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

need to be corrected surgically, and quite correctly pointing out some of the problems that surgery can impose.

There is also an excellent section on leg length discrepancy which includes the latest techniques in this rapidly evolving field, although details are a little sketchy.

This book is aimed at both the trainee surgeon and the established orthopaedic surgeon and neither group will be disappointed by having it in their library.

LAWRENCE S FREEDMAN
Consultant orthopaedic surgeon

Neonatal Surgery. 3rd Ed. Edited by James Lister and Irene M Irving. (Pp 733; £135 hardback.) Butterworth Scientific Ltd, 1990. ISBN 0-407-01490-X.

I enjoyed reviewing this book. If not already available in your departmental library or special care baby unit, the deficiency should be remedied. If it is available it is likely to be the second edition (1978), and should be replaced by this, the third (1990).

There have been impressive advances in the surgical care of neonates in the past 20 years, often made possible by the expertise of neonatologists, and specialist anaesthetists, as acknowledged by the authors. If any questions remain of the value, indeed necessity, of specialised units for the surgical treatment of the newborn they are answered in this book, which incidentally, reinforces the findings of the report of the National Confidential Enquiry into Perioperative Deaths published in June of this year.

The experience of the staff at The Royal Liverpool Children's Hospital (Alder Hey), in providing a comprehensive regional service for primary through to tertiary referral, for a population of some three million, is unlikely to be matched in this country. This experience, presented in a pleasing and easily readable manner, does them and the publishers credit.

The opening chapter, of eight, by Peter Rickham, one of the authors of the first edition in 1969, provides a thoughtful update on the question of the ethics of surgery in newborn infants. Other chapters include a discussion of the impact of antenatal diagnosis in surgical practice, and the problems presented by the increasing number of low birthweight babies requiring surgery. This section should perhaps have also dealt with another recent change: the necessity for surgical audit with its prerequisite for the accurate collection of clinical data, and the means of achieving this. No doubt the fourth edition will have to comment on these matters, giving perhaps details of costs and departmental budgeting!

After part II which deals with trauma, tumour and twins, the remaining parts provide a systematic description of surgical disorders with historical details and descriptions of pathology, diagnosis and treatment. It is unnecessary to comment on these individually, but I particularly noted the sections on oesophageal atresia and Hirschsprung's disease.

Detailed criticism can always be made in such a review. In looking through the index I would have liked to have found it easier to be guided about postoperative intestinal obstruction, a not uncommon and potentially dangerous condition which may pose difficult diagnostic problems. In the chapter dealing with intestinal surgery the importance of reg-

imens of preoperative and postoperative antibiotic treatment, which have reduced morbidity and mortality so much in recent years, could have been stressed more clearly, at least by reference to the appropriate section of the book. However, these are small points.

This book is essential reading for paediatric surgical trainees faced with the intercollegiate examination. It would also be enjoyed by others who care for infants and children, including general surgeons whose practice involves paediatric surgery.

Congratulations are in order!

MALCOLM GOUGH
Consultant surgeon

Textbook of Pediatric Rheumatology. 2nd Ed. Edited by James T Cassidy, Ross E Petty. (Pp 620; £65 hardback.) Churchill Livingstone, 1990. ISBN 0-443-08640-0.

Over the past three years I have inquired from more than 100 candidates, trained to take the MRCP examination in paediatrics, 'You have heard of Still's Disease but who was Still?' No one knew much about him and indeed only two had any idea who he was. Answers ranged from a German physician of the 18th Century to a doctor from New York. Good heavens people!! He was, among other things, the first president of the British Paediatric Association, the first Professor of Paediatrics in the UK and what's more he was paediatrician to the present Queen when she was Princess Elizabeth, hardly a man of great antiquity. He also produced the first English description of arthritis in children in 1897, in a paper reproduced in the *Archives* in 1941 and well worth reading. He described 'his disease' while a resident at Great Ormond Street, surely a lesson for today's trainees. Well, if my MRCP candidates didn't know who Still was, does this new American textbook of paediatric rheumatology pass the test? Being an American book, I wouldn't have been surprised if it had scarcely mentioned anything that happened on this side of the Atlantic. However, I was delighted to see Still appearing in the index as well as due credit being given him, and more latterly, the Taplow team of Bywaters and Ansell, for their substantial contributions to paediatric rheumatology.

