

Is head flattening in infancy a good thing?

EDITOR,—Dr Rutter and colleagues have made some useful observations on how the head shape of preterm babies is related to the kind of mattress on which they lie.¹ Traditional communities in Pakistan have been aware of this phenomenon in term infants for many generations. Among rural people as distant as the Pathans of northern Baluchistan and the desert dwellers of south east Sindh, mothers specifically seek to modify the shape of their babies' heads. In the Sindh desert, infants are laid on their backs with their heads constrained in a pottery 'pillow' in order to flatten their children's occiputs. Pathans achieve the same result by swaddling their babies and lying them supine with their heads on a block of wood. Their cots are usually completely covered by a blanket. A third method is used by some Punjabis: babies sleep supine with their heads on small sandbags. The techniques employed to achieve the desired occipital flattening vary throughout Pakistan, but what seems consistent is that a prominent occiput is considered ugly. I was told that this would earn ridicule and the title of 'melon head' at school.

Moulding of the skull as practised in Pakistan achieves a permanently altered head shape which persists into adulthood. This implies that mattress type continues to have an influence on head shape throughout infancy.

Although the resulting head shape may not directly compromise fulfilment of intellectual potential, it may be that constraints applied to produce occipital flattening limit the amount of stimulation that the infant receives.

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1 Rutter N, Hinchliffe W, Cartledge PHT. Do preterm infants always have flattened heads? *Arch Dis Child* 1993; **68**: 606-7.

BOOK REVIEWS

Growing up with a Chronic Disease. The Impact on Children and their Families.

By Christine Eiser. (Pp 256; £16.95 paperback.) Jessica Kingsley Publishers, 1993. ISBN 1-85302-168-7.

Paediatrics has a long and distinguished history of interest in the psychosocial aspects of illness. Nowhere is this more evident than in the treatment of children with chronic diseases. The improved survival rates in many of these children makes the emphasis on psychosocial issues increasingly pertinent.

Dr Christine Eiser, a research fellow in the department of psychology at the University of Exeter, is a leading writer and researcher in the UK on the psychological aspects of childhood chronic disease. In *Growing up with a*

Chronic Disease she describes clearly and with sensitivity the impact such illness can have on children and their families. In her earlier book published in 1990, *Chronic Childhood Disease: An Introduction to Psychological Theory and Research*, Dr Eiser emphasised the need for clinicians to be aware of research into the psychological effects of disease on children and their families and she reviewed the literature on various topics such as the effects of admission to hospital on children, the nature of pain, the psychiatric adjustment in the child with chronic disease and in the family, and educational aspects.

Her latest book emphasises the importance of focusing less on maladjustment and more on coping mechanisms used by sick children. The author takes a developmental viewpoint and she considers the way in which illness can affect children at different stages in their development, for example preschool children, schoolchildren, and adolescents. Special consideration is also given to the effects of illness on families and parenting and to the attitudinal discrepancies towards illness and its treatment between different family members and between families and paediatric units.

The book rightly emphasises the psychological resilience to stress of ill children and their families. The majority do in fact show a remarkably good adjustment to the stresses involved.

The way in which topics are presented is mixed in that the book combines descriptions about the way in which illness affects children and parents, many of which would be well familiar to those dealing with these children and intuitively to many non-professionals, with discussion of reaching findings. There are some difficulties with this and paediatricians might find the descriptive sections too familiar and the research discussions insufficiently critical on occasions. The book is however clearly written, and it should be helpful for paramedical professionals involved in the care of chronically ill children. It should help increase professional awareness on relevant psychological aspects and it is a good source of information on the research work that has been carried out in this field.

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Childhood Asthma. Pathophysiology and Treatment. 2nd Ed. Edited by David G Tinkelman and Charles K Naspitz. (Pp 618; \$135 hardback.) Marcel Dekker, ISBN 0-8247-8751-X.

Twenty years ago it would have been unthinkable to devote 618 pages purely to childhood asthma. In the intervening years knowledge of cellular biology has increased tremendously and this textbook is a testimony to that wave of information. The early chapters on basic mechanisms, bronchial hyper-responsiveness, and lung function are well written and informative. The sections on defence mechanisms and lung injury are of interest but much of their content refers to respiratory diseases other than asthma and the relevant asthma sections could have been incorporated in other chapters.

Perhaps the book suffers from having 42 authors thus giving the appearance of many individual contributions and making continuity difficult. The asthma mortality data from countries outside the USA only includes figures up to 1984 and refers to the 5-34 year

age group. This is unfortunate as UK figures from 1970-90 in the 0-14 year age group show no change over this time and in many European countries death rates in the 5-34 year age group have been falling over the past four years.

There is an appropriately large section on asthma and the environment but I suspect few British paediatricians have the luxury of sufficient time to ask 42 specific questions relating to environmental factors in their history taking. Surprisingly little space is given to the effects of passive tobacco smoke. Despite the above comments the authors comprehensively cover most aspects of childhood asthma. The major differences between British and American practice can be found in the management sections. Choosing the inhaler device most suitable for the age and temperament of the child is considered crucial for both symptom control and patient compliance. There is, however, little discussion about such devices in the text. The management flow diagrams are complex and I wonder how many people really follow them either in the accident and emergency department or in the ward. Although it is stated 'inhaled corticosteroids are the prophylactic drugs of choice for use in children with moderate to severe asthma', as much space is devoted to theophylline and ketotifen. None of the authors have grasped the nettle of 'audit' or the development of shared care protocols both of which are topical in Britain and should feature in any asthma management plan.

The book is very well referenced and from that point of view will be a useful addition to a respiratory paediatrics library. I don't think, however, it will be used routinely in this country as a practical guide to the treatment of children with asthma.

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Perinatal and Pediatric Pathophysiology - A Clinical Perspective. Edited by Peter D Gluckman and Michael A Heymann. (Pp 760; £90 hardback.) Edward Arnold, 1993. ISBN 0-340-55268-9.

The editors of the *Archives* seem able to detect the impending onset of my annual leave with unerring accuracy. This year was no exception, and saw this large and heavy book forcing its way out of the confines of a Jiffy bag and into the barely more generous space allotted to us on the Euston-Inverness sleeper. Finally it sat dominant over the lighter works intended for holiday reading in the tiny cottage on the Outer Hebrides until I gave up a couple of the predictably wet and windy days to study. The scope of the contents is ambitious, ranging from the basics of developmental biochemistry through placental physiology and finally a thorough review of all the major organ systems. There are 15 major sections in all, written by a wide range of expert contributors from all over the world.

The stated aim of the book is to provide a basic science base for clinicians and a developmental perspective for scientists. In order to achieve this and to cover the very wide range of topics the material is presented in 'bytes' of only a few thousand words each, without a chapter and verse type bibliography but with a short selected reading list. This makes for easy and satisfying reading as it is possible to tackle a few sections at a time and finish them completely. The depth of the