

2nd reading

thereupon moved for leave to introduce Bill No. 122, respecting certain debts due the crown.

Motion agreed to and bill read the first time.

FOOD AND DRUGS ACT, 1926, AMENDMENT

Hon. J. H. KING (Minister of Health) moved the second reading of Bill No. 165, to amend the Food and Drugs Act, 1926.

Motion agreed to, bill read the second time, and the House went into committee thereon, Mr. Johnston in the chair.

On section 1—Definitions—"Dominion analyst"—"Drug."

Mr. STEVENS: Mr. Chairman, will the minister be good enough to give an explanation of these clauses?

Mr. KING (Kootenay): It is proposed to define the term "Dominion analyst." We have many officers in the department who under the civil service regulations are classified as chemists, or in some other way. Under this amendment it will be within the power of the lieutenant-governor in council to designate who shall be an analyst, including the chief dominion analyst and the assistant chief dominion analyst.

Mr. STEVENS: Would this place it within the power of the government to designate a druggist or chemist anywhere in the country as an analyst for the purpose of this act?

Mr. KING (Kootenay): Yes, it would give us that power.

Mr. STEVENS: Will the minister explain the reason for sub-clause (2)?

Mr. KING (Kootenay): It is proposed to extend the definition of the word "drug" to include the use of antiseptics and prophylactics, such as vaccines.

Mr. STEVENS: This is a technical subject and I am sure not many of us are familiar with it. What is the need or the demand for this?

Mr. KING (Kootenay): The original definition read:

"Drug" includes all medicines for internal or external use for man or animal.

It is considered by the departmental officials that that definition is not wide enough in itself and we propose to amend it to read as follows:

"Drug" includes all medicine for internal or external use for man or animal; and any sub-

stance or mixture of substances intended to be used for the treatment, mitigation or prevention of disease in man or animal.

By the addition to the section of these words, antiseptics and prophylactics such as vaccines would be considered as drugs and I think it is essential that they should be included.

Mr. ADSHEAD: According to this definition a mustard plaster would be included.

Mr. KING (Kootenay): A mustard plaster would be all right.

Mr. ROSS (Kingston): A better way would be to include all drugs as contained in some standard book.

Mr. KING (Kootenay): That would not give the extent or width that is desired by the department. The British Pharmacopoeia would not give you what you wish. Many drugs are being used that are not included in it.

Mr. ROSS (Kingston): Antiseptics are as old as the hills.

Mr. KING (Kootenay): Under the present definition neither antiseptics nor prophylactics such as vaccines would be considered as drugs. At least that is the opinion of departmental officials who have been administering the act.

Section agreed to.

On section 2—Regulations.

Mr. KING (Kootenay): This is an important clause, dealing with the standardization of certain patent drugs. In the act as it exists to-day section 4 reads:

Recognized in the latest edition of the British Pharmacopoeia; or, recognized in the latest edition of any foreign pharmacopoeia; or which is not recognized in any pharmacopoeia but is found in some generally recognized standard work on materia medica or drugs.

It is proposed by this amendment to bring in a schedule and this would provide for a standardization outside of what is known as the usual pharmacopoeia standardisation. If the hon. member will refer to schedule B, he will find that the drugs mentioned there are very potent, such as strophanthus, digitalis, ergot and other vegetable preparations, pituitrin, thyroid, adrenalin and so on. It has been found in modern practice that in order to arrive at a proper standardization for these drugs certain biological tests must be made. It is the purpose of this clause to provide that standards will be set up through biological tests and that those who are engaged in the manufacture of these drugs shall be licensed, shall have proper laboratories,

Food and Drugs Act

and shall be subject to inspection. It is further provided that each batch of the drugs made in those laboratories shall be subject to examination by the laboratories of the Department of Health. This, I think, meets with the approval of the profession, because it is essential that these drugs shall have a standard. It will also meet with the approval of those who are engaged in the manufacture of these drugs, and the people generally will benefit by having better drugs.

Mr. STEVENS: For the last fifteen or sixteen years I have been strongly in favour of strengthening the hands of the department in connection with this Food and Drugs Act. I am, however, aware that it is possible to abuse a good thing. I am not suggesting that this act does so abuse that privilege, but what gives me a little concern is this: we have an act at present that is exceedingly technical. I confess it is beyond my capacity to pass any reasonable judgment on the sections as we come to them. On former occasions we usually referred this act to a special committee of the House, drafting into that committee a number of medical men and others who had some technical knowledge of the subject. It occurs to me that unless some of our professional men are in their seats and have given some study to this legislation, most of us will be acting pretty much in the dark. Moreover, this legislation undoubtedly affects those who manufacture these various serums, drugs and so on, and I recall in the past some very bitter controversies over the drafting of some previous amendments to the act. Some of these amendments I supported, some of them I strongly opposed. I am not in a position to express an opinion now, but I really think it would have been better if this act had gone to a special committee where it could have been given that detailed consideration which it merits.

Mr. ROSS, (Kingston): While I would do anything to strengthen the hands of the department, yet I think on reading over certain clauses of this bill it is quite drastic, and abuses may easily arise. I cannot understand for a minute why under the first clause the word "antiseptic" cannot be considered as a drug. In any school or college antiseptic is a term as old as the hills. There may be some antiseptics, if that is what the minister or the department is getting at, that are not drugs. That is the reason I would have suggested the use of some definite volume such as the British Pharmacopoeia. It is kept pretty well up to date and I do not think it would leave out very much. The second clause leaves the door open for drastic action.