Is this a book that every paediatrician should have on his bookshelf, to be referred to probably infrequently when he has a child with an unusual arthritic problem? My answer would be undoubtedly yes, in that it provides a comprehensive and up to date account of rheumatic and allied disorders in children. It not only covers true arthritis, but also includes problems of non-rheumatic origin, for example, aches and pains, skeletal disorders, and hypermobility. The black and white illustrations are excellent as evidenced by a very convincing picture of a 'Still's rash'. Incidentally the rash is the only common systemic feature which Still did not include in his description. The illustrations of nailfold capillary changes in dermatomyositis will make you reach for your magnifying lens next time you suspect this disease. There is some confusion for the European reader in that the Americans insist on lumping together all chronic arthritis in children as juvenile rheumatoid arthritis (JRA) as opposed to this side of the Atlantic where we reserve this term for those with a positive rheumatoid factor and call the rest juvenile chronic arthritis (JCA), but they do at least acknowledge the difference of opinion. The book deals comprehensively with all of

the common, and not so common conditions that the general paediatrician is likely to encounter. Also included are some rarities of which you may not have heard, for example, the intriguingly named 'streaking leucocyte syndrome' and 'Kashim-Beck (Urov) disease'. My only criticism of this otherwise excellent book is that it doesn't give sufficient details of non-medical methods of management. If you want to know which drug to give for each disease and its potential effects and side effects then you will find it here. However, although there are 18 pages devoted to 'treatment' of JRA only one and a half of these relate to physiotherapy. The correct use of physical methods of treatment has done more to prevent long term disability than any other form of treatment and it is a pity that there was not more emphasis on this. This is a useful book for any general paediatrician and an essential one for those specialising in paediatric rheumatology. It will also be useful for other disciplines, and I hope that orthopaedic surgeons will heed the message that synovial membrane biopsy should *not* be done unless an alternative diagnosis, for example, tuberculosis, is being seriously considered.

A W CRAFT
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The Development of Mature Walking. Edited by David H Sutherland, Richard A Olshen, Edmund N Biden, Marilyn P Wyatt. (Pp 227; £24 hardback.) MacKeith Press (Blackwell Scientific Publications Ltd.). 1988. ISBN 0-632-01902-6.

Clinical observation of children's gait characteristics, though important, has proved to be an insufficiently reliable basis for decisions about orthopaedic surgery or evaluation of treatment. With a roll of lining paper and a pot of ink to daub on the soles of the feet or a sprinkling of chalk dust on the floor, it is possible to measure width of the base, stride length, and angle of the feet to the plane of walking, and the area of the foot in contact with the floor. With a stopwatch, speed can be recorded and cadence counted.

The motion analysis laboratory at the children's hospital, San Diego, offers a cleaner high tech method involving cine film force measurement, electromyography, computer analysis, and advanced statistical treatment. Four hundred and forty nine observations of 309 normal children from onset of walking to 7 years are reported in this classic, sophisticated monograph. The results are a landmark in the science of motion analysis and of use to those whose eyes glaze at the prospect of Fourier analysis and 'bootstrap' computer analysis.

The number of paediatricians who will understand the chapter on the mathematics of modelling and prediction regions could be counted on the fingers. Those who do not know the difference between step length and stride length will find 60 consecutive pages of four waveform figures each, rather taxing. None the less, fundamental normal data are presented (for example, on stride length, cadence, and velocity), in ways which are of interest to those still restricted to 'stopwatch and woad'.

As a source of reference on the normal range of ability, to walk on toes or heels, to run, balance, hop, and develop dominance, it is useful to child development services. The data did not require an elaborate gait laboratory but allow cross referencing with other studies.