
Drugs, plants, packaging, poisoning, and preschool children

It is good to get reader response. One reader sent me a letter in which he wrote that he presumes that I exist because I write. *Scribo ergo sum* has a fine Cartesian ring about it. I like it, though I suppose our old friend René (no, not the one on the telly) would say that my writing, unlike my thinking, could be illusory. Enough of that! Back to readers. Dr Tim Chambers of Bristol has drawn my attention to a paper from Oxford published in the *Journal of Epidemiology and Community Health* (Joyce Ferguson and colleagues, 1992; 46: 207–10). These workers used the Oxford record linkage study to look at hospital admissions of children aged 5 years or less for poisoning in six districts in the Oxford region between 1975 and 1986. (It is not made clear why the study is six years behind the times.) They estimated that at any time during the period of the study about 164 000 children of this age were living in the six districts. In all there were 6562 hospital admissions for poisoning with medicines (n=3702, 56%), poisoning with plants (n=646, 10%), and non-medicinal, non-plant poisoning (n=2214, 34%).

Medicinal poisoning meant poisoning with analgesic or psychoactive drugs in 44% of cases. In the early years of the study aspirin was the preponderant analgesic but later paracetamol was more common. Berries or mushrooms were eaten by nearly 98% of the children poisoned by plants. Corrosive substances were responsible in 22% of non-medicinal, non-plant poisonings. As expected, there were more boys than girls. Children less than 2 years (the crawlers) were more likely to take non-medicinal poisons than those over 2 (the climbers). Admission rates for medicinal poisoning fell by an average of 5–8% per annum during the years of the study. For non-medicinal, non-plant poisoning the fall was 6–9% per annum, and for plant poisoning it was 12–8% per annum. The authors point out that admissions for poisoning by drugs now packaged in child resistant containers fell less than those for poisons not so packaged. They give no data about factors affecting rates of hospital admission or about local factors concerning public education or the availability of poisons. There could, for instance, have been a blight affecting berries and mushrooms; perhaps unlikely, but possible.

Their main messages, however, are independent of the quality of their data. Poisoning in young children involves more than drugs and educational efforts must take into account household and plant materials. As readmission for repeated poisoning seems to be uncommon, educational programmes must be directed at the whole population and not just at the families of children who have been poisoned.