

Book reviews

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Trauma: Culture, Meaning and Philosophy. By P. Bracken. (Pp. 258; £21.00.) Whurr: London. 2002.

Dr Bracken and his colleague, Dr Philip Thomas, have become well-known for developing a low-beddage psychiatry service in Bradford that follows in the footsteps of Christine Dean, Tom Burns and others in the UK, and of course, Test and Stein in the US. One of the principal influences on Phil Thomas was the Hearing Voices Network created by the Dutch psychiatrist, Erich Romme. This book describes some of the influences on Dr Bracken.

The book, as Dr Bracken acknowledges, is a published version of a Ph.D. thesis in philosophy, of which one of the supervisors was Bill Fulford, the author of the foreword to the book. Like many such books, it is a bit like a festival fruit cake: full of matter, but it needs a bit of digesting and sometimes all the rich ingredients overpower each other. To simplify the argument for the sake of a review will inevitably involve a personal reading, and for that reason I shall write the review in the first person and will start with a synopsis of what I understood to be the main points, fully accepting that another reviewer may read something else in it. I should also declare an interest in that there are some parallels between my own career and that of Bracken. I too spent time in Uganda, although a much shorter time than Bracken and at a much earlier time, when Uganda was in the grip of Idi Amin's terror. I have also been influenced by Heidegger although more recently than Bracken, and my influence was through the medium of existential psychotherapy originating in the UK in the work of Laing, of whose therapeutic interventions Bracken is, perhaps unfairly, critical.

Bracken's arguments concern trauma, a culture-bound disorder and not schizophrenia or dementia. Recent research increasingly suggests that the latter are both disorders that have a

biological basis, and that discussions on the meaning of schizophrenia are destined to go the same way as nineteenth century discussions about the meaning of phthisis. As readers of Szasz 'The myth of mental illness' will remember, arguments about trauma – or in Szasz's case, hysteria – cannot and should not be generalized to psychosis; that at least, Jaspers had observed before he gave up psychiatry for philosophy. It is probably fairer, therefore, to consider Bracken's book as what its title indicates, a philosophical consideration of trauma and not as a manifesto for post-psychiatry. Dr Bracken does not always restrict himself in this way, and often takes his subject matter to be the whole area of mental illness or the whole of psychiatry.

Dr Bracken's starting point is a quotation from a recent work by his supervisor, to the effect that it is never possible to simply describe the symptoms of mental illness since mental illness 'always has evaluative connotations'. Dr Bracken argues that one implication of this is that 'the patient's own account of his/her own [evaluative] position is central'. Otherwise we are 'like a person walking through the countryside at night with only the beam of torch to light the way. While there are trees, fields, mountains, and streams all around, we are unable to see these all at once with our single beam of light. We would find it arrogant to assert that the countryside consisted of what showed up through the light of the torch alone'. But that is, of course, what Dr Bracken thinks many psychiatrists do. Armed with their monotheoretical torch, wandering in the night of ignorance, they believe that what they see is all there is to see.

There are two approaches that Bracken takes – and presumably hopes others will take – to see the countryside as a whole. One is to listen to what people say about their own experience, and the other is to listen to philosophers and philosophically minded social scientists who are less benighted. Not being able to see the countryside as a whole does not just impair our ability to help our patients but, Dr Bracken seems to suggest, it is also linked to what he takes to be

the West's cultural situation 'where the meaningfulness of our lives is continually called into question'.

Psychological trauma is a good starting point for these considerations as one of its most characteristic effects is to challenge and often to disrupt the trauma victim's experience of the world as dependable, fair, or meaningful. Just as the destruction of Lisbon cathedral during Sunday mass in 1755 raised questions for Christians throughout Europe about whether a good God could will the death of so many worshippers, so the genocides and atrocities of the twentieth century seem to have focused many minds on whether or not people or society is good or evil. Misfortune, far from being the test of faith or virtue of previous generations, is likely to be experienced as a Manichean confirmation that the world is meaningless at best, and evil at worst.

