

## REGIONAL REPORTS

### Is child safety rebellion reaching its tipping point?

In his highly acclaimed new book entitled, *The Tipping Point: How Little Things Can Make A Big Difference*, Malcolm Gladwell describes how major societal changes often happen suddenly and unexpectedly.<sup>1</sup> Three rules of epidemics—the law of the few, the stickiness factor, and the power of context—interact to create social change. Social epidemics, when they create critical mass, result in the “tipping point”.

There appears to be early signs of an antichild safety mentality emerging in the popular press. After years as a virtually sacrosanct “motherhood and apple pie” issue, safety is now being ridiculed by a handful of reporters (law of the few) as overzealous and even misleading. A few examples published in the United States media illustrate my thesis.

In the *Washington Post Magazine*, Marc Fisher makes fun of airbag warnings, safety precautions uttered at a gymnastics birthday party, and the babyproofing industry.<sup>2</sup> He claims that “...life is risky. Only rabid arrogance and unchecked ego permit folks to believe that they can eliminate risk—and this is the key to understanding the safety obsession. It’s all about control. By focusing on small dangers, we fool ourselves into believing we can make our lives secure”.

In a *Time Magazine* article, Robert Wright lambasts widespread media attention to school shootings, law enforcement’s fingerprinting and abduction prevention programs, and the items in a child safety product catalog.<sup>3</sup> He contends that, “The war on risk has scored many successes, and I don’t want to be ungrateful. But as more time, effort and money go into the crusade, bringing increasingly marginal gains you have to start wondering: Is all this safety worth the fear it brings?”

Even child passenger safety has its critics. In a *Washington Post Magazine* essay, Liza Mundy rails against car seats stating, “The first time I purchased a front-facing car seat for my daughter, I tried to stuff her down through the ‘five-point’ straps before I figured out that first you have to unhook them—a cardinal rule of car seat design being that every car seat must work differently from all other car seats and that every three years, moreover, all safety requirements must be rewritten such that all car seats sold before that date are declared not just unsafe but potentially lethal ... No wonder parents hate them”.<sup>4</sup>

In *Parenting Magazine*, Josh Lerman parodies the safety field in his description of the “Babypruf (sic) Bomb”.<sup>5</sup> He writes, “Why protect your baby from just a few hazards when you can protect him from EVERYTHING? Place the canister in the middle of any room, press the button, and get out of there! Within an hour, the wide-dispersal nozzle will coat every surface in the room with two centimetres of soft, cushiony EVA foam”.

This theme is echoed in a short story by Julia Slavin in which a family hires the services of Baby Safe to create a safer house after the mother has recurrent disaster dreams.<sup>6</sup> For the sake of efficiency, the babyproofer and mother

agree to exile the father, “Just until the house is done, Walter. It won’t be for long”. Upon returning home, the father describes the scene, “I look around our house, which is empty except for a few large soft toys. The windows are now continuations of the walls, the fire place is boarded up, the furniture is gone ... I’m sure there’s no bed for the baby to fall off, no shower or bath for the baby to drown in ... The three of us sit on the cushy floor, covered with Mitzy Baker’s foam padding”.

All this cynicism may stem from the proliferation of safety books and articles in parenting magazines, as well as to the \$500 million dollar sales of child safety products annually.<sup>7</sup> Could these writings constitute the beginnings of an antichild safety tipping point? Will the tide of public opinion continue to turn against our efforts to protect children from their number one killer? I certainly hope not. The injury field must unite and stand strong against this potential safety backlash promulgated by the media. Only time—and perhaps Malcolm Gladwell—will tell.

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- 1 Gladwell M. *The tipping point: how little things can make a big difference*. Boston: Little Brown, 2000.
- 2 Fisher M. Safe and sorry. *Washington Post Magazine* 13 February 2000: 6.
- 3 Wright R. Safe, not sound: is the war on risk scaring our kids to death? *Time Magazine* 25 January 1999: 90.
- 4 Mundy L. Buckling under pressure. *Washington Post Magazine* 7 March 1999: 4.
- 5 Lerman J. New! The latest products from overkill industries. *Parenting Magazine* May 2000: 200.
- 6 Slavin J. *Babyproofing. The woman who cut off her leg at the Maidstone Club*. New York: Henry Holt, 1999: 17-36.
- 7 Wilson S. Read this story, or we’ll drop this toddler. *Fortune Magazine* 2 August 1999: 36 (140(3)).

