

## STATEMENT

*By Arthur S. Flemming, Secretary of Health,  
Education, and Welfare, April 20, 1959*

# Accidental Poisoning

I want to call to public attention, and particularly to the attention of parents, data on accidental poisoning received by the National Clearinghouse for Poison Control Centers.

The clearinghouse, established in Washington by the Public Health Service in 1957, has now completed an analysis of 4,000 cases which came to the attention of local poison control centers between July 1956 and April 1958. Ninety percent of the cases analyzed involved children and were typical of the accidents that account for almost 500 child deaths and an estimated 600,000 nonfatal poisonings of children annually.

Children under 5 years of age represented 86 percent of the cases analyzed, the largest number being 1 or 2 years old. A study of the causes clearly indicates that American adults are not taking adequate precautions to protect children in a society that uses over 250,000 different kinds of drugs and household products, many of which are potential killers if misused.

A growing number of communities are establishing poison control centers to cope with poisoning problems. The first center was organized in Chicago in 1953 with support of the American Academy of Pediatrics. There were 130 centers in 1957, and today there are 260 operating in 42 States and the District of Columbia. (States that have no poison control centers listed with the national clearinghouse are: Rhode Island, Vermont, Louisiana, Nevada, Wyoming, Montana, Idaho, and Maine.) The centers maintain records of ingredients of trade-name products plus antidotes. This information is available to physicians by telephone day or night. Parents who call the

centers are given first-aid instructions and advised to call their doctor.

In 85 percent of the cases analyzed by the clearinghouse, children were under the supervision of a parent at the time the accident occurred; 10 percent were being cared for by other adults; and only 5 percent had been left in the charge of other children. How even a few minutes' negligence can cause tragedy is illustrated by the following cases:

A mother who left a can of cleaning fluid on the kitchen table while she answered the telephone returned to find her 2-year-old child had swallowed the fatal fluid. A grandfather put kerosene into an empty coffee can and was using it to clean car parts. While he turned his back briefly, his 16-month-old grandchild swallowed a small amount and died 9 hours later.

Evidence that the toxicity of common products is not generally recognized is the fact that many parents delay hours and even days in seeking treatment for children whom they know have swallowed drugs or household products.

For example, one of the fatalities, an 18-month-old child who swallowed iron sulfate pills prescribed for his parent received no medical attention until 2 days later. A delay of 6 hours in seeking medical care proved fatal for a 2-year-old child who swallowed a few grains of a cornmeal-sugar-rat poison mixture. The mother had put the mixture on the floor late at night and swept it up in the morning, but enough grains remained to kill the child.

Aspirin tops the accident list, accounting for a fourth of the cases studied, most of them small children who swallowed candied aspirin.

Prompt stomach pumping prevented serious consequences in most of these cases and there was only 1 aspirin fatality—a 2-year-old child who swallowed 35 tablets and died a day later despite prompt hospitalization and treatment.

Bleaches, detergents, soaps, water softeners, waxes, polishes, lighter fluids, cosmetics, insecticides, and herbicides as well as all types of medicines and drugs were among the products cited in the study as causing accidents of varying degrees of severity.

The three principal circumstances under which these products proved dangerous were: they were in old bottles or food cans instead of their original containers; they were not in their usual storage place; the storage place was not locked and was in reach of the child.

The place the accidents most frequently occurred were: the kitchen (41 percent of all cases); the bedroom (21 percent); and the bathroom (12 percent).

Most accidental poisoning could be avoided if parents of preschool children kept all products either under lock or out of reaching and climbing distance. Many serious consequences of poisoning could be prevented if parents called physicians promptly, without waiting for symptoms to appear.

### **Poison Control Centers**

Most poison control centers are located in hospitals and maintain 24-hour telephone service, providing private physicians with information about the ingredients of trade-name products, antidotes, and other treatment. In most centers, inquiries are answered by a physician; nurses, pharmacists, or public health sanitarians handle inquiries in some; only 3 percent depend on clerks to relay information from the poison index cards which all of the centers maintain.

Emergency treatment is given in some cen-

ters, but their primary purpose is to furnish information to physicians. If a nonmedical person calls a center, he is given first-aid instruction and advised to call his physician.

The principal supporters of centers are State chapters of the American Academy of Pediatrics, State and city health departments, medical schools, and local medical societies. Some are also financed by parent-teacher associations and men's and women's service clubs. Frequently a number of organizations join together to provide financial aid, office space, personnel, and supplies. Children's Bureau grants-in-aid to State health departments also help to support some centers.

