

Editorial

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Welcome to this last issue of MSo under the editorial direction of the OU team. This is also the final issue in the MSN/MSo series of publications that began over 40 years ago and thus this issue feels very much like a landmark in the way that ideas and news are communicated within the medical sociology community.

During the 3 year period of our editorship we have endeavoured to continue some of the traditions of previous editorial teams by including a mix of commentaries, research articles as well as news items and book reviews. A new initiative, however, has been the development of the archive of MSN/MSo publications that is now fully available on the MSo web pages. We see the electronic compilation of the archive as a significant legacy for current and future medical sociologists.

In looking back across the archive, what has been particularly noticeable has been the diversity of topics covered together with different styles of commentary, debate and reflection. The good humour and bonhomie of medical sociologists is also evident with early editors using cryptic headings such as "Brief and to the point editorial" in volume 9.1 followed by "The smallest one of all" in volume 9.2. Readers can explore for themselves the meanings of these but a hint - just to encourage you to explore further - is that the latter is not about the size of the issue, but rather a very well-known medical sociologist!

The archive reflects the growing popularity of medical sociology as a discipline. It serves as a fascinating history not only of medical sociology, but also of medical and health policy developments since the first issue of MSN was published in autumn 1973. The continuing currency of some of the archive items is also very striking and it, therefore, seemed fitting that this last issue of MSo should primarily take a retrospective focus. The main contents are thus formed of some highlights selected from the archive. The choice has been difficult because the quality and richness across more than 40 years of MSN/MSo is such that it would have been easy to have included many more articles.

The issue opens with a piece by Anne Murcott written in 1974 that critically discusses the place of sociology in both the teaching and practice of medicine. As medical education continues to develop, the case for some sociological input to the curriculum that gives clinicians a stronger understanding of the personal and social context of their practice is still being made. The issue of whether or not medicine is the client of sociology remains contested.

The next four items beginning with the piece by Robert Harris in 1978 debate the utility of quantitative methodologies in the study of schizophrenia as proposed by George Brown. The four commentaries comprise a debate between the two men that involves each challenging and responding to ideas about the nature and veracity of positivist quantitative scientific methods that are subject to standpoint and interpretation. Reference to 'common sense judgements' masquerading as scientific fact is a theme of this debate. This is a fascinating dialogue that, with the onset of blogs and other electronic platforms, is now rarely seen in this form.

David Hunter's 1986 commentary casts the spotlight on healthcare management arguing that sociology can bring new perspectives to aid understanding of the complex nature of

managing healthcare delivery within the NHS. Hunter's focus on organisational structures that he sees as a matrix of relationships involving funders, consumers and managers holds contemporary resonance as the NHS continues on its path of ongoing reform and change.

The theme of NHS organisation is continued by David Marsland in his 1993 critique of the NHS Review that discussed potential innovations and changes to the operation of the NHS to include a stronger public/private partnership approach. The implicit ideological 'drivers' of Marsland's commentary are highlighted by Gareth Williams and Jonathan Gabe in the piece that follows. They specifically call for Marsland to acknowledge his ideological standpoint to situate his scholarship. Marsland's response to his critics centres on the defence of his values, the innate 'left-wing' prejudice of many academics wedded to the status quo and the imperative for NHS reform to ensure its survival. Robert Dingwall joins the debate to point out that 'the market' and models of efficiency in healthcare are contested concepts even amongst those such as health economists who might be expected to be strong advocates of this business model. It is Marsland, however, who has the final word in the debate with his commentary first published in December 1993 that reports on the progress of the new reforms. These five pieces make fascinating reading particularly in light of the current 'crisis' narrative that frames much reporting of the NHS.

Gillian Bendelow and Simon Williams focus on a very different topic in their 1994 article about emotions and the body. Putting emotion firmly in the sociological frame (rather than just in the psychological domain), they draw out the relevance of emotion and feelings for the sociological study of health and illness. In the years following the publication of this article, emotion has also come to be recognised as an important component of research experience and the reporting of findings.

Martin O'Neill's article 'Tales from the Natives' first published in 2000 raises ethical and methodological questions that have ongoing relevance for medical sociological research. In the years since this was written we have seen a significant increase in the use of ethnography within medical sociology and O'Neill's call for a stronger emphasis on reciprocal approaches within ethnography in this field reminds us that participants in our research can reasonably expect to get something from their contribution.

Current debates about the rights of and provision for disabled people prompted the inclusion of the article by Patricia de Wolfe that is concerned with the link between incapacity benefit and medical sociology. First published in 2001 the article sets out the 'mechanics' of how incapacity benefit is assessed and awarded and the psychological and social impacts on claimants. References to Foucauldian analyses involving surveillance, loss of power and the subjection of claimants to ongoing scrutiny by the 'authorities', remain highly relevant today.

In introducing the final archive article, I should declare my standpoint. Feminist theory has been central to my research and scholarship and I was thus much engaged by the arguments in Ellen Annandale's commentary on the connection between feminism and medical sociology. This plenary paper, presented at the 2005 BSA MedSoc group conference, calls for a reinvigoration of gender analyses within health sociology that Annandale argues has been 'forgotten' by feminists. An anchoring in feminist thought is essential, Annandale argues, to fully account for health-related change.

The last three pieces in this final issue report on a group symposium, a successful PhD and a recently published book. There is much for readers to enjoy and reflect on and we hope that you will be inspired to dip into the archive to explore further highlights from over 40 years of MSN/MSo.

My final remarks are those of thanks to the BSA and the MedSoc group committee for their continued support and to Charlie Cavaye, the MSo administrator, for his efficient running of the publication, social media and the MSo website. We have greatly enjoyed the last three years!

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