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This is a difficult volume to review, not at all because it is unprofitable, but because its several contributions are varied in subject, approach, and quality.

The work includes some social commentary. For example, there is the article by D. S. Lees, Ph.D., Senior Lecturer in Economics at the University of Keele, urging the reintroduction of private practice by reason of a set of familiar arguments which includes the contention that competition is causally related to over-all high quality. Inconsistently, this author does not apply these arguments to drugs; he feels their provision should remain under the National Health Service (NHS). This article is of some value in providing the reader with information about the extent of private general practice under the NHS. The author quotes Professor Gemmill to the effect that "private patients are scarce and getting scarcer all the time." The author proposes that the collapse of private practice from serving over half the population in 1948 to less than 4 per cent at the time of writing could be reversed, by (of all things) government support programs.

Eclectic, even a-theoretical, approaches are evidenced in other pieces which contribute careful empirical research on important

practical problems. Perhaps the best example of this is the article by R. W. Revans, Ph.D., with degrees in engineering, Professor of Industrial Administration at the Manchester College of Science and Technology. His research into relations of attitudes and communications between hospital staff members of 15 general hospitals to variables such as rate of personnel turnover ("stability") among nursing staff on wards and mean length of patient stay (with diagnosis held constant) leads him to the important conclusion that:

> The key relationship in the social structure of the hospital is that between the ward sisters, with the patients on their hands, and the whole array of central services, from the doctors, the matron and the secretary to the physiotherapists, the engineer and the barber. And if, as may apparently so readily happen, this relationship deteriorates, the bedside tone of the hospital will be poor with it; in particular, the hospital will have a high rate of staff turnover and a slow rate of patient recovery.

With this crucial node of hospital operations brought into focus by his careful empirical study, the author goes on to discuss possible approaches to improving "social sensitivity," including the work of Elizabeth Barnes and M. L. Johnson's, *The Anatomy of Judgment.*[1] Revans proceeds to discuss selected findings from another attitude survey of a "socially sick" hospital which he compares with two relatively "well" ones.

Revans is concerned that corrective action follow elucidating research. This is a refreshing attitude which is noticeable in some degree throughout this volume. It distinguishes British social research from the sometimes theoretically and methodologically more sophisticated approaches of social science researchers in the United States, which often remain sterile in their practical impacts.[2] To present this distinctive approach, one of Revans' footnotes is quoted here, for in it this author seems to characterize this volume, yet other contributors are not as outspoken in this regard.

> It is often suggested that sociological enquiries must be pursued in a 'purely disinterested' spirit; knowledge or information that is vouchsafed in the expectation that something is to be done with it (namely, that an existing state of affairs is to be

changed, or at least that an attempt is to be made to change it) is sometimes regarded by sociologists as second class knowledge, unworthy of admission to the academy. There is an extensive literature of the antithesis between operational research and sociology; O.R. does not conceal its motives, namely, to identify, analyse and ameliorate what, in the eyes of its promoters, are practical difficulties, whereas some sociologists search for a 'pure' understanding of inter-personal forces unalloyed by any thought of it being exploited to change these inter-personal situations. The writer does not take sides in this argument; it is merely to him a perceived fact that hospital staffs will often more freely disclose their perceptions of the inter-personal forces of the hospital if they also perceive that something may be done thereby to change the pattern of those forces. Since he is unable to enter directly into the consciousness of other persons he finds these adventitious disclosures of interest, particularly when they yield results of consistent statistical significance. Indeed, if he did accept the point of view of the academic sociologist he would not be contributing to this number of the Sociological Review.

To effect the "administrative therapy" which he seeks for hospitals, this author suggests that research teams, including a sociologist and an administrator, with the support and advice of medical and nursing professions, study agreed-upon problems and place their findings before the interested factions or professional groups.

In the opinion of this reviewer, we are at the point where the British social researcher's willingness to act toward agreed-upon values must be combined with the best available theoretical and methodological tools in the achievement of planned social change. This is needed at the levels of individual behavior (e.g., alteration of smoking patterns) organizational behavior (e.g., complex, modern medical services organized to reach the "other" Americans), and community behavior (e.g., co-ordination and planning of health services generally). Some work along these lines has been done,[3] but there is room for much more serious thought and research.