### Educating medical students on injury prevention: sense and sensibility

Writing a regional report for injury prevention activities in Europe is not an easy task. One should first search through informal channels for noticeable, on-going research and action oriented activities as well as for the development of new strategies or regulations in the injury prevention and control field. Within a continent with diverse cultures and too many official languages, and which has recently undergone major political changes, this may be the first obstacle for a written scientific communication that aims to be based on collective experience. Secondly, one should attempt to foresee the utility of the reported information and question its value for the international readership of the journal. Given the limited time a reader can spend scanning through diverse sources and the continuous “showering” with information of questionable validity, I would rather save space in a high quality scientific journal for peer reviewed research publications. It would be useful to list regularly updated internet sites of interest and reports on the diverse aspects of injury control and prevention; this could be either published in the journal or uploaded to the ISCAIP site. Developing an informal network of national correspondents to make us aware of any developments in the field, alert colleagues to newly identified safety hazards, and screen for the accuracy of such information would be another option. However, the regional correspondent would

have no other incentive to offer to the participants other than the moral obligation of sharing experiences with peers, something that is already done. Instead, it would be much more useful for the correspondent to write a short report or a letter to the editor of the journal; this also has the advantage of being cited by interested parties.

### An initiative for informal injury prevention education of undergraduate medical students in Athens

Keeping the above in mind, it is worth noting the background and strong emphasis on injury prevention at a medical student symposium, which took place in Athens, Greece in May 2000. In the context of the preventive medicine course given by the Department of Hygiene and Epidemiology, Athens University Medical School, the medical students organized and actively participated in the second annual symposium entitled “Preventive medicine faces the challenges of the new millennium”. Students were invited to present topics from their course curriculum that were perceived by them as most important in the contemporary public health agenda. Injury prevention issues were highly prioritized and covered one third of the sessions of the one day symposium. It should be noted, however, that during the last two academic years, injury prevention and control has been taught as a separate module. Moreover, students who chose themes from the injury prevention module were also allowed restricted access to the Emergency Department Injury Surveillance System (EDISS) run by the Center for Research and Prevention of Injuries among the Young (CEREPR). At the beginning of the semester and during the introductory session students were informed about the symposium. They were invited to participate—on a voluntary basis—in small groups and in short duration projects that aimed to assure adequate and supervised preparation for the presentations; the teaching staff volunteered to provide support on the selection of the topic and the mode of presentation. The assigned task was to identify an injury prevention issue that had not been adequately addressed, to describe the magnitude of the problem and the underlying causes, and to search for realistic solutions. The hidden agenda of the tutors and the postgraduate students of the department, who coached the undergraduates, was to familiarize the students with injury research methods and to assist them to develop medical reference searching, presentation, and writing skills. Students were then expected to make a presentation to the symposium, to release a report to attract mass media attention, and to prepare a manuscript for submission to a scientific journal.

### The experience

Students confronted research methodology on injury prevention with comfort and perseverance. Lack of knowledge and inexperience did not impede enthusiasm nor did the struggle with unfamiliar datasets discourage them. EDISS served as their initial contact with raw data and their recording and coding systems for some of the projects, whereas when needed other sources of information were advised.

One group of students expressed an interest in working on the epidemiology and prevention of fall injuries in childhood. With simple statistical analyses, they showed that in Greece fall injuries are the most frequent cause of morbidity in childhood injury, even higher in proportional terms than fall injuries in other countries. Yet, the issue has not drawn much attention on the part of prevention strategy policymakers, most probably because these are usually injuries of minor severity. This may also contribute to the low priority and the short time devoted in fall injury prevention counselling by pediatricians—the main childhood primary health care providers in Greece. An additional reason may be the pediatricians' lack of experience, as fall injuries are almost exclusively treated by surgical specialists. Furthermore, international comparisons of mortality data were made: students noticed that the proportion of injuries due to falls from windows or terraces in Greece is relatively low compared with other European Union member states. Given the wide windows and door openings and other construction deficiencies of Greek housing, this may be due to more cautious parental supervision in this part of the world.

