

general psychiatrists would give their eye teeth to know the whereabouts of genetic loci for affective disorder and schizophrenia. Suggestions are given: affective disorder on chromosome six or eleven or the X chromosome; schizophrenia and psychosis on either chromosome five or the sex chromosomes. Subsequent work has not consistently replicated any of these diverse results; hence the notion of aetiological heterogeneity has been invoked. Contrariwise, evidence for linkage of early-onset familial Alzheimer's disease on the proximal long arm of chromosome 21 has become stronger since publication of this book.

The fourth section, on future research, is stimulating. Brain-specific genes and homeotic genes are well discussed. The last chapter predicts that the polymerase chain reaction will prove a more and more important technique and two years later this is obviously true. The epilogue on a DNA segment on the long arm of chromosome five, thought by some to be linked to schizophrenia in some families, is of interest. Although a gene for schizophrenia looks much less likely, a much rarer condition, spinal muscular atrophy, has just been mapped in this region. The appendix on genetic loci of interest to psychiatrists is a thoughtful addition. However, the typesetting format of the book and some spelling errors are minor detractions (e.g. "corion willi" should be "chorionic villi" and "load score" should be "lod score").

In summary, this volume is fairly costly for the hard-up psychiatric researcher, but could profitably be added as a reference work in his/her local library. Certainly, the book will enlighten all who want to know more of the new genetics of neuropsychiatric disease.

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**Principles and Practice of Forensic Psychiatry.** Edited by ROBERT BLUGLASS and PAUL BOWDEN. Edinburgh: Churchill Livingstone. 1990. 1584 pp. £150.

It's blue, bulky and expensive. This perhaps befits a milestone in forensic psychiatry in Great Britain, previously served only by a handful of short texts, some of them not even written by forensic psychiatrists.

Both editors are well qualified for this work. Bluglass holds a personal Chair in forensic psychiatry at Birmingham University, runs the largest medium secure unit in the country, and has been a significant lobbyist on Mental Health Law. Bowden holds one of the few remaining joint appointments, as a National Health Service consultant forensic psychiatrist at the Maudsley Hospital and a Home Office consultant to Brixton Prison. They have chosen over 140 authors from the UK, North America, Europe and Australasia, most of

whom are acknowledged as experts in their subjects, although a few are not. The range of contributors includes academic and practising lawyers and social workers, sociologists and criminologists, psychologists, psychiatrists practising in each of the recognised specialties in psychiatry, a civil servant, a statistician and a probation officer.

The text is divided into 15 sections which cover law, crime, the justice process, administration, services and the role of psychiatric disorder in offending, for adults, children and adolescents. It is reflective of society and the criminal justice system in focusing almost exclusively on the offender, with just 25 out of 1405 text pages reserved for victims. There is an excellent table of relevant legal cases, but an unfortunate omission is in the failure to list Government documents. The reference list is extensive and the index imperfect, but far better than most. A fascinating touch is provided by the 22 plates, of the bad and mad, the illustrious and some great institutions.

Advantages to the editorial style are undoubted in the breadth of information and views which have been gathered together. There are some eccentricities, but these tend to provide a levelling influence. The section on institutions and services, for example, does provide the expected chapters on the probation service and maximum and medium security in hospitals, although there is nothing from Gunn on prisons, not even a reference to the first chapter of Gunn *et al's* book *Psychiatric Aspects of Imprisonment*, in the section on the history of the prisons. The remaining contributions, however, imply friendship rather than theme, with entertaining chapters about a prison or two in Britain, elsewhere in Europe, a Dutch health facility for psychopaths and Danish forensic psychiatry services.

The disadvantages of the light editorial style are considerable. A significant problem is the tremendous repetition. In section IV, for example, on "The mental element in crime", chapters one and two contain so much overlap that the reader can spare effort and focus on the first as the more encompassing. In addition, the essentials of chapter five, on automatism, are well covered in three and four, and the chapter is also one example of a number of major imbalances in the book. In case terms, automatism is numerically insignificant, but, with the chapter on hypoglycaemia, more than 20 pages are thus devoted to it. The comparable allowance for all the other aspects of mental responsibility in English Law, including the repetition, is 33 pages, with just six each for Scotland and for the USA, and seven for Europe.

