

SOCIAL MEDICINE

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SOCIAL MEDICINE

Its Derivations and Objectives

THE NEW YORK ACADEMY OF MEDICINE

INSTITUTE ON SOCIAL MEDICINE, 1947

Edited by IAGO GALDSTON, M.D.

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PUBLISHER'S NOTE

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Foreword

WE in this country have long been concerned with social medicine and social pathology within the framework of our public and voluntary health agencies. The purpose of the New York Academy of Medicine in assembling so many eminent leaders, in this country and from abroad, is not so much to reveal new knowledge as to take a first step toward the correlation of available information. We feel certain that these proceedings will reveal the general diffuseness of our knowledge and will focus attention upon the urgent need for a more systematic coordination of our efforts to investigate the social factors responsible for disease and to develop and ultimately apply a long-range program of correction.

Shortly before World War II, our friends in Britain discovered the need for creating a new discipline of medicine with university status which would assume the responsibility for the collection of such information for the preparation of corrective programs for the enlightenment of the medical and public health professions and the general public. With funds provided by the Nuffield Trust, the first Institute of Social Medicine was established at Oxford University. John A. Ryle, at that time Regius Professor of Medicine at Cambridge University, was called to Oxford to occupy the first professorship in this new discipline. Thereafter, similar university departments of social medicine were established at Birmingham and Edinburgh.

In this country social medicine is everybody's business but nobody's responsibility. Bureaus of vital statistics uncover great masses of information on the prevalence of disease among social groups or under specific social conditions. But we have hardly made a start on the analysis of these important data. We know that poverty, food, housing, conditions of work—all have an important bearing upon the prevalence of certain diseases;

but we have not yet proceeded very far in investigating and eliminating the specific causative factors that have the greatest social import.

The medical profession concentrates its attention upon individuals and upon the discovery and cure of disease after it has become established. Because they are so preoccupied with individuals and their medical problems, the profession can readily be excused if they do not "see the woods for the trees." Preventive medicine, a neglected stepchild of medicine and public health, is also concerned with individuals. Even medical social service, of which we in this country can well be proud, although it occasionally reaches into the family unit, seldom touches larger social groups. Public health departments concentrate their efforts largely upon environmental sanitation and the use of new tools for the prevention and control of the spread of communicable diseases. Industrial medicine is occupied with the discovery and correction of industrial hazards and purely occupational diseases.

In this country we in the medical profession have not yet begun to realize how rewarding the orderly study of social pathology can be; nor are we aware of the significance social pathology may have in the reduction of the diseases of modern society. It is with this idea in mind that the Academy as part of its Centennial Celebration has convened this conference on social medicine.

GEORGE BAEHR, M.D.

President

New York Academy of Medicine

June 1948

Introduction

To introduce a book on social medicine is a high adventure in the realm of the philosophy of modern medicine and its relationships to man and the world in which he lives. Economists, sociologists, even statesmen and governments, are thinking in terms of people as humans and of the world as an integrated association; but medical men as a group have been more than slow in initiating this type of thinking in their own particular field of endeavor. This lag is understandable, for the average physician is very close to the sickbed; it is only the exception who can raise his head skyward for a broader view and a better understanding of what is going on about him. That this is true is possibly fortunate for the individual patient. One should not ask the same painter to do both portrait miniatures and broad sweeping landscapes. But it would be well for medicine as a whole to become acutely aware of the tidal movements in the affairs of man, for medicine to recognize that, although it is an important constituent, it is only one element in the whole social organism. It is perhaps more important still for medicine to fully realize that it is an integral, interrelated, and interdependent part of a functioning social and economic system which to be viable must exist in a continuing state of flux. The days of monastery medicine and the ivory tower are gone.

What is meant by the term social medicine? Is it a new concept or a new discipline? Is it related to socialized medicine? What is its derivation and what is its particular field of function? Social medicine is a hybrid product of many schools, but its progenitors seem to be chiefly in the families of the art and science of medicine and the so-called social sciences. As an art, its existence goes back to the very roots of the history of medicine—man caring for man in times of distress. But as the accretions of knowledge became greater and came more rapidly—chiefly in the tangible somatic branches—scientific medicine

became more interested in the trouble than in the troubled, more concerned with the disease than with the diseased. This trend was understandable. Tremendous new vistas appeared with the development of the newer knowledge of physiology, pathology, chemistry, bacteriology, and the like. Knowledge was rapidly replacing art. This has been particularly true during the past century. But curiously enough the subject of all these studies, and ultimately the recipient of all the benefits of this knowledge, still remained a human being, someone with a spirit and with feelings who worked and played and loved and worshipped. He still had to live in an environment with his fellows as a social being. And here we set foot in the lush pastures of the sociologist, the economist, the agronomist, the psychologist, the social worker, the statesman, and the clergyman. Man, the patient, is identical with man, the person, the social unit.

