another quoting rather arbitrarily from research studies in a variety of fields. It is doubtful whether the stated aim of writing on this topic for educators, physicians, psychologists, ministers, and parents themselves is realistic.

The text abounds with pious sentiments, mostly unremarkable, but presumably intended as correctives to unhealthy parental attitudes. There are occasional gross inaccuracies, such as the statement that sociopathic children come mainly from 'good families'! In a discussion of hospitalization of children, there is no reference to the work of Bowlby or Robertson, nor any suggestions about the value of frequent visits by parents.

Effective psychological testing, we are told, involves two factors, (1) a competent examiner and (2) an adequate test. Surely there is a third factor—namely, a child motivated to succeed. Not recommended.

F. H. STONE

DRUG DEPENDENCE: Aspects of ego functions By Henry Krystal and Herbert A. Raskin (Pp. 127; \$5.95.) Wayne State University Press: Detroit. 1970.

Few today would suppose that psychoanalysis was going to offer all the answers, but a coherent and authoritative up-dating of psychoanalytic thinking on drug dependence is badly needed. It would be a sanguine pharmacologist who would contend that the nature of drug dependence will be resolved entirely by the monkey with its indwelling catheter, and equally it must take an unusually bold sociologist to claim that the truth can come entirely from study of social systems and social processes. The very word 'dependence' is an inviting *double entendre*—free-association inevitably leads from pharmacological meaning to thoughts of attachment and loss, and onwards then perhaps to consideration of the individual's dependence on his social role.

The authors assert that drug dependence 'invariably' implies underlying mental disturbance. Drug taking for this damaged and handicapped person represents 'perhaps the sole adjustive mechanism to living problems the person has available to him at the moment'. The drug dependent person is 'invariably seeking relief, modification or avoidance of painful (affective) state'. The drug user has an 'inordinate guilt about oral indulgence, related to cannibalistic problems'. Drugs must fail 'just as the original object (mother) was experienced as failing during the crucial stage in the patient's life'.

Against the backdrop of 100,000 drug addicts, news that analytic treatment is still being offered to America's drug takers may ring strangely. But if analysis—in Miss Anna Freud's phrase—provides a 'source of information', such an approach may be of scientific value even if of dubious therapeutic relevance. What price the information offered here?

GRIFFITH EDWARDS

WHO EXPERT COMMITTEE ON DRUG DEPENDENCE: (Eighteenth Report). (Pp. 45; 30p.) World Health Organisation Technical Report Series, No. 460. 1970.

Methadone maintenance and the British system of heroin prescribing receives brief critical review, the use of

opiate antagonists is discussed, news is given on American development of specialized therapeutic communities. The major interest of the document lies, however, not in its comments on this or that specific technique, but in its efforts to define those systems of ideas which determine a society's response to drug problems. 'The responses . . . cannot be regarded solely in terms of technological capacities and economic resources. A society's general value systems and aspirations as well as its particular beliefs and feelings—whether founded or unfounded—about the self-administration of dependence-producing drugs are potent determinants of its responses.'

The report thus raises many questions. We are, for instance, invited to inquire as to how much of the current response is historical accident rather than rationally based. We are invited to spell out closely not only the goals of treatment programmes but the goals of legislation—hypotheses are to be brought into the daylight. While on this tack the Report might perhaps have been expected introspectively to ask of itself why tobacco was excluded from its field of vision, why almost three times as many pages were allotted to treatment as to prevention, why the social sciences were not represented on an Expert Committee dealing with so social a problem. The report promises to stimulate much debate.

GRIFFITH EDWARDS

NOTICES

NATIONAL PARAPLEGIA FOUNDATION Nominations invited for a \$10,000 award to be granted in the Spring of 1972 to a scientist considered to have made a significant contribution towards finding a cure for paraplegia. The award is for basic research in the field of spinal cord regeneration. Details from National Paraplegia Foundation, 333 N. Michigan Avenue, Chicago, Illinois 60601, U.S.A.

U.K. LIAISON COMMITTEE FOR SCIENCES ALLIED TO MEDICINE AND BIOLOGY Congress on 'Interdisciplinary Investigations of the Brain' 11-13 April 1972, Oxford. Details from Dr. J. P. Nicholson, S.A.M.B., Westminster Hospital, Page Street Wing, London S.W.1.

4th SYMPOSIUM ON PEDIATRIC NEURORADIOLOGY 3-6 May Children's Memorial Hospital, Chicago, Illinois, U.S.A. Topics: craniocerebral traumatology in the newborn and infant; the posterior fossa in childhood; myelomeningocele; and craniocerebral dysgenesis. Details from Dr. A. J. Raimondi, Chairman, Division of Neurological Surgery, Children's Memorial Hospital, Chicago, Illinois, 60614, U.S.A.

3RD EUROPEAN CONGRESS ON PAEDIATRIC NEUROSURGERY: CHANGE OF DATE Now 3-7 September 1972, Göttingen. Details from Prof. Dr. med. K.-A. Bushe, Direktor der Neurochirurgischen Klinik der Universität Göttingen, 3400 Göttingen, Gosslerstrasse 10, W. Germany.