and D, and perhaps to some extent Schedule E, so that some principle shall underly what shall and what shall not be included in those three schedules, and particularly Schedules C and D. I agree with Dr. Morrell that the establishment of the criterion whether an assay is available which is useful to determine the potency and toxicity is not the whole answer. I quite agree with him that there are serums and vaccines that are covered by Schedule C, for exemple, on which I think he and I quite agree. There are tests both for potency and for safety, so that although I hope to frame that subhission of Mr. Laverty I am still not entirely satisfied with it, nor with the fact that it achieves what we are trying to do. It may be that if we cannot agree on some modification of that as an addition to section 12 and the corresponding section 13 as it relates to Schedule E, then there may be some other means by which we can set up some general principle as to when substances should be included in those three schedules; and also to set up some principles by means of which a decision can be reached as to when substances should be removed. I would point out that it is a two-way process, the adding to the schedules of things that are needed, and the taking away when the technical background of the subject has reached the stage where the purposes served by Schedules C, D and E have been achieved and are no longer necessary. There are various ways of achieving that purpose, and Mr. Laverty has suggested one. I think he and I can agree it is not necessarily the best one, but it is one and if it is not in its best form perhaps it could be reworded; if not, some special means should be arrived at to set up what has not been done so far, and that is to establish a guiding principle as to what ought and what ought not to be on these three schedules.

Dr. MORRELL: I would be prepared to give that some further consideration, but I cannot see the answer at the moment.

Mr. CURRAN: If I might make a suggestion I think the appropriate place to deal with the point made by Mr. Laverty and Dr. Grieve would be when we come to section 24, which authorizes by regulation the addition to or the deletion of anything from any of the schedules. That would seem to me to be the place where the principle you have in mind should be laid down.

Dr. GRIEVE: Perhaps some general statement of principle for the whole section 24 could be made as to what shall and shall not be covered by the making of regulations.

The CHAIRMAN: Shall section 12 carry with these suggestions?

Hon. Mr. STAMBAUGH: I should like to ask Dr. Morrell if he is perfectly satisfied with section 12 as it is? You have given this considerable thought. When we get to section 24 could we get the objections at that time and give the matter some further consideration?

Dr. G. D. W. CAMERON, Deputy Minister of National Health and Welfare: As the speakers have just indicated, this part of the bill is to deal with a particular class of substances which are made in one schedule very dangerous products. It is potentially possible for those products to reach the public in a state which is dangerous and which cannot in all cases be spotted by tests. The other section deals with substances, which it will be noticed, are given by injection. Now, then, if you are going to give people things by hypodermic needle the great overriding essential requirement is sterility and safety, and in the United Kingdom and the United States they have special legislation to deal with this type of thing—not exactly the same classes of substances but essentially the same idea. Senator Stambaugh has asked if we are satisfied with section 12. We think that is a workable section, and that the scheme is a workable one, and for my part I feel we would not be rendering the service to the public that is expected under this Food and Drug Bill unless it was possible to bring quickly under this type of control some