And who shall say when man is in good health and when he is ill? Life is a continuing stream which began long before any given man's conception and flows on through an individual, traversing smooth reaches, breaking into swirls and eddies, precipitating itself over falls and obstructions. Which of these varia in the course of experience are normal? Health or normality is a relative and a variable entity. Generation, regeneration, and degeneration are natural processes. Is pregnancy a state of health or ill health, normal as it may be? The degeneration of old age is a biological phenomenon, but is the senile individual to be considered as being in a state of ill health? Senility, to use this as an example, is as well the problem of the sociologist, the economist, the psychiatrist, and the clergyman, because man—his health, his welfare, his happiness—is a common responsibility of all the social disciplines, and this common interest adds up to what one may call total medicine.

Total medicine implies the application to man of what is known concerning him in the fields of physiology, pathology, diagnosis, and therapeutics, and it requires the education of

man in hygiene, preventive medicine, and industrial medicine. But total medicine connotes more than all this. To satisfactorily fulfill its function, it must know the social relationships of man—his way of living, his family, his work, and his reactions to people and things about him. Emotional stresses, anxieties, fatigues, pleasures, an inherent emotional constitution—all go to make up the total individual; and for this individual, moulded by his inheritance and by the world about him, medicine must provide.

There is nothing new in the concept of the impact of social and psychological forces on either the individual or the masses, but there is something strikingly new in a philosophy which attempts to integrate these extra-biological forces with the bodily or somatic status of an individual or group. Medicine's recognition of the part the social sciences play in the total health, either of the individual or of groups, will constitute a milestone in human progress. The product of this anabolism of the biological, psychological, and social sciences is what is termed social medicine.

It is obvious, then, that social medicine in its purest meaning bears little relationship to what has been called, popularly and loosely, socialized medicine. Only to the extent that governmental regulation of medical services is assumed to have as its object the delivery of better and more adequate medical services to more people at less cost, does medical socialization invade the field of social medicine. The hue and cry of political expediency and political maneuvering is something apart from the philosophy of social medicine, which would provide total care, in terms both of the individual and of the population. Social medicine is concerned primarily with a mode of thought and only secondarily with the mechanics of action. In due time normal social evolution may well develop the procedures of social medicine.

It is of interest that this concept of social medicine emerged as a by-product of the labors of a committee appointed in 1943

by the New York Academy of Medicine to study the complex problem of adequate medical care. This Committee on Medicine and the Changing Order found that, although excellent medical care was available, it was not well distributed nor was it within the reach of large segments of the population. Further, the Committee revealed many economic and social problems closely connected with medical service which had never been adequately exposed. It revealed glaring discrepancies in medical thinking between the science itself and the services offered to the people, services which were not only inadequate for physical needs, but even more strikingly inadequate for emotional and social needs. From these realizations sprang the idea of holding an Institute on Social Medicine in connection with the Centennial Celebration of the New York Academy of Medicine in the spring of 1947. To this institute, which held seven sessions with an average attendance of over two hundred and fifty at each meeting, came some fifty participants, individuals eminent in widely diverse fields of thought—historians, physicians, philosophers, public health and nutrition experts, educators and administrators, psychologists and sociologists, each to contribute to the pool of thought from which the idea of social medicine might rise and form. Thus it is that the thinking of the Committee on Medicine and the Changing Order and the philosophies explored during the Centennial Institute have found fruition, not without a struggle, in this volume. If its only attainment is to stimulate thought in the direction of broadening the scope of medical care, it will have served a valuable and gainful purpose.

This book is the product of many minds, and to many men most grateful acknowledgment is made: to George Baehr, President of the New York Academy of Medicine; to Malcolm Goodridge, Chairman of the Committee on Medicine and the Changing Order through the entire four years of its unremitting labor; to Harold R. Mixsell, Chairman of the Committee on Medical Information; to Frank Boudreau and Frank

Fremont-Smith for their unflinching guidance and help in planning the programs; to Henry E. Sigerist, Ernest L. Stebbins, and Brock Chisholm for their aid and advice; to Joseph Hirsh, who assisted in editing the material for this work; and to all those who contributed material and participated in the discussions. Very real gratitude is also expressed to the Milbank Memorial Fund and the Josiah Macy, Jr., Foundation, whose generosity made possible the Institute on Social Medicine, and to the Commonwealth Fund for the publication of these papers.

It is with great sorrow that we must record the untimely death of Scudder Mekeel, Associate Professor of Sociology and Anthropology of the University of Wisconsin. His contribution, included in these papers, was one of the high points in the discussion of social psychiatry and social medicine.

