

Book reviews

Language Development and Disorders. Edited by William Yule and Michael Rutter. Pp 482: £28.00 hardback. Blackwell Scientific Publications, 1987. ISBN 0-632-01522-5.

This major work on all aspects of speech and language disorders has been long awaited and much needed. With 472 pages of text, and very full and up to date reference lists to each chapter, it will be essential to workers in many disciplines who have a special interest in language development and its problems—including those in psychology, speech therapy, paediatrics, and special education. At £28 it is very good value (as I can conscientiously say having bought my own copy before receiving one for review).

There are 31 contributors to the 29 chapters. They cover the classification, prevalence, and causes of language disorders; the nature and mechanisms of language development from the pre-linguistic stage, including its neurobiology and the effects of the environment; and the relation of language and psychiatric disorders. Also included are the particular language problems associated with impaired vision, hearing, and intelligence; assessment; and intervention including the use of sign language and microcomputer technology.

The style and standard of the chapters varies. The five to which Rutter contributes are predictably good, and models of clarity. They state clearly some of the questions one is most often asked (for example, Do nurseries help? What sort of parental talk helps children's language most? What about bilingual homes?), review the evidence concisely and give the answer if there is one. Other excellent chapters are those by Bishop and Rosenbloom (classification), Fletcher (language development), Freeman and Blockberger (deaf and blind children's language), Yule and Bax (assessment), and Kiernan (non-vocal communication systems).

The main fault of the book is that it is too long, if it is regarded as a book rather than a series of connected essays. The dutiful reader who studies it from cover to cover will have forgotten the beginning before he reaches the end. There is a lot of duplication. Specific developmental language disorders, the effect of glue ear, and the Landau-

Kleffner syndrome are among the many topics covered more than once. Furthermore, the same evidence is sometimes used, without editorial comment, in different chapters to reach different conclusions. Concerning the effects of horribly extreme deprivation, Puckering and Rutter review nine cases, and conclude that there is probably no critical period for language development in early childhood. In the next chapter, Goodman addresses the same issue, and referring to one of these cases ('Genie') reaches an opposite conclusion.

Then, on the question of whether the characteristic features of baby talk ('motherese') are important in helping normal children's language development, Wells and Gutfreund suggest they are, whereas Puckering and Rutter appear to dismiss their importance at one point, but then take a different view at another. Again, on the prevalence and time course of language delay, Bishop and Rosenbloom say that the prevalence falls steeply between ages 3 and 5—which sounds reasonable. However they cite Silva's Dunedin study as evidence for this. It is therefore puzzling in Silva's own useful chapter to see a Venn diagram showing that in a sample of 857 children followed longitudinally, 37 had language delay at age 3, and 48 had it at 5 (though these only included 20 out of the 37 delayed at 3). The explanation must be that Silva's definitions were based on the 5th centile, so the number of children regarded as delayed at any age must be roughly the same.

The editors could have omitted some chapters altogether, thus avoiding duplication, and they could profitably have added editorial footnotes explaining some of the apparent contradictions. Nevertheless, they and their contributors have produced an indispensable volume. It is interesting to compare it with the much slimmer volume in the same series on *The child with delayed speech*, published in 1972, and to see the great increase both in interest and in knowledge of this topic over the past 15 years.

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Road Accident Statistics. By T P Hutchinson. Pp 292: £28 hardback. Rumsby Scientific Publishing, 1987. (Available only from

the publishers at PO Box 76, Rundle Mall, Adelaide, South Australia 5000.) ISBN 0-7316-0653-1.

From the slightly racy style of writing, with a free use of the first person singular, it would almost seem as if the author is hoping that this tome will be read from cover to cover. It is, however, a compendium of information collected from all over the world on road traffic statistics, their methods of collection, their accuracy, and the differences between police and health statistics. The author's obsession with every detail is to be commended in many ways, but for a paediatrician looking for simple information on the situation in the United Kingdom, it would be just as easy to find it in *Road Accidents: Great Britain* published annually by the Department of Transport. This book is much more a source of information for specialists groups.

Paediatric Hip Disorders. By G C Catterall. Pp 273: £44.50 hardback. Blackwell Scientific Publications, 1987. ISBN 0-720-01509-8.

This relatively slim volume covers the whole range of disorders of the hip in children. There are 11 chapters and eight different contributors all from teaching centres in the United Kingdom, except for a solitary Australian, I P Torode from Melbourne. The editor contributes two chapters by himself. After introductory sections on the development of the hip and the paediatric consultation, major problems such as congenital anomalies of the femur, congenital dislocation of the hip, the brittle hip, and the infected hip are discussed. The longest chapter in the book is a comprehensive account of congenital dislocation of the hip from infancy to adolescence by Martin McNicol of Edinburgh. Perth's disease is described by Anthony Catterall, who is an acclaimed authority on the subject. He makes the point that in a disease in which 60% of patients do well without treatment it is important to have factors in prognosis to clearly define the 40% for whom treatment is required. He advises operative containment of the femoral head at risk or for those children