Book Reviews


The changing preoccupations of those concerned with child health reflect to a large extent community well-being. In the last decade there has been an increasing emphasis on the early recognition of developmental delay in order that chronically handicapped children may have every opportunity to reach their full potential in a medical, educational, and social sense. This book has been prepared by the authors with the help of a working party of various other experts from different disciplines. They have produced, in their own words, ‘a schedule of the minimum developmental examinations whereby reliable screening can, with practice, be carried out quickly’, and one which should help doctors to recognize when development may not be proceeding normally and expert advice is necessary.

Aspects of the general physical examination which particularly relate to the developmental examination are explained. There is a description of the important primitive responses of the newborn, and the development, as these gradually disappear, of other responses concerned with rolling, balancing, and protection in falling. The authors have selected seven carefully chosen ages ranging from six weeks to four and a half years. The armamentarium of cubes, rattles, simple toys, pictures and so on is relatively modest and easily assembled. The examinations are lucidly described, and the text frequently amplified by pictures, many of them familiar, which for the most part make their point with clarity and appeal. The ‘Stycar’ tests are recommended for testing vision and hearing. At the end of the book there is a characteristically wise note on interpretation. Wide variations of developmental progress occur in mentally and physically normal children, and abnormal neurological signs may disappear. The authors caution us against thinking that developmental assessment is easy.

This is a most valuable book for all doctors concerned with young children. Those working in family practice, on children’s wards, in the out-patient or infant welfare clinic will find it particularly helpful.


The Cardiff Diagnostic Classification, designed for use in paediatric departments, published in April 1969, provides code numbers for the medical and surgical conditions met with in paediatric practice. It is based on the International Classification of Diseases published by the World Health Organisation in 1967, and is a revision undertaken by the British Paediatric Association of the Cardiff Diagnostic Classification of 1962. Some ancillary diagnostic guidance is given in a number of ‘left-hand pages’ giving classifications of anaemia, renal disease, muscular dystrophies, etc. . .

The Cardiff Diagnostic Classification provides the basis for future paediatric statistical analysis, and its adoption would be rewarding from the medical as well as from the administrative point of view. As a separate book it would be useful in children’s hospitals for research purposes, but for use in general hospitals with paediatric patients and internationally it might be best in the future to add extra code numbers where required for paediatric purposes to the World Health Organisation manual, giving one comprehensive book. Unfortunately the code numbers are not always the same in the two classifications. For example, Acute glomerulonephritis, Ellis, type 1, is 580·0 in the Cardiff Diagnostic Classification, and Nephritis (glomerular) (Haemorhagic) (Type 1) (Ellis) is 583·0 in the World Health Organisation Classification. Records offices, such as ours, in general hospitals in Scotland are using a form with spaces for three digits and one digit after the point for in-patient diagnostic classification according to the World Health Organisation manual. The Cardiff Diagnostic Classification requires spaces for six digits altogether, so that it could not readily be adopted under the current scheme. The six digit classification, though it provides extra information, has the disadvantage of being more complicated.

With regard to nomenclature, it is clear that no final decision has been reached in the use of eponyms in diagnosis. The trend, which I approve of, in recent years has been gradually to eliminate them, but while in the majority of instances the preferred nomenclature in italics favours the scientific term, this is not consistently throughout the book and in some instances no alternative scientific term is given. Inaccuracies may arise where the classification is not exclusive so that a case recorded may be coded under more than one code number, for example Waterhouse-Friederichsen Syndrome has a separate code number from Acute Adrenal Failure, and Addison’s Disease has a separate code number from Chronic Adrenal Failure. As a final criticism, when admission to hospital is for investigation I see no advantage in coding the diagnostic procedures rather than the diagnosis arrived at.

The book as a whole is impressive and has entailed