Book Reviews


In many countries, including the United States, paediatric neurology is a well-recognized and reasonably well-defined speciality. In the United Kingdom it still seems to be looking for its identity. Those who do recognize its existence may approach it primarily from adult neurology or primarily from paediatrics. The two points of view are not irreconcilable; they happily meet for example in the new European Paediatric Neurology Group. But in general the neurologist will be more interested in pathology and localizing neurological signs; the paediatrician more interested in neurological development and its disorders.

The two points of view are well represented by these two books, which are of roughly comparable size. Professor Dekaban places great emphasis on neuroanatomy and pathology; his chapter headings are based wherever possible on the pathological classification of disease. Of course, some subjects which cannot readily be put under pathological headings have to be dealt with—cerebral palsy, mental deficiency, and epilepsy—and development is not neglected. However, the chapter on development contains a great deal of developmental neuroanatomy—excellently described—and deals perfunctorily with what the child can actually do at different ages. Dr. Gamstorp on the other hand is primarily a paediatrician, though one with great experience of childhood neurological disorders. The developmental approach is more evident throughout her book, and her chapter headings deal largely with symptoms or practical problems rather than particular pathologies.

Perhaps reassuringly, the books are not nearly so different on detailed reading as their differences in approach suggest. Either could usefully find a place in the paediatric department library. This reviewer strongly prefers Dr. Gamstorp’s approach to the subject, but paradoxically found Professor Dekaban’s book marginally more useful. The explanation is that Dr. Gamstorp is best on those subjects which are most familiar to paediatricians, and which they are therefore least likely to look up in the textbook. Professor Dekaban devotes more space to particular pathologies and to the rarer disorders; he describes them well, and gives many useful references, so he provides more help where the practising paediatrician is most likely to need it. On the other hand, Dr. Gamstorp provides a more balanced introduction to the subject for the paediatrician in training.


This study of mental subnormality among children 8 to 10 years old of an entire community—the City of Aberdeen—has obvious advantages compared with studies on more limited and selected samples. There are other reasons why this work is of quite unusual value and reliability—the relative stability of the population of Aberdeen, the high quality of the records on all the children, including the maternal and neonatal notes, the availability of psychometric tests on all children in the city at age 7, and, not least, the experience and distinction of the authors.

The prevalence rate of mental subnormality as ascertained by the local authority was 12.6 per 1000 children. A further 14–8 children per 1000 had measured IQs below 75 but were in ordinary schools: adding these to the first group gave an overall prevalence of 27.4 per 1000 among children of this age in this community. The most striking epidemiological findings concern the social class distribution of subnormality: by far the largest proportion came from the lowest social class, with the prevalence rate in the unskilled manual working class nine times higher than in the non-manual class. But there was a striking difference in the distribution of types of (administratively defined) mental subnormality within the different social classes. Severe mental subnormality (IQ below 50) had the same prevalence—about 5 per 1000—in all social classes, whereas the prevalence of mild subnormality (IQ 50 or above) steadily increased with each step down the social ladder from no cases in social classes 1 to IIa to 25 cases per 1000 in social class V.

The fact that mild subnormality is so much commoner in the poorer sections of the community has been found in previous studies, but rarely so strikingly set out as here.

Is this mild subnormality genetically or environmentally determined? The authors build up what must seem, to readers less critical and scientifically exacting than themselves, an overwhelming case for the environmentalist point of view. They show that even within the lower social classes, mild subnormality is highly significantly related to family size, poor housing, and overcrowding. Yet they cautiously and correctly say, 'In the present study there is no way in which we can separate these factors (constitutional factors and social-familial environment) in terms of relative contribution to cause.'

The most difficult part of the study (for the authors...