

Book Reviews

Scottish health bureaucracy was set up in Edinburgh with powers to take its own independent initiatives (for example, Highlands and Islands Medical Service; Clyde Basin Scheme).

In this diligently researched study the author sets out to discover how far this autonomous bureaucracy was successfully maintained “distinct from the Ministry of Health” and to evaluate how effectively it met the “unique” difficulties in providing adequate health care in Scotland. The author has drawn extensively from many sources, chiefly central and local government records, government and other published reports, and from the archives of the Scottish Royal Medical Colleges. A great mass of very relevant information is set out in over 450 pages of dense and rather difficult text. There are no factual errors of significance but there are several statements that are at least open to dispute. That “the promotion of health rather than the treatment of disease became a policy option only after World War Two” fails to notice that in the policy put forward in the *Report of the Committee on Scottish Health Services* (Cathcart Committee) in 1936 prime place was given to the promotion of health. Was the Beveridge Report really “simply the culmination of a series of enquiries into the inter-war health services”? However, the main difficulty is that the text is sadly jumbled. Statements are made but not explained until some pages later. Information on diverse matters that all happen to have been found in the minutes of the same meeting is often crowded in a single paragraph or even in a single sentence.

Nevertheless, the book provides a very full account of the autonomous health bureaucracy in Scotland during this period and a measure of its performance as judged by the achievements in infant and child welfare, school health, the treatment of tuberculosis and in the health of the insured population. (Hospitals, sanitation and housing are not included in the assessment.) At the end the author provides a summary of her findings rather than clearly articulated answers to the questions that she had set for herself. However, the summary does indicate that the autonomous health bureaucracy in Scotland was

successfully maintained “distinct from the Ministry of Health” in these years and that it did respond well to Scotland’s “unique” health problems. This reflects well on the overall performance of that bureaucracy, since it was the services on which this study is principally based—those provided through the agency of the local authorities—that were judged to have performed least well in the review of *all* Scotland’s health services by the Cathcart Committee in 1936.

Jenkinson has not yet provided the definitive history of health care in Scotland between the world wars but her work will prove an invaluable source for those who follow.

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John Mohan, *Planning, markets and hospitals*, London and New York, Routledge, 2002, pp. xii, 275, £19.99 (paperback 0-415-19607-8).

Recent debates about the creation of “foundation” hospitals and the nature of the public–private split in health care have once more drawn attention to questions of “efficiency”, finance, and the appropriate role for voluntary, commercial and charitable care in the National Health Service. Mohan’s detailed, and at times dense, study of planning and markets in the provision of hospital services in the twentieth century demonstrates how these questions have a long history. Unashamedly focusing on acute hospital services and physical construction, *Planning, markets and hospitals* tackles the strengths and weaknesses of different forms of planning and coordination of hospital development from the mixed economy of care of the interwar period to the 1991 NHS reforms and controversial moves to implement the Private Finance Initiation (PFI). Like many recent studies of hospital development, it avoids what is seen as the distortion of London in favour of an overview that blends national archival material with a meticulous reading of regional sources. Although it is impossible to escape the problems facing London’s hospitals in

the post-Tomlinson era, debates that are handled with sensitivity by Mohan, he effectively uses material from Newcastle and Durham to examine questions about access and provision in a regional context to explore the impact of national policy and shifts in planning. By looking at this range of sources, an effective balance of national and regional perspectives is achieved.

In Mohan's account, the creation of the NHS and the 1962 *Hospital Plan* are important markers in debates about the planning and organization of hospital provision, with the book pivoting around the latter. The chapters that cover the period before the 1962 *Hospital Plan* complement the existing historiography, adding further depth. However, where they explore the strengths and weaknesses of the mixed economy of care, wartime debates and the criteria used for the allocation of capital resources in the 1950s, they do not fully examine the inadequacies of the pre-war system. The chapters on the formulation of the 1962 *Hospital Plan* and the post-1962 period set out a richer, more nuanced assessment. It is here that the strength of *Planning, markets and hospitals* lies. These chapters explore and contextualize the frustrations of planning, the notion of the district general hospital, and the gradual loss of faith in planning. They chart the uncertain progress of hospital development and the growth of the private medical sector, assessing the re-emergence of pro-competitive solutions to hospital development as exemplified by the 1991 NHS reforms and attempts to establish an internal market. By concentrating on planning, Mohan avoids a labyrinthine discussion of the periodic bouts of NHS reforms, but at the same time offers a narrative of hospital provision. His account is one that puts forward an optimistic view of development from the chaotic mixed economy of care of the interwar period to a more ordered system under the NHS, albeit one shaped by regional concerns and inequalities. The poor infrastructure inherited by the NHS is highlighted and Mohan asserts how the policies adopted after 1948 brought an extension of hospital care despite the absence of a capital programme in the 1950s and the policies of rationalization and

bed closures that quickened from the 1980s onwards.

