

Book Reviews

Our Medical System

American Medicine and the Public Interest. ROSEMARY STEVENS. Yale University Press, New Haven, Conn., 1971. xiv, 572 pp. \$18.50.

During the last decade, dysfunction in our system of medical care has manifested itself in economic—and thus unavoidable—terms to all but the very richest Americans. Many thoughtful laymen have become convinced that so grave a symptom implies a fundamental malaise in that system. At the same time a new critical spirit—which may, for convenience if not entirely accurately, be termed New Left—has depicted it as a characteristic product of our social values and of the economic relationships of American industrial capitalism, with the care of the sick having at best a marginal priority in medical decision making. Far more numerous and influential than those critics are medicine's academic liberals, aware that government will exert an increasingly definitive role in the shaping of care patterns and hopeful of exerting a leadership role no longer plausibly occupied by a more private-practice-oriented medical establishment.

These groups would all agree that a reorganization of our health care delivery system is desirable and probably inevitable; but their consensus extends little beyond this shared conviction. As we have begun to discuss issues as sensitive as alteration in the physician's traditional role and prerogatives, it was only to be expected that hostility, polemic, and a magisterial if uninformed judiciousness have become endemic modes of discourse. Periods of transition and stress are ill suited to reflection—and hardly to the systematic use of historical or comparative perspective.

The present study, by the author of *Medical Practice in Modern England: The Impact of Specialization and State Medicine* (1966), represents an honest

and in some ways invaluable attempt to rectify this state of policy-making ignorance. Begun as an account of specialization, the book grew into a more general survey of the institutional development of American medicine in the 20th century. Viewing the American experience from an English perspective, Stevens is particularly impressed—as have been most other students of the subject—by the “egalitarian” heritage of American medicine, its consistent unwillingness to accept the formal status definitions which traditionally characterized English practice. Much of her discussion centers on the tension between specialism and general practice, for English and American patterns are dramatically and instructively divergent. In England the general practitioner had and still has a central role in the provision of medical care, a role reinforced by the National Health Service, while hospital-based surgeons and specialists serve exclusively as consultants. In the United States, Stevens emphasizes, all physicians have been potential competitors for the same pool of patients; the referral mechanism has never constrained such practices. In this social and economic environment (and, the reviewer might add, in the absence of other well-defined modes of achieving status) the pressure toward specialization became almost irresistible. As the 20th century progressed, recognition of the specialist's status and regulation of his training and modes of practice became a central problem in the institutional development of American medicine. The failure of existing medical associations or the several states to license or regulate specialty practice made the establishment of our specialty boards—ad hoc and casual as their creation may appear in retrospect—an inevitable institutional response. Specialization, as Stevens argues, came into being without clearly defined institutional guidelines and without consideration of the

public interest. For example, we have nurtured twice as many surgeons, in proportion to population, as England, surgeons who—not surprisingly—perform roughly twice as much surgery (to no appreciable good purpose).

Stevens's massive study is the first attempt to synthesize the fundamental role of specialization in the shaping of 20th-century medicine. This study of specialization would be an important contribution in itself; but in addition the last two-fifths of the book, which become more general, constitute probably our best synoptic overview of health care policy since World War II. The author's thesis is that technological growth has changed the potential of medical care but there has never been a reordering of institutional forms adequately reflecting the new realities. The model of the autonomous and profit-maximizing small entrepreneur was given intractable tenacity in the worldview and decision-making power of an American Medical Association hierarchy increasingly conservative and increasingly divorced from the attitudes and concerns of the parallel academic elite. Both groups could, for a comparatively brief period at the beginning of the century, see their interests as parallel; both could, for example, support the position represented by the Flexner Report with its demand for the upgrading of medical schools and the limiting of access to the profession to a relatively small number of highly trained, “scientific” physicians. Only gradually did intellectual and institutional factors—among them government research policy—cause these establishments to diverge. (An underlying irony is readily apparent: the eminently visible clinical achievements, insulin, vitamins, antibiotics, and so forth, which served for the moment to underwrite the legitimacy and power of a practice-oriented group increasingly dedicated to opposing institutional change, were themselves ordinarily the product of a scientific world which implied the creation of new institutional forms for clinical medicine.)

Twentieth-century medicine grew, in other words, like Topsy, confined neither by government policy nor by a tradition of social commitment. Challenges to the structure and practices of organized clinical medicine tended to have an economic basis; both in the '30's and in the '60's, substantial numbers of Americans found themselves fearful of a medically induced economic

catastrophe. Such anxieties resulted in attempts to manipulate one element—modes of payment—in the total system; but, as we have seen most recently in Medicare and Medicaid, these attempts have clearly demonstrated the ultimate need for structural change in the medical care system itself. And in the past decade, the medical school establishment, even prominent representatives of the AMA, as well as prominent and influential laymen, have come to accept the need for at least some change of this sort.