In one of several deviations from his main argument, Dr Bracken gives a chapter to one reading of the recent Western philosophical tradition that has placed increasing emphasis on the individual as agent, with each of us having responsibility to control the world around us and to make it work as we want. He sees this tradition as having informed, and restricted, modern psychiatry. However, the chapter might also serve as a historical explanation of why trauma, with its inevitable frustration of individual agency, has become a preoccupation in our culture.

Dr Bracken's chapter on the development of modern theories about psychological covers familiar ground from a critical viewpoint, omitting research by scientists who take a more rounded view. He does cover the work of Janoff-Bulman, and this is both welcome and deserved. This scattergun approach is also taken in the next chapter, in which Dr Bracken summarizes evidence against the conventional view of trauma. All of what he writes is interesting, and some of it is intriguing, but the review is very selective. For example, there is a reference to cortisol production following trauma that is not consistent with earlier biochemical models and the implication is that here the scientific approach to trauma has broken down, even on its own terms. But Dr Bracken might have gone on to mention the recent work on the genetics of thalamic vasopressin receptors in prairie voles,

which ties up this and other observations about trauma in a model that is entirely causally based.

The middle section of the book sets out Heidegger's thinking as it applies to topics of psychiatric interest in three chapters, all of which succeed in being clear and yet true to Heidegger's often difficult text. I detect the hand of Dreyfus in this, one of the most accessible of Heidegger scholars who is often quoted by Bracken. The last chapter in this section introduces ideas from Heidegger's later works on technology, which are much less well-known but clearly relevant. Again, this is a selective presentation. There are references to Kierkegaard and Wittgenstein, but no accounts of their work. There is complete omission of Sartre, Merleau-Ponty, or Camus who are all relevant to the topics under consideration. Neither does Jaspers reappear although his warnings about the alienatory state are perhaps more relevant than Heidegger's suspicions about technology that are quoted. However, the concentration on Heidegger adds a focus to this section, which probably justifies its selectivity, and makes this section the best in the book for me. Indeed I would add this book to the handful of other books, headed by Emmy van Deurzen's 'Everyday mysteries', which I could recommend as an introduction to Heidegger.

The final part of the book develops Heidegger as a post-modern thinker. Here, some unease sets in. Dr Bracken would clearly like Heidegger to provide answers, but neither Heidegger nor the existentialists who were inspired by him, nor the postmodernists do. I am not sure to what extent Dr Bracken has come to terms with this. In fact at times he seems to suggest that Heidegger believes that it is modernity that has taken away meaning and replaced it with anxiety, whereas it is Heidegger himself who posits that we are at our most authentic when we experience the anxiety and accept the reality of our own impermanence. Heidegger seems to despise the kind of life in which such anxiety is suppressed by the everyday. Yet it is precisely that everydayness that makes life homely, and gives it meaning.

The last two chapters should probably be seen as a postscript. They do not have the same clarity as the middle section and the argument confused me. Dr Bracken suggests two principles for finding meaning in a post-modern

age-respect for others, and action. He does not refer to the work of Levinas on alterity, or of Arendt on commitment, but their ideas have obviously come down to him from other sources. Respect for others and doing good: surely these come close to universal values, and they are certainly traditional.

Clearly this is an author, and a book, with his, and its, heart in the right place. There are some excellent summaries of difficult ideas in it, and it is welcome to see Heidegger's ideas given such importance. Defects showed only when Dr Bracken was becoming denunciatory. Then he oversimplified. We do not live in quite the world he described when he was on his soap-box. Not only is Western psychotherapy being actively taken up in China, Japan and Africa, contrary to what he said, but Eastern alternatives are widely taken up in Europe. Where, I wonder, did he become so distrustful of his colleagues? Surely even the most benighted of psychiatrists, feeling their way forward with their flashlight, do sometimes swing it around them and catch glimpses of their surroundings?

Anyway, this not really the right metaphor. Points of view are not like spatial perspectives in which one person sees forward, and another person sees all around. They are discourses, and we treat them as such. If I ask a potter to look at a plate, he might describe the glaze; a salesman might describe its beauty, or its utility; my mother might tell me it is very like one her mother had ... and so on. The potter's discourse is not worse, because it is so restricted, unless I have mistakenly gone to the potter for an aesthetic judgement. I would expect the potter to respect the sentimental value of the plate, but not to understand it. Only one of my family members could do that. Dr Bracken wants psychiatrists to be more than they can be, I think.

