

does not provide 24 hour service, and does not have up to date information and equipment. These are more dangerous than they would be if they did not exist at all. Sometimes in these cases of poisoning you want information back in half an hour, and if you start at some hospital and finally reach to one with the answer, you may be too late.

As the general overseeing or administration of hospitals is considered to be a provincial affair, we recognize the difficulty of the federal government in this area. However, poisonous substances, or virtually poisonous substances are merchandised and licensed on a national basis, and we feel that as the source for the gathering of information, which incidentally should be uniform as between various industries concerned, we should report through a uniform system together with the chemical specialties, or any other manufacturing industries of potentially poisonous substances, so that the whole system is uniform. This is difficult to establish between a whole spectrum of industries, and so forth, all through the piece. We feel the logical place to get down to it is at Ottawa in the Department of National Health and Welfare where, under certain difficulties, we think they are doing a very good job.

As a second stage, if the federal authorities would consider the establishment of minimum standards for poison control centres across the country, it would mean that the hospitals would have to spend a few dollars to qualify as a minimum standard poison control centre, federally approved, and automatically the medical profession would know which were the poison control centres having all the facts, and which did not have all the facts. Gradually, I think, the others would lose interest in being designated as poison control centres. In this way we might get around the matter of provincial and federal control.

Mr. ROXBURGH: Should legislation be brought in? Would you suggest legislation be brought in to control this?

Mr. CHEVALIER: Whether or not this has to be done by legislation is a question; it possibly could be done by a standard being established by the Department of National Health and Welfare who would decide that so far as they are concerned, this is what a poison control centre should consist of, and we would certainly approve these. I do not think it would be necessary to have legislation, but it might be.

Mr. ROXBURGH: I think we have been misinformed on this, and I am very pleased we have had this discussion here. It had been suggested there were poison control centres at practically every hospital. There is a member of this committee, who is not here today, whose son was taken to one of these hospitals and they did not have the requirements. Personally, I certainly am pleased you brought this up; I am sure it is an eye opener to all of us.

Mr. SMITH: They should have a medical staff there, too, because sometimes the antidote might be an agent which is a very dangerous one by itself.

Mr. CÔTÉ (*Longueuil*): In your brief I notice that you seem to blame everybody, the organizations and the poison control centres at the hospitals; but do you not think you should take some steps so that these accidents do not occur?

Mr. CHEVALIER: There is no blame attached to any hospital administration. We know of the difficulties the hospital administrations labour under from the standpoint of budgets. I do not think there is blame attached to any particular agency. It is just the fact that we live in a federal-provincial country and the responsibility is a shared one. All we suggest now is that because all of civilization is becoming so much more complex, and the use of potentially poisonous substances, not only in our own field, but all the way through the piece, is expanding at a tremendous rate, we must take the bull by the horns