

intoxication or trauma, and in at least one case, to the desire on the part of a paedophile, sadistic killer to spare agony to gentle, devoted parents who could not believe his guilt. (When they died, he willingly admitted all, and in due course was discharged.) Throughout the book, too, apart from a couple of obiter references, there seems to be little realisation that the predominant desire, of the psychotic and the non-psychotic alike, with very few exceptions, is not to get better but to get out. There are a few inaccuracies; for example, Broadmoor does not take its patients from "all parts of England and Wales"; Park Lane Special Hospital on Merseyside caters for its own Northern catchment area, from which it admits non-mentally-impaired patients. Broadmoor Hospital is part of the NHS, and comparisons should have been made with 'RHA administered' hospitals, not 'NHS' hospitals. There are several remarkable omissions from the bibliography, in that there is no reference to Professor Cyril Greenland's papers on the Special Hospitals in *Medicine, Science and the Law* (1969–1970), to the Aarvold Committee Report of 1973, to the exhaustive Report of the Parliamentary Estimates Sub-Committee (1968), to other authoritative papers published by the Institute of Criminology, University of Cambridge (Cropwood Round Table Conference, 1968) and in a Ciba Symposium on the Mentally Abnormal Offender (1968), nor to the Sandoz Lecture of 1976, delivered by Professor Nigel Walker. The numerous tables are full and informative, but the index is less than comprehensive.

The chapters on psychotic offenders are unexceptionable, and quantify the accepted knowledge that the offending mentally ill are not welcome in conventional hospitals. The chapters on psychopaths continue the discussion, a century and a half old now, of the role and effectiveness of the doctor and his team in the diagnosis and treatment of the antisocial personality disorder, and demonstrate the falling off of the numbers of "psychopaths" admitted to hospitals since the implementation of the 1959 Act. The kite of the "instant Sec. 47" disposal by the court is flown again, and vigorous arguments advanced to keep it in the air. I get the impression that the authors, and hospitals both Special and otherwise, would be happy to shed the burden of psychopathy, fashioned by Pritchard and bound on to medicine's shoulders by Henderson and the 1959 Act. The cords were loosened by the Butler Committee in 1975, and there is little doubt that both the Home Office and DHSS will welcome the results of this study.

This book should be read by all those interested in forensic psychiatry. There is much in it that most clinicians will agree with; but there is also enough contentious material to keep Journal Clubs heated and happy for quite a number of sessions.

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Child Care and Adult Crime. By BRIAN MINTY and COLIN ASHCROFT. Manchester: Manchester University Press. 1987. 232 pp. £29.50.

This book reports on a 20-year follow-up study of 300 children born between 1944 and 1953 and brought up in a socially deprived, inner-city area in the North of England. The study was conducted by analysing data obtained from files held in the social services' Child Guidance Clinic and Education Welfare Service Departments. The selection process yielded three matched comparison groups of 100 children; inevitably, there was an overlap between them. Criminal Records provided data on subsequent criminal histories. Surprisingly, the study found that boys who were admitted to care early, and who stayed longest in care, had a significantly better outcome, as measured by their criminal histories, than boys who were admitted into care later, and those who stayed for relatively short periods.

The book is intended for practitioners, although the authors hope it will also attract the interest of academics and service managers. The overview of previous research is comprehensive and should prove of considerable interest to those who wish to know more about the subject. The study itself has been conducted with great care, and considerable attention has been devoted to the statistical handling of the data. This, though, makes much of the book heavy reading and the chapters which report the results would have benefited from the insertion, or expansion in some cases, of a comprehensive summary and discussion. Because of the nature of the study there was no non-problematic control group, and follow-up criteria consisted only of criminal histories; it is a pity that the limitations, and even advantages, of such methodology were not discussed in more detail.

Despite the pitfalls, the results are of importance and will demand a considerable amount of re-thinking and re-planning of child care services if they are taken seriously.

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Child Sexual Abuse: A Handbook for Health Care and Legal Professionals. By DIANE H. SCHETKY and ARTHUR H. GREEN. New York: Brunner/Mazel. 1988. 264 pp. \$27.50.

