thoughts. However, I told the doctor that I wanted a drug whose cost was reasonable and asked him to use the generic form. Having a fairly exclusive clientele the doctor was a little amused by this request, but eventually he told me there was a little company in Canada by the name of Empire that manufactured a very good product at reasonable cost. He marked down "Empire brand" on the prescription and put in brackets the word "cheap". When I presented the prescription to the drugstore I was asked whether I was sure the doctor had written the prescription and I informed the man behind the counter that he had. The cost of 100 Empire brand tablets was $17 less than another brand. The druggist concerned does not want me to mention his name. He continues to supply me with those pils at a fairly reasonable price.

• (3:40 p.m.)

In discussing this general subject with a doctor I learned something that many of us may not know. Except when writing prescriptions doctors have little to do with prescription drugs. A doctor told me that not long ago he had prescribed for a woman a specific type of penicillin which contained an additive. Originally the drug had been expensive, but he assumed that over the years it had come down in price and now sold for about $2 or $3 per dozen tablets. He sent the patient whom he knew well to the druggist for the prescription, telling her that it contained penicillin with an additive. It was not basic penicillin. When the lady came back three or four days later saying she was no better he asked her if she had taken the pills he had prescribed. She said, "No, I did not. I went to the druggist and he told me the pills were $16 a dozen. I cannot afford them, and I did not get any pills." Then the doctor phoned the druggist and had one heck of an argument with him, saying that the pills were unreasonably priced and ought to be worth only about $2 or $3 a dozen. The druggist said, "Yes, we have that kind of drug." He mentioned the generic name, with the additive. He continued, "We have that under another brand name. But you have always prescribed this specific brand. You specified that brand and we had no alternative but to supply the lady with that prescription." I say that the woman need not have gone to the doctor in the first place if she could not afford his prescription. In prescribing a drug he thought would cure her ailment the doctor did not consider that the drug he was prescribing was out of her financial reach. In the end he prescribed a substitute drug and the woman's problem was cleared up. The doctor told me that since his intern days he had not been familiar with the price of drugs. He assumed that the more expensive drugs became cheaper after the passage of years and he was surprised to learn he was wrong.

What this doctor thought many others think. Forceful advertising plays its role in influencing doctors to prescribe certain drugs. Obviously, the $5,000 a year the drug companies spend per doctor in advertising and promoting their products must be effective or they would not advertise.

Hon. members have argued that if we loosen our regulations and allow the importation of generic drugs we shall lower the quality of drugs used in this country. The *Financial Post* of August 3, 1968, carried an article indicating that, among other things, the Food and Drug Directorate of the Department of National Health and Welfare has been authorized to add 11 new inspectors to its staff. Their main job will be to monitor imported drugs. I do not know how many inspectors at present monitor drugs in Canada, but I suggest we do not have enough to do other than a superficial job. Our government agencies have not had the facilities to undertake development or monitoring work. Hon. members will remember that a few years ago, after Connaught Laboratories in Toronto produced Salk vaccine, the federal authorities were in no position to assess the effectiveness of the vaccine because the federal government had no one who could to that work. I suggest that we might take over the Connaught Laboratories which could then set national standards for drugs.

The article in the *Financial Post* says in part:

> Two food and drug officials will visit European capitals in August to call on drug control agencies and ministries of health. Food and drug expects that, by early next year, one man will be permanently stationed in Europe.

I presume that has already taken place. I continue:

> His job will be to maintain liaison with the European agencies, gather information about drug manufacturing firms and help the Canadian directorate in its job of policing imports to Canada.
>
> The directorate has already been armed with additional regulations giving it new powers to ensure the safety and control of imports. It can now demand that any importer of drugs in their final usage form must have evidence and information relating to the manufacture and control of the drug. The evidence must establish that the Canadian requirements for manufacture and control have been met.