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The Importance of the Study of Medical Sociology¹

Charles McIntire

ABSTRACT

This 1894 article by a physician discusses the relationship between the medical profession and the general field of sociology.

The science of social phenomena, the science which investigates the laws regulating human society; the science which treats of the general structure of society, the laws of its development, the progress of civilization, and all that relates to society.

Century Dictionary

As the *Century Dictionary* is among the latest products of the lexicographer, we may unhesitatingly accept the statement in its entirety, feeling assured that the rush of the current of progress has not yet swept the word beyond this definition into new relations and a changed signification. A question then arises, can there be a particular department of the science of sociology worthy the name

Excerpt (pp. 425–33) from the *Bulletin of American Academy of Medicine*, 1, 1894.

of Medical Sociology? Are there any peculiarities in the phenomena attending the existence of the members of the medical profession distinctive from the phenomena environing the lives of the same set of people apart from their profession? If this is the view taken of the trend of the subject, one need but refer to the codes of ethics which have been deemed to be necessary by the wisest and most progressive of our craft in the years gone by, and which, to-day, are the subject of no little discussion. But there is another view of the relation which medicine may bear to the science of sociology. While the physician as a member of society has a certain relation and duty which relation would not change should the individual cease to be a physician, and become a lawyer, a business man, or what not, there are, in addition to this, other relations to society which are peculiar to the profession and because of the profession.

Medical Sociology then has a two-fold aspect. It is the science of the social phenomena of the physicians themselves, as a class apart and separate; and the science which investigates the laws regulating the relations between the medical profession and human society as a whole: treating of the structure of both, how the present conditions came about, what progress civilization has effected, and indeed everything relating to the subject.

In order to determine the importance, if any, of the study of the subject it will be necessary to examine some of these points a little more in detail. And first, has that variety of the *genus homo* known as the physician any marks by which the strain can be determined? or are the supposed peculiarities merely incidental and in no way either characteristic or distinctive? To formulate a reply, it will be necessary to pass some of these in review.

There is, *e. g.*, the language of the physician, as characteristic or as cabalistic as the Romany, depending upon one's initiation. Our fellow Academician, Dr. F. H. Gerrish, in an introductory address before the Medical Department of Bowdoin College in 1891, on the "Medical Dictionary," makes this fact very clear. I quote two or three paragraphs.

As medical men, our interest is peculiarly drawn to the special dictionary, which treats of the language of medicine, and to this work I shall devote my attention for the remainder of the hour.

You are supposed to have a reasonable knowledge of your mother tongue already; and, knowing your teachers are of the same nationality as yourselves, those of you who are just entering upon your professional studies may have a belief, firmly held because never jarred by a doubt, that the lectures to which you will listen, and the books which you will read in your medical course are spoken and written in the language which you already know. Fond, delusive hope, so soon to be blasted! I do not mean to imply that the instruction is to be given in a foreign

tongue; but it will be imparted in what many of you will find to be almost the equivalent of an exotic speech,—the language of medicine.

* * * *

The fact is that the study of medical language is like that of French, German, or whatever language you please.

* * * *

Medical language once learned is so well adapted to the needs of medical men that it is difficult for them to express themselves, on professional topics, in ordinary English, even when they try to do so. Its employment is so habitual as to be automatic, like almost every movement of the body or in the body, which is well done. I had a striking illustration of this while still a student. My preceptor came into his office one morning, fresh from a case which was so curious as to excite his interest in an unusual degree, and told me of its remarkable features. For a few minutes we had an animated conversation about it, and then he started again on his round of visits. Hardly had he closed the door, when the office-boy, a very alert, intelligent little fellow, who had listened intently to all that was said, spoke up and asked, "what language was that which you and the doctor were talking in?" He had failed to catch a word of our discourse; if we had spoken in Sanskrit, he would have gathered no less from what he had heard. And yet we had not consciously obscured our remarks by the introduction of ultra-technical expressions, but had simply framed our thoughts in words which conveyed them with the greatest precision and conciseness.

Having this testimony from one of our craft, permit me to summon another witness that by the mouth of two the fact may be established. A friend and a chum of my medical student days was the son of a physician; and his mother would, at times, endeavor to report to me some of the interesting topics for conversation between father and son at the breakfast table. It was before the days of antiseptic surgery please remember. She told me that she would become quite interested as they were absorbed in the discussion of some very entertaining topic; and as they spoke of its being of a "creamy consistence," of a "healthy yellow" and "laudable in every way," whose praiseworthy function seemed to be to "bathe healthy granulations," her curiosity was not only excited but she was filled with a desire to become more intimately acquainted with so useful a substance, when the single word "pus" escaped from the lips of one of the pair and she was disillusioned.

