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Middle Ground

Discussion about private or public and local or national responsibility for education, for housing, and for health is often carried on as though there were no middle ground, as though the choice lay between extremes.

Any appraisal of the way things actually work will show, however, an intimate blending of private and public, local and national, responsibilities. A good example is the way methods have been evolved for dealing with poisoning by toxic substances.

In older and simpler days the local physician could be expected to know how to deal effectively with the relatively few poisons—lye, aspirin, kerosene, and so on—that might be ingested. With the introduction of scores of new insecticides, chemotherapeutic agents, and detergents—to mention only a few of the estimated 250,000 toxic or potentially toxic products now available to consumers—the problem of appropriate treatment has increased enormously. The infant or child of today (and more than 90 percent of all poisoning victims are children) has a much greater opportunity than his predecessors did to ingest toxic liquid and solid materials not intended for his consumption. A survey by the American Academy of Pediatrics in 1951 showed that accidental poisoning accounted for more than half of all emergency cases handled by pediatricians. It was recognition of the seriousness of this problem that led to the formation of the first Poison Control Center in Chicago in 1953. The center became a focus of community effort in the prevention of poisoning and in the accumulation of information about symptoms and treatment. Other major cities followed Chicago's lead, and by 1956 centers had been established in 38 cities.

This widespread response at the local level led to recognition of the need for national coordination. Representatives of the control centers, industry, the American Medical Association, and state and federal government got together at a meeting of the American Public Health Association and recommended that the Department of Health, Education, and Welfare set up a National Clearing House for Poison Control Centers. Such a clearing house was established in 1957. It collects information about poisons and possible poisons in new products, from the control centers, from industry, and from other sources, and supplies this information free to the local centers, which now number more than 400. Many of the local centers report all cases of poisoning in their communities—some 2000 per month—to the clearing house. The accumulation and analysis of this information permits study of the epidemiology of poisoning, detection of new hazards, and extension of knowledge of human toxicology. This information is, in turn, made available to all control centers and to the medical profession in general.

This pragmatic, nondoctrinaire approach has been carried a step further. The centers have organized themselves into the American Association of Poison Control Centers, which, on 18 October, accepted a set of standards for the operation and designation of centers. Thus the federal government neither controls nor licenses the local centers; it merely furnishes all of them with information necessary to their effective operation.—G.DuS.