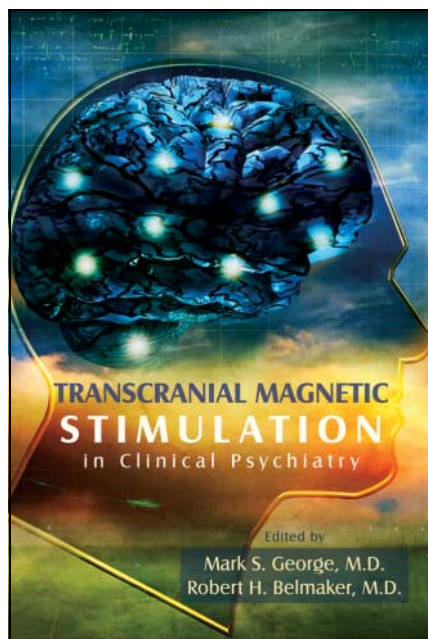


Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

Transcranial Magnetic Stimulation in Clinical Psychiatry

Edited by Mark S. George & Robert H. Belmaker. American Psychiatric Publishing. 2007. 289pp. US\$55.00 (pb). ISBN 9781585621972



Confirming the built-in sad obsolescence of books, the editors predict:

'At the time of writing, one TMS company has completed a large multisite (sic!) clinical trial of TMS in depression and has submitted the results to the U.S. Food and Drug Administration (FDA) for potential approval of treatment. Thus, it is likely that clinicians soon will have a new treatment tool, unlike virtually anything they are familiar with'

Shoot and darn: in preparation of the FDA approval procedure, an expert panel

'... was generally unimpressed with the company's data, which showed a slight statistical advantage in depression symptoms over dummy therapy after six weeks of treatment. Several panelists expressed dismay that patients showed no improvement on some depression scales and only minor improvement on ones that showed a difference. 'The panel seems to be in consensus that the primary analysis did not establish efficacy,' said Thomas Brott, the committee's chairman. 'Perhaps a reasonable person could question whether there has been an effect at all,' said Brott, a neurologist from Mayo Medical

School in Jacksonville, Fla. . . . Ann Costello, an FDA medical reviewer, questioned whether the mixed evidence of effectiveness in Neuronetics' studies contained "any clinically relevant information." (Zwillich, 2007).

To put it mildly, the jury is still out on the issue of whether transcranial magnetic stimulation (TMS) is clinically useful in depression. Large meta-analyses, although they may show an overall effect of TMS over placebo, also reveal a large heterogeneity of results and little in terms of outcome predictors, be it among patient or treatment variables. This:

'... can be interpreted in 2 ways: either study sizes and numbers and designs are insufficient to afford the power necessary... or TMS has a non-specific (i.e. placebo) effect on depression that is not influenced by study parameters.' (Herrmann & Ebmeier, 2006).

The uncomfortable feeling remains that without a strong industrial interest it will be difficult to assemble the evidence necessary for statutory licensing. The large spontaneous recovery rate, significant placebo effects and sensitivity to sample selection in studies of clinical depression require large participant numbers, a condition that is difficult to fulfill by the academic cottage industries that have mainly been involved with trials of TMS.

Fortunately, TMS has other, more scientific, attractions and these are well reviewed in the ten chapters of this generally balanced and readable summary of the field. The authors are well informed, as one would expect from the main research proponents of the method. Both the budding magneto-therapist and the neuroscientist will find technical and scientific details that are essential for their work. The layout is clear and concepts, as well as techniques, are generously and well illustrated. The price is moderate and seeing that the field changes so quickly, the book will be a 'best buy' at least for the next 6 months.

Herrmann, L. L. & Ebmeier, K. P. (2006) Factors modifying the efficacy of transcranial magnetic stimulation in the treatment of depression: a review. *Journal of Clinical Psychiatry*, **67**, 1870–1876.

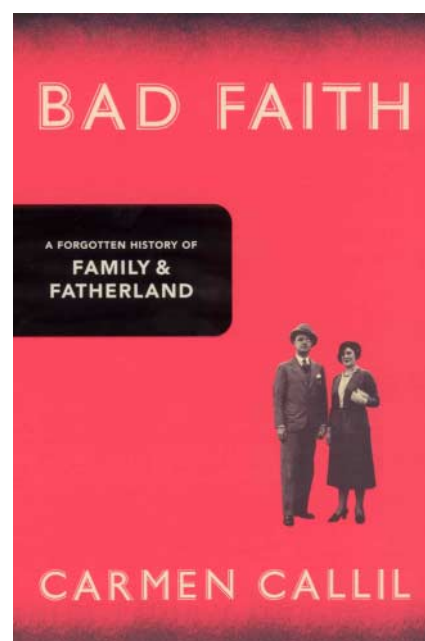
Zwillich, T. (2007) Analysis: Panel wary of depression device. *United Press International*, 26 January 2007. Available at <http://www.upi.com/HealthBusiness/view.php?StoryID=20070126-044639-4894r>

Klaus P. Ebmeier Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX, UK. Email: k.ebmeier@googlemail.com
doi: 10.1192/bjp.190.6.540

Bad Faith: Forgotten History of Family and Fatherland

By Carmen Callil. Jonathan Cape. 2006. 614pp. £20.00 (hb). ISBN 0224078100

There are two interwoven themes in this book. The first is the history of the French fascist movement before and during the Second World War, the Vichy Regime, and the persecution of the French Jewish population during the War years. The second theme concerns Anne Darquier, the daughter of Louis Darquier, an outspoken fascist and Commissioner-General in charge of the deportation of the Jews from Vichy France, and his Australian wife, who abandoned Anne in an Oxfordshire village in the care of an English nanny. The first theme is extremely important historically and the author reveals disturbing material, admirably well-researched and presented. Most poignant is the round-up of Jews in Paris on 16 July 1942, their subsequent hardship and deportation in their thousands, including 6000 children, to Auschwitz. It is the second story which is



of immediate interest to readers of this *Journal*: Anne Darquier became a psychiatrist who trained at the Maudsley from 1958. Her short life ended tragically.