A second group looked into fall injuries from sporting activities during childhood. Falls were the main mechanism of sports injuries. The epicenter of the discussion that followed was the cost/benefit ratio for public health, given that encouragement of physical activity is an essential component of contemporary health promotion strategies. The students referred to the need to avoid conflicting health messages while stressing the fact that sports can nowadays be practised safely. Physicians and other public health workers and physical activity experts were encouraged to jointly confront the problem.

### Conclusion

The symposium drew considerable attention from the national medical community and the mass media. The presentations were of high quality and the objectives of the hidden agenda were successfully met. The deputy director of a major medical journal who was invited by the department gave a presentation on how scientific journals select papers for publication. He addressed all the issues posed by the students and this led to discussion on how to prepare papers for submission to selected journals. Perhaps the most important result, however, was a proposition from the students to plan a "third" symposium in which students and tutors from all seven Greek medical schools would be invited to participate and contribute. Matching students' enthusiasm with the dedication of the personnel in our center, despite the limited resources, may be difficult but experience has shown that working with young people is worth the effort and the investment. Maybe colleagues working in similar settings can take the initiative and provide future injury prevention and world conferences with the freshness, the kindness, and the altruism that young minds can offer.

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## LETTER TO THE EDITOR

### Parental attitudes regarding interviews about injuries to their children

EDITOR,—We read with interest the article by Scheidt *et al*, which reported that most parents of young, injured children are neither upset nor threatened by questions about the circumstances of injury, and that they readily cooperate and perceive such work to be worthwhile.<sup>1</sup> We would concur with this view and have further evidence in its support.

In the United Kingdom, all children under 5 years old are assigned a health visitor who carries out duties such as developmental screening and provides carers with a source of support, advice, and health promotion input. They develop a relationship with the child's family from an early age and may visit after an injury to provide injury prevention advice. We carried out a case-control study of children under 5 years attending an accident and emergency department with an unintentional injury. The child's own health visitor completed a lengthy and arguably sometimes intrusive questionnaire covering social, physical, and psychological aspects of the family with the main carer in their own home.

Altogether 78.4% responded to the questionnaire with few declining to answer any specific questions. Although we did not directly ask carers about their attitudes to the questions, we did formally explore this through their health visitors, who had concerns that the questionnaire might undermine their relationship with parents. While most parents did feel guilty about their child's injury, they were generally willing to participate in the study, including answering intrusive questions, and reported finding it a worthwhile exercise. The great majority (87.5%) of health visitors reported no adverse impact on their existing relationship with parents, 12.5% considered that participation had actually improved the relationship, and only one reported an adverse impact. This supports the findings of the study by Scheidt *et al* that interviews about injuries are of no or minimal risk.

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1 Scheidt PC, Brenner RA, Rossi MW, *et al*. Parental attitudes regarding interviews about injuries to their children. *Inj Prev* 2000;6:51–5.

## BOOK REVIEWS

Usually a book review provides an in-depth examination of the material under consideration. This addition to the book review section is different. What I am offering lies somewhere between notices of books and reports I have received and a brief commentary on their contents. Thus, apologies are owed to the authors for judgments that are necessarily superficial. On balance it seemed better, however, to bring these to the attention of our readers and allow them to judge for themselves than have them linger, perhaps indefinitely, on my shelves while awaiting a formal review.

The first is a collection of four paperback books all by Heward Grafftey. Two have a coauthor, Richard McInenley. Grafftey is a lawyer, a former Member of Parliament in Canada, and was Minister of Science and Technology during a previous government. Since leaving office, he has become chairman of an organization called Safety Sense Enterprises, Inc. Grafftey is a vocal advocate for safety, operating, for better or worse, outside of the scientific mainstream. All four books are written primarily for laypersons. The titles are self explanatory: *How to Live Safely & Prevent Death & Injury* (1996); *Safety Sense in the Home* (with McInenley) (1990); *Safety Sense on the Road* (also with McInenley) (1988), and *Safety Sense at Play* (1991). A quasigovernmental organization, Central Housing and Mortgage, provided assistance in the production of the books.

