Book Reviews

Mental Deficiency—The Changing Outlook. 2nd ed. Edited by ANN M. CLARKE and A. D. B. CLARKE. (Pp. xxi + 596; 8 figures + 27 tables. 63s.) London: Methuen. 1966.

This is in many ways a valuable book and one to be taken seriously: its editors should, therefore, regard adverse criticism as pointing to ways in which the 3rd edition could be improved.

In the first chapter of this book Professor J. Tizard expresses the view that we are approaching the time when as a society we shall be more generous, very much better informed, and more honest in our dealings with the handicapped. Anyone who reads through this book will certainly emerge, in the words of the late Lord Birkenhead, 'if not the wiser, at any rate better informed' about the whole subject. In it every aspect of mental deficiency is considered: its definition, prevalence, and causation, the assessment of intelligence, associated bodily disorders, and all the practical problems of helping to educate the mentally defective and to lead them to dignified and rewarding occupations in adult life.

One can whole-heartedly admire the intention but not always the performance. At times the subject of psychology does seem to lend itself to verbosity rather than to clarity of expression. For instance, the second paragraph of Dr. Gunzburg's concluding remarks on pages 326-7 runs to some 200 words and makes the reviewer's head swim at the sixth rereading. What it seems to boil down to is that in assessment of mentality the expert relies more on personal judgement than on psychometric tests. Then much of the literature on mental deficiency is very dull: in this book 1200 papers are conscientiously distilled and much of the distillate is even duller. The book comes to life when the authors write of their own experiences and research.

As is made clear by Professor Clarke, mental deficiency is ultimately a social concept, and the dividing line between normal and subnormal mentality is determined by community tolerance. To community tolerance one could add the intellectual demands of a complex society. If, for instance, ability to understand the regulations governing income tax were used as a criterion of mental normality, the proportion of defectives would rise year by year. But definitions, however arbitrary, are necessary, and Dr. Ann Clarke contributes a sensible and clearly-reasoned discussion of criteria and classification.

In the reviewer's opinion E. O. Lewis's division of mental defect into the pathological type (mainly idiocy and imbecility) and the subcultural type (mainly feeble-mindedness) still provides the best basis for an understanding of the whole problem. But Dr. Clarke does not emphasize what is perhaps one of the most attractive points of Lewis's hypothesis, namely that pathological mental defect is caused by *single* factors, genetic or environmental, whereas subcultural mental defect is determined by *multiple* influences, both genetic and environmental. It is of course clear that this represents a simplification of the aetiological truth: for instance, single genetic plus single environmental factors may, as Dr. Berg points out, combine to produce mental defect and, as another instance, a single environmental disturbance, e.g. a head injury, may produce feeble-mindedness rather than idiocy. But these exceptions do not detract from the general validity of Lewis's concept.

Professor Clarke takes out the old nature/nurture imbroglio and gives it an efficient dusting down without disentangling it to any noticeable extent. It is clear that regarding the aetiology of subcultural mental defect Professor Clarke is an environmentalist. It would be insulting to him and also untrue to suggest that he disregards the influence of heredity on intelligence, but the emphasis is all on environment. He hints that he is following the swing of the pendulum away from an undue importance attached to heredity in the first half of this century. There might be other reasons for this attitude, perhaps an egalitarian philosophy, more likely a preference—shared by the reviewer—for manipulating the environment rather than the genes in attempting to tackle the problem of prevention.

In their preface Professor and Mrs. Clarke state: 'Mental deficiency is a meeting point of a very large number of disciplines; neurology, sociology, biochemistry, psychology, genetics, education and psychiatry, all have some part to play'. But of the eight contributors to this book, six are psychologists, one a speech therapist, and one a medically-qualified 'clinical research consultant'—not one neurologist, sociologist, biochemist, geneticist, psychiatrist and, of course, not one paediatrician. If any proof were needed that the discipline of paediatrics has a part to play in the study of mental deficiency, it is amply provided in this book. The chapter on pathological factors provides the most

