

sexual problems of the ageing male, but equally criticises medical approaches where the evaluation of psychological factors is “cursory at best”, with the focus on the penis at the expense of the individual and the context of his life. This is emphasised by the helpful and judicious use of case histories to illustrate the full range of presenting problems.

This is an authoritative yet readable book that should be helpful not just to those working specifically with older patients or in psychosexual clinics, but to any clinician interested in sexuality and how people in our society come to terms with the physical and psychological changes of ageing.

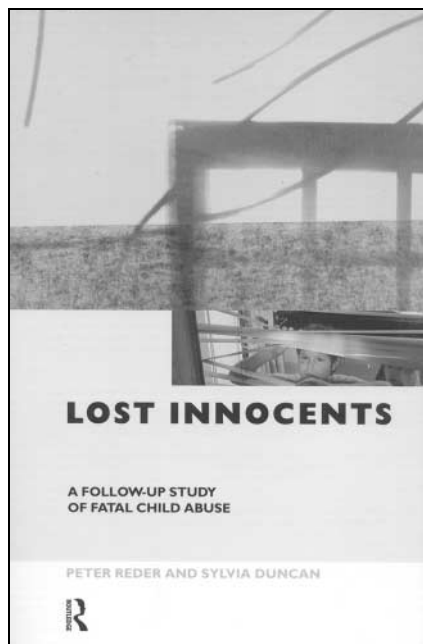
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Lost Innocents: A Follow-Up Study of Fatal Child Abuse

By Peter Reder & Sylvia Duncan. London: Routledge. 1999. 178 pp. £14.99 (pb). ISBN 0 415 20270 1

This excellent book reports on the authors' second major study into fatal child abuse in the UK. It is a follow-up to their report, *Beyond Blame* (Reder *et al*, 1993). The book describes the findings of their study of the 112 part 8 reviews (a part 8 review is the procedure carried out by local area child protection committees and local authorities after a child has been killed or seriously harmed by his or her caregivers) reported to the Home Office during the year ending March 1994.

Reder & Duncan describe many significant findings, outline implications for practice and make important recommendations. For example, they suggest that many assessments of risk are inadequate, owing to a failure to obtain comprehensive information on caregivers. They discuss ‘cumulative error’, where a number of factors or decisions (each of which may be relatively harmless) may interact and compound each other so that the risk of a disaster is greatly increased. The need for a coherent framework to guide assessments is discussed. Strong arguments are made for the adequate resourcing of services and proper



training and supervision of professionals. A revised model for case reviews, which would both allow for disciplinary action where appropriate but also enhance opportunities to learn how to improve practice, is considered.

This book, attractively presented, with well-chosen case vignettes and excellent reference list, author and subject indexes, should be required reading for health, social services and other professionals involved in working with children, especially (but not only) in child protection work. Professionals (including psychiatrists) who work in adult services should also read it, as they may be in a position to make important contributions to the identification and prevention of child abuse. Those responsible for planning services and allocating resources also need to consider the messages of this study. It is to be hoped that the findings of Reder & Duncan, along with other recent work in this area (e.g. Dent, 1998), will help in developing services to protect children from harm.

Dent, R. (1998) *Dangerous Care: Working to Protect Children*. London: The Bridge Publishing House.

Reder, P., Duncan, S. & Gray, M. (1993) *Beyond Blame, Child Abuse Tragedies Revisited*. London: Routledge.

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The Use of Psychological Testing for Treatment Planning and Outcomes Assessment (2nd edn)

Edited by Mark E. Maruish. London: Lawrence Erlbaum. 1999.

1507 pp. £200.00 (hb). ISBN 0 8058 2761 7

This large volume is divided into four sections. The first begins with three useful chapters on the use of psychological tests in psychiatric screening, treatment planning and outcome evaluation, respectively. The section also contains good chapters on statistical procedures for single case designs and for group data, and a rather pedestrian chapter providing guidelines for the selection of tests for planning treatment and assessing outcome.

The bulk of the book consists, not, as one might expect, of review of available instruments for use in different circumstances, but of chapter-by-chapter reviews of particular instruments. In themselves the chapters are a useful source of information concerning these tests. However, no rationale is provided for the choice of the instruments reviewed or the exclusion of alternatives. Some are obvious choices, such as the Beck scales and the immortal Minnesota Multiphasic Personality Inventory and Rorschach test. For others, I would have liked to have been convinced that these were the best available measures of their kind. From the point of view of a UK reader, the choice reflects the North American origins of the book and omits such widely used measures as the General Health Questionnaire. Another example is the assessment of marital satisfaction by means of the Snider and Aikman measures, whereas in the UK the Golombok-Rust Inventory of Sexual Satisfaction is preferred. Interestingly, the only measure of British provenance is the Hamilton Depression Inventory, an Americanisation of Max Hamilton's standardised clinical interview published in 1960.

There is a loose structure to each chapter which involves a description of the development of standardisation, psychometric properties, uses and interpretation. Beyond this the editor appears to have left it to the discretion of individual authors. Some have included case examples, some problems and limitations.

A book of this size is unwieldy. Even if one accepts that it is unlikely to be anyone's choice of bedtime reading it is unnecessarily bulky, even as a reference work. Fewer and fewer people work with both children and