

easily. We wish to end with a special plea for evaluative studies of the effects of various forms of psychiatric treatment. There is a desperate shortage of systematic evidence in this area, and without such evidence our decisions regarding proper treatment tend to be determined by current fashions in psychiatry or by implicit social values and assumptions.

Although we have been critical of some of the methods and interpretations we should like to stress our respect and admiration for this fascinating and exciting study. It is a book of considerable significance that focuses our attention on a range of important problems which had barely been discussed before. We regard it as a study of psychiatric practice rather than as one of epidemiology, and consider it a great contribution to the study of treatment. If it is not the definitive study that hopefully may be made in the next decade or two, that study will, in part, be possible because of the pioneering work of Hollingshead and Redlich.

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BRITISH CHILDREN UNDER FIVE

SINCE 1946 the children born in Great Britain during the first week of March of that year have been the subjects for observations on a number of aspects of child growth and development. By biennial home interviews with the mothers, examination of hospital records, and measurement of the child, information has been assembled relating to the children's growth, illnesses, training, family's use of community services, home conditions, and similar topics. The observations when the children were two and four years of age have been summarized in the report, *CHILDREN UNDER FIVE*.¹

The major classification of the child population in the presentation of the data is that of social group, based on the father's occupation at the beginning of the survey in 1946. Seven groups are defined: professional and salaried, black coated (white collar), skilled, semi-skilled, unskilled, agricultural, and

¹ Douglas, J. W. B., and Blomfield, J. M.: *CHILDREN UNDER FIVE*. London, George Allen and Unwin Ltd., 1958, 177 pp. 21s.

self-employed. Though not explicitly stated, this order is treated as a descending scale, if the agricultural and self-employed groups are excluded. The first two groups are referred to as "non-manual workers," and the rest, except for the self-employed, as "manual workers." Two other classifications of the families are often used: a rating of standard of maternal care based on the health visitor's evaluation and a rating of the housing of the family as indicated by the existence of overcrowding (more than 1.5 persons per room) and the lack of a kitchen, bathroom, or running hot water.

The original cohort of births numbered 13,687 and was reduced to 12,930 by the exclusion of multiple and illegitimate births. For the survey, all children of professional and "black coated" families were included plus a 25 per cent sample of the children in the other five social groups, resulting in a survey population of 5,386. Losses due to death, emigration, inability to trace the family, or refusal of the interview reduced this number to 4,742 in 1948 and 4,668 in 1950. There was some excess of losses to the study in the two higher social groups, but the possible bias resulting from this appears minor.

The topic to which most attention is devoted is that of illness among the children. Mortality during the first year of life was inversely related to social group. These differences under one month of age were attributable to differences in prematurity rates, while between one month and one year, they were due primarily to a higher mortality from pneumonia and gastroenteritis in the children in the lower social groups. Mortality at the ages 1 to 5 was much the same in all groups. Respiratory infections were more frequent in children of the non-agricultural manual workers than among children in the other social groups. In families of non-manual workers the occurrence of respiratory infections in infants appeared to be inversely associated with the quality of both maternal care and housing. Infectious disease rates did not seem to be influenced by either social group, overcrowding, or level of maternal care. The only difference among social groups with respect to infectious diseases was a tendency for children of the manual workers to contract them at a younger age than did the other children. Accident rates among infants showed a small but significant

increase with declining economic level of the families, but after one year of age there were no consistent differences by social group. Accidents were correlated to a limited degree with the adequacy of maternal care, but no association was found between accidents and housing conditions. Hospital admissions for infants were also related inversely to social class, but this was not observed for the older children. Most of this group difference for infants was due to hospitalization for infectious diseases since the poorer families were evidently less able to provide proper home care for their babies with these diseases.

The children's growth is discussed only in terms of their height since the weight measurements in many instances were unsatisfactory. Average height at both 2 and 4 years of age decreased with declining social level and these group differences were more pronounced at 4 than at 2 years of age. In the groups in the middle of the social scale, children's height varied with the standard of maternal care, but this was not found for children in the classes at either end of the scale. The authors surmise that "below a certain level even the best manager cannot provide an adequate diet for her child with the money available. . ."

Seven hundred and seven children out of the total cohort of 12,930 single, legitimate infants were classified as premature on the basis of a birth weight of 5.5 lbs. or less. This group was subject to higher mortality at all ages than were the full-term infants, and up to two years of age spent more time in the hospital. The average height of the prematures was less than the mean for the non-premature children at both 2 and 4 years of age. However, the differences at 4 years between the two groups are said to reflect differences in the heights of their mothers.

Because of the discussion in recent years of the emotional effect upon the child of separation from the mother, information on this topic was collected when the children were 6 years old. Fourteen per cent of the children had at some time been separated from their mothers for a continuous period of four weeks or more; some had stayed in the home during this period, while others had been away from the family. The children in the latter group exhibited a greater amount of emotional diffi-

culties as indicated by nightmares, nail biting, etc., than did the non-separated children. Those children who experienced maternal separation but were at home during the separation did not show these differences from the non-separated group, and this was true also of children from broken homes, who in most instances remained with the mother, or of children of working mothers.

The remaining portions of this report are concerned with topics which are less amenable to adequate summarization, such as the use of community services, working mothers, and toilet training.

This survey had its origins in a study of the use of maternity services and the cost of childbearing, and no longitudinal investigation was contemplated. The committee in charge of the work is to be commended for recognizing and taking advantage of the opportunity provided by the original study to maintain a large group of children under long-term observation with minimum chances for losses from the study population.

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POPULATION GROWTH AND ECONOMIC DEVELOPMENT IN LOW-INCOME COUNTRIES: A CASE STUDY OF INDIA'S PROSPECTS¹

THIS is a unique and valuable book. For the first time, competent scholars have made a comprehensive survey of the effects of alternative rates of population growth on the economic development of low-income countries. Densely populated India is intensively studied; then the results are tested for countries not plagued by population density, by applying them to Mexico. The work combines solid empirical research with analytical competence in demography and economics.

Part One is introductory. In Part Two the authors forecast population growth in India during the thirty-year period 1956-1986, on two alternative assumptions concerning the trend in

¹ Ansley J. Coale and Edgar M. Hoover: *POPULATION GROWTH AND ECONOMIC DEVELOPMENT IN LOW-INCOME COUNTRIES: A CASE STUDY OF INDIA'S PROSPECTS*. Princeton, New Jersey, Princeton University Press, 1958.