

Food and Drugs Act

doses also, called minimum mortal doses which must be taken into account. On the other hand, we must not expect that a drug will hardly ever have any secondary effects.

The amendment to the act is very acceptable. The government wishes to provide further protection and that is very commendable.

In my opinion, we should follow the advice of the hon. member for Halton (Mr. Harley) and study in committee, not only the bill but the drugs themselves as they are offered on the general market, in order to provide doctors with the proper advice.

I hope that the Food and Drugs Act will make for a longer and healthier life for Canadians.

(Text):

Mr. Stanley Knowles (Winnipeg North Centre): Mr. Speaker, in my view the most important thing that has been said thus far during the debate this afternoon is the announcement of the minister that it is the government's intention to increase, and I hope considerably, the size of the staff that works in the food and drug directorate. I believe the number of those who have had to consider 200 new drugs a year for the past 10 or 11 years can be counted on the fingers of one or two hands. If blame is to be attached to what has happened in connection with thalidomide, in my opinion the blame to a large extent rests on the fact that not enough people have been employed in this extremely important section of the Department of National Health and Welfare. This matter was not part of the bill. It was an announcement which the minister made as he was introducing the bill. I welcome that announcement as much as I welcome the bill itself.

I also welcome the tentative offer made by the minister to refer this bill to a committee. I noted the way he put it. He suggested that first of all we go into committee of the whole house after second reading has been given and that after debate in that committee we decide whether the bill should be referred to a standing or special committee of the house. I have no objection to our taking a first run at it in committee of the whole house but I want right now to join with the spokesmen for the other two opposition parties in saying that at some stage I think the bill definitely should be referred to a standing or special committee of the house.

I believe we should have the opportunity to have witnesses before such a committee from the medical profession, from the drug companies, from the general public and others who are concerned and interested, not only so that we can get the benefit of their advice and assistance but so that we can ask some

of these people, particularly the drug companies, some questions about their procedures and about their part in the thalidomide tragedy that we have experienced in this country. I therefore support very strongly the insistence of the last two speakers that this bill at some stage, and I think the sooner the better, go to a standing or special committee of the house. When I asked the minister on the second day this house sat whether this might be done I noted that he was not prepared at that time to make the commitment he has made today but I welcome the offer he has now made.

Since at this point I seem to be commenting somewhat favourably on things the minister has said, may I also say that I agree with his introductory remark to the effect that in this whole field the government has to find a middle course, has to strike a balance between protecting the public against the dangers of new drugs and making it possible for the benefits of new drugs evolved by scientific research to be made available to our people. I fully recognize the very fine line that there is between these two areas but it is an extremely important one and, if I may go back to what I said when I first rose, this is one of the reasons I am glad there is to be an increase in the staff working in this important field.

The house, I am sure, will support this bill unanimously. We do so because we are glad to feel that something is being done to prevent a recurrence of the thalidomide tragedy. I have a tremendous respect for the people who work in the Department of National Health and Welfare in all its branches and divisions, and particularly in this branch. I have already indicated that if there was blame, if there was negligence in this story, it is largely because we have not provided enough people to work in this important field. But I must say that in my view there is blame that the federal government must bear for this tragedy. The history of it has already been cited in part by the minister and in part by the hon. member for Halton (Mr. Harley) so that I need not give again all of the various dates; but I would suggest that there is a tremendous responsibility on the government for the delay from December, 1961 until April, 1962. The hon. member for Halton referred to March as the time when the drug companies withdrew thalidomide, but it was not until April that the government acted to the extent of withdrawing the permission that had been given some months before for the distribution of the drug.

It is that delay from December, 1961 to April, 1962 that I think is most unfortunate and for which the government has to bear a great deal of blame. I know that one of the