drawn blindly from any drug on the market because we feel it is necessary to make our efforts tell as much as possible.

Then we do some imports of drugs either in bulk or in finished form, and I cannot give you the number of samples that they take in this area.

Mr. HARLEY: I was just wondering whether you would have a rough idea of how many of those samples were up to standard and how many were sub-standard?

Dr. MORRELL: I think that two or three years ago I did make a study of the number that did not meet the requirements in every respect. Now, I want to make it clear that the requirements are spelled out mathematically. If you have a five grain tablet, let us say, you cannot have less than 95 per cent and more than 105 per cent of the five grains in the tablet. I think in that study, if I remember correctly, very close to 30 per cent did not meet the requirements in every way. A great proportion of these did not meet the requirements in a minor way. In those cases the manufacturer was warned. When it was 80 per cent or 70 per cent or some other lesser or even greater percentage, the product was removed from the market. We feel these to be the most effective means of protection. I think it is also an effective lesson for the manufacturer because he may stand to lose many thousands of dollars in his product.

Mr. RYNARD: Dr. Morrell, I was wondering how many import drugs you hold up and for how long? What would your average be?

Dr. MORRELL: I can get that information for you but I cannot answer it immediately.

Mr. RYNARD: My second question is: how many drugs do you let in on a special permit through the Food and Drugs Act?

Dr. MORRELL: We have no such thing.

Mr. RYNARD: I am going back to the time when there were drugs that were on the market in the United States, for instance, and you could get a special permission to use that drug through the Food and Drugs Act. I am thinking particularly, and you will recall this, of Thiouracil. Quite a long time elapsed here in Canada before it came in. Could you get special permission if you were satisfied that this drug on record in the United States where it was used was a good drug?

Dr. MORRELL: I presume, Dr. Rynard, you got it yourself. If a drug were directed to Dr. Rynard, there was a time when we said: "let it go". If it came to a manufacturer or to a wholesaler, then we stopped it.

Mr. RYNARD: In other words, you did not hold up any clinical work from a medical standpoint?

Mr. ORLIKOW: I would like to get back to this other question which Mr. Nicholson began. Despite the difficulties, what was the thinking of the department on this question of trying to be more specific about what would be considered qualified investigators?

Dr. MORRELL: I think we must do something about it, but I cannot give you a definition.

Mr. ORLIKOW: You are not at that stage yet.

Mr. VALADE: Is it possible to make a schedule that would place qualified investigators in a certain category without being absolute about it? This would define certain basic qualifications in certain fields of medicine.

Dr. MORRELL: Probably. I would think, Mr. Chairman, that we would consult with the Royal College of Physicians and Surgeons or the Canadian