CASE REPORT

The need for ventilation holes in children's dummies

M. J. WILLIAMS

Registrar in Accident & Emergency Medicine, Hull Royal Infirmary, Anlaby Road, Hull HU3 2JZ

INTRODUCTION

A 2-year-old child was brought into the Accident Department with a history that he had swallowed his dummy (Fig. 1). There were no direct witnesses to the injury. The child had come up to its mother salivating and pointing to its mouth. The initial incident happened approximately 20 min prior to presentation at the Accident Department after a 999 call. Attempts at digital removal of the dummy by ambulancemen had failed.

The child was pink and quiet but responding to commands and cooperative. He had a small abrasion to his forehead presumably due to his initial fall when his dummy was forced into his mouth. The teat of the dummy was clearly visible in the pharynx. The child was able to breathe by virtue of the two air holes in the flange piece of the dummy (Fig. 2).

METHODS

With some difficulty two operators were able to grasp the flange of the dummy using Spencer Wells forceps. The flange of the dummy was lodged between the soft palate and the nasopharynx superiorly and the vallecula of the tongue inferiorly (Fig. 3). After a variety of manoeuvres the flange was rotated to a suitable position for it to be freed. Fortunately for the operators the child remained remarkably calm and cooperative.

Correspondence: M. J. Williams, Registrar in Accident & Emergency Medicine, Hull Royal Infirmary, Anlaby Road, Hull HU3 2JZ, U.K.

Fig. 1 The 'swallowed' dummy.

Fig. 2. View showing ventilation holes in the flange.

DISCUSSION

This case clearly indicates the need for stringent design and safety standards in such products. The dummy concerned was analysed by the trading standards office and found to conform to required standards (BS5239, 1988). These state that the flange must have two ventilation holes of at least 5 mm in diameter with their centres at least 15 mm apart and their edges at least 5 mm from the edge of the flange. This case illustrates the need for ventilation holes in dummies, without such holes this child may well have asphyxiated. A case of asphyxiation caused by a dummy has been described (Clayton *et al.*, 1987). At that time ventilation holes in the flange of the dummy were not mandatory. The 1988 revision of BS5239 British Standard Specification has superseded previous issues of that publication. Promotion of the safety value of such ventilation holes and the abolition of any dummies not having the holes should be encouraged.

ACKNOWLEDGEMENT

I would like to thank the Trading Standards office in Hull for their help in the analysis of the dummy concerned.

Fig. 3 Position of the 'swallowed' dummy.

REFERENCES

- British Standard Specification for Babies' dummies BS5239 (1988) British Standards Institution, 2 Park Street, London W1A2BS.
- Clayton M. G. C., Atkinson J. R. & Issacs G. (1987) Asphyxiation by a child's dummy. *British Medical Journal* **295**, 1098.