PUBLIC HEALTH ABSTRACTS

Professor James S. Lawson, Professor and Head of the School of Health Service Management at the University of NSW, has prepared the following public health items from the literature.

IS DIAGNOSTIC ULTRASOUND SAFE?

Diagnostic ultrasound is being used in an increasing number of ways. It is particularly useful in the practice of obstetrics, and it is pleasing to report that the use of ultrasound is safe from the point of view of overheating the unborn foetus in particular. Exposures to ultrasound resulting in temperatures less than 38.5 degrees Centigrade can be used without reservation.

Barnett SB, Kossoff G and E, Marshall J. *Med J of Aust* 1994; 160:33-37.

GOING BLIND IN AUSTRALIA

Going blind in Australia is overwhelmingly a problem of older people, with 85 per cent of those who are legally blind being 50 years of age and over. There are three main issues:

- most visually impaired people retire with relatively normal eyesight and with no more than presbyopia (loss of visual acuity as a consequence of aging);
- those with visual impairment very often have eye disease and are not merely suffering from old age; and
- the major eye disorders affecting the older population, such as cataract, glaucoma and age-related macular degeneration, are all progressive and if untreated will cause visual impairment and eventual blindness.

Early detection and treatment can effectively control most of these disorders.

Livingston PM, Guest CS and Taylor HR. *Med J of Aust* 1994; 160:3-4

PROGRESS IN POLIO ERADICATION

Few issues in public health policy have generated a longer controversy than the choice between oral and inactivated polio virus vaccines. Experts in the field have concluded that the combined approach could be usefully evaluated in countries (such as Australia) with high vaccination coverage and that have achieved, or are on the verge of achieving, elimination of natural infection. The use of sequential schedules of two doses of inactivated polio virus vaccine followed by two or more doses of polio virus vaccine could be considered, particularly in countries where vaccine-associated poliomyelitis has become a major concern but where the threat of importation of wild polio virus remains. In most countries an inactivated polio virus vaccine-only schedule is a realistic option only when natural infection has apparently been eliminated globally.

Patriarca PA, Foege WH and Swartz TA. *Lancet* 1993; 1461-1463

HIGH-SUGAR DIET AND CHILDHOOD BEHAVIOUR

Both dietary sucrose (refined sugar) and the sweetener aspartame have been considered a possible cause of hyperactivity and other behaviour problems in children. An American prospective study among small numbers of children (about 25 in each of two groups) has clearly shown that even when intake of sucrose and aspartame exceeds typical dietary levels neither dietary sucrose nor aspartame affects children's behaviour or cognitive function. One group contained normal pre-school children and the other consisted of children who were recruited through advertisements and were allegedly sensitive to sugar.

Wolraich ML, Lindgren SD, Stumbo PJ et al. *New Eng J of Med* 1994; 330:301-7.

PEPTIC ULCER DEATHS IN AUSTRALIA

Johanna Westbrook and Louise Rushworth of the NSW Health Department have examined the mortality due to peptic ulcer in Australia between 1953 and 1989. Their study shows that deaths are associated with particular periods of birth. For example, women born between 1898 and 1913 have a greater risk of dying from duodenal ulceration than preceding or subsequent generations. This effect has been found in other countries. There is likely to have been an environmental problem for these women, perhaps the stress associated with World War I and the economic depression of the 1930s.

More than 800 people die each year in Australia as a result of peptic ulcer disease. The vast majority of peptic ulcer deaths occur in the elderly.

Westbrook JI and Rushworth RL. *Int J of Epidemiol* 1993; 22:1085-1092.

Monitoring trauma outcomes

► *Continued from page 63*

trauma care. Other review processes operate at the network and hospital levels. Some of these, such as clinical audit of deaths, will provide statistical summaries for system-wide review.

Information on trauma indicators is presented in Table 2 as follows:

- phase of care being monitored;
- questions to be answered about the appropriateness, performance or outcomes of the relevant components functioning at this phase;
- data requirements to provide outcome information; and
- health outcome indicators used to monitor this phase of care.

EDITOR'S NOTE

In June 1994 the NSW Health Department released the document New South Wales Trauma System Policy Review 1994, on which this report is based.

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