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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Contraindications to immunisation

SIR,—Although I realise that there is nothing more likely to provoke tedious controversy than vaccination, I must take issue with Dr Sheila J Webb (21 June, p 1534) and come to Dr H B Valman's defence over the question of immunisation during the common cold (3 May, p 1138). Dr Webb would like us to postpone vaccination during colds and snuffles, and this policy is widely carried out in child health clinics. As a result thousands of children fail to complete or even start their vaccination schedule, and in my experience this is one of the most important reasons for failure of the immunisation programme in urban areas, where many babies and young children have snuffles almost all the year round. Their mothers simply get tired of being turned away.

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Crying and non-crying babies

SIR,—Dr H B Valman has presented an excellent synopsis on crying babies and methods of coping (21 June, p 1522). In general he mentions factors such as hunger, thirst, and lack of physical holding as important, together with fatigue, failures of mother-infant bonding, and after the age of 3 months loneliness. However, his introductory sentence, "Apart from the subtle method of eye communication a baby has no other way of signalling his needs to his mother than by crying," does not complete the picture. Studies have indicated how a baby can communicate messages to his mother by means of microscopic rhythms involving movement, smell, touch, other auditory methods, and possibly an increased pulse rate and other psychophysiological reactions as well as facial expressions.[1]

Certainly the handling of the crying baby is extremely important for the future well-being of the baby. The studies on crying by Dunn[2] and Ainsworth[3] describe the importance of the maternal response and Klaus[4] and others have shown how early mother-baby contact (in the first hour) assists in mother-baby bonding and decrease of crying. The importance of cultural and genetic factors regarding the amount of crying is also vital to bear in mind.[5]

Emphasis should also be laid on the importance of "non-crying" in babies who later reveal emotional and adjustment problems. A recent pilot study carried out locally revealed interestingly that, of 100 children (4-17 years old) referred to the East Cornwall child psychiatry service, about half were described by their mothers as "non-crying" as babies—this half tending to present with behaviour disorders or the rare childhood psychotic disorders, while those described by the mothers as having cried as babies presented later with neurotic states, phobias, etc, in the main. The majority of the medical records corroborated mothers' recollection. A case was described, for example, where the mother had been "very emotional" during pregnancy and the postpartum period and was eventually treated for depression. The baby throughout was described as "contented." Feeding or sleep problems and being "very active" or "playing instead of sleeping" were mentioned by mothers of the non-crying group.

Extreme withdrawal and "false independence" may indicate great adjustment problems. Papousek and Brazelton[2] both show how early a baby can "shut off" and withdraw. This state may appear somewhat similar to sleep but a differentiating factor may be its sudden onset.

Slow onset of crying after removal of a pacifier, as Bell shows,[2] leads to a more "aggressive approach to life." Crying is but one of the ways a baby may signal experience of stress. Sander[6] found high pulse rates in