
This is, of course, one of the early classics of medical sociology, first published in 1969. Its publication in paperback, for the first time, is very much to be welcomed, since it is one of those books which has an unaccountable tendency to disappear from library shelves. There must be many more people who quote Scott on 'making blind men out of men who cannot see' than have ever actually been able to read the book, or at least for a long time. In the meanwhile, sociologists too have been socialized. What does one of our shaping influences look like now?

Scott's subject was the organizations in the United States which deal with the welfare of the blind. Blindness, he suggested, was a learned social role, taught to a great extent by those very agencies which purport to alleviate its disadvantages. Constrained by their larger social context, agencies select those clients who serve their own ends. The ineducable, the unemployable, and the aged are screened out. The resultant stereotypes of who 'the blind' are, and how they should behave, have effects both inwards, towards the actual behaviour of blind people, and outwards, towards policy and the structure of services.

It could perhaps be argued that the impact of Scott's book was strengthened by the difficulty of his target - social work agencies, or law-enforcement agencies, might by comparison be sitting ducks, but dedicated workers for that most easily defined, most obviously deserving group, the blind? It was a brave book, not least because it was written with moderation and style.

Books can change strangely in the memory though. I had remembered that there was no survey data here, or actual account of interactions, but I had somehow persuaded myself, since first reading the book, that there was a wealth of factual if secondary information - facts and figures about blindness agencies, documented interviews, comparisons between different organizations. I believed that Scott had shown how these processes take place. In fact, there is no direct evidence presented: simply, 'it is probably like this'. The reasons for a generalized and hypothetical tone are obvious. Scott was working from within an agency, and was in no way attempting a damaging exposé. And the facts were simply not there: nationally, there were none, and independent agencies were entitled to keep their own counsel. The interesting fact remains: how, for all these years, have we felt able to write 'Scott has shown that...' when in fact he did not show it, but merely asserted that it was so?

The book was part of that important movement in medical sociology which turned attention towards agencies as well as clients, towards asking 'what do these professionals do to people?' rather than 'what are these poor people's needs?' Much of the strength of this movement was within 'disability' studies, and much of medical sociology's distinct contribution has been (in a meeting, perhaps, with 'deviance' studies) in this tradition. It is perhaps an indication of how far along this road we have come that an 'agency study' nowadays would be expected to be very much better documented, and to look at actual interaction in very much greater detail.

In considering the book's relevance now, one thing has to be remembered. The agencies identified (over 800 of them), whose resource allocation is estimated (in 1966/7) at such dazzling figures (100 million dollars for Aid to the Needy Blind, 116 million to Veterans' Administration, an intriguing 47 million to 110 private consulting agencies who 'do not provide any direct services' but 'exist for the purpose of representing the field, or some segment of it, to the government, Congress, or the local community') speak of an amazingly generous nation but a highly differentiated, disorganized and largely independent system. Those of us who have been apt to quote Scott on the way in which agencies create their 'proper' clientele have perhaps forgotten his context: he was able to include a section on 'blind beggars', and say that 'most of the beggars to whom I spoke were able to earn more money this way than by working in a broom shop'. This is not to claim that the different components of a more organized welfare system cannot exhibit the same characteristics. Of course, they can and do. But it is hardly surprising that the agencies described by Scott should select their clients or devise idiosyncratic goals for themselves: as largely private charities depending on fundraising, that is their privilege.
There is at present a current flowing in the British welfare system — whether forwards or backwards may depend on one’s stance — towards community initiative, the voluntary sector, local determination of local needs. The meaning of the phrase ‘community care’ is changing. Once it meant simply ‘let us get rid of institutions’. Now, it more often means ‘the community will be virtuous if it is left alone’. Scott’s book will always be relevant in theoretical terms; in policy terms, it perhaps has a new relevance.

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In this slender volume, Paul Atkinson has assembled observations and thoughts about the critical period in medical education when students acquire the clinical skills that transform them from medical students to nascent physicians. Dr Atkinson accomplishes his task well but leaves much else undone, so that the book has the mixed qualities of a dissertation whose auspicious materials were not fully matured. This review will detail the book’s contributions and consider them in the context of American studies of medical training.

Atkinson begins by noting that British studies of professional socialization tend to orbit around the perspectives of Boys in White and The Student-Physician and thereby overlook the importance of clinical encounters in the training process. While true of those two works, considerable attention was paid to clinical encounters and professional socialization by major studies of innovation in medical schools during the 1950s. Recently reviewed by Bloom, these and other early studies combined elaborate quantitative measures with field observation and should be re-examined by contemporary readers in order to identify their enduring contributions. Clinical teaching and learning have received even more concentrated attention in a series of masterful field studies by Renée C. Fox, research by Miller and by Mumford on clinical training in internship, and more recent field research on residency (Bucher and Stelling, Becoming Professional; Bosk, Forgive and Remember; Light, Becoming Psychiatrists). Besides correcting a simplistic view of the field, these references underscore the point that one can no longer study the socialization of the clinician in the initial year of exposure outside the longitudinal context of graduate clinical training. One only wishes that Atkinson had paid more attention to changes over time, if not through several years then at least during the formative fourth year, for his argument would be richer if he described the stages of transformations from awkward novice to reproducer of clinical reality.

The nature and focus of Atkinson’s study is more like the two studies of internship than anything else. In a similar manner, the author describes the clinical setting and student concerns at the beginning of clinical experience. This material is rather weak, first because the author does not seem to know how often the same observations have been made in other settings, and second because these chapters have no analytic framework which would take one beyond the series of observations per se. Perhaps this is one reason why they become redundant.

The heart of the book takes up the next three chapters, where Atkinson shows himself to be a sensitive and (from my experience) accurate observer. The quality of his fine-grained analysis benefits from using the insights of Goffman and the ethnomethodologists to focus his eye. He describes how the physician and students construct a clinical scenario artificially distinct from the ongoing treatment of patients. One reads of props, special terms to obscure one’s meaning in front of the patient, promptings, dress rehearsals with the patient who is judged to be ‘good teaching material’, the ecological huddle, bracketing experiences, and using ‘in fact’ statements to fill gaps and surmount obstacles created by patients who do not follow their scripts.

However, Atkinson has yet to analyse the larger theoretical and political implications of his astute observations. For example, he notes how clinical teaching has little to do with patient care and keeps students from working with nurses but does not discuss the implication of such ‘unnatural’ instruction for the professional values and habits instilled in young physicians. Further on he documents the ways in which the clinical professor
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