Our aim in all this, of course, is to come up with an improved procedure for the handling of new drugs. It is our desire that the regulations should embody the best features of drug control consistent with, on the one hand, safety and effectiveness, and on the other, with research and development. However, I must emphasize that regardless of the changes which may be made, we will never be in a position to guarantee that our procedures will wholly avoid the possibility of danger in the use or development of a new drug. There will always be risks and we will have to live with them if we are also to enjoy the benefits of new discoveries.

With this bill and the authority it provides to make regulations, we will be in the best position to deal with problems which will inevitably arise in the rapidly changing field of medical science.

I, therefore, take pleasure Mr. Speaker, in moving second reading of Bill C-3 which I sincerely hope will commend itself to all sides of the house. Just before sitting down, I might add that I have given some thought to the best means of ensuring that all the facts are placed most clearly before the house. My view is that after second reading we should proceed in committee of the whole house and see what progress can be made. If it then should become apparent that a useful purpose would be served by referring the bill to a special committee of the house, I would be quite prepared to go along with that procedure.

Mr. Martin (Essex East): That is what should be done.

Mr. H. C. Harley (Halton): Mr. Speaker, on rising for the first time to take part in a debate in this house I should like to preface my remarks by congratulating the Speaker and yourself on election to the offices you hold. The subject matter of this debate is one which is of special interest to me and because of the recent tragic happenings in the country I believe it is of interest to everyone in it.

I speak, of course, of the drug thalidomide and its consequences. First, I should like to place on record the schedule concerning thalidomide. Mine will be briefer than that given by the minister. This drug was developed in Germany and was first placed openly on the market there in 1957—I am reading from the Journal of Applied Therapeutics dated August, 1962. As the minister has told us, a 500-page report was placed before the food and drug directorate in November, 1960. In April, 1961, the drug was placed on the Canadian market, available on prescription from two to three drug firms. In November, 1961, there were rumours that the drug was associated with adverse effects. On December 1, 1961, this was confirmed, and officials of the Department of National Health and Welfare were notified. The manufacturing companies involved wrote letters on December 4 and 5 to all the doctors in Canada informing them of the reports from Germany. Further material was available in March, 1962, and it was requested that the drug should be withdrawn from the market on March 2, 1962. On March 5, the companies confirmed to the department that this had been done. On April 10, 1962, Dr. Morrell circulated all the doctors asking them to destroy or return any supplies or samples that they might have on hand. In July of 1962, Dr. Morrell again wrote the doctors asking them to follow up any prescriptions they might have written to make sure that no portions of the drug were still in the homes of patients.

The tragic circumstances are well known. As can be seen, the drug was first suspected of causing congenital abnormalities in December, 1961. However, it was not withdrawn from the market until March 2, 1962, an interval of three months. This is the area in which the government's responsibility must lie. This drug was known to be suspect early in December, 1961 and warning records were sent out to physicians; yet its removal was not effected until March 2, 1962, and the drug was still available for use until that time. I was pleased to hear the minister say that to his knowledge only one case had arisen during that period. But we wonder how many prescriptions had been issued. How can we tell how much suffering has been caused as a result of this three months delay?

This drug was withdrawn from the market in Germany, where it was first made, on November 26, 1961. It was withdrawn from the market in England on December 2, 1961. It was withdrawn from the market in Canada, on March 2, 1962. Here, we note that the country which first used the drug withdrew it from the market on November 26, 1961. Where were our communications, the communications between those companies, one in Germany and one in Canada, to warn us of these dangers? More than three months were to pass between the withdrawal of this drug from the market in Germany and its withdrawal from the Canadian market—three months of wasted time during which it might have been the source of further suffering and anguish to parents of these babies. It is for this interval of time which was allowed to lapse that the government must assume full responsibility.

It is unfortunate that our communications with regard to these matters are not faster and more effective. It is unfortunate, also,