By confining himself to those aspects of the subject which he has personally studied, Kubli has produced an extremely useful book.


The standard of successive issues of the *British Medical Bulletin* is so high that one always opens a new number with a sense of excitement. This issue is on a subject in which British and Commonwealth scientists have made very significant advances in recent years. It is not surprising to find that many of the articles are contributed by colleagues, or ex-colleagues, of G. W. Harris who provides the Introduction. The subjects discussed, however, are not limited to hypothalamic-anterior pituitary relationships for there are authoritative articles on neuro-secretion and hormone content by Sloper and Heller. Non-endocrine aspects of hypothalamus are also considered, though not exhaustively. There are particularly interesting articles on temperature regulation and the hypothalamic regulation of the cardiovascular system.

One wonders whether this volume could have been made even more informative to the non-specialist if there had been a general review of the hypothalamic-anterior pituitary relationship. Doctors of middle age and onwards first became acquainted with the anterior pituitary when it was 'the leader of the endocrine orchestra'—when it was quite independent of the central nervous system in the sense that there were no nervous connexions, but nevertheless related to information coming to the sensorium and this was obviously teleologically convenient. Using P. M. Daniel's excellent article on the blood supply as an introduction, a more modern picture of brain pituitary relationships can be built up for those who are not familiar with the present views.

It is sad to see that in the article on hypothalamic releasing factors, Harris, Reed, and Fawcett have repeated a misprint from Sir Humphrey Rolleston when it is said that Sir Richard Lower (1670) stated that '... serum ... tissues ... through the infundibulum'. The authors obviously appreciated that the meaning was *issues* and it is a pity that an error of printing in 1936 should be perpetuated in 1966. Lower's work is reproduced in facsimile (Lower, R., *De Catarrhis*, 1672, trans. R. Hunter & I. Macalpine. London: Dawsons, 1963) which, fortunately for this reviewer, has an excellent translation.

Two general matters in this number are particularly admirable. Those who planned it have not shirked their duty to review work that is developing rapidly and may be superseded. In addition, individual authors seem to have stated controversial matters very fairly, even though their own position is unequivocal. This issue of the Bulletin is, like many others, required reading for endocrinologists, neurologists, and physiologists.


This volume records the proceedings of the Symposium held in October 1965, which was attended by persons of various disciplines, including paediatricians and biochemists.

In the diagnosis and treatment of patients with inborn errors, close collaboration between clinician and laboratory is essential, and for this the clinician requires a sound understanding of the underlying chemical defect. After a review of the historical development of the concept of inborn errors, current ideas about the mechanism of protein biosynthesis are discussed in a form which the clinician will find readable. This provides a basis for the understanding of the subject.

There follow papers on congenital adrenal hyperplasia, and they provide particularly readable accounts of cortisol and aldosterone biosynthesis. It is shown how all these facts help to elucidate the clinical features of the various types of adrenogenital syndrome.

Finally, there is an article on the treatment of immunological deficiency by transplantation. This perhaps points the way towards the treatment of some inborn errors in the future.

This book is highly recommended for the clinician desirous of obtaining more insight into the chemistry of inborn errors, especially those relating to the adrenal cortex. It is nicely produced and contains useful lists of references.


The many who have had frequent cause to be grateful for the existence of Geigy's *Scientific Tables* have now been provided by Drs. Plenert and Heine of East Germany with a book the size of a largish pocket book which aims to provide something of the same compendium of data related to paediatrics.

Once or twice in a lifetime one may be at a loss to know where to go to discover the normal copper content of meconium in a premature; the difference between the γ-globulin concentration in lumbar and ventricular CSF; or the amount of hyaluronidase in cord blood. Here, such recondite facts can be found, along with course with those of a more mundane kind, including some which might surely have been dispensed with (e.g. that the 'normal' Wassermann reaction is 'negative').

References are given, though it would have been useful to quote also some alternative sources of data. But an almost incredible omission is the absence of an index, without which a reference book of this kind must lose half its usefulness. With so serious a handicap, few paediatricians unfamiliar with German will bother to
overcome the language difficulty, and to procure what might otherwise have proved a helpful aid.


