some parents of children with autism had social and communication problems (so-called 'refrigerator parents') was widely taken to mean that poor parenting led to the syndrome. The result was that many parents felt blamed for causing their child's problems. Treatment often included psychotherapeutic and regressive approaches that focused on repairing faulty relationships.

The situation nowadays could scarcely be more different. Autism is viewed as a developmental disorder unrelated to schizophrenia. The mainstay of treatment is therefore a developmentally oriented educational and behavioural programme. The association between autism and social or communicative deficits among relatives is now thought to be the result of a shared genetic liability. Recent molecular genetic studies have identified several promising loci for these genes.

This book contains many other examples of how research has influenced modern child psychiatry. Barbara Maughan, for instance, draws out some of the lessons from longitudinal studies. The chapters on classification, neuropsychiatry and conduct disorder also illustrate the huge research advances of the past 40 years and Rutter's important contributions in each of these areas. But my favourite parts of the book are those that describe Rutter's clinical skills and his clinical approach. His research contributions have been so great that it is easy to forget what a skilled clinician he is. These skills are well illustrated in his own chapters on autism, and also in Ann Le Couteur's moving tribute to him. All in all, this is a book that will be of use not only to researchers but also to clinicians of all disciplines.

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## Research and Innovation on the Road to Modern Child Psychiatry. Volume 2. Classic papers by Professor Sir Michael Rutter

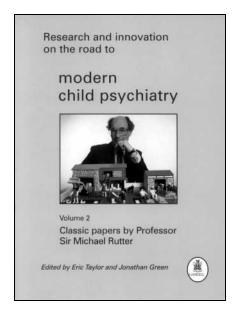
Edited by EricTaylor & Jonathan Green. London: Gaskell. 2001. 340 pp. £25.00 (pb). ISBN 0 901242 63 3

As Eric Taylor points out in his introduction to this book, no one has contributed

more to child psychiatry than Michael Rutter. The sheer volume of his work is impressive – more than 30 books and 300 scientific papers. But what makes his work so important and influential is not its volume but two other features. The first is quality. He has produced an extraordinary number of classic original studies and reviews, many of which are still widely cited. The second is its breadth. Rutter's work has covered much of child psychiatry, ranging from landmark studies of the importance of psychosocial factors to some of the best research on genetics.

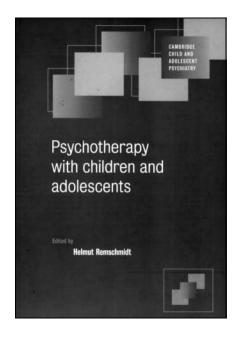
In this second volume of papers published to celebrate Michael Rutter's achievements, Taylor & Green had the unenviable task of choosing from among his many classic papers a selection that would demonstrate his huge contribution to child psychiatry. They have done a good job. The papers included here not only represent some of the best of his work but also its pervasiveness. Thus, the reader will find classic accounts of psychiatric interviewing techniques, large-scale epidemiological studies, state-of-the-art molecular genetic designs, longitudinal research and, of course, psychosocial risks. However, this book is not in any way a history of child psychiatry. Much of the material is of real relevance to current academic and clinical work and it deserves to be widely read.

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## Psychotherapy with Children and Adolescents

Edited by Helmut Remschmit, Peter Matthias Wehmeier & Helen Crimlisk. Cambridge: Cambridge University Press. 2001. 576 pp. £44.95 (pb). ISBN 0 521 77558 2



The title of this book is misleading, as it is more a general textbook than a specific volume on psychotherapy. It is divided into four main sections: principles, methods, specific disorders and different settings. Only evidence-based methods are described, although several of the chapters mention that there are few satisfactory studies. All diagnostic categories are dealt with separately, which leads to the repetition that is often a problem in multi-authored books.

The basic principles underlying the way the material is presented would be agreed by most practitioners: (a) specificity of intervention to the problem; (b) the importance of keeping a developmental perspective; (c) variability of the method depending on setting; and (d) evaluation of effectiveness.

The point is made repeatedly that a range of therapies may be used in any one case and that a flexible treatment model is necessary. Most generalists in the field would recognise this as the way they work. There is discussion of medication, parent-training and the range of behavioural interventions as well as the different types of psychotherapy.

