Children choking on foreign bodies from toys

Str.—There is interest in the problem of aspiration of foreign bodies from toys. Manufacturers and traders standards officers raise practical issues about the size of items that might cause choking, the risks of hair or pile fabrics on toys, and the attractiveness to children of items which might imitate food. It is not known how common these incidents are. This is relevant to the European Toy Safety Standard EN71, which is currently under review. Unfortunately the Department of Trade and Industry's Home Accident Surveillance System (HASS), which analyses a sample of cases attending accident and emergency departments does not provide satisfactory information. This is because choking is combined with ingestion and insertion of foreign bodies into body orifices under a general heading 'foreign bodies'.

We therefore undertook a study of incidents of choking in childhood for the year 1989 in Wales to estimate whether aspiration of foreign bodies from toys and toy parts was common. Letters were sent to all 60 consultant paediatricians and ear, nose, and throat surgeons in Wales asking them for details of children who were admitted to hospital after choking on foreign bodies. Replies were obtained from 50 consultants (83%). Only four recalled any cases of choking, none of which was related to toys.

We also inquired whether the consultants had ever seen such an incident related to toys. Only one doctor recalled such an incident and this was due to a small bead. There were no instances of choking due to hair from a toy.

We conclude that incidents of choking due to parts or hair from toys must be rare and are not a major problem in the UK.

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Accidental poisoning in children

Str.—We conclude that incidents of choking due to parts or hair from toys must be rare and are not a major problem in the UK. We have found that use of observation beds in the casualty department is adequate for groups 1, 2, and 3 and resulted in a 74% reduction in admission rates between 1975 and 1980. Our recent study of 206 ingestions showed that 75% of children suspected of ingesting drugs were given syrup of ipecacuanha, 3% had gastric lavage, and 18% received no treatment. Seventy one per cent of children were observed and discharged. Of the remainder, 25% were admitted to a medical ward and 4% to intensive care. Poison reference centres are usually staffed and budgeted by adult orientated people. Their management advice is frequently excessive and interventional, based on adult experience of severe intentional overdose as compared with childhood accidental and usually trivial ingestion.

The bottom line in poisoning is to take care, to treat children and chemicals with caution, respect, and, if in doubt, to admit and observe. Delayed release psychotherapeutic agents should be treated with particular caution.

Finally, should laburnum be classified as 'potentially very toxic'?

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Hyperekplexia or stiff baby syndrome

Str.—I am sure that other people will write to you to tell you that the spelling of the condition referred to recently in the journal is incorrect. It should be 'hyperekplexia', 'ekplexia' is the Greek for startle, whereas 'expresia' does not mean anything at all! The present article perpetuates mis-spelling that has appeared in several other contributions on this subject.

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The technical editor comments:
The dictionary we use for the journal is Dorland's Illustrated Medical Dictionary, which is American; this gives the spelling as hyper-expesia. We do 'adjust' the spelling of words like anepia and anemia to conform with 'English' spelling but otherwise we try to follow Dorland's 'style'.
Neonatal diaphragmatic paralysis caused by chest drains.

S W Jones

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