

this country. Among ideas which took my fancy are a 'Lucy Booth' (see 'Peanuts') in Miami, the use of taxis for day patients in Copenhagen, the research into the relationship between senile behaviour and visual loss in Minneapolis and May Clarke's observations at Goodmayes. Tom Arie contributes some typically pithy *bon mots* and I was not a little intrigued by the Americanization of Alex Baker!

However the book must be faulted for reporting so uncritically. Progress in operational research, vital to the psychiatry of old age, requires a far closer comparison of like with like and of benefits to the consumer. Colin Godber at Southampton uses ECT, whereas the Douglas Gardens in Miami uses none, but favour psychotherapy: are they treating the same sort of patients, and if so who fare best? Is Baker right to put such an emphasis on day care for the demented? Can Stockholm afford such lovely long-stay wards, and are the patients better off in them than at home?

The failure to attempt answers to these questions renders merely useful (especially to geriatricians, psychogeriatricians and administrators) what might otherwise have been essential reading.

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**Structured Groups for Facilitating Development: Acquiring Life Skills, Resolving Life Themes, and Making Life Transitions.** By DAVID J. DRUM and J. EUGENE KNOTT. New York: Human Sciences Press. Pp 284. \$11.95.

Group work has proliferated widely over the last two decades and there is hardly any kind of human activity which is not covered by structured groups. The book under review presents an extensive variety of such groups and in order to clarify the theoretical basis and differentiating the goals of structured groups the authors categorize them into three basic types:

- (1) Structured groups directed towards helping individuals to acquire important interpersonal life skills.
- (2) Groups directed towards enabling people to resolve and understand critical life themes, and
- (3) Those aimed to assist people in the making and completion of important life transitions.

Each of these three categories is developed and explained in the book and it is relevant to say that, according to the authors, most of these groups rely largely upon behavioural concepts, and perhaps because of this the book is somewhat repetitive and naive and leaves the dangerous impression that almost anyone can conduct groups of this kind without proper training and experience.

Every psychotherapeutic situation has two basic components—the patient(s) and the therapist(s) and it seems likely that 'cure', 'change' or 'help' is directly related to the development of such interpersonal relations. This book does not consider this important parameter and by omitting this the authors invalidate proper evaluation of these programmes, which is so important.

In summary, a book with an exciting title, a disappointing content and very doubtful practical value.

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**Psychopharmacology of Aggression.** Edited by LUIGI VALZELLI. Basel: S. Karger. 1978. Pp 180. \$34.75.

Dr Valzelli who did the first complete survey on the effects of drugs on aggressive behaviour in 1967 has succeeded in convincing some of the most eminent men in psychopharmacology to review the literature in their particular field. The result is a book that should be on the shelf of every scientist working on the physiology of aggression. The reviews cover nearly eight hundred studies, many of them in relatively obscure journals which are difficult to locate. Even the most thorough investigator will find some research he/she has not encountered before.

The book is organized into ten chapters, the first eight of which are devoted to the effects of a separate class of drugs on aggression in animals or man. The classes include sedatives and major tranquilizers, benzodiazepines, antidepressants, lithium, central stimulants, cannabinoid compounds, psychodysleptics, and narcotic analgesics. The ninth chapter is an excellent short paper on the pharmacological management of human violence. The final chapter which is devoted to theoretical considerations is completely unrelated to psychopharmacology. In fact, none of the authors provide much theoretical structure for the drug action. This general lack of theory reflects the state of the art in psychopharmacology.

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**The First Encounter: The Beginnings in Psychotherapy.** By WILLIAM A. CONSOLE, RICHARD C. SIMONS, and MARK RUBINSTEIN. New York: Jason Aronson. 1978. Pp 378. No price stated.

The late Dr Console was a psychotherapist and