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Practical Child and Adolescent Psychopharmacology. Edited by S. Kutcher. (Pp. 467; £44.95.) Cambridge University Press: Cambridge. 2002.

This is an interesting and worthwhile book. It is not, however, the book I expected from its title.

Rather than being called *Practical Child and Adolescent Psychopharmacology*, it might be more accurately titled '*Theoretical Foundations of Clinical Child and Adolescent Psychopharmacology*'. Although there is much information on the 'nuts and bolts' of medication treatment for psychiatrically ill children and teens, the focus of the book is not on the practical details. Rather, the intent of the book is to delineate the degree to which current treatment is informed by scientific research. As a result, the practicing clinician will find it a helpful source for information on the intellectual underpinnings of current clinical practice in child and adolescent psychopharmacology.

Three of the book's 15 chapters provide overviews of different aspects of child and adolescent psychopharmacology. Chapter One, 'Child and adolescent psychopharmacology at the turn of the millennium', by Charles Popper, is a review of both the history of the field, and current controversies affecting practitioners in the US. Chapter Two, 'Developmental psychopharmacology', by Normand Carrey, Paul Mendella, Frank MacMaster and Stan Kutcher, covers neurodevelopment, from genetic, anatomic and physiological aspects. Chapter Three, 'Clinical aspects of child and adolescent psychopharmacology', by Gabrielle Carlson, provides a careful and detailed biopsychosocial framework for understanding young patients.

The remaining chapters are each organized around a specific diagnosis (depression, bipolar mood disorders, schizophrenia and related psychoses, obsessive-compulsive disorder, anxiety disorders, attention-deficit/hyperactivity disorder, pervasive development disorder, adolescent substance use disorder, tic disorders and Tourette's syndrome) or symptom cluster (aggressive behavior, eating disorders). The chapters follow a pattern: data on the adult disorder (symptom presentation, pharmacotherapy) is presented, followed by information on paediatric and adolescent symptoms and treatment. References to the scientific literature are extensive, reaching back to the earliest days of the field, as well as including the most up-to-date research. There is a strong historical emphasis, both on conceptualization of the disorder over time in children and adolescents, and on the history of medications that have been used in children, adolescents and adults. Relevant rating

scales are described, and references to the scales are provided.

Chapter 15, 'Medical psychiatric conditions', by Daniel Pine, Elizabeth Cohen and Yana Brayman, is placed at the end of the book. Because 'there are currently no published randomized controlled trials evaluating the utility of pharmacologic treatments in children with comorbid medical/psychiatric syndromes', the authors have chosen not to include a discussion of how one actually treats a child or teen with co-occurring medical and psychiatric illnesses. I think practicing clinicians will find this the least helpful of all the chapters.

An important aspect of the book is that current practice in several English-speaking areas of the world (Canada, Great Britain, US) is presented. As a result, medications not yet available to the American practitioner are included. Should these medications become available in the US, clinicians there will find this book to be a useful place to begin to learn about them.

Medications that have proved unhelpful are described. There is discussion of 'off label' use of many medications, reflecting current practice in the US. 'Combined pharmacotherapy' (aka 'polypharmacy') is discussed in a balanced way. Attention is given to non-pharmacological interventions, such as ECT and TMS. Always, there is awareness of the need to understand the child in the context of his family, and to obtain a very careful history and focused physical evaluation before beginning any intervention.

Many of the chapters contain useful tables. I would single out the tables in Chapter 3, 'Clinical aspects', and Chapter 10, 'Pervasive development disorder', as being particularly valuable in helping the clinician approach diagnosis and treatment in a systematic manner.

Throughout the book, the roles of psychotherapy (specifically, cognitive behavioural therapy) and psychoeducation for the patient and the family are discussed. The clinician designing a comprehensive treatment programme for a young patient will appreciate this aspect of the book.

