

Book Reviews

Alan R. Rosenberg, Editor

SELF-ASSESSMENT OF CURRENT KNOWLEDGE IN FORENSIC AND ORGANIC PSYCHIATRY (1200 Multiple Choice Questions and Referenced Answers). By Selwyn M. Smith, M.D., F.R.C.P. (C) and Erwin K. Koranyi, M.D., F.R.C.P. (C). Medical Examination Publishing Company, Inc., Garden City, New York 11530. \$12.00.

Those of us who graduated from medical school and took their Board exam prior to the mid-60s have had very little experience with the so-called objective type of examination. I graduated in 1952 and passed my Boards in Psychiatry in 1959. My medical school examinations were almost exclusively of an essay type, and the Boards did not have a written part, only 8 hours of oral examination. For those who completed medical school in the 60s, however, the objective examination was a part of their life, including the M.C.A.T.'s, and the American Board of Psychiatry and Neurology instituted a written examination some time in the mid-60s.

Many believe that the objective type of examination has certain distinct advantages over the essay form, and yet in a field such as psychiatry, particularly in dealing with clinical matters, essay and oral examinations have certain specific advantages which allow the examiner to obtain a better grasp of the examinee's extent of knowledge and competence.

Not having been raised on the objective type of examination, I have found it exceedingly difficult to take. I realized this when I was attempting to take the first APA self-assessment examination and discovered, much to my dismay, that I was incorrectly answering a question about the results of some of my own research. Since then, I have learned a little bit about the objective type of exam but still find that I am not as comfortable with it as I would be with an essay type.

As one of the Directors of the newly formed American Board of Forensic Psychiatry, Inc., I found myself in the position of assisting in the development of an objective type of examination and found this effort quite difficult. Each of the Board members initially submitted twenty questions and answers to an Examination Committee; from these, 150 were selected to be tried out on the Board of Directors. In doing this it was discovered that the quality of the questions in terms of a good objective examination was quite varied and that all of the Board members were not as comfortable with writing true, false, or multiple choice questions as might be younger individuals or those who are more active in teaching medical students. Nevertheless, the Board worked on this effort and finally developed what we believe is a good examination which will adequately measure the knowledge of forensic

psychiatry. It was only after this task was completed that at the book exhibits at the APA I discovered this book, *Self-Assessment of Current Knowledge in Forensic and Organic Psychiatry* by Smith and Koranyi. I was fortunate enough to obtain a copy there and diligently started answering questions on the flight home from Atlanta. Much to my dismay, I discovered that my ability to take an objective type of examination was still not very good, as well as the fact that there was a lot of sociology and criminology in this book that I did not know. I did learn a lot when I looked up the correct answers from further reading according to the references supplied after each question in this volume.

One of the things that left me very curious, however, was the inclusion of what I call sociology and criminology, some of it European, as well as the great amount of statistics. I puzzled over this and then realized that Dr. Smith, who apparently wrote the forensic part of the examination, was, in fact, trained in England and that throughout Europe there is a great deal more reliance upon statistics and criminology and sociology in forensic psychiatry than in this country. Shortly thereafter I had the opportunity to speak to Professor John Gunn, a leading forensic psychiatrist in England, and he confirmed my suspicions. He indicated that the initial work in criminology in England was done by forensic psychiatrists and that they continue to be quite active in the field. Apparently there is much greater coordination and involvement between sociology, criminology, and psychiatry, particularly in England, than there is in the United States.

This book consists of two parts. Part A, six hundred questions in forensic psychiatry, covering historical aspects, responsibility, competency, testamentary capacity, psychopathology of criminals, family law, commitment, discharge, and malpractice, etc. Part B deals with organic psychiatry and covers acute and chronic brain syndromes, mental retardation, paroxysmal disorders, endocrine and metabolic disorders, organic features of schizophrenia, psychopharmacology, etc. Each part is composed of six hundred questions consisting of multiple choice, true/false, and matching type questions. The pattern of 5 choices for the multiple choice questions is consistent throughout the book. At the end of each question a reference number and page number is given, the references being listed by number at the back of the book. Of course, the answer key is also in the back of the book, as well as a handy order blank for additional copies or other books in the series.

As mentioned above, the forensic psychiatry section covers a great deal of material with which most American psychiatrists are probably not conversant. However, anyone who scores a high grade on the entire six hundred questions in this part should certainly consider himself a competent and knowledgeable forensic psychiatrist. I suspect that very few of my colleagues could take this examination cold, that is without doing a great deal of studying, and obtain a grade of 80% or better. On the other hand, I suspect that if we sat down and studied the material many of us could receive an 80% grade or better.