Despite such hopeful signs, Stevens is not entirely optimistic in regard to the ability of the medical community to reform itself. The impetus for reorganization will, she implies, come very likely from without, that is, from government, reflecting a deeply felt if not always well-defined public interest. And this ultimate change will, she argues, result most likely from a process of drift developing out of the progressive failures of fragmented, economically oriented measures. The possibility of a conscious national commitment to the universal provision of medical care and centralized control of its providers—analogueous to that made in the United Kingdom after World War II—she regards as unrealistic, given American social values and specific historical traditions.

This has been, I am afraid, an inadequate outline of a vastly detailed book, one based on the tireless inspection of editorials, reports, programmatic statements, policy papers, and other such forbidding fare. It is, I must emphasize, an invaluable and in many ways admirable book. At the same time, it is a not entirely successful one. There is a difficulty of scale. Stevens's attempt to be comprehensive in a field in which the secondary literature is sparse guarantees that no problem will be discussed in adequate depth. Nor is there an explicit theoretical commitment to give shape to her argument; sometimes an intelligent eclecticism is not enough. "Egalitarian," for example, is simply not an adequate explanatory category; without further analysis, its use constitutes evasion, rather than explication.

The book leaves the historian with more questions than answers: "History," the author explains with entire seriousness, "is a review of past politics which influence, if they do not predetermine, present events." But history is, of course, a great deal more than past politics, and medical history espe-

cially a great deal more than medical politics. It is no more than a truism to see a culture's basic values and commitments reaffirming themselves in the shape of the medical care it provides. Attitudes toward technology, toward entrepreneurship and productivity, toward the role of government, toward caste and sex, all obviously help shape medicine, not only in its intraprofessional aspect but in the interaction between physician and patient. Thus a study of any particular aspect of medical care might well be regarded as an appropriate sampling device for examining more general and pervasive social values (while, at the same time, common sense tells us, one cannot understand the interior logic and structure of medical care without examining such social variables). R. M. Titmuss's recent and widely praised comparative study of blood donorship illustrates the value of such an approach; and though Titmuss may perhaps err on the side of overdetermining a particular phenomenon, Stevens succumbs to the opposite peril, that of arbitrarily limiting the variables and relationships she considers.

This problem is inevitably one of depth as well. Her treatment of particular specialties, for example, is consistently general; it can be described as a chronicle of policy decisions. We still lack a detailed, analytically sophisticated, reliable history of any particular specialty. (Stevens seems to be unaware of what contemporary historical standards would demand in such a history, and is thus, for example, able to refer to George Rosen's brilliant programmatic essay of 1944 on ophthalmology as being uniquely "a detailed social analysis of the history of one specialty." Admirable as this suggestive essay is, it can hardly be described in such terms, especially after a lapse of almost 30 years.) A full analysis of a particular specialty would have to use manuscript records, very likely interviews, possibly clinical and certainly institutional records; it could not be limited to policy decisions and their formal rationale.

This is, in other words, a book which adds considerably to our knowledge but not to our understanding. Its general orientation is already familiar to those academics who will provide its largest audience; they will mine it for dates and incidents, but it will hardly change their minds. And Stevens simply ignores the passion and ideological commitment of the New Left; they

will—unfortunately—dismiss her book as an artifact tailored to the needs of the liberal establishment. This is, paradoxically, a good book and one that had to be written, yet one that will neither change minds nor provide new ways of looking at an intractable configuration of problems.

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Neolithic Cultures

Hunters, Fishers and Farmers of Eastern Europe, 6000–3000 B.C. RUTH TRINGHAM. Hutchinson University Library, London, 1971. 240 pp., illus. Cloth, £2.50; paper, £1.50. Archaeology series.

This book presents a synthesis of the Mesolithic and Early and Middle Neolithic periods in the geographical area of east central, southeastern, and parts of eastern Europe. The enormous amount of archeological literature, especially from work in the last two decades, plus the linguistic diversity in this geographical area, presents a great challenge to an archeologist attempting to write any type of synthesis. Ruth Tringham has produced an impressive summary of hundreds of archeologists' work in that area.

The text is divided into four parts: Environmental Background; Postglacial Hunting and Gathering Communities in Eastern Europe; the Earliest Food-Producing 5500–3800 B.C.; and Economic Development and the Earliest Use of Metal c. 3800–3000 B.C. The first of these chapters is very short. The greatest part of the book is devoted to the Early and the Middle Neolithic—that is, to village farmers—and it is the most successful part. Since everything is compressed into approximately 200 pages, Tringham has wisely been selective with respect to subjects, problems, and even bibliographic references. Also, she has avoided becoming involved in detailed chronological discussions. I could dispute some of her choices, however, and some of her observations are presented in too absolute terms—for example, her statement that the Linear (Linear Pottery) cultures sites are found outside the Bükk and Matra mountain area only on loess. In some parts of the book she has concentrated too much on the description of various cultures or the appearance of new artifacts and fails to discuss the broad sociocultural