costs of medical information, packaging, distribution and marketing, thus swelling their prices. There is no safe short cut from the custom house to the sickbed.

In answer to criticism of our level of marketing expense, we have already stated in our brief that companies would be happy if they could reduce expenditures. This is difficult owing to the competitive situation, as evidenced by the large number of new-product introductions, which in turn is indicative of therapeutic progress. We have proposed the establishment of an independent source of drug information covering both therapeutic value and cost of treatment and the new Compendium of Pharmaceuticals and Specialties of CPhA is a promising step in this direction. But its usefulness as a main source of information would depend upon its acceptance by physicians. This proposal notwithstanding, the detailman remains the key factor in two-way information between company and physician. The Canadian Medical Association stated in its brief: "We do not agree with those who malign the detailman, but we favor his retention in his current capacity with additional training to make him still more useful."

As a final comment on marketing, we would quote Sir Derrick Dunlop, chairman of the British Ministry of Health Drug Safety Committee, who has stated: "It is probable that without the mass-marketing techniques which are so often bitterly assailed, few of the drugs on which modern medical practice depends would be affordable at all."

Misunderstandings concerning the comparative value of applied versus basic research have led to some critism of the industry's efforts. The point surely is that industry research, whatever the label, has resulted in Canadians, along with the other people in the world, benefiting from a wide range of therapeutically effective drugs. Industry, university and government need each other as partners if the brilliance of the basic scientist is to benefit mankind by products, not just concepts. Industry has already ably demonstrated its ability to transform concepts into commodities.

Looking to the future and the advent of medicare, we would like to emphasize again the need for widespread availability of programs for drug insurance of prepayment, with priority given to government support for those citizens unable to meet the cost. We might add that whether the organizers of such programs be government or private agencies, it is evident that the strength of their buying power will enable them to negotiate on prices and so confine the cost of these programs through the cooperation of all concerned.

But no such system should be allowed to justify the limitation of the physician's right to prescribe a specific drug preparation for his patient, or the forcible reduction of any group to the level of second-class citizens by the imposition of anything less than the highest qualify of medical care. This, of course, has been a *sine qua non* of the British National Health Service. From a purely economic viewpoint, it is worth noting the following finding by the Hinchcliffe Committee on the cost of prescribing: "We reject substitution as a practical method of securing economies in the drug bill."