Perhaps the most sophisticated joining of theoretical considerations, empirical study, and practical recommendations in this volume is the 30-page piece by M. W. Susser, B.Ch., D.P.H., Senior Lec-

turer, Department of Social and Preventive Medicine, University of Manchester. With European and American organizational theorists well in mind, and the problem of community-wide co-ordination of services in focus, the author examines the changing functions and exchanges among the components of the mental health services system in "an industrial town of about 150,000 people which forms part of a northern conurbation." His analysis includes an excellent statement of the impacts of a changing environment (new mental health laws and policies are important elements here) on the system. The author exhibits a clear understanding of the possible impacts of the bureaucratic form of organization on treatment. "Many subtle pressures act to detach behaviour from its original purpose of serving the patient." His awareness of community structure, including social class, and its effect on the ability of organizations to serve their purposes is clear. With respect to the interorganizational relations of new programs, the author observes:

> The bargaining power of an organisation is small when the need for the services it provides is not recognized or is rejected by another organisation that might use them. This is even more so when the services are new and experimental, personal and intangible, and yet competitive in so far as they obtrude on an established professional function. More rapid progress might ensue if new services and new roles, when seen to be desirable, at national level, were entrenched by statuses or regulations which established the interdependence of organisations.

This paper alone is worth the price of the book.

There is more which is valuable and some not so valuable in this varied volume.

In the latter category, the reviewer finds the article on suicide by E. Stengel, M.D., Professor of Psychiatry, University of Sheffield, to be sociologically unsophisticated and not particularly informative. At best, it offers more with regard to attempted suicides than is usually found.

The last article in the volume, by John Simpson, M.D., D.P.H., University of St. Andrews, Dundee, is mistitled, "Priorities in Sociological Research in the National Health Service." One expects to see a statement offering a future research program which would

cover social factors related to the occurrence of various types of disability as well as those related to organization to prevent or alleviate disability. What one finds is a speculative article which lumps illness in Hinkle-like fashion and calls on an oversimplified notion of frustrated social mobility drives (Warner, 1936) and stress (Selye) to explain it. With the exception of a few embellishments which facilitate the name-dropping tour de force, which this article is, there is no more to it.

There is better fare in the rest of the volume. The article by A. J. Willcocks, Ph.D., Lecturer in Social Science, University of Nottingham, appears to offer important new historical information on the establishment of the NHS. The social historian and the political scientist and others interested in the development of the NHS will profit from reading about the specifics of bargaining between the interested parties and the process of "erosion" which the author describes. The article effectively debunks "the appointed day" as any sort of sudden "take over." The references are helpful but do not include the more recent, very valuable book, "Socialized Medicine in England and Wales," by Almont Lindsey. The article is not without humor. With wonderful British understatement, the author observes that in response to the White Paper of 1944, "the National Association of Insurance Committees regretted their proposed disappearance."

F. M. Martin, Ph.D., and F. A. Boddy, M.B., Ch.B., Senior Lecturer and Assistant Lecturer, respectively, in the Department of Public Health and Social Medicine, University of Edinburgh, contribute an important empirical study of career choice and occupational attitudes among 2,234 medical students in five schools. The total study, to be reported later, included 25 schools. The approach is cross-sectional in time and makes the reasonable assumption that differences between first-year and more advanced students represent changes instead of long-term trend differences in entering classes. The study contributes to administration and planning of the NHS, with the observation that the frequency of specialty and other choices, as compared with the current distribution of positions among specialties and different forms of practice (with or without teaching,

etc.) may lead to considerable substitution and disappointment unless appropriate measures are taken.

The findings contrast sharply with those of American studies in one respect:

> The American investigations showed that during the four years spent in medical school there was a marked swing away from general practice as a desired career and in the direction of specialist practice. This trend contrasts sharply with our own findings; although general practice is at no stage the first choice of more than a minority of students, this minority does grow appreciably in the final year of the course.

These researchers interpret this finding as due to the students' anticipation of great difficulty in attaining consultant status in the NHS.

