The CHAIRMAN: I assumed that Dr. Morrell had answered your question.

Mr. HALPENNY: He said he did not know. That is why I asked.

Mr. BROOME: Mr. Chairman, I have not completed my questioning.

The CHAIRMAN: Proceed, Mr. Broome.

Mr. BROOME: The whole import of these articles was to show—and I know the price of drugs has nothing to do with this committee and with the work that we are doing.

The CHAIRMAN: That is right; the price of drugs does not have anything to do with the work of this committee.

Mr. BROOME: But the import of the article was that because of the fact that new drugs were developed in the United States, the United Kingdom and other countries, British drugs may be cheaper coming in, and people like Gilbert import these. If these drugs were known by their generic names—and since they are of a uniform standard, because of the inspection by your department —they naturally would be cheaper than brand name drugs.

Mr. HALPENNY: Are they not all labelled by generic names?

Dr. MORRELL: In answer to that, the regulation requires that the proper name, which is our term in the regulations for the generic name, be put on the label, as well as the brand name. The size of type is specified in terms of the brand name. It must be at least half the size of the type of the brand name in order that the physician may be able to see which drug he is specifying, if he wants to write a prescription, in terms of the generic name, he may do so. If he wants to use the brand name, he may do so. That is not our concern. But the information is there for him to judge for himself.

Mr. BROOME: And for the druggist to judge?

Dr. MORRELL: That is right.

Mr. BROOME: In the case of compounds having the same chemical formula, they should be relatively equal in efficiency and in the effect they are supposed to have; this is a generic drug sold under a generic name. Do they all have the same value as drugs which are sold under the brand names?

Mr. HALPENNY: They are all sold under the generic name.

Mr. MCGEE: Coming back to the point that has been raised by Mr. McCleave, I am not satisfied.

The CHAIRMAN: We will come back to that in a moment, Mr. McGee.

Mr. WINCH: I was interested in the remark made by Dr. Morrell that if an analysis of a number of drugs or medicines is made, and some of them are found to be 95 per cent below what they are supposed to contain, that it is a contravention of the act.

Dr. MORRELL: Would you please repeat your question?

Mr. WINCH: I understood you to say that if under your departmental analysis a medicine or drug contains less than the precribed amount supposed to be in it, in 95 per cent of the cases, then it is a contravention of the act. Is that correct?

Dr. MORRELL: Yes, I would say what you are getting at is this: if we examine a lot, for example, a sample of ASA tablets, not of a certain manufacturer, but just ASA tablets all over the country, and if we find, after examining a large number, depending on the statistics and the tolerances and the standards and so on,—if we find, after examining a large number of these tablets, that they are below the labeled potency, they are infringing the act.

But if we examine one tablet, or two, or five, or ten—it could go that high, depending on where the chance fell—