

# Splinters & Fragments

Agricultural poisonings, particularly those due to pesticides, are a large problem in the developing world. A study of all poisoning patients admitted to hospital in a cotton growing area of Pakistan 1996–2000 reveals that the majority of the victims were from the farming community and were exposed primarily to pesticides. The authors were able to document a sixfold increase in incidence from 1992, although they also found a decline in the year 2000, perhaps due to the introduction of some safer products. Finally, disparities were seen between males (50% suicide, 38% occupational) and females (80% suicide, 15% occupational). (Ahmad R, Ahad K, Iqbal R, *et al.* Acute poisoning due to commercial pesticides in Multan. *Pakistan Journal of Medical Sciences* 2002;**18**:227–31; [www.pulsepakistan.com/pakjmedsciences/julsep02/article8.html](http://www.pulsepakistan.com/pakjmedsciences/julsep02/article8.html).)

If an intervention is not implemented, can it possibly make a difference? Smoke alarms, fittings, and educational brochures were given to low income, multiethnic Londoners in a program similar, but not identical, to a widely reported Oklahoma City campaign. The results were far different with 50% of alarms not installed or operational at two year follow up, raising concerns that measures that require active steps, such as installation, are limited in their effectiveness. Injuries related to fire did not decline, nor did fires themselves. An accompanying editorial by *Injury Prevention's* Barry Pless points out this study's "immaculate" design and praises the value of "negative" results, from which we can also learn much. Perhaps we need to require sprinklers or other passive devices—local housing authorities are already urging such measures. (DiGuiseppi C, Roberts I, Wade A, *et al.* Incidences of fires and related injuries after giving out free smoke alarms: cluster randomised controlled trial. *BMJ* 2002;**325**:995–9 and Pless B. Smoke detectors and house fires [editorial]. *BMJ* 2002;**325**:979–80.)

We love our data. But how good is it? In the US, funeral directors complete the death certificates. Although measures are taken to review the data, this survey found that problems remain unsolved. More than half the directors received no formal training in death certification. Altogether 58% said they sometimes or often determine race by knowledge of the decedent's family rather than by asking an informant, and 44% did the same to determine Hispanic origin. One quarter determined Hispanic origin "from

the decedent's name". (I was amused then that the surveyors themselves used "surnames to identify probable Asian and Hispanic funeral homes" for the survey sample.) Almost 80% of directors find one or more demographic elements to be problematic, particularly race and education. Many did not find occupation to be problematic, despite independent review revealing that this information is often inaccurate. The authors recommend improved training and standard worksheets for directors, as well as methods for them to receive feedback on the uses of the data they collect. (Hahn RA, Wetterhall SF, Gay GA, *et al.* The recording of demographic information on death certificates: a national survey of funeral directors. *Public Health Reports* 2002;**117**:37–43.)

Violence against women during the child-bearing years is an issue that has received increased attention in the past decade. These authors examined 19 states' E coded hospital discharge data, comparing assaults associated with and without pregnancy. This study analyzes the results by age, race, mechanism of injury, and body part grouping injured. The authors conclude that "it may be helpful for practitioners to think of pregnant women as a 'sensitive' rather than a 'high-risk' population", as they are more likely to be both young (and therefore also more likely to be assaulted) and to be hospitalized as a result of the pregnancy. (Weiss HB, Lawrence BA, Miller TR. Pregnancy-associated assault hospitalizations. *Obstet Gynecol* 2002;**100**:773–80.)

Although suicide and drug use are problems prevalent within prisons, mental health and substance abuse services are sparse and inadequate. Canadian researchers have documented how large these issues loom "on the inside". Suicide, poisoning, and homicide accounted for 58% of all male inmate deaths. Death by overdose was 50 times higher in federal custody and suicide by strangulation was 10 times higher in provincial custody than among the general young population. The authors point out the lack of formal scrutiny of in-prison deaths in Canada, while the commentators describe a slightly better situation in Austria. (Wobeser WL, Datema J, Bechard B, *et al.* Causes of death among people in custody in Ontario, 1990–1999. *Can Med Assoc J* 2002;**167**:1109–13 and Freuhwald S, Frottier P. Death behind bars: commentary. *Can Med Assoc J* 2002;**167**:1127–8.)

How best to prevent falls, and resulting fractures, among the elderly? Two new studies point to two different approaches. A series of "quiet-standing" experiments on young and elderly found that postural sway—small adjustments in order to maintain balance—could be reduced by applying "mechanical noise" to the soles of the feet. The subjects could not detect the stimulation but did demonstrate a marked reduction in the amount of corrective swaying, particularly among older subjects. Perhaps vibrating shoe inserts are in the future. In the meantime, a study of nurses who walked, ran, or performed equivalent exercise were much less likely as shown in 12 year follow up to suffer hip fractures than their non-exercising counterparts. Perhaps most encouragingly, walking just four hours a week was sufficient to reduce the risk of hip fracture by 40% compared with walking less than one hour per week. (Priplata A, Niemi J, Salen M, *et al.* Noise-enhanced human balance control. *Physical Review Letters* 2002;**89**:238101–4 and Feskanich D, Willett W, Colditz G. Walking and leisure-time activity and risk of hip fracture in postmenopausal women. *JAMA* 2002;**288**:2300–6.)

In 1997, Arkansas became the first US state in many years to repeal a motorcycle helmet law. A recent study analyzed the effects by examining crash fatalities and hospital admissions for three years before and three years after this reversal. Motorcycle registrations increased 29% after the repeal, crashes only rose by 3.6%. But the fatality and admissions rates for non-helmeted riders increased significantly. Not surprisingly, injury severity scores were worse. Each non-helmeted patient also accounted for an additional \$14 240 in unreimbursed charges, as compared with helmeted patients. Helmet laws "have a clinically and financially significant impact". The article includes comments by two discussants. (Bledsoe GH, Schexnayder SM, Carey MJ, *et al.* The negative impact of the repeal of the Arkansas motorcycle helmet law. *J Trauma* 2002;**53**:1078–87.)

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