This volume consists of 33 papers by 13 speakers, together with some short, clear, and well-edited discussions. The papers were given as a week's postgraduate seminar for paediatricians and school medical officers; prominent among the speakers were Dr. W. A. Marshall and Dr. A. M. Thomson from Great Britain, Dr. Z. Laron from Israel and Dr. Edna Sobel from New York, as well as the editors, and Drs. Visser, de Wijn, van Gelderen, Tiddens, and Steendijk of the Netherlands. The course, say the Editors, 'was intended to show how a child grows and why it grows as it does; when growth may be considered abnormal and what may cause the abnormality; which types of treatment are available and how the effects of treatment may be evaluated'. The papers cover a correspondingly wide range. Titles include 'Technical aspects of the measurement of length in infants', 'Assessment of skeletal maturity', 'Factors that influence skeletal maturation', 'Seasonal changes in growth rate', 'Changing levels of blood constituents during growth', 'Prenatal growth', 'Growth of obese children', 'Short stature, a symptom', 'Growth-limiting factors in renal disease', 'Dwarfism in mental deficiency', 'Use of anabolic steroids in the treatment of growth retardation', 'Effects of oestrogens on the growth of children'. (No prizes are offered for assigning authors to titles correctly.) The editing has been well done and the book production is excellent. The reviewer strongly recommends this book to the busy paediatrician interested in growth and paediatric endocrinology, but not expert in it, with time only to read for 20- or 30-minute stretches. Dr. van der Werff ten Bosch and Dr. Haak are greatly to be congratulated on organizing such an interesting course and producing such a readable and informative volume.

Correspondence

Sirs,

Though admitting to feeling muddled as to the reasons of the reviewer of my book The Development of the Infant and Young Child: Normal and Abnormal (April, 1967, p. 221) for accusing me of muddled thinking, I understand the reviewer to say that adverse perinatal and hereditary factors should not be taken into any account in development assessment 'except as a warning to the examiner not to be too clever too early or as a reminder to carry out an adequate examination'. I think that this is going a bit too far. In my book I stated that one must not exaggerate 'risk' factors in the perinatal or perinatal history, and that it would be very wrong to reject a baby as unsuitable for adoption just because there is a risk factor, such as a mentally defective mother, or neonatal fits. One must assess the child as he is. If, therefore, one finds that the 6-month-old baby is average in development, one will ignore the risk factors. But if one feels ever so slightly doubtful as to whether he is average in development or not, one will certainly take the risk factor into consideration—and see the child again.

The reviewer can be assured that in the next edition I shall refer to relevant literature published after my book went to press, including the paper by Robinson. But surely the reviewer is a bit hard on the French workers when he says that Robinson's paper is 'the only convincing paper hitherto' on the assessment of maturity. After all, we have all learnt most of what we do know about the neurological assessment of maturity from the French workers and Albrecht Peiper.

May I also take the opportunity to comment on the review in the same number of the Clarke's book on Mental Deficiency. The reviewer of this excellent book makes some rather dubious statements. He refers to 'infantile spasms (lightening fits) which in more than 50% of cases affects previously normal infants and almost invariably leads to severe mental defect'. Surely the infantile spasms do not lead to mental defects. The mental defect and the spasms are both the end result of a wide variety of pathological conditions, such as phenylketonuria, subdural haematoma, hypoglycaemia, the Sturge-Weber syndrome, tuberous sclerosis, the lipidosis, and other major brain anomalies. Neither do I know how one would set about proving that more than 50% of the babies were previously normal.

The reviewer writes that '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'. I would have thought that Dr. Clarke was absolutely right in not emphasizing such a dubious point. What about the multifactorial precursors of cerebral palsy with mental defect, demonstrated by T. T. S. Ingram in 1964 in his book Paediatric Aspects of Cerebral Palsy and by others? A truly genetic type of mental deficiency may reasonably be ascribed to a single factor: but some types of brain defect may well have a genetic factor, together with a noxious intrauterine influence, with an individual or constitutional factor.

Yours, etc.,

R. S. Illingworth

Children's Hospital, Sheffield

Western Bank,

Sheffield 10.