continued, or whether the child should be moved to long-term foster parents with a view to adoption. It is very easy with hindsight to come up with attractive sounding solutions, and no child psychiatrist could have contributed anything unless he or she were prepared to devote massive thought, time and energy to the case.

What about the actual medical contribution? Here again there are a number of learning points. In the early stages, when the children were brought to hospital with injuries, neither senior medical staff nor the social workers were informed, with the result that immediate protection was not made available for the children. In the initial assessment, the doctors are said to have focused on organic aspects of the case rather than participating in the complete developmental and psychosocial assessment that could have revealed the depth of the problem through a coherent multidisciplinary formulation.

Thereafter, scrupulous follow-up with particular care in developmental surveillance in collaboration with the health visitors could have helped prevent the tragedy. Medical support is needed in the arduous activity of management as well as in diagnosis. The lessons are here. Let us all learn from them.

The Role of Infertility in Adoption by Cecilia M. Brebner, John D. Sharp and Frederick H. Stone. London: British Association of Adoption and Fostering. 1985. Pp 75. £4.

This is the seventh small volume in BAAF's discussion

series on aspects of fostering and adoption practice. In the current climate of there being relatively few children for adoption compared with the number of prospective adoptive parents, most attention is now devoted to the fostering and adoption of children with special needs, such as older children who have spent time in care, emotionally disturbed children and children with mental and physical handicaps. This book is therefore unusual in that it concerns children adopted in the early weeks of life.

The hypothesis underlying this work is that the disappointment of infertility may significantly interfere with the parents' developing relationship with the adopted child. Twenty adoptive parents were interviewed within two to four weeks of placement, and again when the children were six months old. The special tasks of adoptive parents are helpfully described and there are interesting descriptions of the development of parental attitudes and of the stresses experienced during the assessment period and when the adopted child has a difficult temperament. This is not a formal research project, however, and there is a need for much more research to help answer questions such as whether unresolved disappointment leads to family relationship problems later on, or psychiatric disorder, or adoption breakdown, or difficulties in informing the child of his adoption status. The helpful hints in this booklet need to be energetically followed up.

A. R. NICOL

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## New Constant Current ECT Machines

It has recently come to the notice of the ECT Sub-Committee that a number of users are finding these machines to be less effective than the Ectron Mark 4machines which they have replaced. We would appreciate any comments from members about this situation. I have been in touch with Dr Russell of Ectron Limited and he is prepared to increase the output on recently purchased machines if this seems desirable.

Chris Freeman Chairman, ECT Sub-Committee of Research Committee

## Help with Research

We would be grateful to hear from colleagues who have under their care, or have had in the past, children from families where one parent had killed the other. We have collected a small series of families and would like to collaborate with other colleagues in looking at the effects on the children. Please contact: Dr Dora Black, Consultant Child Psychiatrist, Department of Child Psychiatry, Royal Free Hospital, Pond Street, Hampstead, London NW3 2QG.

## MSc in Clinical Psychotherapy (University of London)

Applications are now invited for the next intake of the MSc in Clinical Psychotherapy in St George's Hospital Medical School. The course will begin on 1 October 1986 and will consist of three academic terms of 10 Mondays per term for three years. Medical graduates, normally Senior Registrar and above, or Principal General Practitioner, are eligible to apply. The course fees are set by the University of London (currently £272 per term). The course directors are Dr S. Lieberman and Dr A. Powell. Enquiries to: Mrs Linda Hensman (Course Secretary), Department of Psychotherapy, Level O, Jenner Wing, St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE. Telephone 01-672-1255, extension 5470.

## Laughlin Prize

With effect from the Membership Examination of November 1985, the monetary value attached to the Laughlin Prize (*Bulletin*, February 1986, 10, 34) has been increased to £250.