And finally, the writer takes a very real and personal pleasure in expressing gratitude to Iago Galdston, who sweated through four years as Secretary of the Committee on Medicine and the Changing Order, whose imagination, enthusiasm, and hard labor not only set the key but also played the score to make the Institute on Social Medicine a living, vibrant study. To him and his staff, "Well done!"

HOWARD REID CRAIG, M.D.

Director

New York Academy of Medicine

June 1948

Prologue

INTO the making of a book enter the labors of many men. Some, as those of the binder, the paper maker, and the printer, are readily perceived; indeed they hardly can be overlooked. Others, such as the labors of the typographer and of the editor, call for some deliberate effort in order that they may be brought within the scope of critical appreciation. For unless they are either markedly poor or remarkably good, they are likely to be taken for granted.

There are, however, still other labors which, unless deliberately revealed, must perforce remain unknown. These we may call the labors of genesis, the first to which all others are acts of realization.

The humblest of books must have its inspiration, for anticipatory to the act must come the vision and this, unless revealed, may not be perceived.

If this be true of any book, how much more must it be of such a book as this, which does indeed embrace the labors of many men, each speaking from the vantage point of pre-eminent competence. The theme is embracive yet clearly defined. To effect an ultimate harmony good fellowship, cooperation, and skilful orchestration were required.

The inspiration for this book was the hundredth anniversary of the founding of the Academy. How better celebrate it than by a symposium on social medicine! This centenarian institution could thus not only advance a nascent discipline but also attest to its vigorous enterprise. The inspiration emergent, realization followed. In the order of time Brock Chisholm, then Executive Secretary and now Director General of the World Health Organization, was the first to contribute substance to the project. "If the one hundred years of development can be accepted as a solid foundation for future growth," he wrote, "and if some of the clearest-thinking and most forward-looking people of the world can be brought together to discuss

the future of medicine, you will really have accomplished something worth while." This was written in response to the following: "I should hope that this conference would reach out into the unknown; that it would avoid the well beaten paths and the well harangued subjects; that it would deal with such provocative matters as the epidemic constitution, mass psychology, psychological leverages. The aims of the conference would be to persuade the participants to appreciate that the health of the people is dependent not upon how much of medicine is served them by how many doctors, but rather upon how adequately our scientific knowledge of the prevention of disease and the promotion of optimal health is applied in their daily lives."

The exploration of the unknown calls for guides and guidance, hence Frank G. Boudreau, Executive Director of the Milbank Memorial Fund; Alan Gregg, Director for the Medical Sciences, the Rockefeller Foundation; Frank Fremont-Smith, Medical Director of the Josiah Macy, Jr., Foundation; Henry E. Sigerist, Director of The Johns Hopkins University Institute of the History of Medicine; Ernest L. Stebbins, Director of The Johns Hopkins University School of Hygiene and Public Health; and Lowell J. Reed, Dean of The Johns Hopkins University School of Hygiene and Public Health, were first singly and later collectively consulted. Beyond these shores we reached out to John A. Ryle, Professor of Social Medicine, Oxford University, and to Lord Horder. It is fascinating to reflect on how gladly these men became entangled in the problems of social medicine and with what eager willingness they contributed to its elucidation. Those who chose to advise remained to labor. The future contributors to the program came from distant parts to roughhew, to polish, and to bind their singular contributions to the whole.

It was not always peaceful at these conferences; some drew on "till night yielded to morn." But despite the violent impacts of divergent opinions, a circumbinding devotion and an

enthusiastic eagerness to get at the roots of the matter and then to trace its widespread ramifications predominated and prevailed. These rehearsals, each conducted by the respective chairmen of the Institute's sections, achieved the harmonious integration of the numerous and singular contributions to the symposium.

The Institute itself was indeed a phenomenon, and there, too, it was most gratifying to see how many of those who themselves contributed to some one section sat in and participated in the other sections. But that concerns the Institute itself. Here we are concerned with the book. The manuscripts of the contributors were collected, and then began the no simple task of converting the spoken into the written word.

Pride of authorship and fond conceits which those who have labored to compose are bound to entertain about their own creations were gently but effectively made to yield to the primary obligation to make the texts clear, informative, and persuasive. In this respect the larger share of gratitude is due to the contributors and authors who, without undue protest, yielded their texts to the pruning and polishing tools of the editor, who, it must be added, was in effect a composite person. The texts were edited thrice over, and what is here presented, is, as already told, the end result of the labors of many men; some have been named by their names. To them, and to those unnamed, go the heartfelt thanks of the Officers and Fellows of the Academy, of those who took part in the Institute, and, we fondly hope, also of the reader.

IAGO GALDSTON, M.D., *The Editor*

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