

Our family's at war over my daughter's snoring

SNOREGATE dominated half-term for us. It ruined what I hoped would be peaceful, relaxed holiday mornings and filled our evenings with epic sessions of sibling bickering.

Anyone who has lived through a family feud (Liam and Noel Gallagher, Cain and Abel, JR and Bobby Ewing) will sympathise.

Every day the non-warring Candys were subjected to a relentless courtroom-style debate between the two eldest girls, aged 12 and 11, about the allegedly unbearable noise of the younger one's snoring, as they shared a bedroom in our Cornish holiday cottage.

God it was torturous to listen to (the



I don't know how I do it

Lorraine Candy

bickering, not the snoring). Despite weighing less than a pencil, and being pretty much the same shape, Gracie-in-the-middle is apparently capable of 'making bedroom walls move' with her nasal noises. 'It's like

listening to a cement lorry all night,' the oldest one roared with indignation every breakfast. 'I cannot take any more,' she added, rejecting my offer of ear plugs.

Her outrage is ridiculously out of proportion to the crime but this is to be expected. As any mum knows, any 'war of sisters' is so fierce an end is never in sight. No resolution can be reached, given the illogical nature of any and every argument.

'She couldn't snore if she couldn't breathe,' my eldest retorted sinisterly during one of the blazing volleys.

'That's not very nice,' said our smallest child, Mabel, who's three, as she listened in, helpfully thrusting her plastic microphone at the defendants as they squabbled.

Gracie's snoring, which no one else can hear, may I add, is deliberate and unforgivable in the eyes of the eldest, punishable only with decapitation (I don't exaggerate).

'This is exhausting,' I moan to Mr Candy, who grew up one of four and patiently points out that all siblings argue.

But I think my girls' ongoing fury with each other has gone up a notch lately, infused with an extra ingredient: angry pre-teen hormones.

It's a heady mixture, one I had not anticipated and am not ready for. The snoring, you see, is largely irrelevant in this giant battle of wills. Snoregate is a symbol for sisterly fury.

You could substitute any words before 'gate' — Rice Krispies (who gets to pour first), car seat (who sits where), Bourbon biscuit (I don't know who ate the older one's secret supply but I have instructed President Obama to investigate as a matter of urgency).

HOW long is this going to last, people? It's like mediating between radical religious sects. Neither side will give and both have a set of beliefs about the other which are sillier than the rules of Radio 4's Mornington Crescent panel game.

On Wednesday, the eldest burst into my bedroom holding my phone, a triumphant look on her face. 'Listen, I recorded her last night,' she says with the glee of someone who has just cracked the Enigma code. I wish she was as zealous with her homework.

She presses play and I can just about hear what sounds like a small mouse sneezing. 'I rest my case,' she adds.

In the doorway the culprit stands, arms crossed. 'How do you know it was me?' she retorts. 'I can't live like this any more. I am being stalked. It's unbearable.'

'You stayed up to record her?' I ask the eldest incredulously. 'Yes,' she replies. 'Yes I did. I needed proof.'

I can see she hasn't thought this through, because I have already rejected the decapitation idea. What punishment does she anticipate?

Later, I wonder if I should volunteer them for something I read about in the papers. 'Why don't we put them on the list for that one-way research trip to Mars,' I suggest to Mr Candy, 'then snoring will be the least of their worries.'

Mr Candy sighs. 'That won't stop them. They'll just argue about something else. Maybe you should reverse your thinking,' he suggests, as I am compiling an alphabetical list of other people I would volunteer for the space voyage.

Clever. Where do you sign up and what does one pack for the Red Planet?

■ LORRAINE CANDY is editor-in-chief of Elle magazine.

by Antonia Hoyle

AS 18-month-old Ellie Gatrell regained consciousness after a life-saving operation, her mother Nicola learned the shocking extent of her daughter's injuries.

Horrific internal burns meant she was still at risk of a fatal bleed and would have to endure a series of gruelling operations to try to rectify the damage.

But Nicola's devastation was compounded by bewilderment because the damage had been caused by something altogether unexpected and seemingly innocuous — a flat, silver, disc-shaped battery that Ellie had swallowed, thinking it was a sweet.

Used to power a myriad of toys and gadgets, lithium or 'button' batteries, as they are commonly known, look innocuous. But when ingested they can prompt a potentially lethal chemical reaction.