A few of the questions on forensic psychiatry are as follows:

KEY: A (1,2,3); B (1,3); C (2,4); D (4); E (All)

Page 8:

4. The following authors have contributed important studies involving delinquency:
 1. Jenkins and Hewitt
 2. Glueck and Glueck
 3. Shaw and McKay
 4. Johnson and Szurek

Page 11:

20. According to Novaco, anger has the following functions:
 1. Energizing functions
 2. Self-promotional functions
 3. Potentiating functions
 4. Instigative functions

Page 29:

128. Which of the following is not a test of criminal responsibility?
 - A. The Currens Test
 - B. The Freeman Rule
 - C. The Alness Rule
 - D. The Brawner Rule

Page 33:

147. Grounds upon which a juvenile court may take legal jurisdiction of a child include:
 1. A delinquent act
 2. A neglect jurisdiction
 3. Incurigibility
 4. Runaway children

Page 37:

165. Ego Functions Assessment, a quantitative technique of mental status examination derived by Bellack, is useful in the following areas of forensic psychiatry:
 1. Testamentary capacity
 2. Contractual capacity
 3. Impulse control
 4. Legal responsibility

Page 49:

237. Clinical factors associated with incest include:
 1. Psychosis
 2. Intellectual deficiency
 3. Constitutional inferiority
 4. Neurotic endogamy

Page 69:

345. According to Anna Freud the upholding of a steady equilibrium during adolescence is in itself abnormal.

Page 83:

438. The case of *Griswold versus Connecticut* (1965) involved:

1. The legal definition of competency
2. The right to privacy
3. A legal definition of a psychiatric emergency
4. The right of a husband and wife to obtain contraceptive information

Page 95:

492. Which of the following are negatively correlated with the level of mental hospitalization?

1. Homicide rate
2. Suicide rate
3. Number of prisoners
4. Death rate

Page 101:

- | | |
|------------------|--|
| 516. A. Fernald | 1. Computerization of clinical record |
| B. William Healy | 2. Computer system for desensitization |
| C. Psyches | 3. Defective delinquent |
| D. DAD | 4. Case study method |

(The correct answers are at the end of this review.)

The section on organic psychiatry appears to me to be much more in line with the type of knowledge that a medical student might have as opposed to a practicing clinician, and yet I found in my attempt to complete them, that I remembered a lot more than I thought I had but still had either forgotten or never learned a great many facts. Nevertheless, the review of those questions that I did attempt to answer, followed by looking up the references for more information, was a very educational experience.

A few examples from this section are:

Page 184:

965. In Alzheimer's disease an increase of glial cells occurs in the atrophic areas, which such, if present in senile dementia, is not pronounced. This represents a differential diagnostic feature.

Page 187:

996. In Dementia Complex of Guam, biochemical analysis showed:

1. An increase of homovanillic acid and 5HIAA
2. A decrease of homovanillic acid and 5HIAA
3. An increase of dopamine turnover rate
4. A decrease of dopamine turnover rate

Page 211:

1092. Organic types of symptoms in Cushing's syndrome are usually due to:

- A. Hypertensive encephalopathy
- B. Congestive heart failure
- C. Electrolyte disturbances
- D. All of the above

Page 236:

1189. Electroconvulsive therapy in:

- A. Hypertension is contraindicated
- B. Pregnancy is not contraindicated
- C. Pulmonary T.B. is contraindicated
- D. Aneurysm is contraindicated

Since the readers of this journal are involved mostly in forensic psychiatry, I can highly recommend this examination book as a test of their knowledge and an opportunity to gain information in areas they may have forgotten or never known. This book is certainly an excellent review for anyone preparing for the forensic psychiatry boards. Although that Board did not utilize any of these questions after I saw this book, I realized that many of our questions were similar. In the future this volume probably will have some influence on the Board questions. This is a very worthy volume, and I think psychiatry, particularly forensic psychiatry, is in debt to Dr. Smith and Dr. Koranyi for the preparation of this volume.

ANSWERS:

- | | |
|---------------------------------------|-------------------|
| Question 4 – E (All) | Question 965 – T |
| Question 20 – E (All) | Question 996 – C |
| Question 128 – C | Question 1092 – D |
| Question 147 – E (All) | Question 1189 – B |
| Question 165 – E (All) | |
| Question 237 – E (All) | |
| Question 345 – T | |
| Question 438 – C | |
| Question 492 – E (All) | |
| Question 516 – 1(C), 2(D), 3(A), 4(B) | |

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PERSONALITY CHARACTERISTICS OF VIOLENT OFFENDERS AND SUICIDAL INDIVIDUALS. By Liisa Jarvinen.

I presume that *Personality Characteristics of Violent Offenders and Suicidal Individuals* was written to fulfill a degree dissertation requirement. Although studies written under such duress are not always of little value, they often cannot be taken seriously because their primary purpose is to demonstrate the research competency of the candidate rather than to add to our knowledge. Furthermore authors are frequently forced to choose subject matters and theoretical concepts with which they have had little experience, but they are required to provide hypotheses and variables for their statistical operations. I'm afraid that these dissertational circumstances have prevented the author from adding to our understanding of human beings or for that