Callil's biography of Anne Darquier is derived from two sources. Callil underwent intensive psychotherapy with Dr Darquier, in the course of which the therapist disclosed the stories of her own parents whom she could never forgive. The second source was indirect, she identified Anne's clinical case history under the pseudonym 'Sue' in a book *Forms of Feeling*, by Dr Robert Hobson, psychotherapist at Bethlem Royal and Maudsley Hospital. Hobson gave an account of Sue to illustrate his mistakes in the failed psychotherapy of his patient. Sue went through episodes of disturbed behaviour. Later she died from an overdose of drugs and alcohol, which Hobson thought was suicidal.

Callil berates Hobson at a personal and a professional level. Her description does not accord with my own knowledge of a colleague who was a respected clinician. She is mistaken in stating: 'In *Forms of Feeling* he fictionalised his patients, never an acceptable practice then, but today there is a Code of Ethics prohibiting, and a system of investigation, for offences such as this'. Hobson wrote his book in 1985, when editors had not yet formulated guidelines for the writing of case reports. It was only in 1995 that the Editor of the *British Journal of Psychiatry*, acting on legal advice, decided that:

'Where the patient refuses to give consent, then the case study can only be written up if personal details and dates and other information which identifies the patient are omitted, to ensure there is no breach of confidentiality' (Wilkinson *et al.*, 1995).

The Editor's decision had a powerful effect: I found only four case reports in the 2005 issues of this *Journal*, in contrast with 104 in 1994. In his account of Sue, Hobson still tried to hide Anne Darquier's identity after she had died, but Callil recognised her.

Callil's criticism of Hobson's book presents us with a double irony. When Hobson described 'Sue' only a handful of close friends recognised her. Callil, however, has let all her readers know that Anne Darquier and Sue were the same person. Moreover, Callil made use of personal material obtained from her therapist, Dr Darquier. She recognised that Dr Darquier had transgressed as a therapist by disclosing details of her own life. The clinician must,

rightly, be the soul of discretion; the historian feels free to break confidences.

Current constraints on the publication of psychiatric case reports damage our subject. Callil's book will further discourage psychiatrists from describing their patients. Yet the life story of a patient as a narrative is the essence of clinical psychiatry. Its virtual elimination requires us to re-examine the balance between preserving patient confidentiality and assuring progress in psychiatry for the benefit of future patients.

Hobson, R. F. (1985) *Forms of Feeling: The Heart of Psychotherapy*. Tavistock Publications.

Wilkinson, G., Fahy, T., Russell, G., et al (1995) Case reports and confidentiality. *British Journal of Psychiatry*, **166**, 555–558.

Gerald Russell Institute of Psychiatry, London, SE5, UK. Email: gerald.russell@priprioryhealthcare.com
doi: 10.1192/bjp.190.6.540a

Depression and Personality: Conceptual and Clinical Challenges

Edited by Michael Rosenbluth, Sidney H. Kennedy & R. Michael Bagby. American Psychiatric Publishing, 2005. 338pp. US\$39.95 (pb). ISBN 1585621544

Although it is tempting to think that the problem of chronic depression could be solved by government initiatives, for example through increased provision of cognitive-behavioural therapy services, this helpful and highly readable collection of ideas and treatment strategies from well-respected psychiatrists and psychologists based in Canada and the USA provides a useful assessment of the likely challenges.

A highlight is the impressive consideration of the relationship between personality and bipolar disorder, which reviews research evidence carefully and draws balanced conclusions; particularly on whether borderline personality disorder can be regarded as a form of mood disorder, while acknowledging this 'may not be settled by scientific data alone'. Similarly, the thoughtful summary of sometimes conflicting findings from long-term studies of the relationships between personality dimensions and depression provides a further example of the virtues of an expert narrative review. An additional strength is the opening account of the development of

concepts of personality, the effects of culture on symptom expression and diagnosis, and the interaction between temperamental bias and social experience.

I enjoyed the illustrative case studies in the well-matched chapters on the impact of personality and its disorders on the pharmacological and psychological treatment of depression, although in the latter it is hard not to feel envious of the authors' access to a splendid range of specialist services, in the lengthy but nevertheless intriguing account of a management approach that included antipsychotic augmentation of antidepressant treatment, 'psychodynamically-informed' cognitive-behavioural therapy, group interpersonal therapy and meditation. I found it helpful to read that the most carefully designed studies have found no difference in short-term outcome between groups of depressed patients with or without comorbid personality disorders; and to be reminded of the dual hazards of diagnosing personality disorder in the presence of ongoing depression, and of accepting notions that patients sometimes 'choose' to remain ill, when treatment proves ineffective.

The inclusion of 23 contributors leads to some repetition of text, for example in theoretical considerations of the relationships of personality traits, dimensions and disorders with depressive symptoms, syndromes and mood disorders. Paradoxically, important conceptual challenges such as efforts to distinguish dysthymia from 'depressive personality disorder' receive less attention. There is much variation between

