may be evidence which mitigates the significance of retardation, for instance, prematurity (included under Illingworth’s first heading), emotional deprivation, or prolonged illness (in his second), and the family pattern of delayed development in children who subsequently turn out to be normal (in his fourth). Secondly, it is clear that one developmental assessment has not as reliable a predictive value as two or three or four or better still, continuous observation. Under his headings 3 and 6, Illingworth in effect obtains further developmental assessments from the mother as a substitute for not having done them himself. This is entirely reason- able—the mother may be less sophisticated an observer than the paediatrician, but at least her observations are continuous. Thirdly, there are Illingworth’s categories 1 and 5, and it is in this connexion that he is illogical. He says himself that adverse perinatal factors do not imply that the child in question will be abnormal (neither does an abnormal family history). That being so, they should not be taken into any account in developmental assessment except as a warning to the examiner not to try to be too clever too early or as a reminder to carry out an adequate examination. Severe neonatal hyper- bilirubinaemia does not necessarily imply deafness, but of course a baby may be deaf without ever having been jaundiced. Even a history of really gloomy significance, such as cardiac arrest at birth, or prolonged and uncontrol- lable neonatal convulsions, should not influence one’s assessment of the baby’s development.

In this, the third edition, Professor Illingworth has written new chapters on reflexes and reactions of the newborn, the assessment of maturity and (particularly valuable) assessment for adoption. His colleague, Dr. Kenneth Holt, has added a useful contribution on seeing and hearing. New editions seem to appear at three-yearly intervals, so here are a few points for 1969. In the section on prenatal and perinatal factors a much more detailed discussion is needed of low birthweight due to intrauterine malnutrition rather than to prematurity. On page 93 he suggests that in the dysmature baby defective physical and defective mental growth both begin in utero. The evidence, such as it is, opposes this view, but neonatal hypoglycaemia, to which ‘small for dates’ babies are particularly prone, is probably a much commoner cause of mental and motor retardation than has hitherto been recognized. In the same section he should mention cytomegalic inclusion body disease of the foetus as a recognized cause of microcephaly and mental deficiency. In the section on the neurological assessment of maturity, attention should be drawn to Robinson (Arch. Dis. Childh. (1966), 41, 437)—the only really convincing paper on the subject hitherto. Dr. Holt should be asked to enlarge on fixation and following and head-turning to a diffuse light in the newborn, since these reactions may be dependent on functioning cerebral hemispheres. Finally, could not Professor Illingworth provide more details and case histories of the relation between emotional deprivation in early infancy and motor and mental retardation?

But the 1966 edition will still be very useful long after 1969.


The understanding and management of the problems of the handicapped child and his family are the very essence of paediatrics. Readers of this book will find that Dr. Kershaw has not only an insight into these problems but also the ability to express himself in the written word. He has a style and command of language unusual in a medical author and it is impossible not to be affected by his enthusiasm. Yet he maintains a logical and common-sense attitude without recourse to emotion and sentimentality.

The basic principles of accepting the handicapped child and using all the available services to help him and his parents to find his place in society—at home, at school, and in employment—are set out in the introductory chapters. The special problems of children with specific handicaps such as blindness, deafness, cerebral palsy, and mental subnormality are discussed in similar terms in later chapters. Very little is said of the purely medical aspects of the various handicaps and the emphasis is on assessment, management, and education as practised by doctors, social workers, educationalists, and therapists of various kinds. The problems of co-ordination of effort of workers in such differing disciplin- es are not neglected. ‘The concept of a team evokes the concept of a captain of the team and many are those who assert their divine right to the captaincy.’ However, ‘in the end . . . community of purpose and zeal in a cause reconcile the conflicts’.

Illustrative case histories are woven into the text in an unobtrusive way, and the reader becomes involved in the fortunes and problems of Martin, whose unstable family life resulted in severe and continuous asthma, or of Sammy who, with an IQ of 75, was ostracized through his school life by a brother of above average intelligence, and finally fulfilled himself by becoming an accomplished bicycle thief at the age of 12, or of Susan, a spastic who was rejected by special schools, but was saved from intellectual starvation by a patient and sympathetic home teacher.

If it is true, as the author says in his preface, that some lay workers have found the book too technical and some doctors have found it not technical enough, then these critics have not appreciated the real aim of the book. It is to teach the philosophy that ‘the handicapped child is a whole person who needs to live a whole life’, and that ‘his care is a matter of team work in which he and his family are as much members of the team as the professional workers who look after him’.


Surgery of the brain and spinal cord in children is not everywhere acknowledged as a separate branch of neurosurgery. It is true that in very few centres outside the Soviet Union has it been possible to establish independent departments where its special features can be properly studied. Dr. Klein had the good fortune to