

1-1-1989

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Recommended Citation

Winternitz, Milton C. (1989) "Clinical Sociology Section to be Formed," *Clinical Sociology Review*: Vol. 7: Iss. 1, Article 5.
Available at: <http://digitalcommons.wayne.edu/csr/vol7/iss1/5>

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To return now to the reference to medicine as a social science, it may be said that the general suggestion for the adoption of such a viewpoint has grown into a definite project, and its actual realization only depends on securing the funds and the necessary personnel. Details of this project have been incorporated in a separate memorandum; it will suffice to present a brief outline here. It is deemed essential to keep those other great factors of life, which, indeed, dealing with man as a social being, are quite as important for human well-being as are the biological, in the foreground of the student's thought while he is pursuing intensively those aspects of the natural and biological sciences which have grown increasingly in the last half century, until now they have become so time-consuming that all else is overshadowed or actually excluded.

To accomplish this, a course available to the students of several different Schools is planned, designed to emphasize the fundamentals of psychology, sociology, economics, and some aspects of government through the vitalizing agency of actual occurrences as these involve individuals and the family group. For the medical student this opportunity will parallel that of the study of the usual biological sciences and will prepare him for the application of the principles with which he is now familiar in his practical work in the Hospital and in the units of the Clinic. A new section—Clinical Sociology—on a par with the now existing major clinical sections of the School is planned. Its chief must be a man of such outstanding qualifications that he will be welcomed by the other department heads and admitted as the Professor of Clinical Sociology, on equal terms with his associates, to the governing body of the School. An academician will not be a candidate for this post unless his accomplishments in the field of practical sociology are unusual, for the same viewpoint as obtains in other clinical branches also holds here.

Excerpted from *Reports to the President of Yale University 1928–1929*, New Haven: Bulletin of Yale University, 1930, 92–94 Reprinted by permission of the Yale University Library.

Studies in Sociology for All Students

Achievement in the purposed activity must be the basis of selection. The Professor of Clinical Sociology and his staff will assume the responsibility of acquainting the student with the methods of obtaining a sociological history and of conducting a sociological examination. Just as the staff in Medicine, Surgery, Pediatrics, Diseases of Women, and Psychiatry, or any combination of these, teach him the approach to the problems of a single patient from the viewpoints of their particular disciplines, so will the Professor of Clinical Sociology and his assistants instruct the student in the approach to the social problems of the individual. With the cooperation of the existing agencies for such work in the community—and these have expressed their willingness to further the plan—a member of the staff in Clinical Sociology will go with the student to the patient's home, to his school, to his workshop, or to his play center, and at a later time they will meet for a group conference with representatives of each of the other clinical sections concerned in the care of the patient. The purpose of this conference will be to piece together for the education of the student and for the benefit of the patient the different facets of the many aspects of life that may contribute to the particular indisposition of the patient and that require adjustment for his future well-being.

The implications of this program must be self-evident. Every student of medicine should obtain a sound, general viewpoint of the psychological and sociological principles involved in human well-being. That individual students may become primarily interested in these fields is of course a possibility, and further opportunity for such specialization will be available through the section on Clinical Sociology and its affiliation with the Institute and Hospital. That there is room for men with such training cannot be questioned. Further, the data collected in such case study by the sociologists are available for control in other studies such as the one, "Family Factors in Child Adjustment," already mentioned. In return, the Institute should be able to suggest important problems for inclusion in the field work of the particular section. The creation of this section on Clinical Sociology should go far, it seems, in knitting together the Institute and the School of Medicine and in allowing each a greater participation in the activities of the other.