ical tests. In fact, it is only through clinical tests in live bodies that we can positively establish the pathological and physiological effects of any drug.

Naturally, the medical profession was warned that a secondary effect called peripheral neuritis was reported in certain countries after that drug had been used. However, there was some doubt as to the relation between its secondary effects and such an unqualified statement. It is this uncertainty which made it impossible for medical authorities, the various departments and health organizations to establish positively without delay that peripheral neuritis was caused by the use of thalidomide.

As I said earlier, Mr. Speaker, there is nothing absolute about the drug. To achieve an absolute pharmaceutical synthesis of a drug, it must pass a series of tests at the hands of pharmaceutical chemists, bacteriologists, pathologists, and several other scientists who can, thanks to their knowledge and competence, determine the circumstances in which any drug can be safely used.

When a new drug is put on the market, the public must be sure that its use is safe or, at least that everything has been done to ensure that consumption is safe. That is precisely the point on which we must insist. This unfortunate business about thalidomide should not be discussed in such a way that the public will lose its confidence in drugs, doctors and specialists in related fields.

It is well known that before being put on the market, a new drug must undergo clinical tests, which are technically known as "in vitro" and "in vivo". In addition, the Department of National Health and Welfare must establish regulations governing its use to protect public health.

Bill C-3 which is before us today and which has a four-fold object aims exactly at ensuring almost total security for the Canadian population, in regard to the use of drugs.

This bill, Mr. Speaker, first tends to restrain a too easy distribution of drug samples, as was formerly permitted in the act. Such a distribution of drug samples offered a danger. As a matter of fact, drug companies sent to a doctor or to several of them, on one or on many occasions, large quantities of drug samples which evaded the control to which every medical prescription is submitted. And the druggist—I know from experience because I am a member of this profession—the druggist, who was himself subject to a strict supervision could not control the drug samples freely distributed on the drug market.

Now this act which forbids the uncontrolled distribution of medical samples affords better protection to the people's health.

The second object of this bill is to give the government, and more particularly the food and drugs directorate, the required authority to prevent the sale of certain drugs. Such authority did not exist under the former legislation and that was the cause of frequent puzzles and headaches for those who were interested in the medical and pharmacal professions.

Therefore, I am happy to see that the department has granted the directorate such authority which will enable it to take immediate action to prevent the occurrence of a situation similar to the thalidomide crisis.

The third object of this act is to authorize the enactment of regulations governing the introduction of new drugs.

This section in the act is very important because it deals specifically with drugs similar to thalidomide which might have escaped the control of medical science. Under this section, the government authorities have absolute control on any new drugs put on the Canadian market.

The fourth object of the act is to increase the number of drugs which might be completely banned. Such a complete list allows doctors, pharmacists, veterinary surgeons, dentists and all other members of paramedical occupation to know what drugs are prohibited on the Canadian market. The existing situation is a source of trouble for those professionals, because they must determine whether a given new drug can be prescribed under the existing system.

Mr. Speaker, the risks of drug therapy are well-known. All those who are interested in medical and para-medical professions know it. Anyway, thalidomide is not the first drug which has caused trouble or mishaps when applied. You will remember that in 1937, when the sulpha drugs appeared on the market, there were some secondary effects which caused the death of a certain number of people in this country, and I would even say to a rather considerable number of people. Those effects were due to the crystallization of the sulpha drugs in the kidneys which, while impeding their function, caused the patients' death, as a secondary effect.