

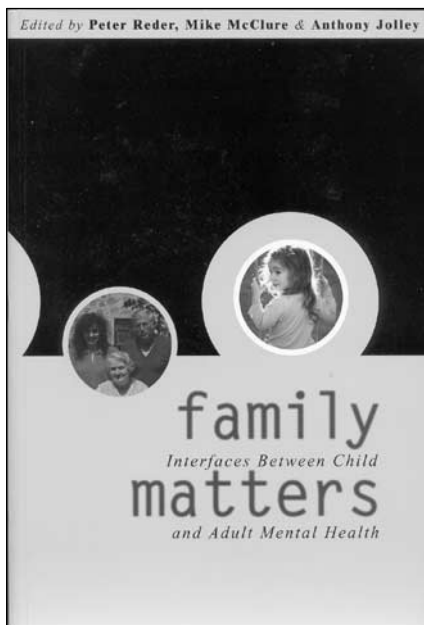
comments from US private and public agencies involved in threat management, which the authors appear to believe is not academic enough to include fully.

The final problem is common to practically all accounts of bizarre and ultimately self-defeating behaviour: a full understanding of why stalkers do it still seems elusive. Perhaps the authors could have elaborated on what a good theory of motivation might look like, even if it is as yet unattainable. Certainly the authors' own classification of stalking, based on differing motivations, is the most convincing of the many rival taxonomies, but there remains an abyss between the theoretical understanding advanced here and our ability to predict what stalkers will do next.

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Family Matters: Interfaces Between Child and Adult Mental Health

Edited by Peter Reder, Mike McClure & Anthony Jolley. London: Routledge. 2000. 347 pp. £15.99 (pb). ISBN 0 415 22218 4



Some time ago, while teaching an MRCPsych course about family influences on psychiatric presentations, I discovered that very few of the trainees had ever witnessed a family

interview, which was generally seen as the province of child psychiatry. Shortly afterwards, the teenage sister of a young woman with schizophrenia unexpectedly hanged herself. The staff team sifted through the possible explanations for the link between the sisters' mental states and how the suicide might have been prevented by the younger girl's greater involvement in her sister's management. Had she been adequately included in discussions about the possible causes of schizophrenia, its likely course, the risks for others in the family and so on?

This book arose out of a conference held in 1998 called 'Interfaces between child and adult mental health'. It aimed to acknowledge the mutual interaction between children and parents, to recognise the various ways that children's and adults' problems overlap and to consider implications for service delivery.

As the editors state, there are a number of theoretical and practical reasons why psychiatry has emphasised the differences between age groups rather than their interrelationships. These include differences in the theories and knowledge bases that dominate the specialities, the organisational structure of services and the way professionals are trained. The authors cite the example of a single mother with depression who has a 7-year-old child with a profound sleep disturbance. How likely would it be that the management of both would be fully integrated?

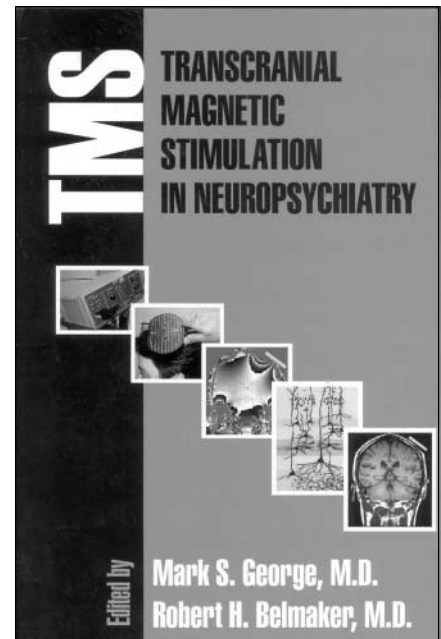
In many ways this book is much better than most publications of conference proceedings. Each chapter has been carefully edited and the result is an easy-to-read, uniform style with lots of clinical examples. Extra sections have been added to cover topics not included at the conference, many from highly regarded experts. Most importantly, a section on service developments provides six illustrations of attempts to involve children in the management of their parents' mental health problems and of effective liaison between child and adult services. Finally, a section on future directions proposes ways to address the interfaces and integrate service delivery.

The result is a very important book for psychiatrists across the life span, with a number of ideas for service development.

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Transcranial Magnetic Stimulation in Neuropsychiatry

Edited by Mark S. George & Robert H. Belmaker. Washington, DC: American Psychiatric Press. 2000. 298 pp. £33.50 (hb). ISBN 0 88048 948 0



The notion that transcranial magnetic stimulation (TMS) is an exciting topic for research and clinic has gained widespread currency in recent years. This may be because of its vaguely 'New Age' connotation (p. 9), or because of hopes of finding an alternative to physical treatments with a poor public image, such as electroconvulsive therapy (ECT). In the UK, the Institute for National Health Service Research and Development's Health Technology Assessment Programme has, for example, decided to commission a study comparing TMS with ECT, a clear sign not only that the policy-makers have taken note, but also that research planning is driven by factors external to the logic of the scientific process.

The editors have assembled a number of the most active workers from the USA, Israel and Germany, who give an up-to-date description of the field. Basic sciences are covered well by Bohning, a pioneer of the use of TMS in combination with (functional) magnetic resonance imaging, and Belmaker *et al*, who deal with the basic pharmacology of the method. Practical issues, such as safety, are comprehensively presented. One of the most informative chapters is that of Ziemann on basic neurophysiological studies. The book redresses

the imbalance created by the clinical impatience to apply the method to treatment – most serious TMS research at the moment is still preoccupied with mechanisms of action and brain physiology, and it is here that substantive results appear to be forthcoming.

Clinical chapters extensively quote studies that have so far appeared only in abstract form. Although this is a consequence of the relative sluggishness of the publication process in a quickly moving field, it makes some of these chapters appear impressionistic and almost journalistic in

style. If the presented results are taken with the necessary pinch of salt, they can flag up areas of interest that the concerned reader can follow up. In addition, the experience and perspicacity of the authors makes it likely that cited preliminary results may have reached maturity even in the interval between the proof stage of the book and publication. An example of this is the use of low-frequency TMS in hallucinations, which has now been published in the *Lancet* (Hoffman *et al*, 2000).

This is a stimulating book, useful for the research worker who wants a quick

update on the field, and for the trainee and clinician who want to participate in the debate or in research planning; and it is a must for anybody wanting to use TMS in research or clinic.

Hoffman, R. E., Boutros, N. N., Hu, S., et al (2000)

Transcranial magnetic stimulation and auditory hallucinations in schizophrenia. *Lancet*, **335**, 1073–1075.

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