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ABSTRACT

The earliest published statement of the value of clinical sociology was written by Milton C Winternitz, dean of the Yale School of Medicine from 1920 through 1935. This article presents Winternitz's ideas about clinical sociology and discusses his unsuccessful pursuit of funds to establish a department of clinical sociology The article also introduces two documents written by Winternitz and correspondence from 1931 between Winternitz and Michael M. Davis, director of medical services for the Julius Rosenwald Fund.

The words "clinical" and "sociology" were paired in a sociology journal for the first time in 1931 by sociologist Louis Wirth in an article in *The American Journal of Sociology*. But it now appears that the earliest published statement of the value of a clinical sociology came one year earlier—from a physician writing in the Yale University *Bulletin*.[1]

Milton C. Winternitz (1885–1959),[2] "one of the country's foremost pathologists" (*The New York Times*, 1959), was dean of the Yale School of Medicine from 1920 through 1935. In reviewing his work at Yale, a prominent critic of medical education described Winternitz as "one of the most energetic, keen and able administrators" in medical schools (Flexner, 1940:258).

Winternitz thought of medicine as a social science and in the earliest known publication discussing clinical sociology (Winternitz, 1930a), he wrote of his intention to form a "clinical sociology section." He said this plan's "actual realization only depends on securing the funds and the necessary personnel."

Winternitz's brief 1930 note on clinical sociology mentioned that the "details

of this project have been incorporated in a separate memorandum."[3] A 1930 memorandum, entitled *Practical Study of Social Relations: Plan for Graduate Department of Clinical Sociology at Yale,* as well as the 1930 note, are included in this section.

Winternitz intended to change medical education by having a student specialize in both a medical area and clinical sociology. Winternitz (1930c:3–6) wanted a new department of clinical sociology to bear "the same relationship to sociology as medicine bears to biology" and to be equal to the school's other five departments—"internal medicine, surgery, diseases of women, diseases of children, and psychiatry." The plan called for a graduate department that would "have its most immediate bearing in the School of Medicine, but . . . [would] be open to all professional students."

Winternitz (1930c:9) estimated that to establish the department—"A professor of clinical sociology, six associates or assistants and instructors, six secretaries and a certain amount of materials and equipment"—would "require *a grant of $50,000 a year, or an endowment of $1,000,000.*" As for the leadership of this department, Winternitz (1930a) wrote that "an academic will not be a candidate . . . unless his accomplishments in the field of practical sociology are unusual, for the same viewpoint as obtains in other clinical branches also holds here."

Of interest to contemporary clinical sociologists is Winternitz's (1930a, 1930c) recognition of the importance of case studies and of "acquainting the student with the methods of obtaining a sociological history and of conducting a sociological examination." Additionally, he reported (1931a, 1931d) the success of a course in the section on public health that was "modeled directly after the outlined plan for clinical sociology."

Also of particular interest is the fact that Winternitz (1929) mentioned clinical sociology in a presentation at the University of Chicago, an institution where clinical sociology had been taught beginning in 1928 (Fritz, 1990). Winternitz's address—"Medicine as a Social Science"—was one of many given at the dedication of the University of Chicago's Social Science Building in 1929.[4] In this presentation he said:

> In order to give the medical man a proper regard for psychic and environmental conditions we must introduce into medical education a sociologist with experience in field work as well as with a theoretical knowledge of society. The sociologist with his staff must teach the student how to make the sociological examination of the patient. The clinical sociologist must stand on a par with the surgeon and the internist. He must know the academic side but at the same time he must have an actual and wide experience in case work in the

> field. Obtaining the data in regard to the individual in relation to society must be considered of just as great importance to the student as obtaining the physical history. . . .
>
> The result will be a broadening of the view of the physician as well as of the social scientist. . . .

Winternitz (1932:50–51) gave a very contemporary explanation of clinical sociology in his 1930–31 annual report to the president of Yale University. After stressing that the need for a clinical sociology program "becomes more and more apparent," he explained the scope of the field:

> The field for clinical sociology does not seem by any means to be confined to medicine. Within the year it has become more and more evident that a similar development may well be the means of bringing about aid so sorely needed to change the basis of court action in relation to crime. The social physician (the name is the invention of the governor of one of the larger states), cognizant of the fundamentals of psychology, biology, and sociology, as well as of traditional legal education, would of course not be a specialist. He would, however, be capable of interpreting to the court the knowledge of the specialist, and such interpretation of special fields of knowledge is a pressing need in criminal procedure to-day. The specialist can hardly be expected to be a judge of all factors involved in crime, because a certain amount of fanaticism is necessary if he is to pursue his specialty with success.
>
> Not only in medicine and in law, but probably in many other fields of activity, the broad preparation of the clinical sociologist is essential. . . .

