in a watery solution. It was terrifically painful but its discovery was one of the great breakthroughs in medical history, and I may add in passing that the man treated with it got better. A host of diseases were met and conquered by this drug. I can particularly remember one of those diseases, lobar pneumonia, most of the victims of which were strong, virile people between the ages of 15 to 24, and when men died from it in many cases they left their families without any provision at all. Yet that drug overnight cut the mortality rate of that disease from 20 per cent to less than 3 per cent. In other words we saved 17 more out of every 100.

In this disease the economic factor was also startling because most of the people struck down by it were in the prime of life. Many of them had small families, but yet this great drug can and does occasionally kill, by side effects, the very people it is intended to save. It can cause distress and sickness but the good it does far outweighs the harm.

I have seen aspirin reactions on a couple of occasions that were very violent; yet anyone can go down to the corner drug store and buy aspirin over the counter. People have died from the side effects of it. At this point I wish to refer to an article I picked up the other day referring to a report in Australia where the C.M.A. compiled a list of dangerous drugs. The article states:

> This time, it was for phenacetin, a pain-killer element in many headache powders and tablets sold widely in Canada without prescription.
>
> Australia placed phenacetin on a prescription-only basis after 53 deaths in a Sydney hospital in a two-year period were linked to kidney damage caused by over-use of the drug. Sweden put phenacetin medicines on a prescription basis two years ago.

I repeat, Mr. Speaker, one can go into a drug store at any time and buy that drug. The point I am making is that if we took all drugs off the market which cause reactions of one kind or another we would doom millions of people to premature deaths. Let us always remember that the physician in daily practice prescribes drugs which could cause death in a susceptible individual. To recapitulate: the ruling out of all drugs which cause reactions of one kind or another would be impossible. It would doom millions of people to premature death, and the economic loss to a country such as Canada would be staggering. The cost would be not only loss of life, but suffering, disease and disability. The doctors and those in allied professions would be reduced to a status not much superior to that of the witchdoctors. Medicine would deteriorate and decay.

All reputable drug firms try to establish the side reactions which any drug may cause. It would be disastrous for them to do otherwise. They spend millions of dollars on developing drugs and testing them in animal laboratories and then on controlled human beings so that the product will do the job as advertised without serious side effects as far as possible. If the drug is not as reported, not only will they lose their investment in it, but their reputation as well. I recall one drug which was taken off the market—and there are numerous drugs taken off each year. This was withdrawn after a report from a well-known and established clinic. After further study, however, it was found that this drug was so useful and so life saving that it was put back on the market, bearing on the label the possible side effects which had been noted. We may say, then, that all drugs are checked and rechecked before being marketed. The manufacturing companies must do this because their financial life depends upon it.

It might be opportune to compare our system with the system which operates in Russia where there is state control and where quality control by policing via an external inspection system has been a failure, I learn. In one report it was stated that 112 drugs were tested, 75 per cent of which were found to be substandard. This would indicate that the responsibility must remain with the people who make the drugs and who depend upon its success for a living.

The particular drug in question was checked in England and admitted for sale. Merrell and Company checked it and were the distributors on this side of the water. In all, they submitted a 500-page brief, plus four years of testing and two years of widespread use in Canada. The product was admitted under the Food and Drugs Act on prescription only as a tranquilizer and sedative. At this time there were 20 million tablets a month being sold in Germany and over six million a month in the United Kingdom. Some time late in 1960, cases of peripheral neuritis were noted and recommendations were made later for the discontinuance of the drug if neuritic pains were present or persistent. As has been mentioned by the Minister of National Health and Welfare, many drugs do cause neuritic pains. It was about this time that an increasing number of deformities in babies was noted in Germany, and at a meeting in Bonn this subject came up among the doctors, several of whom had noted this increase. As the subject was discussed it became evident that many of the deformities were of a particular type, arms often being like seal flippers and legs shortened, there often being a flattened face and a birthmark on the forehead. It has been known for some time that mutations occur from viruses. A good example