### **National Clearinghouse for Poison Control**

The National Clearinghouse for Poison Control Centers serves local centers by providing information on new products which it obtains through a voluntary arrangement with manufacturers. Over 200 major producers of drugs and household products inform the clearinghouse of the ingredients their products contain and the antidotes for them. Since there is no law requiring that the ingredients of some of these products be printed on their labels—data which physicians must have in order to give proper treatment—the card indexes which the clearinghouse supplies to all centers are the chief source for such information.

The clearinghouse also receives reports of any new poison hazard discovered by any of the local centers and forwards the information to all other centers.

Additional activities of the clearinghouse include assistance to communities that wish to establish poison control centers, issuance of a monthly newsletter, tabulation and analysis of poison cases reported by the centers, and research.

# Federal Publications

**The Aged and the Aging in the United States.** *Hearings Before the Subcommittee on Problems of the Aged and Aging of the Committee on Labor and Public Welfare, United States Senate; 1959; 313 pages.*

Statements and discussions by 22 expert consultants cover the health of the aged and aging; employment problems of the older worker and mandatory retirement; income maintenance and financing of medical care; and housing, living arrangements, and social services. Additional information includes reports, summaries of proposed legislation, 8 tables, and 10 charts.

Copies may be obtained by writing to Senator Pat McNamara, Chairman, Subcommittee on Problems of the Aged and Aging, United States Senate, Old Senate Office Building, Room 249, Washington 25, D.C.

**The Dental Service Corporation in a Public Assistance Program.** *PHS Publication No. 680; 1959; 50 pages.*

The dental care program of the Washington State Department of Public Assistance and its administration by the Washington State Dental Service Corporation are described. History, financing, eligibility and priorities for treatment, and dental fee schedules are discussed in detail.

Included in the appendix are copies of contracts between the corporation and the department and a complete set of tables covering the corporation's service for 1 year.

**Health Manpower Source Book. Physicians, dentists, and professional nurses.** *PHS Publication No. 263, Section 9; 1959; 80 pages; 50 cents.*

State, regional, and national data reveal trends in education, location, and specialization. They have been selected to provide background information for persons and organizations concerned with providing

health services and planning for the education of health personnel.

Tabulations relate to the 48 States and the District of Columbia except as otherwise indicated. Materials used in their compilation are identified on each table. Estimates to compensate for gaps in knowledge and to project findings to the future are included.

**Health Statistics From the U.S. National Health Survey. Children and youth, selected health characteristics. United States, July 1957-June 1958.** *PHS Publication No. 584-C1; 1959; 43 pages; 35 cents.*

The first of a new series which will carry health interview survey results for population groups, this report presents statistics on a variety of health topics among persons under 25 years of age.

Summary information is presented on acute conditions, persons injured, impairments, limitation of activity and mobility, disability days, hospital discharges, visits to the dentist and physician, and population estimates.

**Arthropod-Borne Encephalitis. Procedures for investigating outbreaks.** *PHS Publication No. 674; 1959; by Roy W. Chamberlain; 27 pages; 20 cents.*

Directed to doctors, veterinarians, and biologists, this field guide emphasizes obtaining materials for laboratory study. Instructions and lists of equipment are given for collecting and handling specimens from humans, horses, birds, and mosquitoes.

**Staphylococcal Disease. A guide for organizing hospital inservice training programs.** *PHS Publication No. 692; 1959; 15 pages; 30 cents.*

Directed to persons responsible for developing training courses for prevention and control of staphylococcal disease in hospitals, the suggested curriculum should be useful

also in helping to resolve other infectious disease problems in patient-care institutions.

Establishing a training committee, developing and maintaining a program, and course content for various personnel categories are discussed. A list of training aids is included.

**Public Health Aspects of Increasing Tetraethyl Lead Content in Motor Fuel.** *PHS Publication No. 712; 1959; 49 pages; 30 cents.*

The report of the Advisory Committee on Tetraethyl Lead to the Surgeon General of the Public Health Service is presented. Information on the consumption of tetraethyl lead, health and environmental data, and statements on the technical and hygienic aspects of increasing the tetraethyl lead content of gasoline from the present maximum of 3 cubic centimeters to a new maximum of 4 cubic centimeters per gallon are included.

Proposed regulations from an earlier Public Health Service publication on the use of tetraethyl lead in gasoline appear in the appendix.

**Speaking of Prepaid Dental Care. A glossary of terms.** *PHS Publication No. 679; 1959; 25 pages.*

Definitions for nearly 200 terms are given in this pamphlet designed primarily for persons interested in developing dental prepayment programs.

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This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Office of Information, Public Health Service, Washington 25, D.C.

The Public Health Service does not supply publications other than its own.

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