

like one third of the total mental health programme should be devoted to consultation with such agencies. There are short sections on a number of special topics, including mental subnormality, juvenile delinquency, drug addiction and mental hospital after-care. In addition, Miss Susan Ellermeier has contributed two chapters on the public relations aspects of community health programmes.

Unfortunately, the book does little to clarify its subject. From internal evidence, it appears to have been based on a series of memoranda or working papers, some possibly written in collaboration, and not always thoroughly integrated into the text. There is a resulting unevenness of style and, more serious, a confusing chronological indeterminacy, so that the reader is often unsure what has been achieved, what is currently in progress, or what is still only a blueprint. A number of references make it clear that the early stages of planning here described did not include any careful assessment of the need for services; thus the only prevalence statistics cited are derived from external sources, such as the Midtown Manhattan study. Nor does there appear to have been any attempt at evaluation of the treatment programme. But then, as the author remarks, "Research can be rather a scary word".

In view of these inadequacies, it is difficult to know how much weight to place on the author's conclusions. Briefly, Dr. Whittington advocates that community mental health programmes should be set up independently of the public health authorities, and that they should be operated by private non-profit making groups, partly on a fee-paying basis, partly subsidized by the state. This is compromise with a vengeance.

Certainly, it may be doubted if programmes of the kind here envisaged could be wholly maintained from public funds. Thus, the annual cost of a comprehensive service for a population of 100,000, in staff salaries alone, is estimated at about \$600,000. Such a figure (which of course excludes hospital services) seems incompatible with the statement that community mental health centres are essentially a way of redeploying professional workers already in the field. In any case, a number of comments throughout the book make it clear that the basic objection to a publicly controlled mental health programme is ethical, since it conflicts with what the author regards as the cultural norm of individual payment for services received.

While this viewpoint cannot be dismissed, one would require firmer evidence than is here provided before accepting a model which in the long run would serve to perpetuate and reinforce that double standard of treatment deplored by the author himself.

On the whole, this is a confused and disappointing treatment of an important theme.

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**An Introduction to Social Medicine.** By THOMAS McKEOWN and C. R. LOWE. Oxford: Blackwell. 1966. Pp. 327. Price 50s.

In the context of present-day British social medicine, this book is timely and thought-provoking. In spite of an introduction which confines the subject matter almost solely to what can be discovered by using epidemiological techniques, the authors in fact break away from this restraint and restore to primary importance some of the subjects which more academically-minded epidemiologists would like to exclude altogether. No doctor (and, certainly, no psychiatrist) can read the sections on the origins and present dispositions of the socio-medical services without benefit, or fail to profit from the discussion of comprehensive medical care. Medical students, to whom this book is primarily addressed, will discover that the prescription of services is at least as important as the prescription of drugs, and one hopes that the concept of integrated medical care (replacing that of a rigid division into three professional hierarchies) will become firmly implanted into young minds. Taken in conjunction with Professor Morris's *Uses of Epidemiology* this book gives a much needed new look to social medicine, and it deserves to become widely influential.

On the other hand, looking to the more distant future, the book will disappoint those who believe that social psychiatry is an integral part of social medicine. Although the authors are progressive and liberal-minded men, certainly not prejudiced against psychiatry or the mentally ill, their book continues the traditional separation of psychiatry from medicine, the historical origins of which they elucidate so clearly. The fourteen pages on the mentally ill and subnormal, which are all they can find room for, remind one of the sections at the end of textbooks of neurology, where a few general remarks sum up the limitations in the authors' knowledge. This disappointment is all the keener because of the way in which the behavioural sciences are ignored. Although more than half the book is devoted to services, or to subjects such as "Rehabilitation", "The Home", "Place of Work" or "Modification of Personal Behaviour", there is nothing on the sociology of institutions, nothing about the social psychology of attitudes, nothing about the enormous literature on small groups, or about family relationships and their influence on health. The home, for the authors, may

be overcrowded or substandard in housing, but it has no other implications for disease. Moreover, they appear to consider that progress in industrial psychology ceased with Rothlisberger and Dickson.

One can, of course, see the authors' problem. Not knowing that first-class work is going on in the behavioural sciences, they feel that to deal with psychological and social factors (apart from a few "hard" indices such as overcrowding) is to open the floodgates to a gush of speculation and gossip. Indeed, the dangers are all too well illustrated in some recent writings on the relations between sociology and medicine. But if serious exponents of social medicine abandon the field, others will not be slow to occupy it.

There is now beginning to be a scientific social psychiatry, in which the epidemiological method is regarded as only one of a wide range of useful techniques, and in which no artificial barrier is erected between social and clinical events, since the manner of their interaction is regarded as the main material for study. Sociology is one of the basic sciences of this subject, as it should be in social medicine; and, for this reason, social psychiatry finds itself, by default, in the van of progress. Eventually, the parent discipline will also realize that it can widen its outlook without lowering its standards, and perhaps this realization will be reflected in future texts on social medicine.

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**Problems and Progress in Medical Care.** Edited by GORDON MCLACHLAN. 1966. London: Oxford University Press. Pp. 339. Price 25s.

This is a second collection of essays, reporting research which has been supported by the Nuffield Provincial Hospitals Trust. Only one of the studies here deals specifically with a psychiatric topic—that on transitional hostels by Robert Apte. This is the most systematic study that has been carried out so far on the functioning of hostels in Britain, and its results are not very encouraging. It appears that the national policy of hostel development was embarked upon without examination of the actual needs of patients or of the results of hostels that existed already. Local authorities, who are taking the main responsibility for these facilities, differ enormously in their degree of interest—and in their views of how hostels should be organized. So far staff training scarcely exists, and many of the places visited by Dr. Apte are clearly of little or no value in rehabilitating patients for life in the community. The rest of this research, which is to be published elsewhere, should certainly be studied by those responsible for policy-making in mental health services. Elsewhere in the volume, a group of studies on out-patient services will be of some interest to psychiatrists, though the results are rather unexciting in relation of the amount of detailed research that has clearly gone into them.

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