

shall automatically be prohibited from selling it. Would that be a fair and practical way of solving this problem?

Dr. MORRELL: Do you mean automatically prohibiting it forever?

Mr. BALDWIN: Oh, no, I imagine this would be subject to the regulations, and I am sure that any schedule added to the legislation must be flexible. I am just suggesting that possibly it should be required of a manufacturer which becomes aware of side effects or contra-indications to cease selling the drug because of an automatic prohibition under section C.01.303, perhaps until further direction from the department.

Dr. MORRELL: That would be possible, I am sure.

Mr. BALDWIN: I wanted to go a step further. Do you think it would be fair and practical to do so?

Dr. MORRELL: We have always considered, and I know that this is past history, perhaps, although there has been some good basis for it, that a doctor should be allowed to use a drug providing he is told of all the dangers. He knows then how to use it. As soon as a new side effect it discovered, if he is informed at once, and I mean within a week at the most, then the doctor can continue to use it.

You know that thalidomide is not the only drug that has had a series of side effects. Many well known useful and powerful drugs have been on the market, some of them for four or five years, before it was found that there are certain conditions, or certain groups of people to whom you should not give these drugs because it is dangerous to them and may kill them and, in fact, it has killed some people. As soon as this is known, or we are made aware of this, the manufacturer is required to make this information available at once to all people who are using the drug.

If it is a drug on prescription the only people who are using it legally, at least, are those people who are using it under a doctor's order. We feel that it is up to the medical profession to make their own decisions. There may be conditions in which they have to weigh the evidence. They perhaps must ask themselves: If I do not give it to the man he is going to die anyway but if I do give it there is this danger; which should I do under the circumstances? This is up to the practitioner, I think.

I suppose we could adopt a certain regulation such as you have suggested, but I do not know just how it would work. I am trying to visualize a case in which it would so work.

Mr. BALDWIN: I was not thinking so much of the medical profession. My mind was directed particularly toward the results of your discussions with the manufacturing or pharmaceutical houses which become aware of some side effects or contra-indications so that the prohibition to sell would become automatically applicable to the manufacturer.

Dr. MORRELL: It might be useful if the prohibition were to the effect that he should not sell it until he gave this information to the public and the medical profession. There might be some value in it in that way.

Mr. NICHOLSON: Doctor Morrell, did I understand you correctly to say that on December 5 and again on December 7 a notice went out to all medical practitioners in Canada in respect of thalidomide?

Dr. MORRELL: Yes. There were two companies involved, as you know.

Mr. NICHOLSON: Yes.

Dr. MORRELL: One company got their letter out on December 5 and the other company got a very similar letter out on December 7, addressed to all practitioners in Canada.

Mr. NICHOLSON: Did you see the letters in these cases?