BOOK REVIEWS

The Diagnosis and Management of Paediatric Respiratory Disease. By Robert Dinwiddie. (Pp 312; £24.95 hardback.) Churchill Livingstone, 1990. ISBN 0-443-02744-7.

The author's declared aims in compiling this new textbook on paediatric respiratory disorders are to give a basic overview of the subject, to highlight recent advances, and to give guidance on further reading. The book is directed at junior paediatricians and interested general practitioners. How well does Dr Dinwiddie succeed in his objectives?

Of the 14 chapters, three are by colleagues who have worked with the author at the Hospital for Sick Children, Great Ormond Street. The first sections deal with the development and function of the respiratory system, and are followed by chapters on neonatal respiratory disorders, and congenital anomalies. Respiratory infections, asthma, cystic fibrosis, aspiration, ear, nose, and throat problems, the lung in immune disease, and rare lung disorders are also covered. The final sections deal with radiology and artificial ventilation.

Dr Dinwiddie certainly achieves his aim of providing an overview of respiratory illness in children. The text is well referenced for those wishing to read in further depth. However, in giving practical advice on the assessment and management of specific diseases, he is less consistently successful. The chapters on cystic fibrosis, mechanical ventilation, and neonatal disorders are excellent, but in other sections, notably those on the management of asthma and pneumonia, the important messages are concealed by too many unhelpful caveats such as 'if necessary', 'not infrequently', 'when appropriate', or 'in the usual way'. The junior doctor who wants to know which antibiotic to give to the child with pneumonia, or when to start prophylactic treatment, or which drug to use by which device in the young asthmatic, will have difficulty finding clear guidance in this book.

The emphasis on certain rare disorders at the expense of other, more common illnesses, often seems to reflect the interests of the authors, and the selective nature of referrals to the Hospital for Sick Children, rather than the importance of the disorder. For example, the description of *Pneumocystis carinii* pneumonia, an increasingly important but uncommon infection, covers two pages, whereas the management of the child with recurrent cough, one of the commonest reasons for children being referred to the outpatient clinic, merits only 19 lines of text, together with a table listing the causes. Some important clinical problems, such as allergic rhinitis, apnoeic/cyanotic attacks in infancy, and psychogenic cough, are not covered at all. In many patients with respiratory disease, a careful history and clinical examination will lead to the diagnosis. I am disappointed that a book aimed at junior doctors does not have a specific section on the history and interpretation of the physical signs of respiratory disease.

Despite these criticisms, this book will be a

useful addition to the library. It will be particularly valuable for those studying for postgraduate examinations and as a source of references. It is remarkably good value for a hardback text.

J M COURIEL
Consultant paediatrician

Continuities of Deprivation? Edited by I Kolvin, F Miller, D Scott, S Gatzanis, M Fleeting. (Pp 408; £38.50 hardback.) Gower Publishing Company Limited, 1990. ISBN 0-566-05799-9.

A speech by Keith Joseph seems an unlikely starting point for a study on deprivation but it's true. It was in 1972 that Sir Keith, speaking to the Pre-School Playgroups Association, called for research into the mechanisms of the 'cycle of deprivation'; a surprising call for a Thatcherite minister, but then, that was in a bygone era.

The '1000 families' in Newcastle upon Tyne seemed an ideal source of information to study the intergenerational links in deprivation, and this is what Kolvin and colleagues have given us in 400 dense pages which would benefit from some colour to bring them to life. The subject under study could hardly be more important and there is a wealth of resource material to argue for political and social change, though few clear messages for action seem to emerge from its pages.

It was a remarkable piece of work to carry out a 33 year follow up on a sample of the 847 families remaining in the city in 1952, from the original birth cohort of May to June 1947. Six criteria of deprivation were developed for the 1952 population, and seven for the 284 interviewed in 1980. Schools were visited and each child was measured and tested (as the earlier generation had been in 1962). I searched hard to find the authors' definition of deprivation: an overused term, and one which is not well liked by the people who suffer it. I quite like Keith Joseph's definition 'circumstances which prevent people developing their potential'. I had reached p330 before I could find the present authors' definition: 'any circumstance which was considered socially or psychologically undesirable in itself for normal family life'.

Six deprivational criteria were identified in 1952 and the seventh was added in 1980: family/marital disruption, parental illness, poor physical care, social dependence, housing (overcrowding), poor mothering, and educational insufficiency. Are these the right criteria and does each carry the same weight? One could argue till doomsday and the only ones I question are 'poor physical care' and 'poor mothering'. No definition is given. Their presence must be a judgment, perhaps influenced by the other criteria? This is an important point because the authors group the cohort into 'no deprivation', 'moderate deprivation' (one or two criteria), and 'multiply deprived' (three or more criteria). In 1952 the percentage in each category was 59%, 29%, and 34% respectively. In 1980 figures for slightly differently defined categories were 28%, 49%, and 22%. Hereafter, interpretation stops being simple and all I can do is extract a few takeaway messages from this complex and difficult to read book:

Educational insufficiency was common in all groups but especially the deprived (45% of the total and 20% of non-deprived in 1980: a remarkable figure).

The deprived group were characterised by frequent absences of fathers.

Overcrowding is one of the few criteria which has distinctively improved since 1952.

The deprived showed both upward and downward mobility.

More non-deprived children attended pre-school education (is this motivation or availability?).

One in three of the multiply deprived contemplated suicide.

Women carry most of the burden of family deprivation.

Half the families changed their category between 1952 and 1980 (so it is possible to move out of deprivation).

Movement into deprivation was chiefly due to educational insufficiency, marital disruption, and parental illness.

Key protective factors against deprivation recurring in the second generation are higher intelligence, a successful school career, adequate vocational training, and a stable marriage.

Youth clubs may protect against a criminal career.

Multiply deprived women who 'moved up' married brighter spouses than themselves.

The report is short on recommendations for action by any of the 'caring services': a pity, as a political speech had started it off.

An important feature which is lacking in the book is an economic analysis of the family's lives, because to me, shortage of money is a paramount 'pivotal' point for deprivation. A personal view is that the main 'solutions' to deprivation must come from social/political change and a greater investment in education. For paediatricians, it is enough to know that deprivation in a second generation is by no means inevitable.

This study provides data which should be included in our textbooks and our training.

A J R WATERSTON
Consultant community paediatrician

Lovell and Winter's Pediatric Orthopedics. 3rd Ed. Edited by Raymond T Morrisy. (Pp 1280; \$195 hardback.) J B Lippincott Company, 1989. ISBN 0-397-50914-6.

This is an excellent and comprehensive text, which is now established as one of the leading and authoritative books on paediatric orthopaedics. In this third edition, there is a large increase in number of authors and two new chapters on imaging and sports medicine. In addition, the improved layout and text make it a very easy reference book to use.

There are two volumes. The first addresses generalised disorders affecting children and includes excellent chapters on juvenile rheumatoid arthritis, neuromuscular disorders, and cerebral palsy. Each section gives information of interest to any specialist managing these disorders, but they are particularly useful to the orthopaedic surgeon, whether in training or with an established paediatric practice.

The second volume addresses specific areas of the body; the foot receiving much more extensive attention than in previous editions, with six chapters devoted to it. These chapters give an excellent review of the various deformities affecting the foot, without giving the overriding impression that all deformities