In looking at the evolution of hospital services and planning, three important themes are addressed: the boundary between public and private provision, debates about the appropriate scale of organization, and arguments about how to govern local services. At the same time, Mohan questions easy generalizations about planning and the extent to which the "markets-hierarchies-networks" periodization is valid, emphasizing continuity. The ongoing tensions between financial resources, planning and the delivery of services are explored, shedding light on the economics of hospital provision in the second half of the twentieth century. Limited resources initially restricted the ability to plan, and when planning was harnessed to ideas of economic management in the 1960s confidence was expressed in the benefits of planning but implementation remained problematic. As Mohan effectively demonstrates, national policies were consistently modified at a local level where they were influenced by a range of factors that merged sentimental attachment to existing institutions and inequalities of care with financial resources and political concerns.

Despite the wealth of material, there are areas that Mohan does not examine. Although the section on PFI does include material on staffing and clinical services, a concentration on physical construction does mean that little is said about the planning (and rationalization) of staff or treatments. In a period that saw considerable reforms in nursing, medical education and community care, the book would have benefited from more than passing reference to them. In addition, the focus on Newcastle and Durham ensures that the regional perspective is biased in favour of the north of England. Little is said about Scotland or Wales. Nor are Mohan's efforts to reintegrate geography and social policy into the historical account always achieved despite the ambitions of the introductory chapter. These comments aside, Mohan has produced a rich and compelling analysis that raises important questions about the political and organizational contexts of hospital development since the interwar

period and their relation to planning and the economics of hospital care.

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David Charles Sloane and Beverlie Conant Sloane, *Medicine moves to the mall*, Center Books on Space, Place and Time, Baltimore and London, Johns Hopkins University Press, 2003, pp. xiii, 198, illus., £29.50 (hardback 0-8018-7064-X).

The American healthcare system is at a crossroads. With 41 million persons lacking comprehensive health insurance, and with hundreds of small rural, mid-size, and large urban hospitals teetering on the brink of insolvency, it is indeed an opportune moment to examine the function of architecture for health within its broader cultural contexts. This book, co-authored by David Charles Sloane and Beverlie Conant Sloane, writers based in Los Angeles, centres on the historical evolution and functions of healthcare institutions in the everyday American landscape. Their core thesis centres on the shopping mall's emergence as an economically and socially viable precursor, as well as alternative. The mall is examined as a precursor within the post Second World War automobile culture that enveloped America and that continues unchecked to this day. Mall settings provide an alternative, serving stringent economic and access to care requirements of the provider in ways that no longer can be fully met by traditional, highly centralized medical centre-based hospitals. Hospitals which have reinvented themselves in this manner are discussed at some length, notably the Dartmouth-Hitchcock Medical Center in New Hampshire.

It is argued that due to its success as a type, it was natural to relocate services from what the late Roselyn Lindheim termed inflexible "pill hill" medical centre aggregations to smaller, far more flexible outpatient care settings. The focus on place—the relationship between the care recipient and the places where care is dispensed—is the book's key original contribution. This alone sets it apart from other

recent books on the subject of twentieth-century transformations in the American healthcare landscape. This focus on geographic proximity between home, workplace, and care setting is admirably amplified throughout the book's prologue, titled 'The evolving architecture of healthcare', and its three major chapters: 'The medical workshop', 'Humanizing the hospital', and 'Shopping for healthcare'. Three photo "galleries" are sandwiched between these chapters: 'Machine medicine', 'Mall medicine', and 'Mini-mall medicine'.

The book begins with an informative historical account of the rise of the American hospital as an institution and as a building type, from its nineteenth-century inauspicious origins. These institutions were often housed in large manor residences in cities, in stark contrast to the sprawling, monotonous, technology-obsessed contemporary medical centres of today. Many of the accompanying photographs will be of particular interest both to the architectural historian and to the general reader.

The authors come out on the side of the mini mall, extolling its supposed "virtues". These include their convenience, not unlike a short jaunt to one's neighborhood convenience store, closeness to home, and their clear, concise internal wayfinding attributes. These latter qualities contrast with the labyrinth of corridors encountered on the typical medical centre campus and are viewed as essential to the mini mall clinic's success; otherwise people will not come back to "shop" for healthcare, regardless of whether desirable non-health care amenities are close by. A question arises. Does not the quality of services diminish when the strip mall clinic comes to be perceived as little different from the payless shoe store next door? This is acknowledged by the authors as the Achilles heel of the strip mall clinic.

In the second half, the significant share of the discussion is devoted to the ongoing tug of war between advocates of New Urbanism smart growth policies, and advocates (many of which are healthcare institutions, for better or worse) of unbridled suburban roadside sprawl. These opposing positions are not-so-subliminally