'It has been a nightmare,' says Nicola, from Winsford, Cheshire. Ellie was finally discharged from hospital care in January, eight months after initially becoming unwell. 'I was so terrified Ellie was going to die. I had no idea that swallowing a battery could cause so much harm.'

Many parents — and alarming numbers of doctors — remain unaware of the hazards button batteries pose. But a number of children around the world have died after swallowing them in recent months.

In America alone, the number of battery-swallowing cases resulting in major or fatal injuries has increased six-fold since 1985. Although no such statistics are available in Britain, the NHS is so concerned that last December it issued a public announcement to warn parents of their dangers.

'Pre-school children are most at risk because these batteries are shiny and the same size as a Smartie. Children will think it's a sweet, pop it in their mouth and swallow it,' says Dr Kate Parkins, a paediatrician and consultant at Manchester University Hospitals Trust, who is calling for a Department of Health campaign to increase awareness.

The batteries are commonly found in toys and gadgets, such as remote-control cars, TV remotes and novelty musical greeting cards. Injuries usually occur when the battery gets stuck in the oesophagus. An electric current from the battery combines with saliva to produce sodium hydroxide — or caustic soda.

This can burn through the oesophagus and surrounding blood vessels, causing potentially fatal damage within a couple of hours. 'The child can bleed to death,' explains Dr Parkins.

Symptoms of swallowing a button battery include nausea, fever and coughing. Nicola first noticed something was wrong when Ellie started vomiting at the family home one evening last May. 'The only explanation was that she'd swallowed something,' says Nicola, 24. 'Ellie was always picking things off the floor and putting them in her mouth.'

But when Nicola took Ellie to see her GP he said it was simply heartburn, and refused to send her for an X-ray. But Ellie continued to be sick every time she ate, and it was only after making an appointment every two or three days for three weeks — on each occasion requesting an X-ray — that the GP agreed to refer Ellie to hospital.

EIGHT weeks after her first GP visit, she finally got an appointment with a paediatrician at Leighton Hospital, Crewe, last July. 'By this time Ellie was listless, skinny and struggling to breathe normally,' says Nicola.

An X-ray revealed a metal disc the size of a 20p piece at the bottom of Ellie's oesophagus. She was rushed to Manchester Children's Hospital and surgeons removed the object the following morning.

But one reason these batteries are so lethal is that burning can continue even after they have been taken out. The consultant told Nicola to monitor Ellie closely for blood coming out of her nose, mouth or eyes that would suggest further bleeding.

He also warned that scar tissue had narrowed Ellie's oesophagus so much that she'd have to be on a liquid diet until her body had recovered sufficiently for an operation to enlarge it. Nicola, a stay-at-home mother who is separated from Ellie's father, was distraught.

'The only place I can think the battery came from was the Apple TV remote, which I threw away immediately. I stood over her cot, terrified she was going to die. I fed her jelly and yogurt and watched her grow weaker.'

Ellie required a series of operations under general anaesthetic to increase the width of

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They look innocuous – but can cause utterly horrific internal burns. How small batteries like this have become ...



Terrifying ordeal: Gemma Espejo-Degrath with Amelie

The new child

KILLER

in every home

her scarred oesophagus. She had her first procedure at Manchester Children's Hospital a fortnight after the battery was removed, and four further operations over the following five months.

By September, Ellie's oesophagus had recovered sufficiently for her to start eating solids again. 'My consultant said Ellie is a little miracle, but if the battery had been stuck higher up and closer to a key blood vessel she would have died,' says Nicola, who is considering legal action against her former GP for failing to get her X-rayed sooner.

She's not alone in feeling let down. Gemma Espejo-Degrath, from Romford, Essex, feels similarly angry after she told hospital staff she suspected her daughter Amelie had swallowed something but was refused an X-ray.

Gemma, 37, a baker, had left a new battery for her kitchen scales on the

living room table last May when she thinks Amelie, then 11 months, knocked it off the table and swallowed it. 'She suddenly started crying and choking,' says Gemma.

GEMMA called an ambulance and Amelie was taken to Queen's Hospital in Romford. But by the time she arrived the choking had subsided and, despite Gemma voicing her fears, doctors in A&E sent them away without an X-ray.

