is German measles. Other causes include radiation, drugs and accidents during pregnancy. This was, and is, about the height of our knowledge.

As the cases became increasingly numerous, studies were made, and it is interesting to note that at one point one of the investigators almost decided that drugs had nothing to do with the deformities. Then, accidentally, thalidomide became suspect. By this time nearly 5,000 deformed babies had been born, with a 50 per cent mortality. Britain has between 600 and 700 suffering from various degrees of deformity.

From the research work done, it appears that the drug propably exercises its damaging effect in the second month of pregnancy. Is thalidomide alone responsible for the increase in deformity at birth? No one really knows at the moment. What we do know is that everything medical science can do for those little unfortunates must be done—and orthopedics offers a lot more today than it did a few years back. We must give these little children a chance to live and strive in this world with their handicaps. Above all, we must educate the parents to accept them—and this must be done in a world whose moral disabilities are much greater than all the physical disabilities from which it suffers.

To summarize: This drug was brought out as a sedative and tranquilizer, and that is the only use it had. There were no ill effects from it on that basis except a little neuritis. It was brought into Canada on November 25, 1960 on a prescription basis only. I think we should take note of this, because thalidomide is still in use, I believe, in England on a prescription basis in the hospitals. On April 1 it was noticed that some people on the drug had developed peripheral neuritis. Nothing had been definitely established in the literature as to this.

On October 11, Horner of Montreal advised discontinuing the drug if neuritis persisted. On November 20, 1961, sources in West Germany stated their suspicion that this well-known sedative and tranquilizer might be the cause of malformations. On November 26, 1961, the Grunerthal Drug Company withdrew the drug in Germany. On November 28, the West German minister of health announced that thalidomide was suspected of being the main factor in phocomelia.

On December 1, 1961, Horner and Merrell met with Dr. Morrell of the food and drug directorate here in Ottawa. I want to say that Dr. Morrell is a man with 32 years of experience and a man who is well known across Canada for his sagacity. On December 7, 1961 each company mailed out warnings to druggists, to doctors and to hospitals not to give this drug to pregnant women or to premenopausal women. I think we should remember that this drug was also sold in Canada on a prescription basis. The situation is altogether different in Germany and in England, where it is sold as a counter drug. I think we must keep this in mind in the assessment, and that doctors use drugs every day, as I pointed out, which are not only life saving but can kill as well.

Now, how will you place responsibility on this drug? The type of deformity may help you a little and indicate the drug. Everything possible should be done by this country to raise those little children to their maximum performance. It is interesting to note that, as we go back and read the literature in this particular case, in Germany radioactive fallout was currently thought to be the cause of all this trouble, until the drug thalidomide was proven to be more than a casual acquaintance. I think they are things we must keep in mind.

Are there other factors concerned? Every manufacturing firm will check and re-check as far as research knows. Perhaps this tragedy of today may put us on the road of research which will stop growths and other diseases; and the tragedy of today, and the price that these little children and their parents will pay, may turn this after all into a triumph for medical science. I feel sure that Bill C-3 will increase the surveillance of, and care and caution with drugs, particularly when those drugs are new, but also with older drugs. Because, as I said before, we have the case that aspirin and phenacetin can now not be bought in Australia or Sweden except on prescription. New drugs will perhaps be tried out in institutions under close observation for their results and side effects, and all the knowledge from those studies made available to an international body or pool.

World science today is reaching such a stage that we must not only pool that knowledge but must take the knowledge we can use so that it will be made available to all the countries of the world who want it. After that is done there should be a pooling of this information which should come from careful study and observation in our hospitals where the drug has been tested out by the firms involved, and as I stated before they have their financial lives at stake.

They have their reputations at stake. I know of no stronger deterrent to a good performance than that. After they have done all this research work, it should then be turned over to a group of doctors in a hospital, where closely observed studies will be made of the clinical response to this drug