In some areas, the book does not reflect the realities of current practice in the US. The use of tricyclic antidepressants and the older 'typical' antipsychotics as first line therapies is no longer considered acceptable practice in most communities. It is becoming less common to

recommend 'medication holidays' for children and teens with ADHD, as the impact of ADHD on all aspect of the young person's functioning is better appreciated.

I was surprised that there was no chapter on psychiatric medications during pregnancy and lactation. The practicing child psychiatrist is often asked to give advice on these topics and the field is now in flux. Earlier opinions tended to view exposure of the foetus and nursing child to psychotropics as generally inadvisable, in view of concerns about teratogenicity and possible negative impact on growth and development. More recent reviews reflect a greater awareness of the negative impact of untreated maternal mental illness on the foetus and young child (Ernst & Goldberg, 2002; Simon *et al.* 2002). A systematic review of these areas would have added to the utility of the book.

Another area that the book does not address, except in passing, is that of the use of herbal remedies, by both adults (Unützer *et al.* 2000) and children (Ernst, 1999). The safety of complementary and alternative medicine in children is not yet established. A practitioner would find a review of this area to be most helpful.

In summary, this book will be of interest to the practicing clinician, and to the advanced trainee, who is seeking an up-to-date, systematic review of child and adolescent psychopharmacology, from the perspectives of history, theory and practice.

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- Hyperactivity and Attention Disorders of Childhood, 2nd edn.* Edited by S. Sandberg. (Pp. 504; £44.95.) Cambridge University Press: Cambridge, 2002.

This book originally published in 1996 has now been updated to address the many advances that have occurred in the field of hyperactivity and attention disorders. This book forms part of the Cambridge Child and Adolescent Psychiatry series, which is aimed at both practitioners and researchers in Child and Adolescent Mental Health Services and Developmental and Clinical Neurosciences. This volume commences with a fascinating chapter on the history of the development of these disorders including the accidental discovery of the efficacy of amphetamines in the treatment of hyperactivity. The following chapter on epidemiological aspects of these disorders documents the development of the diagnostic criteria employed within the various classification systems. A number of issues are raised that require further research. For instance, the boundaries of these disorders and how sub-threshold cases fit into our understanding of the stability of these disorders is poorly understood. Similarly, the measurement of impairment is increasingly recognized as an important component of the diagnosis. The authors of this chapter highlight several research findings demonstrating that the presence of a clinical diagnosis of ADHD on its own does not carry a poor prognosis unless in conjunction with serious functional impairment.

The following chapter looks at cross-cultural and ethnic aspects of childhood hyperactivity and is an interesting chapter on how cultural factors influence aetiology, expression, course, outcome and epidemiology of childhood hyperactivity. This chapter reports how there is some evidence for ethnic differences in infant temperament and goes on to discuss how two of the main influences on children i.e. child-rearing practice and school environment are clearly different across different cultures. A chapter devoted to sex differences in these disorders provides a very thorough overview of the literature. It is well documented that there are differences in the sex prevalence of ADHD, which are partly due to referral bias but this does not account entirely for the difference. The authors discuss some literature suggesting that ADHD is less common in girls because of a general protection enjoyed by females as a whole. A chapter on classification highlights the uncertainty of the reliability and validity of various measures widely employed in ADHD research

and practice. There is an interesting discussion of many unresolved issues within current classificatory systems i.e. what does one do with a child who meets the criteria for one subtype diagnosis at home and the other subtype diagnosis at school? The authors suggest our current approach to diagnosis and classification may not optimally support emerging scientific developments in the study of hyperactivity.

