are using powdered latex gloves. This means that substantial numbers of atopic children are unnecessarily being exposed to latex in its most allergenic form on a regular basis.

School boards of management are largely comprised of volunteers, and are overstretched by a large variety of demands. In the absence of occupational health support, few schools would have the expert knowledge to identify the risks associated with latex, particularly in the form of powdered gloves. Information regarding the risks of powdered gloves and details of suitable alternatives should be circulated to schools.

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Is the heat wave increasing the number of falls from open windows among children?

Head injury is a leading cause of death and disability in children and young people worldwide.^{1,2} The incidence of accidents and head injury among children increases during the summer months.^{3,4} During the warmer months of summer, when windows are often left open, the number of children who falls from windows increases dramatically. The exact incidence of falls from open windows among children in the United Kingdom is not known. Each year in the United States, 15–20 children <10 years of age die, and >4000 are treated in hospital emergency rooms for window fall-related injuries. In one study that involved >2000 children in a suburban trauma centre, it was found that over 40% of them were admitted as a result of falls, 11% of which were from windows. Most of the children who fell were between the ages of 0 and 4, and all were sent directly to the intensive care unit; 4% of the children died. Most window falls occur when children are unsupervised. The height and rate of the fall, force of impact and surface on which the child falls influence the severity of injuries.

Six children (four boys and two girls) from Leicestershire had a range of injuries, including a fractured skull, after falling from bedroom windows in the summer of 2006. This is an unusual cause for head injury among children and no similar incidents were recorded in the previous year. These accidents occurred in the month of July, which had some of the record-breaking temperatures of last year. The history from parents and carers of these children suggested that they had fallen out of open windows (5/6 from the first floor and 1/6 from

the ground floor window). In 5 children, the bed had been placed close to the window; in all cases the window was left open to counter the scorching heat. The age of the children ranged from 18 months to 5 years. All the children were developmentally normal before the incident. They fell out of open windows from a height of approximately 5–20 feet. All required admission to the paediatric intensive care unit and had altered levels of consciousness on presentation to the hospital. All required intubation and ventilation for 12–24 h, had to stay in the intensive care unit for 1–3 days and in hospital for 3–10 days. Five of the children had fractures, including fractures of long bones and clavicle, and multiple fractures of the skull. Two children had abnormal computed tomography or magnetic resonance imaging scans, which included subdural haematoma and cerebral contusion. All were treated symptomatically. Five children had a normal neurological examination on discharge from intensive care and hospital.

Window guard legislation enacted in New York City in 1976 dramatically reduced the number of window falls. In 2000, the US Consumer Product Safety Commission announced new safety standards for window guards that will help parents protect their children from window falls.⁵ Most accidents involving children can be prevented by increased awareness of child safety at home, improvement of the home environment and greater supervision. Simple measures such as fitting safety locks to windows (to stop them opening any wider than 10 cm/4 inches) as well as moving beds, particularly bunk beds, and furniture away from windows can help prevent further accidents.

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Water intoxication and the heat wave

In the UK, we are presently in the middle of a considerable heat wave, with July 2006 declared the UK's hottest month on record.¹ Both the Department of Health and NHS Direct have been quick to disseminate health advice,² particularly to parents and healthcare workers responsible for the care of children, about the dangers of exposure to heat and dehydration.

This advice has emphasised the need for adequate fluid intake, particularly that of water. Notably, parents have been encouraged to "give babies plenty of cooled boiled water throughout the day".³ Although we believe this to be a sound advice to parents in most situations, it is important for clinicians to be aware of the risks of water intoxication, especially in infants. Water intoxication in children is well described previously⁴ and is on the increase, if not reaching epidemic proportions, in the United States.⁵ It can cause considerable morbidity and mortality from hyponatraemia, brain swelling and seizures. Primarily associated with inappropriate dilution of formula feeds, bottled water has been described previously as a noteworthy cause.^{6,7} Children are at particular risk as it is thought that apart from immature renal function, infants have a powerful thirst drive, which may impede their ability to curb intake. Bhalla *et al.*⁸ reported four cases of hyponatraemic seizures in the UK that were secondary to excessive solute ingestion.

Being a paediatric intensive care retrieval service, we have recently dealt with previously normal hyponatraemic children presenting with abnormal neurology and seizures. A 1-year-old child presented with status epilepticus after a 2-day history of vomiting, during which hypotonic fluids were given. The child required intravenous lorazepam and one dose of rectal paraldehyde to terminate the seizure, and was intubated, ventilated and transferred to a regional paediatric intensive care unit. The concentration of serum sodium on attendance was 116 mmol/l. The child was subsequently fluid restricted for 48 h.

Although we have insufficient evidence at present to implicate water intoxication in the pathogenesis, we feel it is an issue that has not been considered in the current literature of the Department of Health. This situation also emphasises the importance of educating parents about the potential risks of this condition.

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