Winternitz vigorously sought funding for a department of clinical sociology over a two-year period and his efforts were focused on one foundation in particular—the Julius Rosenwald Fund.[5] Julius Rosenwald (1862–1932), former president and chair of the board of Sears, Roebuck and Company, established a fund which existed from 1917 through 1948 for philanthropic activities. The Fund's purpose was "the well-being of mankind" and, like other foundations at their inception, the Fund was dominated by its founder.

The trustees in the early days were members of Rosenwald's immediate family and the Fund supported Rosenwald's personal causes. On January 1, 1928, the Fund was reorganized and moved from private to corporate giving. Rosenwald stepped down as head of the Fund and Edwin Embree,[6] a former director and vice-president of the Rockefeller Foundation, became the new director.

According to a Fund report prepared for a 1930 meeting of the Board of Trustees, hundreds of requests for funding were being received each month. Among those looking for support was Dean Winternitz of Yale University. He sought resources from the Rosenwald Fund through Edwin Embree as well as through Rosenwald. But primarily he approached the Fund through Michael M. Davis,[7] the director of the Fund's medical services.

Davis had studied sociology, under Franklin Giddings, in the graduate program at Columbia University, before becoming a staff member of The People's Institute, "an informal educational institution" (Pumphrey, 1972:31) and then, for a brief period, commissioner of recreation in New York City. It was Davis' medical work, however, beginning in 1910, that led to his position with the Rosenwald Fund.

Davis was the dynamic director of the Boston Dispensary who frequently published articles promoting changes in health care (e.g., Davis, 1915, 1916a, 1916b; Davis and Warner, 1918). His direction of New York City's Committee on Dispensary Development—as well as his friendship with Embree—also were factors that led to his invitation to work with the Rosenwald Fund. Davis' appointment meant the Fund would now be "improving the organized facilities for medical services to the average man of moderate means" (*Survey*, 1928:320–21).

Davis and Winternitz had what appears to have been a warm, personal relationship, but Winternitz's continued appeals for funding for a department of clinical sociology simply went nowhere. Included here are the six letters (Winternitz, 1931i, 1931j, 1931k; Davis, 1931a, 1931b, 1931c) they exchanged in December 1931 regarding the proposed program. They show Davis standing firm with his negative decision and the frustration being felt by Winternitz.

There may be a number of reasons why a department of clinical sociology never was established at Yale. Perhaps the Rosenwald Fund did not provide funding because it had higher priorities and/or it was simply a difficult time (the Depression) to seek substantial new support.

Other reasons may be found on the Yale University campus.[8] The president of the school, James R. Angell,[9] had been very supportive of his innovative medical school dean as Winternitz established dynamic new programs and brought together "a first rate faculty that elevated Yale to the front rank of medical institutions in the nation" (Viseltear, 1984:870).[10] But there were those, on campus and off, who felt that Winternitz was reaching too far.[11] Some objected to his authoritarian approach and thought the medical programs were suffering because of the unneeded expansion of interests.[12]

By 1934 Winternitz was well aware of the barriers. Perhaps to answer the criticisms, he wrote the following in his annual report (Winternitz, 1935:26–27):

> . . . the School is consciously striving to provide a well-rounded medical education. . . . It is only in comparatively recent years that this point of view has come forward so strongly, and the difficulties of putting it into practice in the medical curriculum are by no means slight. . . .
>
> Obviously, a medical school must not spread its interests to the point that subject matter which experience has shown to be essential in the medical curriculum is neglected. At Yale various plans have been proposed for broadening the outlook of the prospective physician and emphasizing the nonorganic factors in health. Objection has been taken to them on the grounds that it is wiser first to bring about a fuller development of existing departments.
>
> It may well be for practical reasons that a medical school must not extend its teaching greatly beyond the boundaries set by the concept of the human body as physical organism. At the same time, the physician, as teacher, investigator, or practitioner, must be subject to the influence of advancement in fields other than his own. There is as yet a field undeveloped for the interplay of different disciplines and for the application of knowledge derived from the biological and sociological sciences to immediate and practical problems of human life. . . .
>
> Society has the right to expect that no field shall develop for itself and that means shall be found for assimilating knowledge for all fields for the good of society.

