legs amputated. Heavy lifting gear flown in by the Austrians had been hijacked at gunpoint by local Armenians; the rescue workers had been forced to rework a site by relatives, though they were released unharmed after 12 hours. Because of the curfew the Austrian army would not return me to the United States camp till dawn; the two members of the rescue team had arrived back after spending all night working on the site without finding a child. Other team members later joined other groups in various locations, but after 48 hours it became clear that the rescue attempt was over. We returned to Yerevan by aeroplane and spent several days helping in different hospitals.

Our impression was that the death toll in Leninakan was at least four times the official figure of 25 000. Most people had died instantly. Survivors were mostly uninjured people from the street or those who had small peripheral injuries from falling masonry; some people with severe injuries made it to a reasonable hospital, but many died subsequently. The sense of desolation and despair was tangible. All the usual "helping" agencies had been destroyed, and all four hospitals had been flattened. If the local response is to be effective it must first survive the disaster, a fact often forgotten when unwarranted criticisms are made.

Lockerbie

Two days after our arrival home Pan Am flight 103 exploded in mid-air and crashed into the Scottish town of Lockerbie. A telephone call from Royal Air Force Edinburgh said that two helicopters were to be diverted to Manchester to pick up the rescue team. We had 20 minutes to get to the airport. After a flight of 75 minutes we landed by a large crater that was burning fiercely. The police transported us to the command and control centre in the town, where a local general practitioner was site medical officer. A team from Edinburgh Royal Infirmary was already on site, and several local immediate care doctors were working with them. We split up and accompanied rescue teams over the hills. We found many bodies: those that had left the aircraft at altitude were naked but mostly intact.

We could only tag them because the investigators had instructed that nothing should be moved until photographed and videoed. We moved across the hills in the dark, feeling and looking for human remains. The ambulance crews were tense and fearful of finding someone in need of resuscitation and expressed relief at having medical help at hand. The possibility of finding injured townsfolk remained high, and the search continued without a break.

As day broke we were out again, this time to the site where a large section of fuselage had fallen on houses. A row of gardens was strewn with bodies, Christmas presents, clothes, and luggage, perhaps the most harrowing image that remains. At 2 pm we stood down as more doctors had arrived to accompany the search. Human remains are confidently and quickly identified by doctors, and rescue workers appreciate this. We should not lose sight of the effect our presence alone can have at such incidents. As no aircraft was available we were advised to take the train to Manchester; the fare was provided by a social worker as we had no money. We arrived back at 7.30 pm, 24 hours after the disaster.

Disaster coordination needed

Planning for major incidents in the United Kingdom relies almost exclusively on the local response, in spite of the call for and use of outside help in recent incidents. The alerting, dispatch, and coordination of this help should be through a disaster coordination centre. This centre would ensure that additional help is drawn from a recognised pool of experienced teams. When required to respond abroad a small core team should be dispatched first, ideally by military aircraft, directly to the site of the disaster to assess the specific nature of any further aid. Doctors are a crucial part of the rescue attempt for triage, appropriate resuscitation, rapid and accurate identification of human remains, and the care of rescuers themselves. They must already have had experience of on site medical care and functioned as part of a multidisciplinary team.

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How To Do It

Prepare a Festschrift

Greg Wilkinson

The word Festschrift (German *fest*, festival; *schrift*, writings; Pl. -en, -s) is commonly used to designate the volume of essays, papers, and the like prepared by colleagues and friends as a tribute to a scholar or savant on some special occasion—usually on reaching a certain age, stage of career, retirement, or anniversary. "Festschriften," as Gerd Buchdal says, "are for men who have put their stamp on some branch of enquiry during a certain period of time."¹ Although the first recorded use of the word in English was in 1901, there is still no satisfactory English equivalent. The preparation of a Festschrift is most commonly undertaken in the German speaking countries. Elsewhere it is much less common, more often a tribute to distinguished figures in the humanities and the basic sciences than in medicine.

Until now there has been no generally accepted method of preparing a Festschrift: varieties differ

considerably in form and content. The typical format is most often that of a special issue or supplement of a learned journal, or of an obscure publication, rarely read (except by the recipient) and destined for a neglected library shelf. Many, if not most, examples of the genre, whether emanating from the arts or sciences, emerge as no more than an ephemeral medley of stale material, reminiscences and anecdotes, flavoured with flattering commentaries on the person concerned.

