

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.

**Richard Harrington** Professor of Child and Adolescent Psychiatry, Royal Manchester Children's Hospital, Hospital Road, Pendlebury, Manchester M27 4HA, UK

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

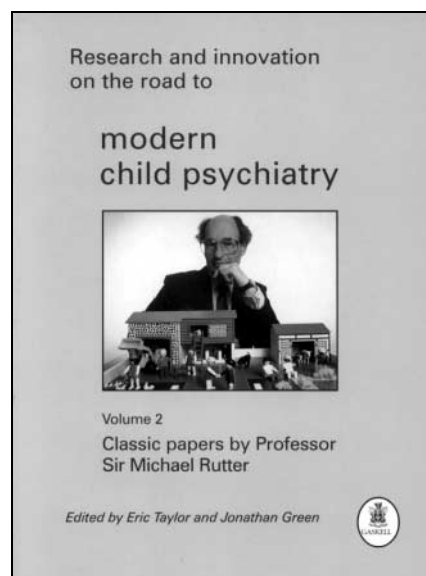
Edited by Eric Taylor & Jonathan Green.  
London: Gaskell. 2001. 340 pp. £25.00 (pb).  
ISBN 0 901242 63 3

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.

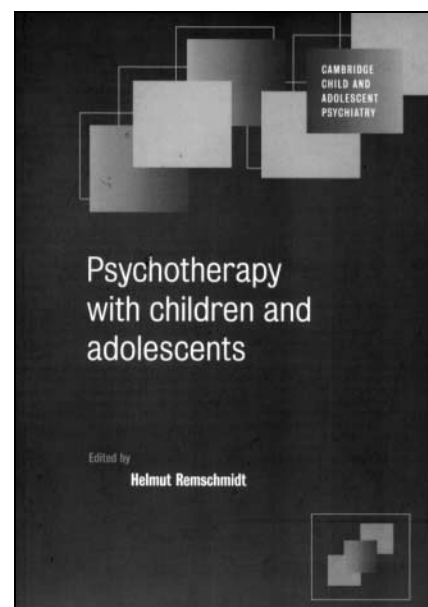
In this second volume of papers published to celebrate Michael Rutter's achievements, Taylor & Green had the unenviable task of choosing from among his many classic papers a selection that would demonstrate his huge contribution to child psychiatry. They have done a good job. The papers included here 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.

**Richard Harrington** Professor of Child and Adolescent Psychiatry, Royal Manchester Children's Hospital, Hospital Road, Pendlebury, Manchester M27 4HA, UK



**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