the accounts. From careful rejection, the author's muddled theories are wide-ranging. The author's childhood, to his blindness, is the case of the dyslexic child. By MacDonald Critchley. (Pp. 137, illus., 32s.). Heinemann: London. 1970. Dr. Critchley has an unequalled experience of word blindness and when Developmental Dyslexia was first published in 1964 it provided an authoritative review of the current ideas on this subject. For those who were particularly concerned with the educational problems of childhood, it was an outstanding guide and stimulant. An extended second edition, now called The Dyslexic Child, reflects the growing interest in this condition. The author's meticulous case records of 620 subjects referred to him with suspected word blindness form the basis for this monograph. His beguiling anecdotal style is unchanged. He gives a brief consideration to the wide-ranging theories of causation and is rightly sceptical of some of the attempts to quantify the defect. However, the true proportions of this problem can only be deduced from careful statistical surveys, based upon quantified accounts. The categorization of some educationalists as 'muddled and opinionated' seem to have made the author reject this most valuable source of material. There is the risk of widening the gap between neurologists and educational psychologists to the cost of the child.

The Dyslexic Child remains an outstanding contribution to the field, and one anticipates further editions with an account of the current prospective studies of the incidence of reading difficulty.

Books received


Correction

In the paper 'Early recognition of heterozygotes for the gene for dystrophia myotonica', by Sarah Bundey, C. O. Carter, and J. F. Soothill (June 1970), on p. 281 the last two columns of Table 1 (Results of investigations in 124 first degree relatives examined) should have appeared as follows:

<table>
<thead>
<tr>
<th>EMG and slit-lamp findings</th>
<th>Clinically normal but not further investigated</th>
</tr>
</thead>
<tbody>
<tr>
<td>normal</td>
<td>equivocal</td>
</tr>
<tr>
<td>29</td>
<td>10*</td>
</tr>
<tr>
<td>Probably normal</td>
<td>51</td>
</tr>
</tbody>
</table>

*One case with increased insertional activity on EMG and atypical lenticular opacities, two cases with increased insertional activity on EMG only, one case with cataract only (EMG not performed), and six cases with atypical lenticular opacities.