

Mr. WHELAN: You are referring to research?

Mr. ENNS: Basic research.

Mr. WHELAN: Mr. Marcoux was referring to specialists who work in these centres.

Mr. ENNS: I believe this is done in the United States.

Mr. WHELAN: But not in Canada?

Mr. ENNS: No.

Mr. MARCOUX: Do you not think perhaps it would be desirable that this sort of thing should be undertaken in Canada?

Mr. ENNS: Possibly so.

Mr. RYNARD: Mr. Chairman, answers have been given to a number of my questions. I have only a few comments to make at this time.

I do not see any point in the federal government setting up federal poison centres because these poison centres have to come right down to the level of the little hospital in the community where these things may occur. It is my opinion that the information required must get out to that small community; the only thing you require is a place where that knowledge is assembled and it can be despatched right away. As you know, your hospitals are under the provincial government and, because of that, you cannot enter that field. As I say, this information must come to the general practitioner, or the people in those little hospitals or communities where the persons will be taken.

Mr. CHEVALIER: But, in our opinion it should start with the federal department. We suggest that it be assembled there.

Mr. RYNARD: Yes, but the information must get out to the little hospitals where they need such information. That is where the doctors are doing the work.

Mr. CHEVALIER: One of the problems we feel is present in this case is that the information goes out to all the hospitals in the country and these hospitals do not have the time or the money in many cases to keep the cards up to date. We are not going to give names here this morning. But, they are not on a 24-hour basis. When a person who looks after the file goes home at 5 o'clock it creates a great deal of difficulty, as he is the only one who knows this particular file. When files are not dutifully kept, as is so often the case, only one person can handle them. As a result, time is lost by the doctor who goes to the small hospital where there is a poison control centre, when he could have phoned through to the Sick Children's Hospital in Toronto or some other place.

Mr. RYNARD: You mentioned the Sick Children's Hospital in Toronto. You must realize you have to set that up under your Ontario Hospital Commission.

Mr. CHEVALIER: Yes.

Mr. RYNARD: So, you would be able to do the same thing in connection with a smaller hospital. As you know, they are all under the Ontario Hospital Commission in Ontario.

Mr. CHEVALIER: But do you think this is practical? You can extend this as much as you like but it is really a matter of resources and money. The question is whether you should have poison control centres in, say, 20 hospitals in the province of Ontario of an acceptable standard or whether you only need one.