Each is organized under appropriate sub-headings, for example, *Safety Sense in the Home*, covers the kitchen, living and dining areas, sleeping areas and bathrooms, and in each section, separate sections cover the topic, usually in one page, by reviewing the risk factors and contributing factors, then offering a commentary and a list of safety sense bullets. As a result, the books are mini-encyclopedias. On the positive side, I found few serious errors in any of the sections I checked. On the negative side, the sources used are mostly Canadian, some are outdated, and no scientific publications are cited. In fact, although the sources are all listed in the back of each book, none of the individual sections are connected to the citations. Hence, much has to be accepted on faith and it is difficult to determine where information came from. In spite of these shortcomings, this remarkable collection has much to recommend it, though I find it difficult to imagine who the most appropriate audience might be.

*Child Safe: A Practical Guide for Preventing Childhood Injuries*, by Mark A Brandenburg, MD, is a similar collection of good advice in paperback format. The author is a practising emergency physician at the Trauma Emergency Center in Tulsa Oklahoma. Unlike the Grafftey collection, this book has an excellent index. It too is comprehensive and clearly aimed at parents. It is organized along quite different lines, however. The first part addresses non-age related injuries (automobiles, child abuse, day care centers, dog bites, etc)—the topics then appearing in alphabetical order). The second part, also alphabetical within sections, covers age related injuries

(infants, toddlers and preschoolers, and school age children). The third part lists product recalls and resources. One nice feature is the frequent use of anecdotes. Although clearly more based on scientific material, none of the references are given. For parents, especially American parents, this book, which has been officially endorsed by the American Academy of Emergency Medicine, is a valuable resource, though, to be fair, there are many others that cover the same territory equally well.

*Women's Injury in the Home in Victoria*, by Erin Cassell and Joan Ozanne-Smith, is report number 158 of the Monash University Accident Research Centre. I regularly receive these reports and am invariably impressed by them. This is no exception. Directed more at fellow researchers and policy makers, this report, running to over 200 pages, is based on the exemplary collection of data sources in Victoria: the Coroner's Database, the Victorian Inpatient Minimum Database, the Victorian Injury Surveillance System, and the Extended Latrobe Valley Injury Surveillance project, which is a regional collection of data based on visits to general practitioners. The results are far from surprising, highlighting the overriding importance of falls, suicide, and self harm, as well as cutting and piercing injuries. Although the detailed descriptions of the injuries is, perhaps, exhaustive, they are more than compensated by excellent discussion and recommendation sections that conclude each topic. The more than 50 tables provide all the data one could hope for (and more) and although in some instances the findings may not apply in other countries, for the most part the findings are likely to be generalizable.

Another favourite arrival is the *Annual Report of the Injury Prevention Research Centre (IPRC)* of the Department of Community Health, University of Auckland, New Zealand. Although I receive many such reports, these are always rewarding because of the "structured abstracts" that describe each of the main projects undertaken during 1999. Enough details are given about the methods and results to others to follow these examples. Especially important are those involving evaluation, for example, the Waitakere Community Intervention Project and Kidsafe Week.

*Tomorrow's Roads—Safer for Everyone*, is from the Department of the Environment, Transport and the Regions in the UK. It is subtitled "The Government's road safety strategy and casualty reduction targets for 2010". Although I suspect most such departments world wide have similar reports, this is the most recent to cross my desk and I must say I was impressed and encouraged. In the foreword, three ministers express their satisfaction with "the long, successful period in which the number of serious casualties have gone down and down . . .", concluding, "Great Britain has been the best road safety record in Europe apart from Sweden". Importantly, they go on to say, "Nevertheless, no one can be satisfied when just under 10 people are killed and 110 people are seriously injured every day on the roads. That is unacceptable and it is not inevitable". They also acknowledge the dismal picture for child pedestrians and conclude, "This demands and will get specific action". The goals set are

a reduction of deaths and serious injuries by 40%—and by 50% for children. The report actually begins with a section entitled "Safer for children" and provides a detailed action plan. Also included are sections addressing safer drivers—training and testing, and drink, drugs, and drowsiness, as well as sections addressing safer infrastructure, safer speeds, safer vehicles, safer motorcycling, and safety for pedestrians, cyclists, and horse riders. All are commendable, but would in my view be disappointing if the final section, "Better enforcement", were omitted. Two personal comments: I disagree with the conclusion (6.15) that "The 70 mph and 30 mph limits are well established and well understood and there is no case for a blanket change on safety or environmental grounds". I agree however that "the definitions of dangerous and careless driving are not quite right" (10.17) and I am fully supportive of the move to increase the maximum penalty to £5000. There is much more in this plan that is laudatory, but I was left with a nagging concern that too many of the truly tough measures needed that are under consideration may never see the light of day.