Yet four hours later, as Amelie ate her tea, she started choking again. Gemma returned to hospital, but says it took four more hours for doctors to agree to an X-ray. 'I eventually convinced the consultant by giving Amelie a biscuit in front of him, and she choked on it,' says Gemma. The

X-ray that was finally taken at 9pm revealed an unidentifiable circle of metal lodged in Amelie's oesophagus. 'They didn't know what it was and there was no sense of urgency to remove it,' says Gemma.

Amelie, now 20 months, was transferred to the Children's Department at St Bartholomew's Hospital in London and operated on at 9am the following day, by which time the battery – brand new and therefore emitting a stronger, more harmful electrical current – had been lodged in her throat for 20 hours.

'The operation took three hours. When the consultant came out and said: "I'm really sorry," I knew it was serious,' says Gemma. The battery had eroded her daughter's oesophagus, leaving an 11cm burn.

'We were told she was lucky to be alive, but my relief was compounded by anger that the battery had been left in for so long,' says Gemma.

Amelie was connected to a feeding drip in the hospital's paediatric ward. Unable to eat or drink because scar tissue had left her throat so narrow, she was reliant on high-calorie milk to sustain her.

'She had a fever and was gaunt and pale,' says Gemma. 'I lay next to her terrified that she wouldn't make it. She spent her first birthday in hospital.' Amelie was discharged after a week, but unable to eat solids for a further two months.

In July, Amelie went back to St

Bartholomew's for a dilatation operation and although she is now on solids, the damage may cause problems for the rest of her life. Gemma has since written to Queen's Hospital to complain about the treatment Amelie received.

Dr Nadeem Moghal, medical director of Barking Havering and Redbridge University Hospitals NHS Trust said: 'We have apologised to Ms Espejo-Degrath for the distress this experience caused her and her daughter. We are determined to learn from the experience of all our patients so we can continue to improve our services.'

The Child Accident Prevention Trust, meanwhile, advises parents to keep all spare batteries out of children's reach and to buy toys only from reputable manufacturers so batteries cannot be easily accessed by young children.

Tragically, several children have already died in Britain after swallowing batteries, including 13-month-old Wsam Noorwali, from Leicestershire, in August 2012.

When he started throwing up blood at 10pm one evening in August 2012 his mother Fatima and her husband Ammar, 34, who is studying for a PhD in operation management, rushed him to Leicester Royal Infirmary. 'I knew he could have swallowed something and begged the doctor to do an X-Ray,' recalls Ammar. 'But he refused, saying he knew what he was doing and he would get security to make

me leave if I kept complaining.' Doctors, unsure what was wrong with Wsam, transferred him to Intensive Care on a life support machine. A tube was put in his stomach to try to remove some of the blood he was haemorrhaging. But it was too late. He vomited blood twice more and died of a heart attack at 7am.

'I held his hand as the breath drained from his body,' says Fatima, an engineering student. 'I was in shock – I couldn't understand why he had died. My heart broke.'

She and Ammar then faced the agonising task of explaining Wsam's death to their elder son Mazen, seven.

THE postmortem found a three-volt battery the size of a 2p coin – one of the larger button batteries – in Wsam's stomach. It corroded an artery causing a fatal haemorrhage.

'I couldn't believe it hadn't been picked up when Wsam was alive,' says Ammar, who insists there were no batteries within Wsam's reach at the family home, so he must have picked it up elsewhere. 'We had no idea batteries could cause this much damage. It was horrible.'

An inquest in November 2013 found Leicester Royal Infirmary neglectful in their care. Wsam should have been given an urgent endoscopy – an internal examination – after vomiting blood, and nurses should have monitored the little boy more carefully.

Coroner Catherine Mason said there was a 'missed opportunity' to treat the little boy and save his life.

'Our son's treatment was appalling and we're all still devastated,' says Ammar.

'When I lost my son I lost a part of myself,' says Fatima. 'I don't want his death to be in vain. I want all parents to be aware of the dangers batteries can cause.'

Wasabi ice cream, sir?

IF YOU want to finish off an oriental meal in style, why not try some lychee and rose ice cream? Or a couple of scoops of jasmine tea, fiery wasabi, durian fruit, or black sesame seed?

Sheffield-born Yee Kwan Chan, whose parents ran a takeaway,

came up with her range of 20 highly unusual flavours of ice cream and sorbet in 2009 after a trip to South Asia.

Now they are on sale at Harvey Nichols, Whole Foods Market, delis and other UK outlets (£5.99/500ml, yeekwan.co.uk).