

in psychiatric patients. A few of them may be mentioned: the Buss–Durkee Hostility Inventory with its sub-scales including ‘physical aggression’ (Buss & Durkee, 1957) or the Brown–Goodwin assessment for lifetime history of aggression (Brown *et al*, 1979). Assessment and classification of such complex phenomena as aggression should not be based on only one scale, especially in genetic studies with their substantial clinical and possibly forensic/legal implications. Nevertheless, we hope that this research may provide more insight into the biological mechanisms underlying aggression.

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## Post-traumatic stress disorder and management of stillbirth

Lovett (2001), commenting on our article ‘Incidence, correlates and predictors of post-traumatic stress disorder in the pregnancy after stillbirth’ (Turton *et al*, 2001) took issue with our reporting a possible association between post-traumatic stress disorder and holding the dead infant which did not reach statistical significance.

We should like to make two points. First, we were at pains to make it clear that numbers were small and not significant statistically. Second, although your correspondent could not know this at the time of writing, we have subsequently published a paper reporting a significant relationship between seeing the dead infant and disorganisation of mother–infant attachment in the next-born child at the age of 12 months (Hughes *et al*, 2001). This was an unexpected finding for us.

Our main concern is that a profound change in clinical practice (seeing and holding the dead infant) was introduced with great enthusiasm in maternity units in the UK and elsewhere on the basis of limited and non-systematic clinical observation. Our published findings to date do not offer any evidence in support of this practice. We concur with Dr Lovett that this is an area which demands further investigation and rigorous evaluation.

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## Psychiatric morbidity and elderly offenders

While I agree entirely with Fazel *et al* (2001) that there is an unmet need for psychiatric care for elderly offenders, I wonder whether this need is even greater than is implied by their paper. It is important not to forget those elderly people who do not

actually end up in prison but have committed crimes. Yorston (1999) notes that the elderly are less likely than younger offenders to have custodial sentences or fines imposed and are more likely to receive probation orders. Lynch (1988) postulated that the public’s sympathy for the perceived frailty of the elderly is likely to lead to this group being treated more leniently. Bergman & Amir (1973) have also noted a tendency for families to hide deviance, which may lead to offending behaviour in this group being underreported.

One revelation to me which emerges from Fazel *et al*’s paper was the relatively high number of offenders imprisoned for drug offences (29/203). Older studies (e.g. Taylor & Parrott, 1988) suggested that drug-related crime was of a much lower incidence: indeed, in their study of elderly custodial remand prisoners none aged 55 and over had been charged with a drug-related offence, although they noted that misuse of alcohol appeared to rise steadily with age. I wonder whether Fazel *et al* are showing us that the victims of the drugs culture, traditionally thought to have been established in the UK in the 1960s, are now starting to feature among the elderly?

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Elderly mentally disordered offenders are underresearched and poorly understood, but Fazel *et al* (2001a) demonstrated high levels of ‘hidden’ psychiatric morbidity in a sample of male prisoners over 60 years of age.

The cases of the former Chilean dictator Augusto Pinochet and of Ernest Saunders, involved in the Guinness financial affair, illustrated the inherent difficulties of the older person in the forensic setting.

This was demonstrated when Saunders became the first case to make a full recovery from a diagnosis of Alzheimer's dementia.

In Fazel *et al*'s two related papers (2001a,b), significant levels of both psychiatric and physical morbidity are clearly evident that will surely have future service implications as the elderly prisoner population continues its inevitable rise. Prison services for elderly inmates have been slow to develop despite the Reed report (Department of Health & Home Office, 1992) that acknowledged the complex nature of elderly prisoners and demanded a 'holistic' approach in their management.

Yorston (1999) contemplates the future of old age forensic psychiatry as a sub-speciality akin to those of learning disabilities and child and adolescent psychiatry. As the number of elderly mentally disordered offenders presenting currently is small, but increasing, he suggests that a regional tertiary referral service for the most difficult or serious cases, with close links between the relevant forensic and old age services, might be preferable at this time.

An integrated approach between old age and forensic services using their different areas of expertise will make assessment and management of elderly offenders more comprehensive, as opposed to management by one team alone. This is in keeping with standards 2 (person-centred care) and 7 (mental health) of the National Service Framework for Older People (Department of Health, 2001), which emphasise the importance of an integrated approach to assessment and care-planning through liaison with specialist services for older people. Standard 2 also suggests that the National Health Service and local councils should ensure a flexible and integrated approach to service provision, regardless of professional or organisational boundaries.

To date, elderly offender research has almost exclusively been retrospective but the studies by Fazel and colleagues suggest that a substantial prospective study of

elderly offenders would not only be feasible but also desirable to improve our poor knowledge of this important group.

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### The evolutionary psychology debate

I am very much honoured that a prominent scientific writer like Rose (2001) treats me with the same method as he and his circle have treated E. O. Wilson in their recent collection of essays (Rose & Rose, 2000). Being a mere practising psychiatrist, it puzzles me why it has become acceptable for the anti-sociobiology/evolutionary psychology movement to misquote their opposition, in either a patronising or an openly hostile way, attributing hidden agendas to those who dare to think about human behaviour and psychological functioning in an evolutionary context. Clearly, they feel that the end justifies the means, and that their version of the truth has to be defended at any cost.

Segerstråle (2000), in a detailed analysis of the sociobiology debate, compared the two camps of scientists to gardeners: one side representing the planters, and the other the weeders. It seems to me that both tasks are important in the development of

the perfect garden of science. Rose appears to be an overzealous weeder, who is afraid that the dangerous weed of evolutionary psychology will destroy his garden and tries to kill it at every opportunity. The effort is unlikely to succeed. However, I need to point out that in my previous letters concerning the evolutionary psychology debate (Ayton, 2000, 2001) there was nothing to imply 'some sort of conspiracy in psychiatry to ignore biology' (Rose, 2001). About 30–40% of all psychiatric references on the Medline database are biological studies, so there is no lack of biological studies and theories. However, what is lacking is a coherent theoretical framework; and evolutionary theory is largely ignored by psychiatric training or academia. It is untenable to state that only proximal causation is relevant to mental states or human behaviour. This was recognised by Darwin and beautifully demonstrated by Bowlby. Despite initial strong criticism, Bowlby's contribution to the understanding of the mother–infant relationship has become fundamental, and has wiped out earlier explanations.

If 'nothing in biology makes sense except in the light of evolution' (Rose, 2001), then surely, human beings and their behaviour cannot be excluded on scientific grounds.

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