Winternitz was not reappointed to his position as dean in 1935 because of a lack of support from the medical school senior faculty. (Even as early as 1929 his position had been challenged.) While Angell always had supported Winternitz, he now was uninterested in circumventing the will of the senior faculty to keep Winternitz in his position.[13]

In his last report as dean, Winternitz (1936:9) still mentioned clinical sociology. He wrote:

> During the past year two series of lectures on social aspects of medicine were delivered at the school, largely through the efforts of the department of Public Health. . . . Both series were well attended and gave evidence of the keen interest of the personnel of the school in the social backgrounds and implications of medical practice. These lectures, like the social-medical case studies sponsored by the department of Public Health, are along the line suggested by the plan for the development of a department of "clinical sociology" proposed some years ago. Such a trend is inevitable. . . .

Viseltear (1984:885), in writing about Winternitz's career as dean, has said that many of Winternitz's ideas—such as interdisciplinary projects and the social approach to medical topics—increasingly are "finding fertile soil" at Yale. Similar ideas and projects also are showing up in a wide range of university programs around the country.

Viseltear (1984:885) suggests that perhaps the ideas (which were "diffuse, bold and idealistic") simply were put forward at Yale at too early a time. One of those early ideas was a department of clinical sociology.

NOTES

1. I am indebted to the special collections librarians at the following institutions for their assistance: Yale University Library, the Regenstein Library of the University of Chicago, Fisk University Library, and the New York Academy of Medicine They were very helpful in efforts to determine whether Milton Winternitz had relationships with Julius Rosenwald, Michael Davis, Ernest Burgess, and Edwin Embree.

2 Winternitz received a B.A. from Johns Hopkins University in 1903. He received his medical degree from Johns Hopkins Medical School in 1907 and taught there until 1917 Soon after his appointment as a professor of pathology at Yale in 1917, he was named chief of the medical division's section on pathology. During World War II he chaired the National Research Council Committee on Treatment of Gas Casualties. He also was director of a number of hospitals and national medical committees.

Among his accomplishments at Yale (see Winslow, 1935; Ifkovic, 1984, and Viseltear, 1984): raised the necessary funds for chairs in surgery, internal medicine, and pediatrics; introduced a system which cut across departmental lines (e g , Neurological Study Unit involved five departments); established Yale Plan of medical education; established Institute of Human Relations, where medicine was to deal with the individual in relation to social and environmental conditions, and encouraged the development of the Human Welfare Group; encouraged the development of a School of Nursing and established an Oral Pathology Unit to encourage cooperative work between physicians and dentists.

When Winternitz's retirement was announced in 1950, the *New York Times* said, "Dr. Winternitz, throughout his career, emphasized the importance of integrating medical science with sociology and the other fields of study, contributing to a better understanding of man and his environment."

3 The Human Welfare Group at Yale put together a listing of publicity material on July 1, 1931. The list indicates that a memorandum on clinical sociology was first prepared in March 1929 and that may be the one Winternitz refers to in the annual report. The 1930 version printed here probably is a revision of the original 1929 offering. The Human Welfare Group list from 1931 also indicates that the most recent revision of the memorandum was put together in January 1931. That probably is the 1931 plan entitled *Clinical Sociology at Yale* (Winternitz, 1931c).

4. Winternitz's presentation was given at a session presided over by Edwin Embree of the Rosenwald Foundation According to records of the University of Chicago (e.g , White, 1930:51), Winternitz's presentation was entitled "Research in the Medical and Social Sciences." This title is slightly different from the one on the actual paper which is in the Yale University Archives.

5. A publicity summary from the Human Welfare Group (1932) indicates that a memorandum on clinical sociology was presented to the Carnegie Foundation for funding consideration sometime between 1928 and 1932 Other foundations also may have been approached as the listing was

acknowledged to be incomplete. Winternitz was absolutely determined to receive support from the Rosenwald Fund for the clinical sociology project and he put a great deal of energy into this approach.

6 Rosenwald's hand-picked administrator, Edwin Embree, was not a sociologist by degree. Embree identified himself as one, however, probably because he was using a sociological perspective in his writing and in his project development (Stanfield, 1985:100).

