

Book Reviews

The State, Health, and Finance

Is There an Alternative? From the *British Medical Journal*. (Pp. 73. 7s.) London: British Medical Association, 1967.

It must be assumed that the National Health Service is here to stay. Conceived in the years of depression and war to serve the poor as well as the rich, its Civil Service management is showing many signs of failure to cope with the vast and growing complexity of medical needs and developments. The extremes of poverty which it was partly designed to alleviate have now largely vanished. The advance of diagnostic technology and complex therapeutic methods are outstripping the capacity of our health service organizers to undertake the necessary rapid modernization.

Professor Henry Miller highlighted the problems in trenchant terms,¹ and his subsequent dialogue with Mr. Enoch Powell raised many questions which this collection of articles by physicians, economists, and administrators is designed to consider if not to answer. Can the basic quality of the service—indeed a great achievement—be improved? Alastair Cooke in the *Guardian*² points out the travail and troubles now besetting "Medicare" in the U.S.A., where the available service is far more uneven than in our own society. Thus national wealth, prosperity, insurance, and medical financing based on private practice cannot meet all the needs. Indeed, the affluent society has promoted by television and journalistic propaganda a public demand which it cannot now satisfy.

Lord Brain's posthumous article points out that a controlling corporation structure (like the B.B.C.) is far from a happy arrangement.

An even quality of service in all hospitals may be a political slogan but it is in practice unobtainable, especially in the smaller units which are uneconomic. Furthermore, the concentration of spearheads of knowledge, the pursuit of research, teaching, and the establishment of exemplary standards are an essential feature which must be sustained in our teaching hospitals. Without unlimited money such local concentration of selected talent is unavoidable.

Regionalization of control, possibly increasing the interest of the local public, could be helpful in one way, but it would contain within it the dangers of reversion to the intolerably low standards of the old municipal hospitals while adding to the unevenness of financial support according to the wealth or poverty of particular areas. Sir Robert Aitken, in an excellent summing up, suggests the possibility of quinquennial budgeting and delegation of independent management to the controlling regional or teaching hospital boards within the total financial allocation. He points out that university building programmes under the University Grants Committee five-year budgeting system are more effectively pursued to completion than hospital building. Such devolution of management could stimulate better attention to priorities by local awareness of relative needs than is possible by referring everything to a cumbersome, gigantic Ministry overwhelmed by its responsibilities for the regulation and control of £1,500m. annually.

Professor G. A. Duncan, a Dublin econo-

mist, points out that pools and sweepstakes as sources of extra finance make a relatively trivial contribution to costs of a health service. It is perhaps worth noting that in Britain the amount of money available for research, on which the quality and efficiency of the service will ultimately be based, is far too small, and is largely dependent on bodies external to the N.H.S. The research supporting charities and the Medical Research Council together spend about £20m. a year on such developments, while the universities, through their teaching staffs and laboratory endeavours, contribute perhaps a similar amount out of their too exiguous budgets. In an expanding and increasingly costly service these amounts, perhaps totalling 2½% of the gross N.H.S. budget, remain much too small.

Monolithic control has become too huge and unbalanced. Cross consultation between Government and the profession, though actively pursued, may fail in imagination as committees usually end in compromise and half-measures. The public remains curiously apathetic about the state of our antiquated hospitals. Until they realize from personal experience the possible misery there is little that can be done by public outcry. But those who could shout loudest still shield themselves in private and expensive comfort. Thus as a profession we have to go on with our struggle and seek the support of those who are intelligent enough to appreciate our motives and comprehend our continuing dilemmas. This book should help them.

J. McMICHAEL.

REFERENCES

- 1 Miller, H., *Lancet*, 1966, 2, 647.
- 2 *The Guardian*, 30 September 1967.

Writings of Aubrey Lewis

The State of Psychiatry. Essays and Addresses. By Sir Aubrey Lewis. (Pp. 310 +ix. 63s.) London: Routledge & Kegan Paul, 1967.

Inquiries in Psychiatry. Clinical and Social Investigations. By Sir Aubrey Lewis. (Pp. 335+vii. 63s.) London: Routledge & Kegan Paul, 1967.

In 1928 Aubrey Lewis joined the staff of the Maudsley Hospital, where later he became clinical director, director of the Institute of Psychiatry, and in 1945 professor of psychiatry in the University of London. Under his leadership the Maudsley Hospital, later combined with the Bethlem Royal Hospital, became a teaching centre known the world over. To mark the change of role to emeritus professor, his students at that time arranged the issue of these volumes containing 34 of his papers. Lewis was a prolific writer, and it was an exacting task for the editors to select material from a bibliography of over 100 articles. They have chosen well.

We have here his complete work on melancholia, covering the history, the clinical and

aetiological differentiation, and the prognostic aspects of depressive states. Running to 150 pages with almost 300 references, this in itself is a notable contribution. "The Psychopathology of Insight" was also an admirable choice. "Insight is not a word of plain and single meaning." What then does it mean? A temporary definition is offered—"a correct attitude to a morbid change in oneself"—and used as a convenient text from which to discuss the four words "correct," "attitude," "morbid," "change in oneself." All this suggests the Monday conferences at the Maudsley, so well remembered by his junior and senior colleagues.

The State of Psychiatry is in three sections: history, education, and addresses. Of the work and influence of Henry Maudsley we read: "He had something important to say on many topics that are fundamental for psychologists and psychiatrists, and he said it insistently. . . ." How true this is of Lewis himself. Among the addresses, to mention a few, we find the Manson Lecture "Philosophy and Psychiatry"; the Bradshaw Lecture "Between Guesswork and Certainty in Philosophy"; the Adolf Meyer Research Lecture "The Study of Defect"; the Hobhouse Memorial Trust Lecture

"Agents of Cultural Advance"; the Bertram Roberts Memorial Lecture (Yale University) "Ebb and Flow in Social Psychiatry"; the Harveian Oration "Medicine and the Affections of the Mind"; and, by way of contrast, a B.B.C. talk "The Psychology of Shakespeare."

Inquiries in Psychiatry, covering clinical and social investigations, includes many original contributions, such as "The Experience of Time in Mental Disorder," a paper based on case records in which examples of change in the sense of time indicate significant features in psychopathology. Two papers on "Obsessional Illness" will reward the attentive reader, and so will "Demographic Aspects of Mental Disorder," delivered to a meeting of the Royal Society.

A collection of lectures and addresses cannot give continuity of theme; but this is a treatise, not a textbook, and it provides a series of well-written, well-documented studies, each in the top rank. Independent thought with clear presentation such as this is rare in psychiatric literature. We may hope that a further compilation of Lewis's work will follow.

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