

Mr. RYNARD: But your laboratories are on 24 hour call and surely the person in charge of those centres can take the information. I think you are going to get so much duplication that you will not know where you are going; whereas if there is one place which is responsible and the doctor in that hospital can get the information he can start to work on it right away.

Mr. CHEVALIER: It is our feeling that the number of hospitals designated as poison control centres should be determined only by certain standards. These standards should require a complete and well kept up-to-date set of cardex files and a good spectrum of specialists backed up on a 24 hour basis for any case or telephone call which comes in. We should have these medical specialists and a good spectrum of scientific specialists, who are on a 24-hour a day basis. If a small regional hospital in some small town can maintain this type of standard, fine, but if they cannot they should not be designated as a poison control centre.

Mr. RYNARD: I would say that is up to the Ontario Hospital Commission; it is up to them whether or not they have facilities because they inspect these places regularly.

Mr. CHEVALIER: This is the problem we brought up in respect of federal-provincial jurisdiction and, as a Quebecer, I am aware of federal-provincial jurisdictional matters. But, at the present time there are hospitals which are designated as poison control centres which do not have sufficient resources or material to cover all the cases that might come before them.

Mr. RYNARD: Again, that is up to the Ontario Hospital Commission to decide.

Mr. CÔTÉ (*Longueuil*): Mention was made about antidotes. What do you suggest in the case of products which have no antidotes? What is the good of the poison control centre if there are no antidotes for certain poisoning.

Mr. CHEVALIER: It is not really our function to get into that area; however, there are treatments in many cases where there is not an antidote. For example, you could flush out the stomach if there is not an antidote. In some cases this should be done and in other cases it should not. So, it is a matter of diagnosis and treatment rather than poison and the antidote. In some cases there is an antidote and in other cases there is not.

Mr. CÔTÉ (*Longueuil*): When you do not have an antidote you do not need one? Is that what you are saying?

Mr. CHEVALIER: No. Mr. Chairman, I think this is beyond our terms of reference.

The CHAIRMAN: Mr. Côté, Mr. Chevalier feels this is a problem for the medical profession.

Mr. MILLER: I would say at one time in our deliberations in the C.A.C.A.—and I think this is a live issue—we felt that maybe two or three major hospitals across the country would serve this particular purpose better than a number of smaller ones, and we felt further that great assistance would be given if those of us engaged in the formulation and actual labelling of our pesticides actually had on the label the phone number of these two or three hospitals so that either a mother or a father whose child had ingested this pesticide could merely pick up the telephone and phone collect; they would not even have to go to the hospital. As I say, this information would be on the label and then if problems did arise they would have this number. As they are on a 24-hour basis they would be able to obtain the information for their specialists. Personally, I cannot see that this can do anything but good, and I believe it is a very useful type of idea to pursue.

Mr. CÔTÉ (*Longueuil*): Who is going to treat the child, the father?