Oral sex has become an extension of what teens call “making out” or “hooking up” and for many teens is not considered sex, explain the authors in their assessment of adolescent risk-taking. This was news to me, and it made me think. The chapters on risks associated with suicide, drug-related violence and gambling were equally informative and thought-provoking.

One of the most challenging views posed in the book is the assertion that hosting a poker game at home for a teenager’s birthday party is likely to have far greater adverse after-effects than poor parental policing of teenage sex. Sex, argue the authors, is natural and essential for the continuation of the species, and teenagers have had sex since the beginnings of time. Gambling, on the other hand, is a hidden and devastating addiction.

The information on what risks teenagers are taking, with whom and how is marvellous, packed with digests of reports and evidence. However, the chapter on possible causes of adolescent risk-taking is disappointingly speculative. By the time readers reach the chapter on preventing adolescent risk-taking, the book has taken a serious downward turn. One of the authors uses an anecdote of a friend who got divorced and whose husband, resisting the divorce, did not want to move out. The upshot was that the husband stayed in the family home and their teenage children witnessed arguing, which the authors believe caused excessive adolescent risk-taking. Their conclusion is that it would have been better for him to leave. This is, frankly, preposterous and the authors (a professor and an assistant professor) ought to know that personal anecdotes are not how causality or theories are established.

These two rather woolly chapters aside, my main criticism of this book is its Americocentrism. Value judgements are made that the husband stayed in the family home and their teenage children witnessed arguing, which the authors believe caused excessive adolescent risk-taking. Their conclusion is that it would have been better for him to leave. This is, frankly, preposterous and the authors (a professor and an assistant professor) ought to know that personal anecdotes are not how causality or theories of prevention ought to be established.

Stalking has become increasingly recognised in the general population, with some groups, including mental health professionals, being at particular risk. The behaviour has attracted a lot of interest in the media, much of it voyeuristic and sensational, but behind the frequent headlines lies a common and persistent behaviour which can wreck people’s lives and, not infrequently, end in violence or death.

This is an excellent book which evolved from discussions held by the Group for the Advancement of Psychiatry (GAP) Committee on Psychiatry and the Law, whose members had a role in reviewing and editing each chapter. This process led to a consistency of style and distillation of information that adds to the relevance of its content. From Paul Mullen’s candid foreword, from which the above quotation was taken, to the detailed and highly readable content, the text provides an excellent, up-to-date review of the theoretical and practical aspects of stalking behaviour. Topics include same-gender stalking, immigrant victims of stalking, juvenile aspects of stalking, false victimisation and an update on cyberstalking and celebrity stalking.

Divided into four parts, the book covers clinical aspects of stalking, interface with the law, and stalking in different populations and settings. Many of the chapters include the expert opinion of the GAP committee. I initially found this a little off-putting, as it might be considered to give undue influence to the opinions of the committee, to the detriment of those of the reader and other research. However, as I proceeded through the book, I came to appreciate the authority, validity and clarity with which these opinions were expressed. Case vignettes illustrate particular scenarios, bringing the subject matter to life. These are usually followed by a challenging and balanced debate concerning assessment and management strategies. This is particularly successful in the chapter on competence and criminal responsibility.

The lack of duplication with other texts, and the unique subject matter covered, reflect the progress made in the field over the past decade in relation to research, assessment and management of stalking victimisation. Any quibbles? There is a whole chapter concerning assessment and management strategies. This is particularly successful in the chapter on competence and criminal responsibility.

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I have admired David Moore’s textbooks since the 1996 release of *Handbook of Medical Psychiatry*. He has a refreshingly logical approach to complex areas of psychiatry and this latest work is surely his most ambitious to date. It comprises 731 pages of detailed, often painstaking descriptions of central nervous system and systemic conditions that cause psychiatric complications. The book borrows some useful sections from his previous work and as a result is closer to a textbook of organic psychiatry than pure neuropsychiatry; but that is no criticism. Included are 300 pages (in many ways a short book in itself) on diagnostic assessment and symptoms, signs and syndromes.

Looking at the book in more detail, the coverage is certainly comprehensive with often overlooked areas such as childhood-onset conditions, sleep disorders, drug-induced disorders and substance use disorders conveyed with generous detail. All told there are almost 200 specific medical conditions discussed, each with a uniform approach; clinical features, course, aetiology and treatment. This makes the book ideal as a reference source. For me it is the discussions on treatment that are the weakest but this is in no small part due to the difficulties of handling rapidly changing information. These sections would benefit from an attempt to convey levels of evidence underlying recommendations.

It is notable that the book is sparsely illustrated but this is compensated, to some extent, by useful tables and excellent referencing. Surprisingly, for a European audience, is the inclusion of primary psychiatric disorders including premenstrual dysphoric disorder and post-partum blues, which I would consider some way away from mainstream neuropsychiatry. This text goes beyond its aim to ‘equip the reader to diagnose and treat the multitude of neuropsychiatric disorders they encounter’ and could be considered as a replacement for a mainstream psychiatric textbook or as a competitor to Lishman’s *Organic Psychiatry*. Indeed, it would be very interesting to ask whether, if a typical psychiatrist’s core knowledge were based on this book, patients would be better or worse off. Whatever the answer, this textbook is definitely one to recommend and not just for psychiatrists but also neurologists and colleagues working in neuro-rehabilitation. It is always nice to find a quality textbook that reminds us how much psychiatry overlaps with medicine and appeals to us not to forget our medical roots!

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