The next chapter on the role of attention discusses various constructs thought to underlie ADHD and their measurement. This chapter highlights the misnomer of the title Attention Deficit Hyperactivity Disorder i.e. there is very little evidence to suggest that when measured, ADHD children do actually have any deficit in a number of their attentional capacities. This chapter discusses findings within the cognitive psychology literature that I suspect are not well known to the majority of clinicians and the chapter does a good job of consolidating a vast literature in this area. The following two chapters continue in similar subject areas but unfortunately manage to contradict some of the evidence presented in the previous chapter. Some authors, throughout the book, appear to make the assumption that behavioural inattention should be reflected in laboratory measured inattention, which is unfortunate. However, a discussion of the normal development of self-regulation is welcome as this is often overlooked but is important to understand before appreciating what might be abnormal development. There is a good overview of the multiple developmental pathways that lead to hyperactivity and to the later life outcome once a diagnosis has been made. The developmental perspective and how behavioural manifestations of the core symptoms of hyperactivity change over time and the influence this has on interpreting particularly adolescents who present for the first time with apparent ADHD, is dealt with particularly well.

It would have been helpful to have had the chapter on adult ADHD next, which would be a natural progression from this chapter, but instead an excellent chapter on behavioural molecular genetic studies follows. This is followed by an overview of anatomical and functional neuro-imaging findings in ADHD, a chapter that also provides an insight into the methodological and considerable practical difficulties

encountered in pursuing this line of work with children. The following chapter on psychosocial contributions to the development of ADHD symptomatology is particularly interesting and discusses the complexities of parent–child interactions and how these and other environmental influences may contribute to the development of symptoms. A chapter on institutional care as a potential risk factor for subsequent ‘ADHD type’ symptomatology highlights the need to be aware of the clinical picture of inattention and overactivity, which may be associated with impairments in selective attachment. The following chapter on treatment is actually a summary of the MTA Study and there is no other discussion of other treatments that may be beneficial in ADHD apart from a passing mention in the final chapter of this book, which is an interesting summary of where the field is at with regards to ADHD in adults.

This is an incredibly comprehensive book, which contains a wealth of information. As is often the case with many multi-author books there is some repetition, which in itself is not particularly problematical but some of the information provided is inconsistent and this could be dealt with perhaps in future editions. I think the omission of a chapter on ADHD medication, other than the chapter on the MTA study, is unfortunate. This book will appeal to a broad readership, and I would recommend it particularly to all clinicians working with ADHD children.

LINDSEY KENT

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Handbook of Depression. Edited by I. H. Gotlib and C. L. Hammen. (Pp. 624; £50.00.)
Guilford Press: London. 2002.

Drs Gotlib and Hammen have assembled an impressive group of contributors to provide a well-written, concise and thorough review of current knowledge in the area of depression. This book is organized in a coherent manner, with four parts devoted to the following domains: descriptive aspects of depression; vulnerability, risk and models of depression; prevention and treatment of depression; and depression in specific populations.

Part I begins with a succinct overview of epidemiology. In this chapter, Dr Kessler traces the development of survey techniques and allows ample space to emphasize the strengths and limitations of such methods. Among other important topics reviewed are point and lifetime prevalence estimates; the impact of subtypes, recurrence and co-morbidity on such estimates; the impact of depression on quality of life; and service utilization tracking. Chapters 2 and 3 cover the course of depression, effects of co-morbidity and subtypes on treatment outcome and modern assessment techniques. Particularly comprehensive and informative is the contribution of Dr Klein’s group, who review the association between depression and personality. A cogent treatment of theoretical underpinnings of this association is found here, which includes a review of the evidence to support respective models. Nicely tied together, in the remainder of this chapter, are methodological issues, an overview of the most well studied personality dimensions and the role of temperament. The authors address, in an eloquent fashion, the complexities inherent in untangling the contribution of personality disorders and mood disorders to clinical presentation. Part I of the text concludes with a chapter that compares the mechanisms by which depression manifests itself in bipolar and unipolar disorders. The authors provide succinct coverage of the evidence to support the notion that the course of depression is influenced by similar variables in both illnesses. The reader could have benefited here from more elaborate discussion of the development of modern classification systems, and recent theoretical work that suggests viewing affective disturbances as part of one spectrum of mood disorders (Cassano, Akiskal and Perugi among others).

