SOMATIC GROWTH OF THE CHILD. Proceedings of a
Boerhaave Course for Postgraduate Medical Teaching.
Edited by J. J. Van der Werff Ten Bosch and A.
Haak. (Pp. xiii + 362; illustrated. Dfl. 42.)
Leiden: H. E. Stenfert Kroese N.V.; Springfield,

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 prenatal 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 lipoidosis, 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.,

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