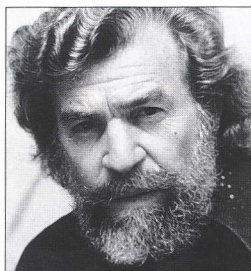


Where have all the cradles gone?

The Enigma of Cot Deaths

Dr Bernard Levinson
MBBCh, DPM (Rand)



Curriculum Vitae

Dr Bernard Levinson a qualified MBBCh in 1951 from the University of Witwatersrand. He was a Resident Anaesthetist for a year at St Stephan's Hospital, Chelsea, in 1953 and Specialised in Psychiatry in 1959.

20 Walter Street
Fellside
2192

Summary

Theories of cot deaths are reviewed. The history of the cot is described. The cradle's banishment from the nursery caused an irrevocable split between mother and child. A simple answer to this appalling enigma is postulated.

A scientific education is often a handicap. It is, for those of us deeply embedded and locked into this style of thinking and behaving; it is certainly a trap for the lay public who desperately need to keep-up, to be modern and 'scientific'. The need to be 'scientific' may take us away from ancient wisdom. Hindu women have, from the beginning of time, enjoyed the ritual of massaging their babies for the first three years of their lives. This created a healthy child with a ready tangible sense of being three dimensional. An adult who could, as a consequence, hold or be held with great pleasure. Young Hindu mothers today disdain this ritual. "It's primitive! It's not what white women do! It's not modern! There is no scientific basis for this ritual!"

Our entire education system caters heavily for left brain training and thinking, on facts and a logical sequence of thought, leaving us little scope for right brain intuitive, lateral thinking. The home-spun, common sense, age-old remedy has its home snug in a dark corner of the right brain.

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Mother-Child Relations.

Cot Deaths

We are in the middle of an information explosion. Our understanding has spread to the most minute elements of our world. The rotary 'engine' that twists the 'tail' of single cell creatures allowing them to meander in the cellular river beds has now been demonstrated and understood... And this is hardly the smallest outpost of scientific research and discovery. It is becoming more and more difficult to look beyond our scientific edifice at other truths that have guided us for centuries.

A marvellous example was that awful inexplicable disease of 'marasmus' (from the Greek meaning 'wasting away') that killed so many babies in the nineteenth century. More than half of the children died of this disease within the first year of their lives. It was called 'Infantile Atrophy'. The death rate in foundling institutions in the United States was nearly 100%. The 'scientific' speculation and reasoning varied from institution to institution, from pediatrician to pediatrician. Ashley Montagu¹ in his book 'Touching' describes how Dr Fritz Talbot of Boston discovered 'tender loving care' in a children's clinic in Germany before the First


World War. Dr Talbot called at the Children's Clinic in Düsseldorf, where he was shown over the wards by Dr Arthur Schlossman, the director. The wards were very neat and tidy, but what piqued Dr Talbot's curiosity was the sight of a fat old woman who was carrying a very measly baby on her hip. "Who's that?" enquired Dr Talbot. "Oh that," replied Schlossman, "is old Anna. When we have done everything we can medically (scientifically) for a baby, and it is still not doing well, we turn it over to old Anna, and she is always successful."

Big breasted motherly Anna was always there. Marasmus was extremely rare before the industrial revolution and the growth of major cities. With an increasing uprooted stressed population, the need for foundling homes appeared, and marasmus became endemic. Babies were admitted and nursed. At no stage were these children picked up and held for any length of time. They had been abandoned in every sense of the word. They gradually became depressed, silent, withdrawn, and faded away. The cure was Anna.

James Halliday in his book

The need to be
'scientific' may take us
away from wisdom

Cot deaths more
common in winter time



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'Psychosocial Medicine' (1948)² spells out in detail the new understanding following the 'Anna discovery'.

"As the first months following birth may be regarded as a direct continuation of the intrauterine state, there is need for continuance of close body contact with the mother to satisfy the requirements of the kinesthetic and muscle senses. This requires that the baby be held firmly, nursed at intervals, rocked, stroked, talked to, and reassured. The absence of accustomed mother contact has a bearing on the problem of 'fretting' such as is seen when an infant is removed from hospital. (*Or indeed after admission to a hospital ...*) Many of us who have been resident medical officers in a fever hospital used to be somewhat sceptical of the importance of fretting, but recent observations have shown its reality and its practical importance, in that infants deprived of their accustomed maternal body contact may develop a profound depression with lack of appetite, wasting, and even marasmus leading to death. As a result of these findings volunteer women now attend some of the children's hospitals to provide infants that are fretting with periods of handling, caressing and rocking. The results are said to be dramatic ..."

