that my wife had taken thalidomide over a period of time before the adverse information was available, and although it did not create difficulties in the usual sense there certainly was some kind of an effect—I will not use the term "breakdown" because I do not wish to exaggerate the situation. There was also quite a substantial lapse in time in the information getting from the companies to the doctors and then to the patients. I am aware of many cases in which this did happen and I am wondering whether, in the light of the fact that we are using so many more new and very potent drugs, a review of the procedure of leaving this up to the manufacturers is not necessary. After all, the manufacturer, and I am not being critical at the moment, is interested in selling his drugs and may not be in such a hurry, as would the department, in transmitting this information. I am wondering whether the policy followed now is sufficient unto itself, particularly in light of recent developments.

Dr. MORRELL: Mr. Chairman, certainly in the light of hindsight I may say that it probably is not sufficient. I think we are going to ask the minister for authority in the regulations to remove certain investigational drugs, or new drugs from the market and return them, at least to the new drug status, when sufficient evidence is available to indicate that something should be done.

In respect of the thalidomide incident, and in light of the knowledge we had at that time, and the information that was supplied to us,—I think you all have copies of the yellow book in respect of the information that was given to us—I feel that there was no delay in taking the action that was provided for in the Food and Drugs Act and regulations.

The CHAIRMAN: Excuse me, may I interrupt you for just a moment? This yellow book can be obtained on request. This is the information with regard to the thalidomide drug and is printed in two volumes.

Dr. MORRELL: The manufacturers met with our group on December 1 and gave us very sketchy information as to what they had heard was happening in Europe. Our reaction was to require them to give doctors this information at once. On December 5, one company sent out a letter and on December 7, the other company sent out a letter to all medical practitioners in Canada warning them that thalidomide was not to be used, because it was contra-indicated, in other words, in women of child bearing age. I think on looking back on what I know, that warning was very effective, Mr. Orlikow, but certainly hindsight is better than foresight.

We feel that some authority should be provided to require that a manufacturer recall a drug at once whenever the minister feels that there is sufficient evidence criminating a drug, until the matter is cleared up.

I know that Dr. Brien's committee has also suggested that we be given authority to do this.

Mr. VALADE: Dr. Morrell, you just mentioned the term "sufficient evidence" in respect of certain drugs. Is that not a term which involves an awful lot of discussion?

Dr. MORRELL: And how!

Mr. VALADE: I think one of the difficulties arises in regard to a decision as to what is sufficient evidence and what is not sufficient evidence.

Dr. MORRELL: I do not think you can regulate in this regard, sir. I think this has to be a matter of judgment which leans far backward.

Mr. ORLIKOW: If this involves a matter of judgment in your department, then it becomes a very simple thing because then, depending upon what happens, the public will be able to decide whether the judgment exercised was proper or not. If this involves a matter of judgment diffused between your department and the manufacturing companies, as seems to have been the case