

development and operation and of the experiences of clients and staff.

A range of broader issues is also discussed and illustrated by quotations from the 'users' – a designation which the authors have chosen 'for want of a better term' despite its unsuitability as a label for the supportive interaction between professionals and clients, which it is made clear is essential to the continuing success of the projects. The stress that may be imposed on patients by responsibilities as workers, and in one of the projects as managers, and the stress on staff required to be helpful without being intrusive or taking over, are not disguised. This is important as the difficult task of combining support with the maximum empowerment is likely to be facilitated by open recognition of the paradox involved, as in the original clubhouse.

Despite the difficulties, the projects have clearly contributed a great deal to the users' sense of purpose, accomplishment and self-respect, enlarged their social networks, and provided at least some of the cash without which talk of deinstitutionalisation bringing autonomy and freedom to choose risks becoming patronising cant.

I intend to circulate the study among local purchasers and have some hope they will be persuaded of the need for similar developments by its clearly expressed findings.

DAVID ABRAHAMSON, *Consultant Psychiatrist, Goodmayes Hospital, Ilford, Essex IG3 8XL*

Music Therapy in Health and Education. Edited by Margaret Heal and Tony Wigram. London: Jessica Kingsley. 1993. Pp 292. £19.95

Derived from 22 conference papers reflecting the broad spectrum of clinical practice and research of music therapy internationally, the editors of this book are to be congratulated on producing an extremely readable text making it accessible to a wide audience of health professionals. A major strength is the continuous use of practical clinical examples (illustrating and enriching the description of the therapeutic processes involved).

As a psychiatrist not involved in music therapy it does, however, tend to come over as 'all things to all people', there being no specificity as to diagnosis or treatment approaches. Where its particular strength seems to lie is in providing a channel for non-verbal communication as described with adolescents in secure care (CH4) and with families (CH5) where verbal communication is impaired or impossible. The point is made that communication can take place on several levels ranging from psychoanalytical to simply a pleasant experience as illustrated in the Croft Children's Unit, Cambridge.

What effect does music have on the mind and body? CH12 proposes a model relating music to the limbic system and CH15 lists a variety of therapeutic uses of music ranging from reducing stress, inducing relaxation and enhancing immune functioning, to more specific interventionist techniques of altering heart rate (entrainment). Whether such events merely influence health as a result of an enjoyable event rather than a specific therapy appears debatable.

Research on the components of music, the therapist's use of the medium and outcome are given wide coverage.

The title of the book is somewhat misleading since it focuses predominantly on mental health, and education only as it relates to learning disability. Some of the claims to 'therapy' are over-ambitious in view of the methodological problems in the outcome studies. Although over-priced for the personal pocket, the book has encouraged me to see a role for music therapy within the traditional composition of the multi-disciplinary team in the mental health field, but whether this is simply as a pleasant and relaxing experience rather than having a deeper therapeutic significance is something of which I am still unsure.

DENISE A. COIA, *Consultant Psychiatrist, Florence Street Day Hospital, Glasgow G5 0YX*

The Role of General Practice Settings in the Prevention and Management of the Harm done by Alcohol Use. WHO, Copenhagen, 1992

Europe is the continent with the highest alcohol consumption and in some countries the economic burden resulting from alcohol misuse has been estimated as 5–6% of gross national product. The European Alcohol Action Plan was adopted by the regional committee of the World Health Organisation in Europe in September 1992 and aims to stimulate a widespread commitment to reducing alcohol-related harm. One facet of the plan aims to strengthen the contribution of primary health care to the prevention and management of harmful drinking. This brief report from a working group sets the scene for the advancement of this particularly crucial component of the strategy.

Regarding alcohol as a health risk factor fits well within strategies of health promotion and community-based interventions. The feasibility of recognising hazardous and harmful drinking in primary care and the effectiveness of focused interventions is now clear but has yet to be widely accepted.

The case for these developments is thus soundly based but the authors recognise that there are many barriers to effective action including pessimism, lack of skill and a continuing tendency to lapse back into a preoccupation with