

ing that oral morphine, either in solution or as sustained-release tablets, can be highly effective in controlling severe cancer pain and that it does not result in addiction, euphoria or rapid tolerance. However, that fact does not detract from the importance of the information to those who do not use the drug effectively because of misconceptions about its safety or efficacy in those vulnerable patients.

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## Drug legislation in the silly season

I disagree with the reasoning of David Woods (*Can Med Assoc J* 1987; 137: 271) and the drug companies in support of Bill C-22 and agree with the Liberal senators in their actions. I have heard the doctors and the pharmaceutical industry, together with senators from the United States, arguing strongly on behalf of the bill. However, nowhere have I seen a full analysis of the number of jobs to be created, amount of money to be spent and potential benefits to the Canadian public in comparison with the current risks.

If history is to be a teacher, we should learn that drugs are usually developed and initially tested in Europe and eastern Asia, not in the United States or Canada. Therefore, I see little rationale to the argument that we will be doing original research by virtue of this bill. We will simply be doing manufacturing. We will remain forever at the mercy of market forces rather than developing a stable, research-based industry.

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## Propylthiouracil and breast-feeding

**D**r. A.W. Myres, correcting a statement in the guide *Feeding Babies*,<sup>1</sup> says that propylthiouracil should not be used by nursing mothers (*Can Med Assoc J* 1987; 136: 921). However, recent studies have shown that small doses of this drug can be safely used during nursing.<sup>2-6</sup>

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[Dr. Myres replies:]

Dr. Goldman and others have drawn attention to current data indicating that propylthiouracil can be safely used by nursing mothers. Although those data suggest that this drug is not concentrated in human milk to the degree suspected from earlier studies — and these data were known to us at the time of writing — there are several reasons

for retaining the current statement in *Feeding Babies*.

First, propylthiouracil is listed as contraindicated for nursing mothers in the 1987 edition of the *Compendium of Pharmaceuticals and Specialties*, published by the Canadian Pharmaceutical Association. The Department of National Health and Welfare has not received any data from the drug manufacturer proving that the drug when transmitted via breast milk would not harm the nursing infant. This may seem an overly bureaucratic response, yet it illustrates an important point of principle; namely, that according to the Food and Drugs Act and Regulations the onus for the provision of proof of safety rests with the drug manufacturer.

Second, *Feeding Babies* is a federal publication intended to provide national guidelines for health professionals. Thus, it should not be regarded as a rigid standard but, rather, as a set of general guidelines to be used with the understanding that specific advice should always be in-

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Richard Daly, President of Travenol Canada Inc., is pleased to announce that George A. deVeber has joined the firm as Medical Director. In this new position, Dr. DeVeber assumes responsibility for Travenol's scientific research and development, research funding and medical aspects of regulatory affairs.

Dr. deVeber was Director of the Division of Nephrology at Toronto Western Hospital and is an associate professor in the Department of Medicine at the University of Toronto. He is a past-president of the Ontario branch of the Kidney Foundation of Canada.

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