In other respects the findings parallel those of American studies. Most important, although the authors do not seem to recognize the work of Coker and others,[4] they find that preferences for public health and industrial medicine decline far more than other choices and rank near the bottom in the last year (but ahead of armed forces or colonial service and ahead of another career which is not likely to involve much direct patient care—original research). This finding is important, for its suggests that even the context of a relatively planned health system, where motivations to carry on effective preventive measures should be at their peak, does not overcome the budding physician's attraction to the magic of curing another human being's ills in a direct relationship with that person. It also suggests that the field which must take an overview of the whole system—public health—may be well advised to recruit much-needed leaders from a number of fields, including medicine if possible.

In a modest empirical study of attitudes toward psychiatric referral among eight general practitioners in six practices in a Welsh mining community, K. Rawnsley, M.B., D.P.M., a psychiatrist, and J. B. Loudon, B.Ch., Dip. Anthrop., a medical anthropologist in the Social Psychiatry Research Unit, Llandough Hospital, Glamorgan, conclude, "Even among this small number of practitioners there is considerable diversity of attitude both to psychiatry, and to

psychiatric disorders as they occur in their practices." The authors suggest that, in spite of recent emphases on the general practitioner offering "comprehensive medicine," some doctors "might view the expansion of their psychiatric role without much favour."

Problems of organization for adequate mental health service are also the topics of the remaining papers. A curious piece by G.M. Carstairs, M.D., Professor of Psychological Medicine, University of Edinburgh, and J. G. Bruhn, Ph.D., a Yale-trained sociologist, presents the careful empirical research of Bruhn, done in New Haven, Connecticut, on the relations between social class, religion, and positiveness of orientations toward the mental patient role. The authors then proceed to indicate how Britain is different, but offer no research to support their contentions. This paper does not fit the subtitle of the volume, "within the Framework of the British National Health Service," but Bruhn's research is good.

In an inventive study which used new categories for judging patient behavior, G. W. Brown, Ph.D., sociologist, and J. K. Wing, M.D., Ph.D., psychiatrist, both of the Social Psychiatry Research Unit, Maudsley Hospital, London, find associations between social withdrawal and such factors as nurses' time budgets and opinions about patients, allowance of personal possessions to patients, and ward management (restrictions, locking routines).

An important study revealing considerable overlap in types of patients between a mental hospital, geriatric wards, and welfare homes in the same community is offered by D. Kay, M.A., D.P.M., consultant psychiatrist, P. Bemmish, D.P.M., senior registrar, and M. Roth, M.D., D.P.M., Professor of Psychological Medicine, Royal Victoria Infirmary and King's College Medical School, University of Durham, Newcastle upon Tyne.

The names of certain well-known British sociologists who have done work in the health area, R. M. Titmuss, B. Abel-Smith, C. Sofer, and M.V.C. Jeffreys, are missing from this volume; their inclusion might have preduced a more uniformly high contribution. Nevertheless, this reviewer profited from the book and regards it as a welcome indication that considerable significant work is going

on under the NHS. While the NHS may have solved many of the agonizing economic problems of health care which plague forgotten but sizable pockets of population in the United States, many fundamental problems of social organization for human service remain to be solved.

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REFERENCES

[1] For an earlier landmark consideration of this subject, *see* Wallas, Graham, SOCIAL JUDGMENT, New York, Harcourt Brace, 1935.

[2] Mills, C. Wright, THE SOCIOLOGICAL IMAGINATION, New York, Oxford University Press, 1959.

[3] Bennis, Warren G., A New Role for the Behavioral Sciences: Effecting Organizational Change, *Administrative Science Quarterly,* 8, 125–165, September, 1963. The "process analysts" of the National Commission on Community Health Services may generate valuable knowledge in this area.

[4] Coker, R. E., et al., Public Health as Viewed by the Medical Student, *American Journal of Public Health,* 49, 601–609, May, 1959; *see also* Back, K. W., et al., Public Health as a Career in Medicine: Secondary Choice within a Profession, *American Sociological Review,* 23, 533–541, October, 1958.