

PUBLIC SAFETY

Recall issued for lead-laced necklaces

By Karl B. Hille
Examiner Staff Writer

The Consumer Products Safety Commission and Really Useful Products Inc. issued a recall of 51,600 "Diva" and mood necklaces because of high lead content.

"Consumers who have this product are advised to remove it from use by children immediately and return to store for credit or refund," a statement by the Darien, Ill., importer says.

Lead is a toxic substance that impairs the function of nearly every internal organ in the human body according to the Centers for Disease Control and Prevention. Its most detrimental effects are on the central nervous system, liver and heart and can range from mild brain damage to organ failure or death.

"Consumers should stop using recalled products immediately unless

otherwise instructed," the Consumer Products Safety Commission alert states.

The recalled mood necklaces are multi-colored pendants, shaped as hearts, moons, shamrocks, spiders, butterflies and lizards, hanging from a black cord. They are packaged on black cardboard and wrapped in plastic with "Mood Necklace" printed on the front. The recalled Diva Necklaces consist of pendants shaped in the words "Angel" or "Diva" hanging from a black cord. The packaging is pink cardboard with "Hand Painted" and "Diva Necklace" printed on the front.

The trinkets, made in China, were sold through children's, dollar and discount stores nationwide from September 2004 through November 2006 for about \$1. So far, no injuries have been reported, according to the CPSC. Questions for the company can be directed to 888-484-3444 or www.ruproducts.com.

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Art professor dies of meningitis

Johns Hopkins students told not to be alarmed

By Karl B. Hille
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Johns Hopkins University faculty and students were stunned by the death Sunday of Assistant Art History Professor Nancy Forgione from a meningococcal infection.

However, few have taken advantage of the school's offer of preventative antibiotic treatment.

Meningitis infections in university residence halls have spurred many schools to adopt vaccination requirements, University spokesman Dennis O'Shea told *The Examiner*.

"It's very serious, but very difficult to transmit," O'Shea said. "We're really concerned when it comes up in residential situations like a dorm or



Forgione

“For a number of years, she has been a very popular teacher. She was ... the kind of person who could make your day better with just a quick conversation while passing you in the hallway.” — Adam Falk, James B. Knapp Dean at the Krieger School of Arts and Sciences writing about professor Nancy Forgione, who died Sunday from a meningococcal infection

residence hall. Not so much with a faculty member coming to teach a class.”

"We expect that few, if any, students, faculty or staff will need preventive treatment with antibiotics or will need to seek medical attention," Alain Joffe, student health director wrote in a letter sent out Dec. 2.

"Out of an abundance of caution, however, we are notifying the community and providing advice and access to clinical experts."

"Her students were quite affected when they learned [Forgione] died Monday," O'Shea said.

"She was a very, very well-thought-of teacher and faculty member."

Forgione, who was planning a trip with students and staff to Provence and the French Riv-

iera next summer, was a two-time graduate from Johns Hopkins University.

She received her bachelor's degree in 1974, then came back and earned a Ph.D. in art history in 1993.

"For a number of years, she has been a very popular teacher," wrote Adam Falk, James B. Knapp Dean at the Krieger School of Arts and Sciences Monday. "She was ... the kind of person who could make your day better with just a quick conversation while passing you in the hallway."

She is survived by her husband, Michael Hill, of the class of 1972, and their two sons.

Tentative plans are for a memorial service in the Glass Pavilion this Saturday.

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ASTHMA STUDY

Poor treatment leads to emergency room visits

By Karl B. Hille
Examiner Staff Writer

One in five city children receive appropriate treatment for asthma, according to a study by the Johns Hopkins Children's Center.

Children who don't receive proper care to manage their asthma end up in emergency rooms with breathing crises more often, said Arlene Butz, an asthma specialist at the Children's Center, whose study was published in December issue of *Pediatrics*.

Failed treatment is not always a factor of lack of access to health care, she said.

"Doctors don't always get the information" needed to properly treat children, Butz said.

"Communication is a key factor on both sides. The family has

to communicate the correct symptoms, the actual medications the child is taking, what's going on in their home."

Previous research indicates that inner-city children are at special risk because their living conditions include other asthma triggers, such as exposure to secondhand smoke and mouse and cockroach droppings, according to the study.

The findings are disturbing because preventive therapy failure leads to over-reliance on fast-acting "rescue" inhalers, and to more complications and increased risk of death, the researchers said.

Asthma is the most common long-term disease of the lungs affecting children, according to the Centers for Disease Control and Prevention.

It causes repeated episodes of wheezing, breathlessness, chest tightness and nighttime or early

morning coughing.

The Hopkins team interviewed parents of 180 Baltimore City children age 2 to 9, diagnosed with persistent asthma and studied their pharmacy records.

Overall, only 36 used the recommended amount of daily controller medication, which is six or more refills in a 12-month period.

Another 60 percent of children received too little therapy to fully prevent flare-ups.

Twenty percent either got no medication at all or relied solely on quick-relief rescue drugs, which stop an asthma attack from getting worse.

The survey also showed that children cared for by asthma specialists in or out of the hospital were more likely to follow a proper drug regimen than those who were not in these groups.

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Winter weather takes first lives of the season

The office of the state medical examiner announced on Tuesday that the recent deaths two Marylanders due in part to hypothermia.

Both victims were men. The first, a Baltimore County resident, died on Nov. 6 from hypothermia complications, cirrhosis of the liver and acute alcohol intoxication.

The second, an Eastern Shore resident, died on Nov. 20 from cardiovascular disease complicated by hypothermia and drowning.

A person with hypothermia may appear disoriented, shiver uncon-

trollably and report numbness or fatigue.

His or her skin would be cold, pale, bluish or puffy, according to the Centers for Disease Control and Prevention.

Abnormally slow breathing, slurred speech and loss of coordination are other symptoms of the cold-weather affliction.

Hypothermia occurs when the body cannot generate enough heat to increase deadly body temperatures that drop below 95 degrees, the CDC Web site states.

Exposure to frosty temperatures and cold, damp environments can cause the life-threatening condition.

For a hypothermia patient, the CDC recommends seeking emergency medical treatment immediately.

The person should be moved out of the cold but not massaged or rubbed because of the risk of cardiac arrest.

Hypothermia was a factor in 57 deaths in Maryland during the 2005-06 winter season, according to the Maryland Department of Health and Mental Hygiene. — Jessica Novak