This book, written in the main by two American child psychiatrists, is aimed at both clinicians and lawyers working with sexually abused children and their families. It is divided into four sections. The first provides an overview of normal psychosexual development and an attempt to place sexual abuse in a historical perspective. The remaining three deal with evaluation techniques, legal issues, and treatment. This is a clear, sober book dealing with an emotive and difficult topic, although

certain areas which should be central to the authors' aims are surprisingly sketchy. The chapter on the expert as witness is brief and lacking in discussion as to the nature of expert testimony. There is, however, a useful chapter on an often neglected area on the assessment and treatment of the perpetrator.

I have two general concerns over this book. The first, a minor one, is the ethnocentricity of the authors: there is little reference to work done outside the US. My major worry, however, is in the way the authors appear to have isolated sexual abuse and dealt with it as something apart from other factors in a child's life. In many cases where sexual abuse has occurred its effects are minor compared with the gross emotional abuse of which it is a part. It seems unreal to talk of sexual abuse as a single condition requiring certain sorts of treatment approaches. The authors note that there are moves to introduce a DSM category of 'sexual abuse child disorder'. Their only concern over this is in the possible labelling effects. In a previous chapter they have rightly shown how sexual abuse can be followed by almost any form of psychiatric disorder. This focus on the abuse itself leads to an over-emphasis on the role of the child psychiatrist as the determinor of truth, i.e. the person who will find out what really happened to the child. This is not really our role. The real contribution of the child psychiatrist must be to provide a comprehensive psychiatric assessment of the child in which any effects of sexual abuse can be seen in the context of the child's total development and needs. Despite these criticisms, the book does provide a useful introduction to the literature, and like it or not, referrals involving sexual abuse seem set to continue rising.

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Language and Speech Disorders: A Neurophysiological Approach. By E. M. R. CRITCHLEY. London: Clinical Neuroscience Publishers. 1987. 203 pp. £17.00.

Those readers familiar with Critchley's writings will not be disappointed by this book on language and speech disorders. Its subtitle is somewhat misleading, the essence of the book being to review disorders of language and speech but setting them in a much broader perspective than is usually the case. Critchley's approach is Jacksonian; it does not derive from Wernicke. He quotes Jackson at the beginning of his first chapter: "To locate the damage which destroys speech and to locate speech are two different things." Followers of Jackson, such as Head and Pick, are cited with approval. Critchley points out that it is unusual for patients to present with pure aphasic syndromes, and emphasises the importance of not overlooking the natural longitudinal progression of lesions presenting with aphasia in understanding such conditions.

Following a brief historical introduction, the disorders of speech and language which are covered are varied and comprehensive. Receptive disorders of language, autism, Parkinson's disease, and the linguistic aspects of schizophrenia are all discussed. In terms of mechanisms, the exploration of consequences of frontal lobe, thalamic, brain-stem and peri-aqueductal disturbances on speech are set alongside the role that neurotransmitters may play. This brings in the speech and language disturbances not only of Parkinson's disease, but also of such widespread disabilities as the Lesch-Nyhan syndrome, the Gilles de la Tourette syndrome, and the consequences of treatment with psychotropic drugs.

Some neurologists may distrust Critchley's use of some neurological concepts, e.g. para-epileptic phenomena; others will surely oppose attempts to move neurology away from the strict localisationalist viewpoint which has dominated the subject for many years. They should not be discouraged from reading this text, however, which is certainly not the diatribe against the established position which Freud's book on aphasia was, but which contains some useful information and many thoughtful paragraphs. It will certainly be of value to psychiatrists who wish to explore aphasia and related conditions from a neuropsychiatric point of view, and can be recommended for those interested in reading the kind of books that Critchley writes.

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Pocket Examiner in Psychiatry. By PATRICK MCKEON and EILISH GILVARRY. Edinburgh, London, Melbourne, and New York: Churchill Livingstone. 1988. 268 pp. £7.95.

This slim volume would easily fit into the side pocket of a white coat, but would be a tight fit in the back pocket of designer jeans. Since the book is aimed at MRCPsych candidates, final year medical students, and other post-graduate doctors, the problem of jeans should rarely arise.

No reference is made to the cover photograph, which resembles a micrograph of gastric mucosa, but could be the hippocampus.

The book consists of 399 (why not 400?) questions covering the major topics in psychiatry, presented in random order, which are to be answered aloud to a colleague before reading the text answer which is to be found later in the book. This is to prepare the candidate for "the uncertainty and immediacy" of oral examination, but the format does not allow systematic study of a particular topic. The text contains the answer to the question, followed by references to well-known post-graduate textbooks or selected review articles. Although