The main purpose of this book must be as a reference volume. Its organisation makes this difficult at times. Do not, for example, look in the section on "Law and psychiatry" for Mental Health Law. That comes under "Legislation", some 11 sections and more than a 1000 pages away. Those needing advice on being an expert witness through the criminal justice system must sample

extensively from at least each of sections I, III, IV and VII and VIII as well if their patient is not of majority. This seems a book primarily for senior practitioners.

Overall this is not a text for reading, although individual chapters will bring their own reward. It should be a useful source book. Ironically, as a textbook of forensic psychiatry edited by psychiatrists, it is the sections on law that are strongest. This is true even of the sections on child and adolescent law, which suffer an inevitable problem in a ever-changing field: that they had to anticipate the 1989 Children's Act through preceding bills rather than document the Act *per se*. I will certainly dip into the book and use the reference list. Should each have their own copy? That depends on how you want to spend the next £150!

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**Confidence Interval Analysis: Manual and Disk.** Edited by MARTIN J. GARDNER, STEPHEN B. GARDNER and PAUL WINTER. London: BMJ. 1989. 77 pp & disk. £65 or £45 NHS.

Statisticians are often heard to complain about the over-emphasis placed on significance testing by researchers in medicine and related disciplines, which frequently results in the literature of these subjects being liberally scattered with *P* values or 'stars' to indicate particular significance levels. In recent years such complaints have been taken to heart by editors of journals such as the *British Medical Journal* and the *Lancet*, who now expect scientific papers submitted to them to contain, where appropriate, confidence intervals rather than simply the presentation of a *P* value from a hypothesis testing procedure. This change of emphasis is to be applauded since in medical studies investigators *should* usually be interested in determining, for example, the size of difference of a measured outcome between groups, rather than a simple indication of whether or not it is statistically significant. Confidence intervals present a range of values, on the basis of the sample data, in which the population value for such a difference may lie.

The computer program Confidence Interval Analysis (CIA), designed for IBM-compatible microcomputers, should encourage the change from significance testing to the calculation of confidence intervals, since it is extremely easy to use even for that ubiquitous character, the research worker who is naive where statistics are concerned. The CIA is menu driven and can be used to provide confidence intervals for means, regression slopes, odds ratios, hazard functions, etc. Either raw data or summary statistics may be entered into CIA and the options of 90, 95 or 99 per cent confidence intervals

are provided. Data entry and error correcting are straightforward, and warnings are given when the confidence interval method chosen is inappropriate, for example, because of small sample sizes.

The program is meant to be used with the associated book, *Statistics With Confidence*, and together they should certainly provide the medical researcher with the tools needed to calculate confidence intervals in many circumstances of interest. In the long run this will, hopefully, lead to a further decline in those tables in medical journals which are so covered with 'stars' that they resemble a hotel guide book.

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**Hospital Closure.** By NANCY CORMAN and HOWARD GLENNERSTER. Milton Keynes: Open University Press. 1990. 173 pp. £9.99.

This book details the administrative, financial and political issues involved in the closure of Darenth Park Hospital, a large mental-handicap hospital which served almost half of the South-East Thames region. It makes interesting reading, possibly because the method resembles investigative journalism, albeit in a minor key.

The closure occupied the major part of the last decade. In this respect the book represents a splendid obituary for a style of managing affairs that already seems forgotten. For this reason it has an historical importance but not necessarily much relevance for the 'great leap forward' we are now embarked upon.

The clinical issues arising are dealt with in *Hospital Closure and the Resettlement of Residents* by Lorna Wing (1989, London: Gower Publishing).

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**When One Wants Out and The Other Doesn't: Doing Therapy with Polarised Couples.** Edited by JOHN F. CROSBY. New York: Brunner/Mazel. 1989. 240 pp. \$41.00.

The type of marriages focused on in this collection of 12 clinical essays are accurately referred to by the editor as "polarised marriages": those couples who present with one partner wanting to finish the relationship and the other wishing to continue it. The editor describes these as "non-pathological marriages", suggesting that they may have become "devitalised" and contrasting such couples with those who might present for help with a