Book Reviews

In the Army Now

The American Enlisted Man. The Rank and File in Today's Military. CHARLES C. Moskos, Jr. Russell Sage Foundation, New York, 1970 (distributor, Basic Books, New York). x, 278 pp. \$7.95.

At a time when opinions about the proper role of the military in American society have become polarized, this book is an exceptional contribution to rational yet human discourse. Whatever radical critics may say to the contrary, modern nations require some type of effective military organization. Whatever its champions may say, there is much about our present military establishment that is extremely threatening to our own system. This book provides a basis for beginning to bridge the gap between antithetical views. Moskos has also supplied a source, the best since Samuel Stouffer's classic study of The American Soldier during World War II, for informed decisions about such problems as whether or not to abolish the draft, what kind of military presence we should maintain in foreign countries, and what reforms are needed in military training and military life.

The author considers many facets of the life of the contemporary enlisted man, particularly in the United States Army, with which he has had experience both as a researcher and as a serviceman, and readers will find a variety of reminiscences about hitherto undisclosed aspects of that life. One of the fascinations of the book is the way in which the information provided raises questions about many prevailing ideas of both the philosophical right and left about military culture.

For example, two contrary views run through popular thoughts and social scientific theory. One sees the contemporary military as increasingly sharing attributes common to all large-scale bureaucracies and becoming more like civilian societies, using similar forms and methods of personnel con-

trol. The other sees military life as remaining quasi-feudal in organization and possessing authoritarian features not found elsewhere in democratic society. Both perspectives are partially true, the first as a depiction of the new officer corps, the second in characterizing contemporary life in the ranks. There is a growing disparity between enlisted men and officers, particularly as to the percentage with college degrees. The culture in which the enlisted man lives is essentially an anachronism in American society, since it is composed of heterosexual bachelors and is labor-intensive in a postindustrial era. Despite changes in the grade structure since World War II, sharp status distinctions in types of work and privileges remain between officer and enlisted man and between upper and lower enlisted rates. Blue-collar versus white-collar distinctions mark the primary difference between enlisted and officer personnel, and the enlisted rates underutilize middle-class men while allowing lowerand working-class men to participate with a minimum of concern for preexisting socio-educational handicaps.

The differences are reflected in the men's motives for enlisting. In a 1964 survey, 27.8 percent of those who had not gone through high school, and 15.6 percent of the college men, gave hope of self-advancement (such as learning a trade, receiving an education, or making the military a career) as their reason; 46 percent of the college men, compared with 26 percent of those who had not gone through high school, said they were motivated by the draft; a little over a tenth (more in the group with the least education) gave patriotic reasons, the rest a variety of personal reasons. These findings carry implications for the type of military services that might develop if the draft were abolished without institutional reforms within the military.

Since World War II, American foreign policy has been based upon the

maintenance of a major military presence overseas, and 30 to 35 percent of our forces have been kept overseas. There are unrecognized consequences to that presence. Tensions often develop between servicemen and local populations as a result of social and sexual contact. Japanese, Korean, and Vietnamese leaders have argued for buffer zones around military bases and for segregated vice areas to serve enlisted men, in order to protect local girls. The official U.S. lack of concern for illegitimate babies sired by GI's is almost an international scandal. It is estimated that American servicemen have left behind 80,000 to 120,000 illegitimate children in Germany, 30,000 to 60,000 in Japan, 15,000 to 30,000 in Korea, and 10,000 to 15,000 in Vietnam. These children have no American rights and receive no aid from our government, whose policy or lack of it is in contrast to the responsible policy of France and other countries. Nevertheless, despite popular notions to the contrary, most local objection to U.S. servicemen centers on general U.S. military policy rather than on the individual behavior of GI's.

The author supplies provocative myth-breakers about the soldier in Vietnam, which should be required reading for both hawks and doves. Pros and cons of national policy are totally meaningless to the combat GI who must worry about basic survival and extreme deprivation. The end of the Vietnam conflict arrives for a soldier with his rotation date back home, not with victory or defeat on the battlefield. Thus, unlike the situation of World War II servicemen, an individual ethos prevails. The soldier in Vietnam is essentially anti-ideological and rejects superpatriotic appeals with cynicism and skepticism. At the same time, he vehemently opposes peace demonstrators, whom he sees as criticizing him and endangering his chances of survival. Where forms of nationalism are motivating factors, the GI sees himself as fighting for U.S. interests, not for South Vietnam, whose soldiers he holds in much lower regard than the enemy's.

Another important observation is that, although black Americans have a greater likelihood than whites of being drafted and of being assigned to dangerous combat duty, they are more favorably disposed toward military life, because their chances of advancing themselves in small ways are better there than in civilian life. Still another is

that antimilitarism, far from being an aberration, is reflective of a basic American trait that subsided with World War II and the ensuing Cold War period. This book should be required reading not only for academics and policy makers but for all concerned citizens. It tells as much about hypocrisies and myths in contemporary American society as about the inequities in our military services.

