

Mr. MORRELL: The new drugs are not so important from this standpoint because they are not likely to be in many homes; that is the first aspect of it, and they are likely to be prescription drugs; that is the second aspect of it. They are not household remedies, such as A.S.A., that are left around in almost every home. The interest has been directed to what is actually happening, the experience that the poison control centres are getting direct attention to other types of products.

Mr. MITCHELL: May I ask a question, Mr. Chairman? Has it not been suggested, Dr. Morrell, that the labelling of a bottle may not necessarily relate to the amount but to the contents of a patent, which of course is a secret formula and which would, in turn, assist the mother or the doctor in knowing what the poison was in the process of attempting to discover what kind of antidote to use for it. Do you think it would be helpful—I know there would be a great deal of objection from the manufacturers, but would it not be necessary for the safety of the public? I think suggestions have been made to your department that this should be put on the labels. A case in point is one which I happen to know, and probably you do too, of a particular patent which had to be traced right back to the manufacturer through considerable telephoning to find out what the drug or what the item was because an overdose had been taken by the child. If it is a long question, you can take it apart the way you wish.

Mr. MORRELL: I think, Mr. Chairman, that Mr. Mitchell is referring to drugs registered under the Proprietary or Patent Medicine Act. I might say at the very beginning that the ingredients of all proprietary and patent medicines that would be harmful are listed on these cards that are now in the possession of the poison control centres, so that they do have a complete list of the active or potentially harmful ingredients of all patent medicines in their hands at present.

Mr. LEDUC: Most of the patent medicines, maybe 90 per cent of them. There are some gradually being registered and cards are sent out, but there is a certain lag period.

Mr. MITCHELL: This is voluntary information by the manufacturer, or is it asked for authoritatively?

Mr. MORRELL: As you know possibly, before you can register any product under the Proprietary or Patent Medicine Act you must give a complete list of ingredients to the department. Therefore, that information is available in the department. What we did get from the manufacturer was his permission to use the information in this way; that is by supplying it on the cards that got to the poison control centres.

Now, as you did say before, there has been some pressure or some suggestions that the Proprietary or Patent Medicine Act be revised. We have studied it to the point that I think we have on two occasions written amendments to it, but these have not yet been presented to the department.

Mr. ROXBURGH: How are the poison control centres set up? What regulations are there to establish a poison control centre, if any?

Mr. MORRELL: We have none at all, Mr. Roxburgh, in the Food and Drugs Act. If they are set up by a regulation, it would be a provincial regulation.

Mr. ROXBURGH: It was quite a surprise to most of us at our last meeting, including our doctors, to hear that the poison control centres in most of our hospitals were certainly not up to the regulations by any means, shape or form. It was suggested that properly organized poison control centres, with service day and night and with the right man on the job all the time, might be established. In the city of Toronto in the sick children's hospital there is one such centre but in different areas where small communities are grouped together there may be half a dozen hospitals with control centres which are less