

Mr. CHEVALIER: Well, you have a doctor in most communities, and many times a doctor who is called really does not know what to do in such cases.

Mr. CÔTÉ (*Longueuil*): I thought you were talking about the father or mother telephoning.

Mr. CHEVALIER: Well, the mother or father yes. Presumably they would first call their own doctor and the doctor himself would get in touch with the poison centre.

Mr. RYNARD: Surely it is up to the doctor to do the telephoning and not the parents.

Mr. CHEVALIER: Yes, that is quite true.

Mr. BALDWIN: My question, Mr. Chairman, arises out of an answer made by Mr. Miller to Mr. Côté, and if there are any more questions to be directed along this line of thought I will defer my question for the time being.

The CHAIRMAN: Are there any other questions in respect of poison control centres?

Mr. WHELAN: Have you any examples of good poison control centres in Canada? My area has one of the most excellent poison control centres anywhere.

Mr. CHEVALIER: There are half a dozen of them across the country which are really quite excellent. We would prefer not to mention one or two when one or two others we do not know about might be just as good.

Mr. WHELAN: I will mention one. We have one in the Hôtel-Dieu Hospital in Windsor, and we are quite proud of it. It is well staffed with doctors, ambulance crews and so on, and it has a telephone number right in the Windsor telephone directory which covers all the municipalities and is available to a quarter of a million people. This centre is manned 24 hours a day. There are four other hospitals in the area but they do not carry it out to the same extent. We are quite proud of this particular one and what they are doing. It gives everyone a feeling of safety.

Mr. CHEVALIER: Conversely I know of another city less than half the size of the Windsor area which has four hospitals, all of which are designated as poison control centres; at least three are not up to the mark, and the other one is just passable.

Dr. Rynard brought up this matter of federal-provincial jurisdiction, where the Ontario Hospital Commission is responsible for designating what the situation should be. We are very much aware of the situation and we realize it is a problem. However, we do feel that the federal jurisdiction has some role to play in making this more effective. We do think that our suggestions may have some merit but they naturally have to be reviewed and revised from the standpoint of the government looking out and us looking in. We also have to look at it from the standpoint of the provincial governments, who have their own problems, provincial organizations and hospital branches. This is not an open and shut case but we recommend this general approach be given earnest consideration.

Mr. BALDWIN: In response to a question from Mr. Côté I understood Mr. Miller to say that the food and drug people have now been able to carry out research to the extent that they can make a categorical statement to the effect that ingestion of these toxic residues does not have any effect on human life. I do not know whether or not it was his intention to make this statement but it seems to me it is contrary to what was said by the witness from the United States the other day, who indicated that sufficient time had not yet elapsed in