*Injuries in the US Armed Forces—Surveillance, Research and Prevention*, by B H Jones and P J Amoroso, a supplement to the *American Journal of Preventive Medicine* (April 2000) is a remarkable document in several respects. This compilation of papers draws on the astoundingly comprehensive set of injury data collected by the US military. The papers are preceded by an introduction by David Sleet describing the history and circumstances of the data collection and the implications of the findings; another by James Peake describing the "hidden epidemic"; and a third by Mark Rosenberg entitled "There's safety in numbers", the point of which escaped me. The concluding commentary by Lincoln, Smith, and Baker describes the use of existing military administrative and health databases for injury surveillance and research—the heart of the matter. There follows in part I a series of papers on deaths, disabilities, hospitalizations, etc, and in part II, another set on risk taking behaviors, and such topics as cigarette smoking and exercise related injuries, knee and sports injuries, and much more. I said at the beginning that the document was "remarkable" in several respects: the most remarkable is that it is entirely devoid of any reference to injuries occurring in combat. In this sense it has a fairytale, Alice in Wonderland aspect to it. It is almost appears as if the devastating injuries that occur in wartime are out-of-bounds; that they are not part and parcel of what armed forces bring upon themselves and others, including, on tragic occasion, civilians.

I B PLESS  
Editor

**Night Falls Fast—Understanding Suicides.** By Kay Redfield Jamison. (Pp 432; \$26.00.) Alfred A Knopf, NY, 1999. ISBN 037540145.

In the early 1980s, the US Department of Health and Human Services (DHHS) issued a Request for Proposals for new public health injury prevention projects of potential national significance. I responded from the New York State Department of Health with a proposal to prevent adolescent suicides. Our

application, based on consultation with state and national injury control associates, was judged acceptable but not funded. Subsequently, at a meeting with some of the Washington DHHS staff a senior official stated that suicides were not a public health issue! Little more was done for another five years until Governor Cuomo organized hearings on adolescent suicides. Some new reports were written but little else transpired. Even my PhD dissertation on the role of serotonin screening for violence, fell by the wayside (see *Injury Prevention*, March 1999: 13).

Between 1987 and 1996, almost 15 000 American children under age 15 committed suicide. The need to prevent suicides in all age groups, but especially among young adults and the aged, seems to come onto the public health horizon about once every decade. The current thrust in the US is led by Surgeon General David Satcher and by Senator Harry Reid, whose state has the highest suicide rate in the US. This initiative is supported by testimony from Kay Redfield Jamison, the author of *Night Falls Fast* who is, herself, a manic depressive and suicide attempter.

Jamison is an internationally recognized authority on depressive illnesses and their treatment. *Night Falls Fast* is one of the first major books to focus on suicide in this quarter century. It mostly addresses children and young adults, but the approach adopted is also applicable to the elderly, where rates are also high. Her work, though designed for the general reader, offers those involved in injury prevention new insights into recent professional work.

The book offers an international perspective on the history, epidemiology, prevention, control, and treatment of suicides. The first chapter includes a historical overview on international attitudes and values. The main benefit to public health workers is the scholarly assessment that follows, along with the well annotated references in the chapter on definitions and magnitude. Case studies, including suicide notes, make the book a bit emotionally draining. A discussion of the medical community's own high suicide rate, the role of prescription drugs, assessment tools, screening for suicide risks, and weaknesses of school and community based programs are all included in the public health chapter. In spite of these elements, this chapter is too short and omits many preventive issues—only some of which are covered in other chapters. Nevertheless, the author uses the available material well and ends with the promise of a resolution by the US Senate.

This book should be read not only for its own sake but also to encourage researchers to help find more ways to prevent suicides. As is true for injury control in general, suicide prevention needs to be better institutionalized. A book such as this provides the basis on which to build. It may be the modern day equivalent of Chadwick's or Sledgwick's seminal work in England and Boston on housing and public health.