(Mr. J. H. King.)

It provides for the licensing of manufacturers preparing drugs and it requires that manufacturers of the drugs mentioned submit test portions of each and every batch of such drugs and so on. All that is very good in its way, but it leaves the door open to a very great deal of drastic action which may be taken by the department as regards food and so on. I am not saying that there is anything wrong with the bill, but it leaves the door open to drastic action and we should look into it a little further. I would favour the suggestion of the hon. member for Vancouver Centre.

Mr. KING (Kootenay): This act was passed in 1920 and it has been in operation since that date. This is the first occasion that it has been in the House for further amendment and these amendments have grown out of the experience of the officers of the department. I have no objection to letting the bill go to a committee of this House, but I think the hon. member for Kingston (Mr. Ross) does not quite understand the object of the bill and the amendment. The object of the act is to protect the public against adulteration and against any deception in the quantity sold, and in the section to which I have referred I pointed out that the schedule mentioned at the back of the bill sets forth the drugs that are to be dealt with. They are limited in number; they are very potent drugs, and while we as practitioners strive to get the best possible, the standards vary in different countries. Standards vary even in different laboratories, and in dealing with potent drugs of this character I think we should have the highest quality as a standard; that is done to-day by physiological tests. I cannot see why the medical profession would take any exception to this amendment; in fact I know that nothing will please them more than to have these particular drugs standardized. If that is to be done and if this benefit is to be secured to the public then it is essential that the establishments be checked, that they be required to take out a license and to maintain a proper laboratory, subject to inspection. We are not amending a medical act; this is a food and drug act designed to give protection to the public. So I would suggest that we proceed with the amendments and leave the bill in committee; we can have our discussion here to-day and we can return to it if there are any further points which have not been made clear.

Mr. STEVENS: The difficulty I see is this. If this bill is sent to a special committee we will have the officers of the department who have had experience in administration, and

they can tell us precisely why they are asking for certain things. Let me illustrate; and I may say that I take my position with very little precise knowledge of the needs we have to meet, but I see an illustration of the danger facing us. In subsection (d) it is provided that the premises, equipment and technical qualifications of the staff of manufacturers preparing drugs mentioned or described in schedule B shall be inspected, and further in subsection 4 of the same section it is provided that any drug mentioned or described in schedule B shall be deemed to be adulterated if it has not been manufactured, tested and labelled in accordance with regulations made by the governor in council under this section. That is going pretty far. Let us take for example the question of the label. Some of these terms are copyrighted, I have no doubt, and it is quite conceivable that the department may fix as a standard one of these drugs which has been patented or given some sort of protection; they may say that that shall be the standard. If some other firm manufactures an equally good article not in the slightest degree adulterated, but labelled differently from the standardized article, the product of the second firm would be deemed to be adulterated under this act. That is an extreme case, of course, but that is what we are facing, and I must say that under these circumstances I rather look askance at this act. I am going to suggest again to the minister that the most reasonable thing to do is to send this bill to a special committee before which the officers of the department may appear. Let me again make it clear that I am not criticising the effort of the government to establish a first class workable act. I have always been in favour of such an act and stand behind the general principle of it but I must confess that some parts of this act give me some alarm.

Mr. ROSS (Kingston): I have just another question, and I might say in passing that I do not think I misunderstand the purposes of this amendment. I would like to refer for a moment to the inspection of premises, equipment and so on. Supposing you are dealing with drugs manufactured in England, manufactured by a firm which I like very much, Burroughs, Welcome and Company; how will your department inspect their premises and set a standard for their products? If that is not done the drugs manufactured by that company will be labelled as adulterated, and it leaves the door open to drastic action. I am sure that medical practitioners have some knowledge of standards, and I agree with the statement of the minister that these standards vary,

and in some cases are very low. But in Canada we practically accept the British Pharmacopoeia and the standards laid down by the ministry of health in England. Now the minister is going to introduce a system in Canada which will make it hard for us to accept an article manufactured in Great Britain.

Mr. KING (Kootenay): Unless it comes up to the standard.

Mr. ROSS (Kingston): In the meantime perhaps that drug will have been scattered all over Canada, and it will be quite a hardship to some of our practitioners who, notwithstanding that standard, would prefer to carry on with the same company.

Mr. KING (Kootenay): I think my hon. friend is entirely mistaken. If he will look at the schedule he will see that the list is very limited and that the drugs contained therein are very important. If the profession can secure a uniform standard of digitalis, for example, they will be glad to accept it. We are not entering a new field; it is known that the Council of Health of the League of Nations have already proceeded along this line, and are suggesting to the various countries that they standardise these preparations. The United States have gone even further, and have already set standards. This matter is one affecting trade and commerce and the protection of the public, and if it is the opinion of hon. members that this should go to a special committee I have no objection whatever because that would give an opportunity for further discussion which cannot take place in this House.

Mr. ROSS (Kingston): How does the minister propose to inspect the premises, equipment and so on of firms not in this country?

Mr. KING (Kootenay): They will manufacture to our standards if they propose to sell in Canada. My friend speaks of Burroughs, Welcome and Company; that company are prepared to standardise, and wish to do so, and I think that is true of all the better manufacturers.

Progress reported.

Hon. J. H. KING (Minister of Health): I beg to move, Mr. Speaker, that Bill No. 105 be referred to a special committee of this House, to be appointed at the next sitting of House.

Mr. SPEAKER: This is not regular, of course, but by unanimous consent the motion may be adopted.

Motion agreed to.