As a consequence, the task of preparing a Festschrift is often perceived as a dutiful chore, a secular act of devotion designed to give pleasure to the recipient but mainly heartache to the editors. Too much effort surrounds the preparation and too little thought is given to the purpose.

Accordingly, when my colleagues and I decided to embark on a Festschrift for Professor Michael

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Shepherd we decided to try and construct a new model, one which would be original and constitute an enduring work of academic scholarship in its own right, becoming an essential point of reference for the subject and indicating new points of departure. The theme of such a Festschrift should ideally derive from the work of its dedicatee, and in this case the theory and practice of the epidemiological approach to mental disorder was the obvious choice.² Until his retirement in October 1988 Professor Shepherd held the chair of epidemiological psychiatry at the Institute of Psychiatry, the first of its kind in the world, and his own contributions played a major part in indicating the scope of the field as it has emerged over a generation.

Genesis

The proposed volume was conceived as bringing together theory, experiment, and practical applications and was subdivided into six sections. The first, a brief introduction by the editors, outlined the purpose and scope of the work; the second was concerned with the scientific principles which underpin epidemiological investigations; the third was divided into three subsections, each of which concerned a particular area of inquiry within the general field; the fourth was concerned with the evaluation of psychiatric intervention and was divided into subsections which focused, respectively, on the organisation of services and the assessment of specific treatments; the fifth provided international perspectives; and the sixth and final section gave a personal overview of Professor Shepherd's achievement.

To represent the range and nature of his influence, our aim was to bring together a group of colleagues who had had professional association with him at a number of levels. We then contacted a likely publisher, sending a detailed outline, including details of chapters and the names of prospective contributors. Financial and administrative aspects of publication were also dealt with at this stage.

Next we invited an international group of around 40 distinguished clinicians and academics to contribute,

giving them specific instructions, an example of which runs as follows:

We are inviting you to write a chapter for the section on the scientific principles which underpin epidemiology, and would like you to discuss the relevance and importance of statistical understanding for the prosecution of research in epidemiological psychiatry. We expect that each chapter will be about 5000 words long, and we hope to deliver the manuscript to the publisher in nine months' time.

The invitation had to be qualified as follows:

Although you will receive a free copy of the book, the publishers regret that in view of the large number of contributors, it will not be possible to offer a fee. We also regret this but hope that you will none the less agree to contribute. If, as we hope, you do agree to participate we will write to you again soon to clarify the nature of your contribution and the details of the publishing schedule.

We sent contributors precise guidelines, including a copy of the most relevant parts of the publisher's house style booklet and a full list of contents and contributors. We took care to give individual guidance on possible areas of overlap. We emphasised that we did not want irrelevant or anecdotal mention to be made of Professor Shepherd in the text, though his work could be referred to in a conventional manner when necessary.

On course

There were few early complications. One of our contributors had to drop out but we quickly found a replacement. Later, there were more thorny problems: one contributor's instructions had evidently not been explicit enough; one wrote twice as many words as requested, so the typescript was returned; another insisted on having numerous references printed in an unconventional style; a European contributor, though fluent in English, submitted his work in native language. Duplication and redundancy were minimal. Several figures and tables needed to be redrawn for publication, and a few contributors had changed address and title.

In the course of time we increased the number of chapters and contributors as our ideas crystallised. We drafted introductions to the various sections of the volume—a relatively easy task as instructions to authors were so specific. Close to the stated deadline we wrote an encouraging letter of inquiry to far flung contributors and tackled those closer at home more robustly.

As anticipated, the material was submitted to the publisher six months over schedule. The planned 140 000 words had snowballed to reach 250 000. The subeditor's textual queries appeared with, as usual, many peculiar and unexpected errors to correct or clarify. There were abundant problems with references. Total commitment and lengthy national and international telephone calls with contributors were required, thus ensuring that all difficulties were dealt with within the allotted week. Shortly afterwards proofs arrived: because of time constraints, we decided not to send them to authors. The main finding—a quarter of one chapter had been duplicated. We also found it particularly important to check contributors' names, titles, and addresses, the lists of contents and contributors, chapter headings, and index. Lastly, we provided the publisher with an (approved) photograph of our subject for a discreet position on the dust jacket.

The book, some 550 pages in length, was officially launched at the beginning of 1989 and has been well

reviewed.^{3,4} After publication one contributor was temporarily aggrieved because a portion of her submission was edited without consent; another was wounded because his recently elevated status had not been acknowledged; and a surname had been misspelt in the list of contents. Several colleagues complained that they had not been invited to contribute.

