psychiatry. At follow-up, 16 months after the intake began, there were 67 cases closed; these were evaluated by two clinicians, mutually blind to each other's assessments. The assessments were made from recordings of the parents' overall description of their children's present state. Inter-observer disagreement occurred in 5 out of the 46 cases assessed by both.

The interesting result was that response to intervention was greatest with behaviour disorder (76%) and least with neurotic disorder (57%). This is opposite to the generally held view, supported by numerous studies (West & Farrington, 1977; Mulligan *et al*, 1963; Richman *et al*, 1982), that behaviour disorder is difficult to treat and has a poorer prognosis than childhood neurosis (Rutter, 1972; Kovaks *et al*, 1984).

Perhaps the introduction of a family therapy approach (which always involves the father in our clinic) changes the prognosis compared with more traditional therapeutic approaches. A three-year follow-up of all 207 cases will be completed shortly

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Indecent Exposure – A Report of a Female

SIR: Indecent exposure is a rare problem in women (O'Connor, 1987), and the few reported cases are generally associated with factors such as hypomanic episodes or alcohol use. We report an ex-nun with a history of inappropriate sexualisation as a young child, referred because of genital exposure.

Case Report: A 36-year-old sales assistant was referred because of feeling depressed and a six-year history of genital exposure, usually to authority figures: for example, the mother superior while living in a convent, and the priest running a therapy centre. She had also exposed in order to get attention when feeling miserable and lonely. The exposure was planned; she would enjoy a response of shock and anger and lie on the floor kicking her legs, talking in a babyish fashion, and hoping to be smacked. She would also make repeated telephone calls, and haunt the front door of her victims (usually women).

The patient's mother had no time for talking, playing, or cuddling with her four children (her husband was a violent man and a heavy drinker), and would masturbate her children to comfort them if they were upset; their only bodily contact was smacking. Her younger brother was impotent as an adult, and our patient had never had a sexual relationship, but enjoyed looking at other women's bodies.

We aimed to help the patient to make friends and to relate normally in a therapeutic community of patients with mainly long-term neuroses, while continuing at work. She managed to keep this job, but made no friends and continued to expose to senior nursing and medical staff.

This report illustrates the lasting damage of inappropriate sexualisation in a young child (Mzarek & Kempe, 1981). She had no experience of affectionate non-sexual handling, and attached erotic sensations to non-sexual infantile behaviour and so regressed in this way. This was sexual abuse from stressed parents who did not derive sexual gratification themselves but were in need of help with their family. Early intervention in such families is very important (Werner, 1985).

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Mania Following Head Injury

SIR: We read the report by Clarke & Davison, (*Journal*, June 1987, **150**, 841–844) and would like to report another example.

Case Report: A 38-year-old self-employed married businessman was admitted in May 1987 for investigation and