obvious evidence. Dr. Berg has assembled a long list of conditions, hereditary and environmental, which result in mental defect. But this list is far from complete, and it is not so much extreme rarities that have been excluded as some relatively common conditions, especially under the heading of postnatal environmental causes. The following are some of the more serious omissions. (1) Neonatal hypoglycaemia, especially involving the 'small for dates baby' which some believe may cause as many cases of mental defect as does mongolism. (2) Cerebral vascular accidents resulting from severe water and electrolyte disturbances. Gastro-enteritis receives two lines, but this very important subject deserves full consideration. (3) Infantile spasms (lightning fits) which in more than 50% of cases affects previously normal infants and almost invariably leads to severe mental defect. (4) Infantile chronic subdural haematoma. Head injury receives a mention but not this common and serious consequence. (5) Encephalitis. The author states that infectious fevers, for instance measles, chicken-pox, and scarlet fever can sometimes be followed by mental deterioration, but he does not state that this is nearly always secondary to obvious encephalitis. The only other form of encephalitis noted is the defunct disease, encephalitis lethargica. To these relatively common conditions one could add a number of rare conditions, including infantile hypercalcaemia, idiopathic hypoglycaemia, primary hyperparathyroidism, chronic idiopathic hypoparathyroidism, and several degenerative diseases of the central nervous system in childhood such as metachromatic leucodystrophy and ataxia telangiectasia.

But there is another and different sort of omission: in spite of this long list of known causes of mental deficiency the aetiology in the great majority of the severely subnormal (idiots and imbeciles) remains unknown: this surely needs to be said and discussed. Institutions for the mentally defective should provide a setting in which these cases of unknown aetiology can be sifted and analysed—by a paediatrician. Finally, in this chapter there are certain errors that could have been avoided by consultation with a paediatrician. On page 141 Dr. Berg states, 'Thus, all hereditary conditions are congenital although some congenital ones are not hereditary'. But the sense in which the word congenital is used today is *phenotypically* present at birth, not *genotypically*. Thus there are many hereditary conditions which are not congenital, such as Huntingdon's chorea and male baldness. On page 140 he states that in rhesus incompatibility the products of the haemolytic process can seriously damage *fetal tissue*, including the brain. This is untrue, as is the implication that the object of exchange transfusion is to remove harmful maternal antibodies from the newborn baby.

All the contributors to this book are clearly highly intelligent people but Dr. Berg is not the only one of whom it could be said that he is sometimes out of his depth. Professor J. Tizard has some harsh words to say about the 'traditional narrow medical approach to the handicapped', but this book suggests that clinical medicine has much to offer to the study of mental defect

and the practical problems of helping the subnormal. Of course the psychologist has an essential role, but may the medical profession, chastened by the psychologists' criticism (not wholly justified, but not wholly unjustified), and in collaboration with them, play a greater part in the future? Finally, it is the reviewer's opinion that the mentally subnormal both in the present and in the future have more to lose than to gain by 'mental deficiency' being separated off as an isolated professional discipline.

The Development of the Infant and Young Child, Normal and Abnormal. 3rd ed. By R. S. ILLINGWORTH. (Pp. xi + 378; 164 figures + 6 tables. 37s. 6d.) Edinburgh and London: E. & S. Livingstone. 1966.

In a paediatric context the word 'development' is gradually becoming restricted to the unfolding of central nervous function rather than to all aspects of structural and functional growth; thus this book is not concerned with, for example, height and weight, maturation of enzyme systems, development of immunity mechanisms, and so on. Not even all aspects of central nervous function are included, since the author has deliberately eschewed any consideration of emotional maturation or the development of personality. What remains is nevertheless a very large subject and one that is of continual importance in the day-to-day work of a paediatrician.

If this book is not now familiar to all readers of the *Archives*, it should be: it is written with clarity and with a justifiable air of personal authority and is delightfully and appropriately illustrated with photographs and anecdotes: it is a book to be read through and to be kept as a work of reference—most paediatricians in this country must value it for both purposes. It can, therefore, easily withstand a little gentle criticism, directed towards some muddled thinking revealed in one of Professor Illingworth's more forthright statements. He repeatedly stresses the importance of history-taking in developmental diagnosis. 'Without a good history which I have taken myself, I am most reluctant to give an opinion about a child's development. It is in this matter that I disagree most strongly with those psychologists who attempt to make their developmental diagnosis and predictions purely on one objective examination.' In the reviewer's opinion this disagreement probably arises from a misunderstanding. Professor Illingworth discusses the value of history-taking under six headings. (1) A history of prenatal and perinatal factors may be relevant to the diagnosis. (2) The environmental circumstances. (3) The assessment of rate of development (i.e. history of milestones from the mother). (4) An account of the rate and mode of development in siblings. (5) Other family history, e.g. sinistrality or dyslexia. (6) History of achievements to supplement and confirm one's observations, i.e. comments of an observant mother.

But history-taking is better classified under three headings, the first two of which are relevant to developmental diagnosis, whereas the third is not. First, there