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The British National Health Service: State Intervention in the Medical Marketplace

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Holt (p. 6) confuses the Gramscian concept of “hegemony” with what he calls “the affirmation of social authority,” a confusion that is misleading because “hegemony” in the Gramscian sense refers to the ways in which the power of a ruling class leads particular ideas to be taken for granted. In other words, given hegemony, authority is accepted and does not need to be “affirmed.”

Perhaps the best way of illustrating the differences between a sociological and a historical approach is by contrasting the chapters by Tony Mason on Stanley Matthews and Bert Moorhouse on footballers and working-class culture in Scotland. Mason’s chapter is well-written and informative. He has researched his subject thoroughly and tells me things about Matthews that I did not know. However, he fails to consider that “the Matthews legend” may have depended not simply on Matthews’s qualities as a player or those of his “bosses” and the people who watched him, but on circumstances in the game and society at large during his playing career. Above all, Mason makes no attempt to compare the social construction of “stars” in the 1930s, 1940s, and 1950s with the “media-orchestrated,” agent-led, and “get-rich-quick” process that takes place now.

By contrast, Bert Moorhouse’s chapter is directed explicitly towards a theory—the typology of soccer stars proposed by Charles Critcher in 1979, and he is able successfully to show that Critcher focuses too much on skill, masculinity, social mobility, and class to the neglect of, e.g., regional, religious, and ethnic inequalities. This permits him to demonstrate that Critcher’s typology, while illuminating changes in popular culture in some respects, is wanting in others, hence pointing to the need for a typology that is more comprehensive.

Despite its limitations, the volume provides testimony to the strides made by the history of sport in recent years. As I have said, there are distinct limits to the progress that is possible within this genre. It is not a question, as Mangan, Holt, *et al* seem to feel, of historians providing “the data” and sociologists the “concepts” and “theories,” but of the practitioners of each discipline internalizing the strengths of the other and becoming *historical sociologists*. If Holt and his contributors had made the effort, they could have improved their book by an orientation—critical if need be—to a theory such as Elias’s theory of “civilizing processes,” or one or more of the sociological theories of class. The chapters on blood sports and boxing cry out for some reference to Elias, most of the others to theories of class. Perhaps I am asking for too much and should simply welcome the fact that serious studies of sport are now being made. The subject of sport may not be central to either sociology or history as they are currently conceived, but thirty years ago no such studies were being made at all. Who knows? In another thirty years, the historical and social sciences may be paying the attention to sports that their socio-cultural significance deserves, and wrangles between historians and sociologists may be things of the past.

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ERIC DUNNING

Sharon Schildein Grimes. *The British National Health Service: State Intervention in the Medical Marketplace, 1911–1948*. (Modern European History—Great Britain Series.) New York: Garland Publishing, Inc. 1991. Pp. viii, 239. \$64.00.

One of the common misconceptions about the National Health Service, Grimes suggests in her preface, is that it was introduced without fuss or opposition, the product of parliamentary accord reflecting the postwar “national consensus.” Nothing could be further from the truth,

however. The consensus was a myth, and not only were the Conservatives against the scheme, but the British Medical Association, the insurance companies, and the voluntary hospitals as well. Moreover, the comprehensive nature of the system put into effect in 1948 went far beyond the visions of earlier planners. The Labour Party, therefore, deserves more credit for innovatory policy than is generally conceded. These arguments are hardly new. They are voiced, for example, in Kenneth Morgan's *Labour in Power 1945-1951* (1984), which Grimes cites. Whereas the scope of his book necessarily limited the space Morgan could devote to the National Health Service, Grimes' was under no such constraint. It is in provision of detail, then, rather than original theses, that the value of the book under review is to be found.

Grimes focuses on the interest groups that delayed or attempted to curtail expansion of the state's role in health matters in the first half of the twentieth century. Pressure from the commercial insurance companies and the British Medical Association, for example, forced Lloyd George to drop certain proposals for the National Insurance Act of 1911. Had this not been so, Grimes suggests (unconvincingly some may feel), Britain would have had a national health service "comprehensive in scope and universal in application" thirty-five years earlier than it did (p. 5). In the interwar years, the condition of the voluntary hospitals provided strong arguments for the extension of state intervention. By the 1920s, the hospitals were in dire financial straits, and in 1921, an investigatory committee recommended the government provide one million pounds in aid. For reasons Grimes does not go into, this was not forthcoming, forcing private charity to fill the gap through hospital contributory schemes that by 1935 had over five million subscribers. This then created a large and powerful bureaucracy that later opposed Bevan's plans to nationalize the hospitals. About half of the book covers the reactions of the British Medical Association to the Beveridge Report, the passage of the National Health Service Act in 1946, and the unveiling of the controls to be imposed over the hospitals and the medical profession when the scheme went into effect in 1948. During the war, the BMA showed evidence of a new community spirit, initiating the Medical Planning Commission's study (begun in 1940) that recommended radical changes to the prewar health system. After the war, however, the doctors put up strong resistance to the National Health Service Bill because of the loss of independence the profession would suffer. Charges of "nazism" were leveled not only at Bevan but also the BMA executive during discussions to create centralized control. Grimes' description of the BMA's wartime stance and their negotiations with Bevan between 1946 and 1948 form much the most rewarding reading in this study and do much to outweigh the book's flaws.

This monograph is a dissertation and it would have been beneficial if the author had taken the opportunity offered by publication to revise it. In the first half of the book particularly, the organization of the material within chapters is confusing and makes the work difficult to read. Grimes does not seem able to get straight to the point: the chapter on the National Insurance Act of 1911 begins with five pages on World War Two, the chapter on the interwar years with a discussion of wartime evacuation plans. The author takes the reader backward and forward in time so often, the material becomes repetitive. Twice she describes the same incident and uses the same quotation (a remark made by Sir James Grigg about how servicemen might interpret the Beveridge Report, [pp. 3 and 90]). Fortunately, the second half of the book is stylistically stronger, which enhances the scholarly contribution of that portion of the work.