

Book Reviews

Sociology in Medicine. M. W. SUSSER and W. WATSON, London, New York and Toronto: Oxford University Press, 1962. p. vii + 337. Price 42s.

In this book a lecturer in social medicine and a sociologist look at health and disease. Its basis is that "man's economic and social environment is part of his natural environment and helps to determine the incidence and prognosis of disease". There are two parts. In the first, the importance of social factors is shown by comparing health and disease in industrial and peasant societies (both authors have worked in Africa). In the second part, the family in contemporary Great Britain is the central theme; it is viewed in health and disease throughout the life cycle, with particular interest in children and old people. An intermediate chapter looks at doctors and the social influences which affect their behaviour.

Most readers of this *Journal*, including the reviewer, practise their art and science wearing the blinkers which their partly inappropriate training has provided for them. Better understanding of sociology could help to lift one blinker (and of psychology the other). This is why this book is important. In its own words (p. 183): To meet the needs of the whole patient "the general practitioner is driven back to a traditional sphere of medicine, the art which all doctors practised before the period of rapid scientific advance. He will have to apply the sciences of psychology and sociology to the art of medicine, or yield to other specialists, such as medical psychologists or sociologists".

It is partly because it looks at our own subject from an angle which is unfamiliar to us that this book is difficult to read. We meet familiar topics here and there but the authors move between them by unusual routes. It is unfortunate too that they have their jargon just as we have ours, and that the two are not the same. Had we more appropriate education we might feel more at home among these abstract concepts; but might the authors have come a little further to meet us by using plainer English? The difficulty also stems from the fact that "social medicine is a complex and difficult branch of medical science in that it attempts to grapple both with the nature of social processes and with their complicated relation to health and disease".

There are copious references which are set out in an encouraging way, so that this is a first-class source book. It is excellently produced and not expensive.

The Last Refuge. A survey of Residential Institutions and Homes for the aged in England and Wales. PETER TOWNSEND. London, Routledge and Kegan Paul, 1962. Pp. xv + 552. Price 60s.

The title of this book is to some extent a misnomer as, from the statistics given which relate to the various types of establishments surveyed, it is

evident that comparatively few of those persons admitted end their days in them.

This research was carried out between 1957 and 1961 with the financial assistance of the Nuffield Foundation. It is excellent as far as it goes, but it is mainly related to residential accommodation provided under the National Assistance Act of 1948, although when dealing with voluntary and private homes it does cover the problems of different classes of patients.

A history of the development of institutional care from early days leads up to the picture as it exists today, in particular since the inception of the Welfare State.

Despite the policy formulated in 1947 the workhouse is still with us, and after the reallocation of public assistance institutions when the National Health Service was introduced "the distinction between those who are sick and those in need of care and attention is an uneasy one". It is disturbing to read how far from ideal are the conditions in practically all types of establishments, whether they be local authority, hospital service, voluntary or private; these from many different reasons. In the sample of homes that were visited, the survey was comprehensive and went into considerable detail—the reason for admission, the life led in the home, the treatment received, the relationship with the staff, and the effect on the inmates themselves. It was on the whole not a happy picture and has led the author to formulate a policy for improvements in the future.

In these proposals there does not seem to be quite sufficient emphasis on the need for "security", but they do make a real contribution towards improvement of the overall picture. The figures for 1959 emphasize this need. It is stated that of 36,000 persons admitted to local authority premises in that year 34,000 died or had to be moved elsewhere. The deaths were only a small proportion; the remainder had to be moved when their condition deteriorated.

The proposals are based on the conclusion that the residential home as it exists "does not fit rationally into a coherent system of services for the elderly and handicapped". They include the progressive reduction of communal homes and their replacement by sheltered housing schemes, and an enlargement of the domiciliary services.

The suggestion to place responsibility for the supervision of all communal homes and institutions through regional hospital boards on hospital management committees is by no means new and could well include voluntary and private homes. It is proposed that "the central government should assume responsibility for registering and inspecting all communal homes which are not publicly owned". This could be included in the duties of the hospital authority. The need for the requirement of higher standards for registration has not been stressed; it is important.

The author emphasizes throughout that the picture and the magnitude of the demand is still incomplete. Further intensive inquiry would seem to be required.