Then there are customs *sui generis*. These may vary in different parts of the world depending upon environment, but as the claim is for a variety, and not a distinct species, this lack of uniformity does not invalidate the claim. For a number of years the physicians of Pennsylvania had been endeavoring to secure a bill creating a Board of Medical Examiners for Licensure to Practise; and a committee of the State Medical Society was untiring in its zeal and inexhaustible in its resources. One of its plans was to ascertain the opinion of the aspirant for legislative honors before his nomination, and to use the influence of the profession for those candidates who would be in favor of the bill; for this purpose the candidates for nomination were interviewed in each county. In one of the counties there was a man, a graduate in medicine, who had afterward studied law and was in the active practice of both professions. Being quite prominent in the counsels of the dominant political party of his county he was requested by this Committee of the State Society to interview the candidates for the nomination for the purposes named. He replied that he would be very glad to act for the committee upon the receipt of a retainer: whether he followed the customs of the law or of medicine, I will leave you to decide; and as well the other question, whether this incident illustrates a fact of customs peculiar to the physician.

But the thought has a broader meaning, and I am reminded, in this connection, of the words of President Eliot, of Harvard, at the last Annual Dinner of the Harvard Medical Alumni Association.²

“I believe,” he says, “that all this [the lower salaries of the teachers in the Medical School] hangs on our English inheritances on this subject. I need not tell you, gentlemen, that in England the profession of medicine, the profession of surgery, does not now to-day stand on a level with the other learned professions. This is not the case on the Continent: it is conspicuously the case in England at this moment. They have the inheritance of the barber and the barber-surgeon still in their minds in England, and we have inherited two things from England, a lower standard of general education in the medical profession, the lower standard of requirement for admission to that profession or admission to the studies of the profession, and we have inherited this lower rate of compensation.”

Clearly this indicates a special condition having a legitimate development from a definite cause. The condition of the profession in London was very pleasantly presented by a close observer in an anonymous paper read at the “Re-union Session” last year.

Some one has defined a "crank" as a specialist in a subject in which you have little or no interest. A characteristic of the present generation of physicians is the development of crankism, for specialities multiply and very little interest is manifested outside of the one line of practice. Then another distinguishing mark is a combination of the blind following of custom as marked as the Arab fellah who plough with a crooked stick because their grandfathers many times removed did the same, and an eager acceptance of every new fancy that is wafted on the breeze of the medical journal or diffused by the itinerant agent of the manufacturing pharmacist.

It would seem then that there are common conditions peculiar to the physician, the study of which for the purpose of improving the race (the developing those characteristics to be desired and getting rid of those marks not to be wished for) is not unworthy the serious effort of the mightiest intellects of our profession.

Were Medical Sociology thus confined to the study of the physician himself, it would include many fields of interesting study. But there is a still broader field; the physician is because there are those who are not physicians, who in their individual and collective experience need the help of just such a variety of the *genus homo* for their comfort. In this busy, many-sided civilization of ours, the physician is brought into contact with almost every side and angle. Reference is not made in this connection to the individual intercourse of a professional nature with all classes and conditions of mankind so much as the professional factor of the social problems themselves. Does the "lower side," the "under half," the "darkest spot" loom up with suffering and disease superabounding? There is no class of men more faithful or self-denying in their efforts to ameliorate than the physician. The story, simply told, of the labors of the physicians of America for the people so characterized, in the hospitals alone, would furnish a history abounding in scenes of greater self-sacrifice and permeated with more unassuming bravery than the recital of all our wars would afford. Do you touch the municipal question in our body politic? What could be done in these days were it not for the solution of the questions pertaining to the public health by the sanitarians of the land; physicians largely. In like manner the influence of the medical profession is manifested in the marching of our armies, in the sailing of our navy; in the mansion of the wealthy, and the improved tenements for the poor; while the condition of the criminal and the unfortunate classes in prisons, asylums, and poorhouses is made much more endurable through the labors, often unrewarded, of our guild. In courts of justice, while often much abused, he is necessary for the securing (or aborting) of justice.

Turn we to the children of the land and investigate the processes necessary to educate them to be useful citizens and we find many problems for the medical

profession alone. There must be for the good of the State a mind that is active in a body that is sound. Physical education, under the pioneering of the elder Edward Hitchcock, of Amherst, sustained in his plans by the board of trustees under the direction of one of our fellows, the late Nathan Allen, of Lowell, and nobly forwarded by a score and then by hundreds of others, among them Sargent, of Harvard, and the younger Hitchcock, of Cornell, likewise Academicians, has become an important factor of the educational problem of to-day. Even in so brief a reference it would not do while in Milwaukee to overlook the tremendous help given by the Turner Bund to these efforts were one so inclined; but the idea did not get a firm, scientific position in our American educational system until the American physician entered upon the study of this sociological problem.

These illustrations are enough to illustrate, and probably to demonstrate, the proposition, that there is a close relation between the medical profession and the problems of general sociology; or, better perhaps, that general sociology has problems which can only be solved from a medical standpoint: and these two divisions together form what is designated in this paper as Medical Sociology.