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## CALENDAR

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### RoSPA Road Safety Congress. Child casualties: meeting the target

12–14 March 2001, Glasgow, UK. The theme of the congress is planning to meet the target for halving the numbers of children killed and seriously injured on the roads over the next 10 years in Britain. *Further information:* Royal Society for the Prevention of Accidents, Road Safety Department, 353 Bristol Road, Birmingham B5 7ST, UK (tel: +44 (0)121 248 2000, fax: +44 (0)121 248 2001, email: kclinton@rospa.com, web site: www.rospa.com).

### Injury prevention course

May and October 2001, Birmingham, UK. This will be the first running of the UK's new, university accredited, postgraduate level course, designed for those working in public health and allied professions. *Further information:* Michael Hayes, Child Accident Prevention Trust, 18–20 Farringdon Lane, London EC1R 3HA, UK (tel: +44 (0)20 7608 3828, fax: +44 (0)20 760 3674, email: mh@capt.demon.co.uk).

### 17th International Technical Conference on the Enhanced Safety of Vehicles

4–7 June 2001, Amsterdam. The theme is vehicle safety enhancements for the 21st century. *Further information:* Congrex Holland BV, PO Box 302, 1000 AH Amsterdam, Neth-

erlands (tel: +31 (0)20 504 0201, fax: +31 (0)20 504 0225, email: esv@congreg.nl, web sites: www.congreg.com, www.esv2001.com, www.esv2001.nl).

### MPH Course on Safety Promotion

3–16 May 2001, Stockholm. The course gives a basic knowledge of concepts and definitions, as well as epidemiology and surveillance. It also focuses on strategies and action plans for safety promotion and injury prevention in various settings. *Further information:* Lily Mogess, Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, Norrbacka, SE-171 76 Stockholm, Sweden (tel: +46 8 517 77941, fax: +46 8 334693, email: lily.mogess@socmed.sll.se, web site: www.ki.se/phs/education).

### 10th International Conference on Safe Communities

21–23 May 2001, Anchorage, Alaska. This conference will focus on the opportunities for community based injury prevention programming. *Further information:* Diana Hudson, PO Box 210736, Anchorage, Alaska 99521, USA (tel: +1 907 929 3939, fax: +1 907 929 3940).

### Nordic Safe Communities Conference

21–24 August 2001, Denmark. *Further information:* Moa Sundeström, Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, Norrbacka, SE-171 76 Stockholm, Sweden (tel: +46 8 517 77948, fax: +46 8 334693, email: moa.sundestrom@socmed.sll.se).

### 4th International PhD Course on Safety promotion Research

17–29 October 2001, Stockholm. A course for researchers and PhD students in public health sciences and those interested in injury prevention and safety promotion research. *Further information:* Moa Sundeström, Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, Norrbacka, SE-171 76 Stockholm, Sweden (tel: +46 8 517 77948, fax: +46 8 334693, email: moa.sundestrom@socmed.sll.se, web site: www.ki.se/phs/education).

### 1st International Course on the Global Burden of Injury

30 October–3 November 2001, Stockholm. The aim of the course is to provide a general scientific platform for the understanding of global trends and international differences in injury mortality and morbidity; for PhD and postgraduate students and senior researchers. *Further information:* Moa Sundeström, Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, Norrbacka, SE-171 76 Stockholm, Sweden (tel: +46 8 517 77948, fax: +46 8 334693, email: moa.sundestrom@socmed.sll.se, web site: www.ki.se/research/courses/postgrad\_catalogue/fall2000\_en.html).

Please submit items for the Calendar to Michael Hayes (mh@capt.demon.co.uk, fax +44 (0) 20 7608 3674) at least four months before the event.

#### Snake attacks boy and strangles dog

A boy, 3, narrowly escaped death after a large snake attacked him in his bed in North Queensland. The 3.5 m python had strangled the family's silky terrier before biting Benson Wiseman 18 times (*The Age* (Melbourne), March 2000).

#### Shooters reject child ban at hunts

Hunters yesterday rejected a State Opposition call for children to be banned from duck hunts after a 6 year old drowned with two duck hunters in a Victorian lake on Saturday. A spokesman for the Sporting Shooters Association of Australia said that duck hunting had been "incidental" to the tragedy. "Basically, this was a boating tragedy", he said (*The Age* (Melbourne), March 2000).

#### Man swallows sulphuric acid

A man, 46, was last night in a stable condition in hospital after drinking sulphuric acid from a container in a fridge at the Maroochy Airport on Queensland's Sunshine Coast (*The Age* (Melbourne), March 2000).