The chapter on current activity in Germany reveals that little medication is used, parents are seen as well as children and that a flexible, multi-modal treatment tends to be used to fit each case. This seems at odds with the rigid framework of the book.

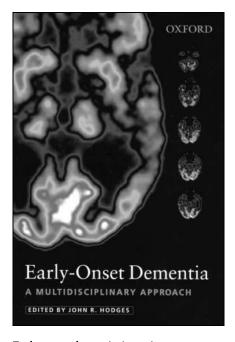
I liked the chapter on quality assurance and the need to allow for innovation and imagination and to not be imprisoned by treatment protocols.

This is a very inclusive book and not easy to read. It could be useful as an overview of treatments in child psychiatry or as a reference for reading up on possible actions in certain situations. Although there is an extensive bibliography, it is almost all in German. My preference would be for a more straightforward textbook and a range of specialist texts for the detail.

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## Early-Onset Dementia: A Multidisciplinary Approach

Edited by John R. Hodges. Oxford: Oxford University Press. 2001. 478 pp. £75.00 (hb). ISBN 0192630342



Early-onset dementia is an important area for clinical practice and research and tests the mettle and resources of both old age and general adult psychiatrists. The impact of early-onset dementia on sufferers and their families can be devastating. All the more reason to be practised and knowledgeable in approaching its diagnosis and treatment.

John Hodges's book consists of 20 multi-authored chapters on different aspects of early-onset dementia, from epidemiology through assessment and diagnosis to management. Each chapter ends with a number of key points. A comprehensive synthesis of clinical and basic aspects of early-onset dementia is presented. The reference list is comprehensive in relation to early-onset dementia as contrasted with Alzheimer's disease or dementia in general. The text is amply augmented by tables, images and illustrations. The chapter on clinical assessment and bedside tests is particularly useful. Other outstanding chapters are on neuropsychological assessment and neuroimaging.

The book does have some gaps. An area that I would like to have seen covered is the clinic model and how it works in a truly multi-disciplinary fashion. In this regard, Hodges refers us to another textbook but a critical appraisal of the Cambridge model and alternatives could have pointed providers setting up early-onset dementia clinics in the right direction. Also, a chapter on service provision beyond the memory clinic model and how we should be moving forward in this direction would have been helpful in informing opinion in this much neglected area. Carer burden can be extreme in early-onset dementia and some consideration of this topic and advice on management from a multi-disciplinary perspective would also have added to the value of the book.

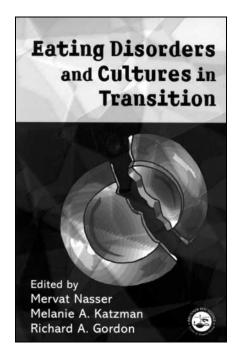
However, this is a book that I expect to use regularly and profitably. I would recommend it to anyone with an interest in dementia and to those of us who work in memory clinics and continue to be challenged by our early-onset dementia cases.

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## **Eating Disorders and Cultures in Transition**

Edited by Mervat Nasser, Melanie A. Katzman & Richard A. Gordon. Hove: Brunner Routledge. 2001. 201 pp. £30.00 (hb). ISBN 041522859 X

The three editors of this interesting book are authorities on eating disorders and each



has wide experience of sociocultural issues. They bring together authors and perspectives from around the world to provide the cutting edge of opinion.

The book is organised into nine main chapters, each answering a different question. Each chapter is followed by two commentaries, one written by a clinician and the other by an expert from fields such as sociology, economics and anthropology. The purpose is to create debate about each of the questions posed. As none of the chapter authors had seen the responses before the book went to press, the views expressed in the chapters have not been influenced or altered by the commentaries. The use of commentators from widely differing disciplines is very thought-provoking and fosters involvement in the debate.

The questions posed are diverse. Topics include the notion of eating disorders as culture-bound syndromes, the recent emergence of eating disorders in Black South African women, the meaning of selfstarvation in China, as well as the possible political and economic meanings of the pursuit of thinness in Argentina. The identity struggle of women in changing societies is a recurring theme and is proposed as a possible factor in the increase in the incidence of eating disorders. However, there is little robust evidence with which to compare current levels of eating disorders, as most epidemiological studies on eating disorders are relatively recent.

Although many of the clinical accounts focus on local issues, they are surprisingly