Proprietary or Patent Medicine Act marks a significant advance in the continuing development of Canadian drug legislation. So that the House may gain a better appreciation of the government's proposal and policies concerning proprietary medicines, I will briefly outline the history and development of the act, its relationship to the Food and Drugs Act and Regulations, and the future of proprietary medicines.

[*Translation*]

The origin of the term "patent medicine" dates back to the late 18th century, in England, when a royal "patent", or exclusive right, could be obtained for the formula of a medicinal preparation which was claimed to help the sick in some way. Such a preparation was distinguished from the other recognized medicines of the day in that the formulae of the latter were published in pharmacopoeias and, therefore, their compositions were generally known to anyone who cared to consult the appropriate text book. In other words, the compositions of "patent" medicines were kept secret, while the compositions of pharmacopoeial medicines were public knowledge. The word "proprietary" as in the Proprietary or Patent Medicine Act, originally indicated that someone "owned" a formula which was, therefore, in effect, a trade secret. Today, however, the term "proprietary medicine" is associated with products which are available to the general public for self-medication.

Early Canadian legislation did not concern proprietary or patent medicines. There were no controls over manufacturers of such medicines and hucksters peddled fraudulent, worthless, even hazardous, products. Some of these cure-all concoctions contained dangerous substances, such as cocaine, strychnine or arsenic, and high concentrations of alcohol. Indeed, one famous preparation, promoted for the relief all old kinds of dreadful disorders grouped under the euphemism of female problems, probably owed most or all of its activity to the 18% of alcohol it contained—added—so the label said—solely as a solvent and preservative.

[*English*]

Some of the most romantic and colourful aspects of the early days of patent medicines in this country were the names of the products themselves and the claims made for them. Our grandfathers and grandmothers guzzled, smeared or otherwise employed such exotic concoctions as Lydia Pinkhams' Compound; Green Mountain Vegetable Ointment for piles, sore throats and swelled breasts; No-To-Bac, "to be used faithfully by those who desired to free themselves from the bondage of the tobacco habit"; Pratts' Healing Ointment, for Man and Beast; Munyon Pills—ads for which trumpeted the advice of, "Doctor yourself; there's a Munyon Pill for Every Ill"; and last but not least, Dr. Pierce who offered $500 to women who could not be cured of female weakness by taking his medication. I suppose one might regretfully infer from the latter that in Dr. Pierce's day, as in our own, "female" and "weak" tended to be synonymous all too often.

One famous product was even named Razma. Mr. Speaker, I would not wish to suggest that some hon. members may not know their Razma from a hole in the ground, to paraphrase the hon. member for Prince Edward-Hastings, but I hope this brief resumé of the romantic past may at least have begun their enlightenment.

Responding to the demands of physicians, pharmacists and the general public, the government passed the Proprietary or Patent Medicine Act in 1908 to protect consumers from the hazards of such nostrums or cure-alls. The act was amended in 1919 and has continued in force essentially unchanged since that time. Meanwhile, the number of products registered under the act has decreased. In 1935, for example, there were some 5,600 proprietary medicines; today there are about 2,000.

Mr. Speaker, without delving into the technical details, I would like first to indicate the positive aspects of the present Proprietary or Patent Medicine Act. This act, which has served the Canadian public well, recognizes that there should be a class of products that can be used, without undue risk, by the general public, for self-medication. Such products are intended for the relief of symptoms associated with minor ailments, such as headache or indigestion, and they are intended for use without medical supervision. The government believes that such self-medication has an important place in the total health care system and serves to ease the pressure for services on health care professionals.

I want to stress that the provincial governments also recognize that such products should be available to the general public. At the present time, most provinces, through their provincial pharmacy acts, enable the sale of proprietary medicines outside pharmacies. To reiterate, we intend to ensure that future federal legislation will provide for a class of products which can be used for self-medication, and we have every reason to believe that the provinces concur in our actions and our policy. So much for the positive aspects of the present Proprietary or Patent Medicine Act which we want to preserve.

On the negative side, there is the so-called secrecy aspect of the act, which really has no place in today's modern, consumer-oriented society. The Proprietary or Patent Medicine Act permits the manufacturer of a proprietary medicine to keep the medicinal formula a secret from the public, although the Department of National Health and Welfare must, of course, be given access to it. With certain specified exceptions, ingredients are not required to be listed on the label of proprietary or patent medicine products. As already stated, this secrecy provision is no longer appropriate nor is it in the best interests of the general public.

The most logical course, once the secrecy provisions of the Proprietary or Patent Medicine Act are removed, is to bring the control of proprietary medicines intended for self-medication under the primary federal drug legislation, the Food and Drugs Act. Indeed, it is the opinion of our legal advisers that removal of the secrecy aspects of the Proprietary or Patent Medicine Act obviates the need for its further existence. Therefore, it is my intention to introduce a new division for proprietary medicines in the regulations under the Food and Drugs Act. Authority to do so is provided by that statute and no amendment to the Food and Drugs Act will be required. Because proprietary medicines will then be subject to the Food and Drugs regulations, a quantitative list of all medicinal ingredients will be required on the labels.