A request for a computer review of all recent research on 'Sudden Infant Death Syndrome' or 'Cot Deaths', produced an awesome formidable box of articles. An equally impressive response was produced calling for a computer print-out of all recent media coverage of cot deaths. The amount of work, thought and concern was staggering. The speculation covered every conceivable aspect of the sleeping infant.

Things that could happen inside the infant

The critical phase theory. Articles on this subject were sporadic. The belief is that the body thermoregulation systems and/or the respiratory centre and/or the heart rate patterns are immature.^{3,4,5} There is seemingly less control until six months of age. Thereafter the child is less at risk. This does not take into account the enormous number of infants who sleep with their mothers and who do not suffer from Sudden Infant Death Syndrome. In a sense they are the logical control group. Mothers and infants all over the world, not only in the developing countries where babies are kept always near mother, and where the concept of cot deaths is unknown. In this 'critical phase' group is the speculation that some infants have a built-in nasal obstruction which produces a reflex depression of the respiratory muscles.⁶ A defective response to the inexplicable nasal problem. Also in this group, the possibility of airway obstruction.⁶ It seems that a recent illness or prematurity may conceivably set the stage for this.

The most fanciful speculation in this section of theories is the thought seriously suggested that infants who suffer from this sudden infant death are dreaming of being back in the womb.⁷ Being under water in this electrifying 'returning to a safe place' dream- the child stops breathing...

Things that can happen to the infant

In this group, the mattress carries the brunt of causation. A too soft mattress,⁸ a lumpy mattress⁹ (capable of pressing against the infants eye-ball

In the USA: almost 7 000 cot deaths per year

A 'famous' scientist separated mothers from their babies

80% of cot deaths between first and sixth month

Cot Deaths

and producing an oculo-cardiac reflex), toxic gasses created by some mattresses¹⁰ (I felt this suggestion had a distinctly paranoid flavour ...) and a long term mattress compression with the possibility of carbon monoxide or dioxide poisoning.^{11,12} (I'm not altogether sure how or where these poisonous fumes actually begin unless mother is a heavy smoker and left-over fumes gather in pockets of depressed mattress).

Things that are done to the infant

Babies' sleeping posture first became highlighted in 1965.¹³ They were placed on their sides with bolsters propping them behind their backs. Then the bolsters were banned when cot deaths statistics continued unabated.

In 1971, because of the shattering unchanging mortality rate of cot deaths in the UK, (6-7,000) mothers were advised to lie their infants face down in their cots. This produced little change in the incidence. In 1992, following a campaign advising

mothers to lie their infants face up, a sharp lowering of the incidence of cot deaths ensued.^{14,15,16} Critics of this assessment point out that the UK had two mild winters during that campaign. It seems cot deaths are more common in winter. An intriguing fact in this group is the high incidence amongst infants who are or were left alone to sleep for long periods.

Random facts


There are something like six to seven thousand cot deaths a year in the USA. In the UK, the figure is closer to five hundred (500) deaths a year.¹⁷ These are presumably the figures once the small incidence of premeditated, intentional child murders are eliminated. Eighty percent (80%) of deaths occur between the age of one and six months.

In the most recent reviews, the feeling expressed by the experts are that the cause of cot deaths remain unclear.¹⁸ We have desperate a need for an Anna!

Recent views of experts:
the cause of cot deaths
still unclear except the
need for mother-child
contact

Gadgets were created to
keep mothers 'in Touch'!

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Can history teach us anything?

Prof Emmett Holt was a paediatrician at the New York Polyclinic and Columbia University. So often medicine, for good or ill, is propelled on the shoulders of one individual. Emmett Holt was powerful. He changed the entire attitude to infant care in the Western World. He was the Benjamin Spock of his day! He wrote a book 'The Care and Feeding of Children'.¹⁹ It was first published in 1894. It reached its fifteenth edition in 1935.

