radio, television or in the press, should summarize the dangerous side effects in relation to any particular other condition that may exist in that particular patient.

We are also concerned that in presenting drugs to the public they should be provided with the generic name of the drug as well as the trade or brand name, in order that they might really have the opportunity to buy their products in a competitive market place. In short, it is quite evident that within the scope of the whole drug industry in Canada our safety standards are somewhat dubious and the present levels of profits in this industry are certainly questionable, if not excessive.

In concluding, I say once again that the main points we are asking the government to consider are those put forward by my hon. friend from Winnipeg North Centre (Mr. Knowles)—the need for a stronger food and drug department, the need for additional staff to work in this field, and the need for greater protection for the public who are using these drugs daily.

Mr. David Orlikow (Winnipeg North): The purpose of this bill is to protect the health of the Canadian people. That is a laudable object, but it is unfortunate that in bringing forth this measure the government should have restricted itself to a most narrow construction of the problems which confront it.

It is unfortunate that, faced by the dangers which have now become apparent as a result of the use of the drug thalidomide, the government should merely be proposing a holding operation. It is proposing a couple of amendments intended to plug a few of the more obvious leaks in the legislation we now have. It is a pity, in my opinion, that the government did not take this opportunity to enact bolder legislation based on a detailed study of the extensive investigation which was made by the Kefauver committee in the United States Senate and also by the director of research of the combines investigations branch of the Department of Justice here in Canada. Had this been done, the bill we are considering at the present time would have been vastly different from the one which is now before us.

It is not enough to say that the measures which are now being proposed are worth while. We should be considering further steps which would be of equal or greater importance to the Canadian people.

It is, of course, impossible to be completely certain that all dangers have been eliminated when a new drug is put on to the market. If we waited long enough for that, there would probably never be new drugs on the market. But the Canadian people have a right to expect that all reasonable precautions have been taken and that adequate clinical tests have been made by responsible, objective and conscientious authorities. I wish to make it clear I have no criticism to direct against the people in the department—the people who work for the federal government. I must say I found the remarks of the hon. member for Quebec-Montmorency (Mr. Marcoux) completely incomprehensible, because without the protection given by the government departments both here and in the United States we would be left completely at the mercy of the private drug companies, and there is ample evidence that these are more interested in making profits than they are in the health and welfare of the people they supposedly serve.

If we are to have the kind of careful research which is needed, one thing is obvious, from the report of the Kefauver committee and, indeed, from the report submitted to the Department of Justice: the practice we have followed in the past of depending to an overwhelming extent upon the research facilities of the private drug companies is simply not good enough. For one thing, the research facilities of the Canadian drug companies are lamentably limited. One could spend days, or weeks, going over the records, particularly with regard to the research and marketing methods used by drug companies in the United States. I refer to them because to a large extent the Canadian drug companies are controlled and dominated by their parent United States organizations.

Dr. Kempe, professor of pediatrics at the University of Colorado Medical School says that "advertising claims made for each antibacterial agent are always unduly enthusiastic and sometimes misleading. In many cases," he said, "these multiple drugs reflect the competitive nature of the drug business rather than therapeutic need." Advertising pressure on doctors by the drug companies has been fantastic. Charles Pfizer, one of the largest drug companies in the United States, circulated doctors in 1958 about a new broad spectrum antibiotic stating that it was highly effective and clinically proved. The advertisement sent to doctors gave names and addresses of doctors who had apparently used the new preparation. Upon investigation by the editor of a reputable scientific magazine, these names and addresses were found to be fictitious. Drug companies have been loath to police the industry, and the doctors themselves are too busy to check all the claims which are made for new drugs by the drug companies.

Where else but to the government may we turn to give protection to the doctors who will have to prescribe these drugs or to the