standards' work does not cover the drugs covered by the food and