misprints are few. The illustrations, of which there are
over 900 in the 601 figures, all in black and white, are
excellently reproduced and contribute immensely to the
merit of the book. It is to be regretted that the price
has to be so high, but understandable in view of the
abundance and excellence of the illustrations.

It is safe to say that this book will immediately be
recognized as a classic, and that it will be a long time
before a serious rival to it appears.

(Pp. 366; 59 figures. 50s.) London: Butterworth
& Co. 1952.

This book is welcome because it is the first on this
subject to be published in modern times in this country,
and is a notable contribution to a branch of paediatrics
and pathology on which few books are available in any
language. The author has adopted, where possible, a
physiological approach, and the first two parts of the
book are devoted to discussion of those factors that
may cause disturbance of prenatal life and development,
or affect the adaptation of the newborn infant to
independent life. This is admirably done, with critical
assessment of the present state of knowledge, drawing
a careful distinction between what is surely known and
what is still largely speculative; and indicating the need
for much fundamental research before many of the
problems of "perinatal" pathology can be solved. There
is also a useful section on foetal and neonatal infection.

The descriptions of pathological conditions that may
be found at necropsy are given a somewhat subordinate
place. They are dispersed among much other matter
in the text, and are sometimes too brief to be fully
informative to a reader not already familiar with the
conditions described. Most of the illustrations are
diagrams and charts; only a minority are photographs
of pathological material. For these reasons a young
pathologist exploring this field as a learner may not
always readily find what he needs to guide him as to what
to look for in carrying out his necropsies and in the inter-
pretation of what he finds. It is a book to be read right
through, rather than used as a textbook of morphological
pathology, and everyone interested in the subject will
gain much by so reading it. A valuable feature is a large
and well chosen bibliography, with important references
indicated in heavy type.

Penicillin in Severe Otorhinolaryngological Complications.
A Symposium. By Robert Lund et al. Danish-
Norwegian-Swedish Otolaryngological Joint Research.
(Pp. 120. $2.50.) Copenhagen: Ejnar Munksgaard.
1950.

The symposium collates the 421 reports collected over
the course of one year (1948) from the E.N.T. Depart-
ments of the main hospitals of Denmark, Norway and
Sweden, the basis of the reports being a questionnaire
centralized by a centrally formed committee. Separate
chapters by different Danish authors are devoted to the
results of penicillin and sulphonamide (essentially
sulphathiazole) therapy in the treatment of meningitis,
labyrinthitis, cerebral abscesses, petrositis, osteomyelitis,
and thrombophlebitis, while the first deals with the
bacteriological field and the final chapter lists the allergic
and toxic effects encountered.

The results in general confirm the place of penicillin
as a great advance in therapy. Though many of the
chapters are clearly written, the weight of the evidence
from the wealth of material is to a great extent offset
by the poor sound of the bacteriological control. Of the 421
cases collected, only 182 had bacteriological investiga-
tions made, and of these in only 24 (6%) was the sensitivity
of the organism concerned determined. Thus many of
the statements made in the chapter on bacteriology are
not based upon the investigation, and are at considerable
variance with those more generally accepted.

Specifc Dyslexia (Congenital Word Blindness): A Clinical
and Genetic Study. By Bertil Hallgren. Translated
by Erica Odelberg. (Pp. 287. No price.) Copen-

This study of 169 cases includes only "specific" cases
of reading difficulty, some seen at the Stockholm Child
Guidance Clinic (122 cases), and the rest picked out of
a special reading class in a secondary school in Stockholm.
Children whose reading difficulty was secondary to
emotional disturbance, general backwardness or other
causes were excluded. Controls were supplied by non-
dyslectic classmates. In the clinic material no child had
an I.Q. lower than 80; one school child had an I.Q. of
65-69. Since school starts at the age of 7 and cases were
not taken from classes lower than the second, presumably
the ages would be around 9 years, and the investigation
selected children seen over a period of just under 16
months. The overall estimated incidence for the general
population is approximately 10%.

The study is mainly directed to disproving causes
popularly associated with this condition, and in support-
ing the view that it is inherited.

The method of setting out this material is nothing if
not detailed and painstaking but the translation is
sometimes too literal to clarify the meaning. For example
in [the author's] opinion, all the aforementioned inter-
pretations of the higher incidence of nervous disorders
in the probands are plausible. It is, however, extremely
difficult to determine the connexion in the individual case.
This is especially because the symptoms can have a
causal connexion even if it is non-existent. "Proband",
aword which does not appear in the New Oxford English
Dictionary, means by inference a case which is a subject
in this enquiry.

The final conclusion is interesting. It has been
clinically apparent for a long time that specific dyslexia
may have a familial incidence. This enquiry goes into
the genetic aspect, supported by very interesting family
trees. The author's final positive conclusion states :
The genetic-statistical analysis shows that specific
dyslexia, with a high degree of probability, follows a
monohybrid autosomal dominant mode of inheritance,
going on to specify groups in which this is clearly
demonstrated by her work.

The overall incidence is high compared with this
country, thus throwing open queries as to criteria.