Growing Up in Newcastle upon Tyne. By F. J. W. Miller, S. D. M. Court, W. S. Walton, and E. G. Knox. (Pp. xxi + 369; 23 figures. 25s.) Published for the Nuffield Foundation by the Oxford University Press, London. 1960.

This is the second volume in a series of reports on the health of a cohort of children; all those born in Newcastle upon Tyne in the months of May and June, 1947. The first volume, "A Thousand Families in Newcastle upon Tyne" (Spence, Walton, Miller, and Court, 1954), dealt with the situation as seen at the end of the first year. The present book carries the story on to the end of the fifth year, and is therefore concerned entirely with the pre-school child.

Of the 1,142 babies born during the selected period 847 were still in the survey after five years. The authors are justifiably proud of the fact that only seven families withdrew their cooperation. The remaining losses were due to 49 deaths and 239 removals from the city. It is unfortunate that the proportion of children in social classes I and II were reduced from the national average of 18.2% to only 10.3% by the fact that Newcastle's boundaries exclude the residential areas favoured by these classes. On the other hand the predominantly working-class population has provided a sufficiently large sample for comparison (indeed, a dismaying proportion) of children who were judged to lack proper care in one form or another. These children are shown to compare unfavourably in numerous ways with the rest, and although the authors have made a valiant effort to track down just what it is in the family life and inheritance of these less fortunate children which accounts for their different experience, they admit that their findings are far from conclusive. They urge family doctors, public health workers, paediatricians, and those responsible for training doctors and nurses to be aware of the importance of family standards and relationships as a background to any sickness affecting the child.

Another interesting section deals with the acute infective illnesses of childhood and certain differences in their epidemiology which do not appear to have been recognized.

Some disturbing inadequacies in medical knowledge and in parental concern are revealed, and many subjects for further research and postgraduate training are likely to be found in this report, which deserves to be read by all concerned with the welfare of young children. However, it is certainly not easy reading. It would be unfair to criticize it for being involved, because the authors have tried to give a fair picture of a vastly complex subject, though undoubtedly certain criticisms of their presentation could be made and certain of their arguments disputed. The work of the Newcastle team inspires respect for its thoroughness, and this book provides an invaluable record of a period in childhood which ought to be better understood than it is.

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REFERENCE

Spence, J., Walton, W. S., Miller, F. J. W., and Court, S. D. M. (1954). *A Thousand Families in Newcastle upon Tyne: An Approach to the Study of Health and Illness in Children*. Oxford University Press, London.

La Tuberculose des Houilleurs. (Tuberculosis in Coal-miners.) By Jaques Prignot. (Pp. 327; 42 figures; 47 tables. No price given.) Belgium: Éditions Arscia, S. A. 1959.

Opinions about the association of tuberculosis with coal-miners' pneumoconiosis during the past 50 years or so have swung from the thesis that coal dust has a protective action against the tubercle bacillus, to the now strongly held view that all cases of massive fibrosis in coal-miners are tuberculous in origin. Professor Gough has recently written that "the practical point is that every case of massive fibrosis is to be regarded as a potential case of active tuberculosis which is often insidious in origin and concealed clinically". Death in patients with pneumoconiosis usually occurs in the stage of massive fibrosis, and if it is held that dust alone cannot cause fatal pneumoconiosis, the engineer is justified in thinking that dust control is not such an important matter in its prevention, as is the control of tuberculosis. This equally practical point has in fact been put forward by engineers.

On the Continent the "all tuberculosis" concept of massive fibrosis is not held as strongly as it is in this country. In this book, Prignot examines thoroughly and dispassionately most of the available evidence about the association of tuberculosis with coalworkers' pneumoconiosis. In addition to reviewing the work of other investigators, he gives a detailed description of his studies of 180 cases of pulmonary tuberculosis in coalworkers together with many control cases of non-infective coalworkers' pneumoconiosis. He divides the infective cases into four groups according to the radiographic stage of the pneumoconiosis (*pneumoconiose à ombres fines* and *à ombres étendues*) and to the presence or absence of cavitation. The distribution graph of tuberculosis in coal-miners according to age showed a peak between 30 and 40 years and another between 40 and 44 years. As regards length of exposure there were also two peaks, one from five to nine years and the other from 21 to 30 years. The fact that tuberculosis comes on after a short exposure is regarded as contrary to the idea that small doses of coal dust can protect against tuberculosis. In Prignot's first group ("simple" pneumoconiosis with non-cavitated tuberculosis) there were usually no symptoms and the diagnosis was made by radiographic examination. In the second group, with cavitation, the clinical features differed in no way from frank pulmonary tuberculosis. The third group with massive fibrosis without cavitation was nearly identical with cases of non-tuberculous massive pneumoconiosis, whereas the fourth (massive fibrosis with tuberculous cavities) was characterized by clinical evidence of active and progressive tuberculosis. In this group melanoptysis may occur before radiographic evidence of cavitation. Thus, Prignot recognizes a type of massive pneumoconiosis (with coalescent or pseudo-tumoral x-ray shadows) which has not been produced by tuberculosis.

Radiographic studies showed that shadows suggesting the presence of tuberculosis appeared at all stages of pneumoconiosis, that both tuberculous and non-infective massive fibrosis occurred predominantly in the right lung,