Ashley Montague in 'Touching' says "It was in this work that the author recommended the abolition of the cradle, not picking the baby up when it cried, feeding it by the clock, and not spoiling it with too much handling ..." In one sweep, he single-handedly and with enormous 'scientific' authority, sentenced infants to solitary confinement in a stationary prison without compensation or appeal from deprived mothers! A style of infant care, thousands of years old, and embedded in every single culture was suddenly perceived as a threatening influence on the growing child. "Is rocking necessary?", Holt asks in his book. "By no means. It is a habit easily acquired, but hard to break up and a very useless and sometimes injurious one." This, in spite of the obvious fact that centuries of children naturally outgrew their cradles much as they naturally became toilet trained. The 'scientific' atmosphere was uniquely right for Holt. Just after the first World War, John Watson of Johns Hopkins University was introducing 'Behaviourism' to the world. This suggested that the study of the child could be accurately assessed purely on the child's behaviour. The child's wishes, needs

and feelings were of no importance. In such an atmosphere, any show of love, or close physical contact could make the child too dependant on its parents. If the child cried before its predetermined feeding time – it should be allowed to cry uncomforted. This was a struggle of wills and children had to be disciplined, self-reliant and strong. With such a powerful authority setting such rigid rules, (a double overwhelming 'modern' opinion), the cradle fell into disuse. Other cultures, frantic to be modern, followed Western wisdom and installed stationary cots in their homes. Taking this self-reliance view further, many parents believed that children should have their own rooms. The cot was placed away from mother. Frequently in another room. Gadgets were created to transmit baby's sounds to mother's room to keep her 'in touch'... The separation from all love, from all touch, from all holding and rocking, comforting and nurturing was now complete.

There are no histories of 'cradle deaths'. We now have the enigma of cot deaths. In perusing the voluminous print-out review of cot deaths I noticed an occasional (almost tongue-in-cheek) cry for sanity. A Dr T Farrimond²⁰ notes that vestibular stimulation (meaning a rocking motion) has been shown to be beneficial in reducing apnoea in premature babies.

Dr James McKenna²¹ of Pomona College California (1993) wired infants and mothers for heart rate, sleep patterns and brain waves. He found that when mothers and babies sleep together, there is a tremendous amount of communication nudges, kisses, little awakenings and changes in breathing and heart beat rates.

Sleeping with your baby may protect him against cot death

Benefits of rocking are considerable

No child ever suffered from too much holding

10%

Cot Deaths

These keep baby in a higher state of arousal. Sleeping with your child, he says, may protect it against cot death. The identical situation exists with a cradle placed at mother's bedside. The mother continues to be in touch with the slightest sound or movement the infant makes. There is no separation. Dr Paul Johnson²² in reviewing the value of the British campaign to persuade mothers to place infants on their backs (1993), concludes with the words 'Mothers should start sleeping with their babies like people in less developed countries ...' I can imagine the response of the English mothers ...


No one takes the logical step and calls for the return of the cradle!

Again Ashley Montagu from 'Touching': "The cradle should be restored to the infant. It should never have been discarded in the first place. The reasons that were given for its banishment were completely unsound and wholly unjustified, based as they were on misconceptions concerning the nature and needs of the child and the ludicrous notion that cradle rocking is irreversibly habit-forming. The benefits of rocking are considerable. When the infant is too

warm the rocking has a cooling effect, hastening evaporation from its skin. When the infant is too cold the rocking helps to warm him. The rocking has a hypnotic effect on the infant, and it is soothing to his nervous system. Above all, the rocking motion produces a gentle stimulation of almost every area of his skin, with consequential beneficial physiological effects of every kind."

Dr Le Boyer has already reminded us that throughout the infant's journey in utero, the uterus snugly supports the baby's back. The obvious next step in the continuation of this reassuring touch is to hold the infant's back at the moment of birth. The next stage in this child care drama has changed rapidly over the past twenty years. Mothers have permission to hold their babies. Cuddling has returned. Tight swaddling has all but vanished. Demand feeding is in vogue, allowing the child the autonomy of his basic needs. Mothers are again in touch with their babies. It is becoming more and more common for either parent to take the baby into their bathtub with them. We have systematically broken out of Holt's rigid restrictions. Holding does not spoil the child. No child ever suffered damage from too

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much loving. And yet, at the crucial moment of sleep, we disregard our deepest instincts and leave the infant unsupported and alone in a cot. The profoundest of all Holt's commands is still obeyed. Society is in collusion. Furniture manufacturers no longer make cradles. Cots are everywhere. To ask for a cradle stamps you as part of a fringe, way-out, back-to-the-simple-life culture. The cradles are in museums next to wool spinning contraptions. We have to be modern. The price is cot deaths.

Conclusion

We are faced with the enigma of a generally thriving, healthy infant put to sleep in a cot and dying during the course of the night. There are many theories. They almost run in phases and fashions. The latest technique to survive the first six months of life ... Historically it is clear that one man at a propitious moment in history persuaded mothers to stop holding their children. He separated mothers from their babies. The major focus of his tirade was against the cradle. That safe antique place was replaced by a cot, where the baby is pinned down with tucked-in blankets in an unchanging air space, totally devoid of all warmth and loving contact with mother. From this time on cot deaths began.

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