There are also drugs other than amphetamines which can be given to children with hyperkinetic disorders. Antidepressants can be used, but these too may create problems, for some of them may provoke an epileptic fit. Therefore, because there is no one universally effective drug for these children, we do need to have available to us a small number of amphetamines.

We may, however, not need any of our designated ones. Below our line, there is methylphenidate and this can be used equally well for this diagnosis.

Allied to this diagnosis is the phrase minimal brain dysfunction, or minimal brain disorder. This is mixed to some extent with the hyperkinetic syndrome.

We are not quite sure what is meant by it. Most of those children show some degree of mental retardation, usually minimal, and usually there is a slight abnormality in the electroencephalogram.

If they are badly retarded, or if there is quite a bit of brain dysfunction, amphetamines may make the condition worse. There is no real way at the moment of telling in advance. Therefore, the only way to try to help these children is to use an amphetamine and see what happens.

Epilepsy. Some of our pediatricians, especially those interested in child neurology, felt there were some forms of epilepsy which benefit from amphetamines. Some stated that children taking other anti-epileptic drugs sometimes became quite retarded, and need a stimulant to counteract some of the slowing down side effects of the other necessary drugs.

I am not certain in 1976 whether this is still a fact worth considering. Similarly, my fifth diagnosis is Parkinson's disease. Sometimes the stimulation provided by amphetamines does seem to improve their ability to move around, to walk, and to live a reasonable life.

There are other uses which are related to anaesthesia where the amphetamines can be used to raise blood pressure.

Mr. GORDON. Dr. Henderson, may I interrupt you for a second? You stated that there are doctors who feel the drugs may increase mobility, and so forth.

I was just wondering if this "feeling" is sufficient to approve a drug for a particular use by Canadian law; do you need adequate and well-controlled studies?

Dr. HENDERSON. Yes; we try to evaluate studies, of course. We recognize, however, that therapeutics is not an exact science, and that we have to proceed on a preponderance of evidence handed to us. Most of the time we have some physicians saying one thing, and others saying another.

We try to be as fair as possible, and we try to stay on the safe side by not taking away medication that might help some unfortunate people.

In fact, for Parkinson's disease amphetamines are hardly ever used in our country. I feel that well-controlled studies are lacking in this particular area, and I am very doubtful about the efficacy of amphetamines for this disease. If I were to go back now as chairman of the committee, I think I would have general agreement on that point.

Senator Nelson, my table I demonstrates that when it became public knowledge in 1972 that steps were going to be taken to control