Part II of the text flows nicely, from a focus on biological, genetic and neuroscientific risk factors to developmental, cognitive, interpersonal and environmental risk factors. Particularly sophisticated yet readable is the work of Dr Abramson’s group in chapter 11, which focuses on cognitive vulnerability–stress models of depression. In this chapter, the authors evaluate the empirical evidence to support the Hopelessness and Beckian cognitive theories, and then integrate a self-regulatory perspective with both models in order to advance a

comprehensive model of the cognitive vulnerability to depression. The authors' review of areas needing future research is exceptionally well articulated and is a natural extension of what is presented in the body of the chapter.

Part III of the text provides chapters on prevention and treatment, with the latter spanning psychopharmacological treatments, empirically-validated psychotherapies and considerations in treating children and adolescents. Despite its clear presentation, chapter 19 (treatment of depression in children and adolescents) may have been better placed in Part IV, and one could ask why the authors chose to cover treatment of children and adolescents as a separate entity when both populations are addressed in chapters 22 and 23. This, however, is a relatively minor point, and does not detract from the strengths of Part III of the book. An exceptionally fine job is done by Dr Hollon's group in reviewing the state of cognitive behavioural therapy (CBT). Specifically, this chapter provides a fine critical review of CBT literature, which includes acute and long-term evidence of efficacy as well as the mechanisms by which CBT has beneficial effects.

The book concludes with Part IV, which covers depression in specific populations. Included here are chapters focusing on gender, cultural, and age differences, as well as a chapter on suicide. All of these chapters capture the challenges of adapting assessment and intervention techniques to unique populations. Especially sophisticated is the chapter on suicide, where Dr Stolberg's group covers a range of topics, which include epidemiology, assessment of suicidal thoughts and behaviour, and risk assessment/management. Most relevant is the emphasis placed on the need to increase training experiences in suicide assessment and prevention for mental health professionals.

In summary, this book is well-written, presents the state of the field in a succinct manner, and identifies important areas for future research. This text is appropriate for mental health professionals working with depressed patients, graduate students in psychology and psychiatric residents. The authors chosen to write the chapters are leaders in their respective speciality, and they provide expert reviews of both existing research and promising new directions for the field. This book is organized in a coherent,

thoughtful manner and is likely to become an important reference for any professional who works with depressed people.

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Outcomes in Neurodevelopmental and Genetic Disorders. Edited by P. Howlin and O. Udwin. (Pp. 333; £42.95.) Cambridge University Press: Cambridge. 2002.

Outcomes in Neurodevelopmental and Genetic Disorders is the next book in the series from Cambridge University Press focusing on child and adolescent psychopathology, drawing on the best available evidence from an international perspective to inform practitioners in the field. With the current trends and clinical emphasis on evidence-based treatments for child and adolescent disorders, this text, emphasizing outcomes of the neurodevelopmental and genetic disorders, is a welcome volume. Although other recent excellent texts have covered very similar ground (Hagerman, 1999).

In general, the chapters provide well written, researched, up to date summaries of their chosen topics. In particular, the chapters concerning the rarer metabolic disorders and genetic disorders such as the Prader-Willi and Angelman's syndromes provide an excellent synthesis of the subject. This will be very useful for clinicians who may not necessarily be so familiar with these conditions as developmental paediatricians or geneticists.

As is the nature of these compilations, there is considerable variability in style between chapters. Some of the chapters are particularly successful in bridging their aim of providing an accessible and up to date account of these children, their progress to adulthood, and also 'what help they may need to see them safely along that path'. The chapter on hemiplegic cerebral palsy by Robert Goodman is exemplary in this in highlighting not only detailed research matter but also providing an excellent clinical feel about the developmental perspective of the child and family's progress. There is clear information regarding which interventions may or may not help. Unfortunately, not all chapters are so

successful. While to some extent this may reflect the acknowledged lack of research evidence in many of these areas, the chapter on attention deficit hyperactivity disorder I felt was particularly disappointing with respect to its discussion on the broader aspects of outcome and how the differing range of treatment options may alter the course. Surprisingly, there was no chapter discussing Gilles de la Tourette's syndrome and the psychological co-morbidities.

However, with those relatively small caveats, it is a very readable summary of our current state of knowledge in some neurodevelopmental and genetic disorders that will be of great interest to any professional working in this area.

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