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Designing Doctors

Interns. From Students to Physicians. EMILY MUMFORD. Harvard University Press, Cambridge, Mass., 1970. xiv, 298 pp., illus. \$8.50. A Commonwealth Fund Book.

This book is a study of the way the training and experience of interns vary from one hospital to another. Essentially, it contrasts the experience of interns in a 1200-bed university hospital with that of interns in a somewhat less than 400-bed community hospital with no medical school affiliation, reinforcing these case studies by reference to less intensive data obtained from visits to other teaching hospitals and from a national survey of interns and residents. However, it does more than merely describe some of the problems of postgraduate medical education: in the course of its exposition it sketches out two increasingly separate traditions in medical care, and questions the desirability of their separation.

Each of the two hospitals where interns were studied intensively represents one of those traditions. On the one hand there is academic medicine, highly specialized and intellectualized, committed to meeting the challenge of "interesting cases" and bored with, even contemptuous of, the common, everyday illnesses with which most people are afflicted. Its commitment is to the study of diseases and conditions, not to the people who suffer them. On the other hand, there is everyday community medicine, which while increasingly specialized must nonetheless for economic survival deal with people as people, and deal with ailments because they are important to those who suffer them rather than because they are interesting.

Each hospital seemed to push its

interns in a separate direction, toward a different standard of medical care. At the university hospital, great stress was placed on keeping up with the latest research findings, on maintaining careful and extensive medical records, on teamwork and consultation with colleagues and seniors, on routine review of one's work by others, and on the uncertainty and deficiency of available knowledge, which preclude dogmatism in medical opinion. Research, teaching, and specialization were emphasized, and the interns were far more prone to respect and defer to their senior colleagues on the house staff and to the full-time teaching and research staff than to the physicians in local practice who came into the hospital to visit and treat their "private" patients. These interns came to aspire to enter a residency so as to develop a medical specialty, tending to prefer a career of research and teaching over one of everyday community practice.

In contrast, at the community hospital medical records were seen more as obnoxious administrative necessities than as valuable aids to the treatment of present and future patients, reading journals for up-to-date information was given low priority, and relations with fellow interns were more competitive than cooperative. Independence and decisiveness rather than caution and further study were emphasized as desirable, and the attending physician was respected both for his personal clinical experience and for his capacity to serve as patron to the young doctor who would be seeking a practice of his own after concluding his training. Little attention was paid at the university hospital to problems of managing patients, whereas great attention to it was required at the other. Interns at the former expressed contempt for the dated scientific knowledge of the attending physicians in local practice; interns and attendings at the latter considered the knowledge and capability of the "professors" to be impractical and narrow.

In a sense the book portrays the old conflict between town and gown, marketplace and academy, action and idea. But in the case of medicine it is no longer the pragmatic practitioner but rather the scientific academy that provides the criteria of knowledge and skill for adequate care. However, when the academy emphasizes solely technical and intellectual features of knowledge and skill it does not actually equip its trainees to apply what they have

learned to human beings. Conversely, when the community practitioner is sensitive to the demands of his patients but approaches therapy incautiously and on the basis of out-of-date knowledge, his patients may not survive their "warm" and "friendly" care. Clearly, the two must be brought together, in and out of training.

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An Ethical Question

Research and the Individual. Human Studies. Henry K. Beecher. Little, Brown, Boston, 1970. xxii, 362 pp. \$15.50.

Poverty amidst affluence, environmental pollution, population explosion, crime and violence, racial conflict, drug addiction, campus turbulence, a generation gap more like a gulf, limited war and the ever-lurking threat of all-out holocaust, theological upheaval, moral decay concomitant with scientific and technological burgeoning—any may be the lodestar of tomorrow's historian as he seeks the chief influence in today's maelstrom. But another candidate for first place—one apparently destined to increase even as the others (one hopes) diminish—is the threat to the autonomy of the human person.

Whether experimentation on humans turns out to be a significant part of that threat depends on science's and society's answer to the incisive question posed by the author of this book: What are the permissible limits to and the proper conditions for experimentation on human beings? It is a hard question, and the author deserves respect for his learned, wise, and courageous attack on it. On the one hand,

It must be evident that human experimentation that has already proved its essential usefulness must increase. . . . Medical science is economical; every new fact is multiplied—not divided—as it is disseminated and utilized down the years. It is not possible for medical research to stand still. If it fails to progress, it will regress . . . [pp. 4, 10].

On the other hand the author, who for 40 years has been not a philosopher or moral theologian but an investigator studying man (he is a professor of research in anesthesia at Harvard), acknowledges that science is not the highest value to which all other orders of value should be subordinated (p. 3).