Finally, to celebrate the publication we organised a dinner for contributors and publisher, at which Michael Shepherd was presented with a leather bound copy of the *Festschrift*. A photograph was taken to mark the occasion and was sent as a souvenir to everyone concerned.

Unexpectedly, the form of our *Festschrift* has

already attracted some attention as a possible model for tributes of this type. We have come to the opinion that its construction might provide a more appropriate and more permanent accolade on such occasions. In view of the associations of the word *Festschrift*, however, perhaps another word is needed. We have wondered about *festschrift* or tributary volume. Other suggestions would be welcomed.

- 1 Buchdahl G. Nagel's message. *Nature* 1971;231:399.
- 2 Williams P, Wilkinson G, Rawnsley K. *The scope of epidemiological psychiatry. Essays in honour of Michael Shepherd*. London: Routledge, 1989.
- 3 Johnstone EC. The scope of epidemiological psychiatry. *Lancet* 1989;i:588.
- 4 Charlton B. Wider still and wider . . . *Br Med J* 1989;298:1193-4.

Lesson of the Week

Child sexual abuse presenting as organic disease

Rachel M A Brown, Marian J Perkins

Sexual abuse should be considered as a potential aetiological factor in children presenting with unexplained organic symptoms

Child sexual abuse may present to doctors in many ways, including "ordinary" emotional and behavioural problems, bedwetting, sleeplessness, anxiety, and failure at school.¹ Psychotic phenomena have also been described.² A rare but important presentation is with the signs and symptoms of a deteriorating organic state. The cardinal features of such states are a deterioration in and loss of skills, language, and play and gradual social withdrawal.³ There is usually an underlying genetic cause in these disorders.

We report one case in which the initial presentation was highly suggestive of such a deteriorating state and two cases in which an organic condition was one of the possible differential diagnoses. In all three cases further investigation and follow up showed that the major aetiological factor was sexual abuse.

Case 1

A 5 year old girl was referred by a consultant paediatrician. She had been admitted to hospital because of muteness and extreme social withdrawal. This followed several weeks during which there had been a rapid loss of skills, particularly self care, language, and play. The family background was one of marital disharmony and adverse social circumstances. The mother had allegedly suffered sexual abuse as a child and had a history of depression.

Physical investigation of the child showed no abnormality; an electroencephalogram, however, was normal when the child was awake but showed occasional generalised atypical spikes and wave discharges during sleep. There was no clinical evidence of epilepsy. Within six weeks after admission to a children's psychiatric ward her clinical picture had dramatically improved with a rapid return of functioning confirmed by formal psychological testing. The improvement in her language was followed by explicit and detailed disclosures of orogenital contact between her and her father and his repeated masturbation in her presence. After care proceedings she was placed in a foster home, where she functioned well, and she progressed satisfactorily in school.

Case 2

A girl aged 6½ was referred by a local authority social services department. Her symptoms included

social withdrawal and physical aggression towards her siblings and peers. There was evidence that she had lost play and language skills and had been under-achieving academically. She was the middle child of an unemployed mother who had had several partners. Her biological father had spent long periods in prison.

Physical examination yielded normal results. Electroencephalography showed a pattern of immature activity in the borderline range of abnormality for her age. During her stay as an inpatient in a children's psychiatric ward her play was noted to have a distinct sexual content, and she made allegations of genital contact with one of her mother's cohabiters. Although repeated psychological testing showed her to be functioning in the mildly mentally retarded range, it showed a measurable improvement in her play and communication. Other observations showed more appropriate social interaction with her peers. After discussion with the social services a decision was made to rehabilitate her to her family.

Case 3

A 5 year old girl was referred for admission as an inpatient by another consultant child psychiatrist. She had shown extreme physical aggression in school unrelated to external stimuli. She would attack, bite, and gouge other children persistently. She had also been observed to make odd movements such as flapping her hands and rolling her eyes. She had made no educational progress since starting school and at the time of referral showed severe delay in language development. She was the only child of professional parents, and her family background did not initially arouse concern.

The results of physical examinations and investigations were normal. A striking feature of the first few weeks of her admission was the highly sexual nature of both her play and her social interactions. Under a variety of circumstances she disclosed details of sexual abuse by her father. After this she made dramatic progress, especially cognitively and socially. A hearing in the high court recommended rehabilitation, which subsequently broke down. She was then abducted and taken out of the country by her family.

Discussion

In each of these cases an organic condition was

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