It might be well to inquire what components constitute this comprehensive subject. A very satisfactory working classification is given by Mr. Melville Dewey, librarian of the State Library at Albany, N.Y., in his "Classification and Subject-Index for a Library," which is now the standard for classification in many of our public libraries. His classification is a decimal one, and sociology is made the third of the nine grand classes. The chief of sub-divisions are:

1. Statistics. 2. Political Science. 3. Political Economy. 4. Law. 5. Administration. 6. Associations and Institutions. 7. Education. 8. Commerce and Communication. 9. Customs and Costumes. And wherever medicine or the physician comes in touch with either of these divisions there are to be found problems of medical sociology.

The Academy has, in reality, been devoting its energy to a branch of this subject, included under the division of education. Happily its life has been in a time when the need for a more extended education for the physician became apparent, and its growth has been contemporaneous with the opening of opportunities for this improvement. While the goal has not yet been reached and there is still need for labor and an opinion expressed in no uncertain words on this subject, still so much preliminary work has been accomplished that all the energy of the organization is not now needed in this direction; and as there lies open this extensive and interesting field of study at the present unoccupied by any medical society (the wilderness indeed in which an occasional excursion is made but inhabited by none), it behoves the Academy to pre-empt the land and secure for itself a field so full of natural wealth, which will be sure to yield to

us, if we enter upon it with the proper spirit, harvests of value in the marts of thought and of scientific literature.

Having, it is hoped, demonstrated the existence of medical sociology, and shown to some degree its extent and its limitations; there remains a plea for the study of this subject on the ground of its importance. Possibly this can be done in no better way than by mentioning concrete examples. On June 28, 1883, Dr. Balthazar Foster delivered the presidential address before the Birmingham and Midland Counties Branch of the British Medical Association, selecting for his theme the striking caption: "The Political Powerlessness of the Medical Profession." It is not proposed to review the address nor to restate its propositions, but to appeal to the experience of you all for the truth of the proposition suggested by the title of this address. And yet the medical profession very rarely asks for political aid for self-advancement; its efforts uniformly are for the welfare of the commonwealth. Surely the benefit resulting to the country at large and to the increase of the true dignity of the profession itself from the discovery of the cause of this asthenia, and of a true remedy for the same can be fairly classed among the important questions of the hour.

Or again, the prevention of pauperism is a question of the greatest importance. How to give to the worthy poor and enable them to retain their self-respect; how to prevent the unworthy or the miserly from being recipients of the bounty of the charitable, are questions attracting attention on every hand. The free dispensaries of our land have in them possibilities of starting more people on the road to pauperism than any other agency on the one hand; and the ability to accomplish more real good in the alleviation of suffering on the other. If the philosophical study of the question can reduce the possibility to the minimum and elevate the ability to the maximum, who can compute the importance of the results of such a study to the medical practitioner or to the country at large. The educational problem is one of far reaching influence for good or ill. The increase of scientific knowledge causes a greater demand to be made on the student; the general advance in the literary culture of the people necessitates a general higher training than formerly; the changes in the manner of living have weakened, possibly, the physical stamina. The proper adjustment of hours and subjects to enable the pupil to properly develop his mind without a prodigal expenditure of his vital energy, whereby his body is made to suffer; the use of manual training schools, and of physical education, and other problems of the educator involve questions that can only be solved by physicians; and should be discussed from a purely medical standpoint before they are rendered more complex by the other factors which the teacher must take into consideration. And on the proper solution of these questions much of the future welfare of the nation depends.

There are other questions, some of more, others of less importance, but the specific instances given already, open important fields of study wide enough to keep us employed for some time to come, hence they will suffice for the present purpose.

There may be a possible criticism in the thoughts of some that should be noticed before closing. "The themes are all right in their way," you may be thinking, "and interesting enough, doubtless, possibly even important; but they are not practical and, therefore, not worthy the attention of serious men in this serious life of ours." This criticism is a just one if, and please mark the "if," if you put the definition of practical on low enough a plane. If you think the time given to the study of pathology wasted and had better be devoted to committing to memory "favorite prescriptions;" if, when any new remedy is mentioned, you do not waste your practical mind on its composition, properties or mode of action, but simply ask: "What is it good for?" and, "What is the dose?" if you savor at all of what our friend, the talented editor of the *American Lancet* has so fitly characterized as the G. T. R. — Get There Regardless — Doctor; I grant you that these themes have little of such practicability in them. But if you are built after a different pattern and give to the word its true significance: to achieve rather than to accomplish. *If you understand in medicine that is practical which tends to produce the best, the noblest physician; the most accurate knowledge of cause and condition of the sick and the precise action of the remedy to cure; the greatest ability to prevent the ills of flesh; the development of the highest type of manhood, and the fruit this type should bear; then, while the study of these problems, their presentation and publication may not bring you a single consultation nor add a single dollar to your not too large bank account, you will find in them topics intensely practical*

Notes

¹A paper read before the academy at its meeting in Milwaukee, June 5, 1893.

²*Boston Medical and Surgical Journal*, July 12, 1892.