
This book reports a study made in 1965, by the St. Mary's Paediatric Unit, of the social and medical circumstances of 100 West Indian children and their families living in Paddington. The major part of the field work was done by a paediatrician and a social worker. The methods and results are described carefully and accurately, but also commendably clearly and briefly. The essential parts can be read in less than an hour, and they provide a most interesting and valuable picture of the West Indian family life in London.

West Indian families are rather larger than English families living in the same district. They maintain strong links with the West Indies, many having older children living there; three-quarters of the families were sending money home, despite their low income here. The mothers are likely to go out to work and to have their 1-year-old minded during the day. The home is usually a flat or single room in an old, decaying house with inadequate toilet and cooking facilities. However, the room itself will be kept bright and clean. There may be little encouragement, in the way of materials or stimulation, for the child to play, and he will perhaps be talked to less than an English child. He will probably walk earlier. He will make good use of the health services, and be a regular attender at the Infant Welfare Clinic, but he may be somewhat more prone to minor, especially respiratory, illness, than his English counterpart. From the point of view of these children's future development, the most worrying thing in this study is their apparent lack of stimulation to talk and play. It is good to know that a follow-up study is planned; the children will now be starting at their infant school, and it will be most valuable to hear how they integrate into school life, and how well they learn.

It is easy for middle-class English doctors and social workers, consciously or subconsciously, to apply to all families with whom they deal the same basic assumptions that would be appropriate to a middle-class suburban English family. When these assumptions are not fulfilled, they may feel that the family is irrational, stupid, or irresponsible, rather than that they were looking at it in the wrong way in the first place. Many of us, including the reviewer, have made this mistake. Everyone in the medical or social services who meets West Indian children and their families should read this warm-hearted and highly informative book; it will enable him to help them with greater understanding, enjoyment, and effectiveness.


Having by chance read through this book in parallel with some occasional pieces by Charles Dickens, the reviewer was struck by the similarity of the problem it deals with to that which excited the indignation of the great reforming novelist—the moral and intellectual degradation of the children of the urban poor by a combination of ignorance, squalor, disease, malnutrition, and apathy with class (or racial) prejudice masquerading as eugenics.

But if the moral impetus behind the writing of 'Disadvantaged Children' reminds one of Dickens, the approach is that of Darwin—a critical examination of the mass of relevant data so thorough and comprehensive that the reader is convinced of the authors' thesis long before they themselves seem to feel that their case is complete.

The result is an admirable book which maps out that territory between medicine, sociology, and politics, which the parochial preoccupations of these various disciplines have in Western democratic countries and particularly the USA caused them to neglect. Any society that allows a large proportion of its young to go to waste is on the way to committing suicide; yet we remain more concerned about, and are prepared to pay more for prolonging life in the chronic sick than ensuring that new generations are given the wherewithal for a healthy life.

All children's doctors, but particularly those who hanker after the American way of practising medicine, should read this book; it will show them both how good out system is and how much better it needs to be: the alternative is not the American but the communist way of doing things, with all the loss of personal concern that this involves.


This second edition is an entirely new book, and is made up of 21 chapters. Many of the 18 contributors are drawn from Professor Wilkinson's colleagues at Great Ormond Street, and there are two from the U.S.A. and one from Australia. The chapters vary much in scope, from that on clinical genetics by C. O. Carter occupying a bare 6 pages, to a most detailed account of the functional anatomy of the pelvic muscula-
Disadvantaged Children. Health, Nutrition and School Failure

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