

material. A large alphabetical list of authors (16 pages) should please most of the readers throughout the world.

The authors should be praised for their painstaking effort and for the quality of their illustrations. Though the price is high (250 French Francs, in Paris), this atlas will often be consulted in EEG departments.

Cerebral Palsy. A Clinical and Neuropathological Study. By ERNA CHRISTENSEN and JOHANNES C. MELCHIOR. (Pp. 134; 43 figures + 26 tables. 28s.; \$4.) Clinics in Developmental Medicine No. 25. London: Spastics Society Medical Education and Information Unit in association with William Heinemann Medical Books. 1967.

Dr. Christensen and Dr. Melchior are to be congratulated on their painstaking effort to correlate the clinical and neuropathological findings in a number of neurologically abnormal children. Of course, the subjects of this particular study are selected in so far as their condition has usually been sufficiently severe to cause death at an early age, and as might be expected, the clinical heterogeneity evident in life was matched by the findings at necropsy—with a number of surprises.

If not much light has been shed by this study on the over-all problems of aetiopathogenesis of most patients with cerebral palsy, it has at least served to illustrate the need for further similar studies. These are inevitably difficult and time consuming, but without them clinical observations are little better than inspired guesses, and significant clues to guide further research are lost.

The Physical Management of Developmental Disorders. By ERRINGTON ELLIS. (Pp. 50; 49 figures. 18s.; \$2.50.) Clinics in Developmental Medicine No. 26. London: Spastics Society Medical Education and Information Unit in association with William Heinemann Medical Books. 1967.

One applauds the trend whereby the long-term management of children with cerebral palsy is assumed by paediatricians rather than by orthopaedic surgeons, but most paediatricians find themselves forced to adopt a role for which they had little or no training, and perhaps little interest. Certainly a brief and clear exposition of the principle of evaluation and physical management of children with cerebral palsy is needed, and Dr. Ellis's monograph satisfies this need admirably.

His balanced account of the main schools of thought which have influenced practice is happily devoid of the semi-religious polemics which so often produce more heat than light in weighing the merits of different systems.

The practices at the Percy Hedley School are concisely described, and are illustrated with admirable clarity.

For doctors ignorant of physical treatment, and for physiotherapists needing orientation for their work, I can unhesitatingly recommend this book.

The Psychiatric Dilemma of Adolescence. By JAMES F. MASTERTON. (Pp. xiv + 217; tables. 60s.) London: J. and A. Churchill. 1967.

This book describes an attempt to clarify an area of psychiatric concern which has so far received too little attention—the differentiation of 'normal' adolescent conflict and emotional upheaval, likely to resolve with time, from those states which, because the prognosis is less favourable, require expert psychiatric supervision. Many will agree with the author that this clarification is important, and with his belief that much adolescent disturbance of serious prognosis is neglected through attributing it to normal adolescent instability, while temporary, but often more alarming, symptoms or behaviour are frequently taken too seriously.

Unfortunately, the author is handicapped in his purpose by the fact that he appears to be seeking some clear, qualitative distinction between what he calls (normal) adolescent 'turmoil' and 'psychiatric disorder', and by choosing as his definition of psychiatric disorder clinical patterns that approximate to one of the categories in the vague, and as he admits, conceptually confused, system of classification adopted by the American Psychiatric Association. He suggests that the rough system of labelling involved in such classifications does 'order knowledge in a useful way which can be easily communicated to others'. But most worth-while psychiatric assessments cannot be 'easily' communicated, precisely because any valid assessment is usually complicated and needs some personal effort and insight in the recipient to receive it usefully. Psychiatric labelling of this kind is often little more than a reassurance to the physician that he has understood something, when in fact he has failed to begin to do so. And while it seems to deal with psychiatric problems in a manner similar to that used in organic medicine, by assigning clear diagnostic categories to clinical patterns, it has been the reviewer's experience that even colleagues in other specialities find such diagnostic labels unhelpful, and appreciate much more a formulation based on some understanding of the underlying dynamics. Many believe that the difference between 'normal' and 'abnormal' adolescent disturbance can only be understood on a quantitative, dynamic basis, and that a useful study of the problem would need to focus on those features of personality that prevented internal or external curative forces from operating in a given case, or that made the subject more vulnerable to inner or outer destructive forces, so rendering the prognosis, the only thing that matters, worse in the one case than in the other. Though professing an awareness of such a dynamic approach, Dr. Masterton has instead begun with a confused and static conceptual framework from which nothing much clearer could emerge.

Further, the cases studied are highly selected. The 101 patients were chosen from twice that number of applicants, while cases of delinquency and psychosis, as well as neurosis with extreme family conflict or with social difficulty, appear to have been rejected, together with all those with less than average intelligence. The 101 controls, though matched in some respects, were