opens the drawer and gives it to a patient. Could you make any comments about that?

Dr. GODDARD. Well, the only comment I could make is that we wanted to have a bill passed by the Congress that would prohibit the mailing of unsolicited samples to physicians. This is one complaint I still commonly get from practicing physicians: Why are the drug companies permitted to send unsolicited samples? Why cannot they be only made available upon request?

Now, in terms of danger and risk, we thought this was a serious hazard and did ask that company to recall it from the physicians.

Mr. GORDON. What percentage was recovered?

Dr. GODDARD. I would have to ask Mr. Barnard.

We do not have figures as to percentage recovered on label mixup. This involved at least two products.

Mr. GORDON. When I see these small percentages of recovery I wonder what happens to the rest. For example, 570 million tablets of Librax were recalled. This involves a serious hazard and actually caused injury. Yet only 17.9 percent were actually recovered. What happened to the rest of it?

Dr. GODDARD. It has been used.

Mr. GORDON. It has been used?

Dr. GODDARD. Or it is discarded by the pharmacy or the physician involved if he stocks it, upon receipt of the notice. In other words, some pharmacies may have a minimal quantity on hand, or some physicians. I used to dispense drugs when I was in practice in a little farm town. I would get a notice like this and it was just easier to dump the doggone stuff away. It was never that expensive. I do not mean Librax, of course.

Mr. GORDON. This drug is quite expensive, is it not?

Dr. GODDARD. Well, I practiced in the days before we had expensive products.

I do not think anybody could account for the difference in these figures. Let us ask Mr. Barnard.

Was 570 million tablets the total produced up to that point in time, or that was available in the marketplace?

Mr. BARNARD. Those figures reflect the total of the batches that were recalled. In other words, that is the total of the number of dosage units of the particular bath or batches involved in the recall.

Dr. GODDARD. Some of those batches may have been made and gone into the distribution system and actually been used by patients before the recall was effective—before the deficiency was known. So, in fact, I would say when you get up to 50 percent of the drug recall, you have a pretty effective recall.

Other specific reforms have been suggested to this committee. Continuous inspection has been mentioned, as has the extension of batch certification to all drugs. We are not proposing either of these alternatives now. However, if the studies on therapeutic equivalency currently underway in the Department do show a few more cases in which supposedly similar products on the market give divergent therapeutic effects, we may need to consider measures for dealing with that situation. One possible solution—and I merely mention it here without taking a position on it—would be to require all makes of a drug on the market to be therapeutically equal, in addition to the present require-