7. I am indebted to Ralph Pumphrey for sharing his work on Michael Davis. Much of what is written here regarding Davis is based on Pumphrey's work. Any errors in fact or analysis, however, are the author's responsibility

8. Alfred ;McClung Lee and Elizabeth Briant Lee (1988) had the following to say about sociology at Yale

> After we arrived [as graduate students] in New Haven in 1931, we started to hear . . . about Winternitz. . The Yale administration [at that time] was apparently unhappy with the lack of creativity of the sociology department.
>
> Winternitz started the Institute of Human Relations, a project that got only the slightest and most grudging cooperation from sociology. The cooperation came from Maurice R. Davie, head of sociology, but not an enthusiast for the IHR
>
> So part of Winernitz's problem with starting a department of clinical sociology was that Yale had no sociologists (except that radical Jerome Davis in Theology) who knew what he was talking about

9. Yale president James Angell was asked by Winternitz to write a letter in support of Winternitz's son, Thomas, who had applied for admission to the Loomis Academy. The letter contains the following references to the family: "His father, as you doubtless know, is Dean of the Yale School of Medicine and an extraordinarily brilliant person. . . Dr. Winternitz is a Jew. His wife was not. This boy has in his physique the Jewish traits . . "

10 I am indebted to Arthur Viseltear for sharing his work on Milton Winternitz Much of what is written about Winternitz's difficulties at Yale is based on Viseltear's work Any errors in fact or analysis, however, are the author's responsibility

11 Among the critics were William Harlan Hale, editor of the *Harkness Hoot,* and Abraham Flexner, director of the Institute for Advanced Study at Princeton (Viseltear, 1984:879–81). Flexner (1930:112–24) wrote the following in *Universities,* a book based on lectures he gave at Oxford in 1928:

> The most recent—and to my thinking the most incomprehensible—development in the way of an Institute has latterly taken place at Yale Yale had long possessed an inferior medical school; in recent years the school has, under the highly intelligent, enthusiastic, and energetic leadership of its present dean, Professor Winternitz, rapidly improved its facilities, personnel, and resources. Its development is, however, far from complete; its resources far from adequate . . it has not reached a state of stability or equilibrium; for the next decade or two, at least, it requires the same sort of leadership that it has enjoyed during the past ten years. . . Now it is proposed to form a "Human Welfare Group " .and finally, to add thereto an Institute of Human Relations.
>
> Dr. Rufus Cole, in a recent address on the progress of medicine, has, without having this in mind, completely demolished the theory on which, as far as medicine is concerned, the Human Welfare Group was conceived.
>
> As a matter of fact, there is nothing new in the proposed Yale Institute—not even "integration " . The Human Welfare Group is identical with Yale University! And we are precisely where we started, not enriched by an idea but impoverished by

> a building and funds; for Yale is mangled to produce its jig-saw group. "The School of Medicine . . . has purposely minimized its own objectives" writes the Dean who is destroying his own handiwork. . . .
>
> The advancement of knowledge and practice requires specialization and departmentalization as well as free and easy cross-fertilization. The President of Yale University is not unaware of this; but he thinks that the new Institute will provide for all. I cannot share his favourable expectation. . . . Easy-going contacts within the university are stimulating and helpful; at deliberately arranged cooperation the really gifted shy. That attracts only the inferior, never the original mind. . . .
>
> Only one apparent novelty is proposed: a professor of clinical sociology. But what good hospital lacks its social workers, who work instead of lecturing? What Yale needs, what the country needs is not a new Institute. . . .

12. When these programs centered on prevention and the consideration of social factors, there were problems of acceptance. The medical students, for instance, were drawn to the advances taking place in basic science and in the clinical departments, not to the idea that was the basis for the formation of the Institute of Human Relations. As Viseltear (1984:885) has said: "What soon mattered in the Winternitz years, despite the Institute and its champions, was not prevention but cure; not the community but the patient; not health but sickness—each a negation of the principles upon which the Institute had been founded."

13. Winternitz continued at Yale as the associate director of the Institute of Human Relations and as the Anthony N. Brady professor of pathology until he became professor emeritus in 1950. He also was the director of the board of scientific advisors of the Yale-based Jane Coffin Childs Memorial Fund for Medical Research until he died in 1959

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