symptoms turn out to be local variants of symptoms that are familiar all over the world. Thus hypochondriacal preoccupations can be manifested in numerous ways; which one is chosen may depend as much on cultural as on personal factors. Similarly, the somatic symptoms of depression or anxiety may be described quite differently.

The essence of the matter is to translate concepts, not words. 'Butterflies in the stomach' may be readily understood in one setting but cause derisive laughter in another, although the words are easily rendered into the respective languages. The flexibility of the PSE interviewing style is designed to allow the expert interviewer, who should be well aware for example of the difference between a 'possession state' in a Taoist priestess and a 'delusion of control', to avoid solecisms and to rate only the basic psychopathology.

Swartz, Ben-Arie and Teggin pose a question in their last paragraph that has often been posed before. Will the PSE 'find only what is ostensibly common between groups and miss what is different'? My answer, using Popper's analogy, is that the PSE is intended to be more like a telescope than a bucket. Within its specifications it can be used by trained people to look for a limited range of phenomena. Special lenses could be constructed to extend the range or to examine particular parts of the spectrum. This does *not* involve any necessary assumption that the phenomena will indeed be found wherever the instrument is used. Whether or not they are 'common between groups' becomes a matter for empirical investigation. In fact, though their frequency varies in interesting ways, they do seem to occur in most cultures.

By the same token, the instrument is useless outside its specifications. To continue the analogy, if someone tries to use a telescope to measure the temperature it is not Galileo who will look foolish.

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Attempted Infanticide

DEAR SIR,

Wilkins' case report (*Journal*, February 1985, **146**, 206–208) of attempted infanticide raises some important questions. Whilst infanticide has been recognised in English law since 1922, Wilkins' case is the first occasion that attempted infanticide has been recognised as an offence. Two issues follow from this, firstly, what medico-legal position will the offence of attempted infanticide be given and, secondly, the relationship between attempted infanticide and serious child abuse.

Since Kempe's (1962) classic paper, the concept of child abuse has been greatly expanded by contributions dealing with sexual abuse (Furniss, 1984), non-accidental poisoning (Rogers, 1976) and other conditions recently reviewed in the British Medical Journal editorial (1985). The question arises whether attempted infanticide should also be included in the concept of child abuse? If so, then the assessment of intent (Briscoe, 1975) will become a central issue in all serious cases of child abuse—and clinicians working with such families will be obliged to consider the question "did you intend to kill your child?"

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Correction

On pages 91 and 96 (*Journal*, July 1985) the Correspondence running heads should read Volume **147** not **146.**

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