Socio History in Medicine

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Medical curricula is in the long run determined by the socio-political needs of the class in charge. Even the content of these disciplines reflects these needs. This article examines the history and curriculum content of one undergraduate discipline in medicine—preventive and social medicine.

THE practice of medicine has undergone tremendous expansion and diversification. Several factors have contributed to the transformation of medical practice, some internal and others external not the least significant of which have been social, political and economic. From time to time medical education has reflected these changes in the practice of medicine. This amalgamation of current practice with training has not taken place in either a smooth progression or as a matter of course. For example while improved methods of diagnosis and treatment have become part of the training of medical graduates with relative rapidity, the growing body of knowledge in epidemiology and in the sociology of health and illness have been all but ignored in the undergraduate medical curriculum. This marginalisation of the sociological perspective has had consequences for the development of medical education and inevitably for the nature of health care.

It is the character of the dominant group/section/class in society which determines the trends and content of medical education. This dominance however, is not because of numerical strength but is a consequence of the historical development of society. Again, what constitutes the requirements of this dominant class is not just derived from the health characteristics of the class/group. For the requirements are rooted in the socio-political needs of the class in charge. In fact not only is the curricula determined largely by these factors, but even the content of these disciplines is tailored to match and sustain the ideological requirements of the dominant class. To illustrate, we examine in the following the history and curriculum content of one undergraduate department, viz preventive and social medicine (PSM). This is a relatively new field, having been introduced as a distinct discipline only in the second quarter of this century. In India separate departments of PSM were established only in the late fifties. What were the factors leading to the introduction of PSM into the undergraduate curriculum? What has been its orientation and what is its current content?

For the purpose of examining in detail the undergraduate curriculum content of PSM we have taken *The Textbook of Preventive and Social Medicine* by J. E. Park and E. Park as a typical illustration. The content preventive and social medicine can only be understood against this background. Specifically, we have looked at Parks' *Textbook of Preventive Medicine* assuming it to illustrate the typical curriculum followed in the department in any undergraduate course.

The textbook is divided into 18 chapters which don't appear to follow any particular sequential logic. A first chapter on what is presumably meant to be a history of medicine is followed with a series genetics and health, sociology and health, environment and health. In a sense of course, the chapterisation is indicative of the entire approach to the subject— that the understanding of the preventive and social aspects of medicine can be so compartmentalised. There appears to be no continuity between the chapters. This criticism will perhaps become clearer when we deal with these chapters in greater detail.

Our main criticism is that the book projects a certain picture of medicine, medical practice, and of the role of the doctor. This creates and reinforces an ideology which is biased against certain sections of society. Moreover it delineates for the medical graduate a methodology for understanding social phenomena which views society as a static, rigidly divided structure. According to this viewpoint the components can each be studied separately, can even be modified, improved, changed. For instance, that health behaviour can be changed without altering the social location of the individual or family concerned. This affords the right grounding for the view that medical solutions can not only be independent of social factors, but in fact they over ride the latter and can even affect social change. While undoubtedly medicine in history has contributed to socio-cultural changes, that it has itself been a product of society is something which is entirely missing in this world view projected by textbooks such as Parks'.

Simultaneously, the book also projects society as a homogeneous entity where everyone has equal access to the conditions which make for health. There is no recognition of the fact that health status, especially in third world conditions is an indicator of the class location (20). This may be best illustrated by the manner in which the authors discuss the problem of malnutrition. Socio-economic factors are listed only as one among the many aspects of the ecology of malnutrition.

The text manages to de-emphasise the fact that malnutrition especially under-nutrition which is the major problem in India, is largely rooted in the lack of purchasing power of certain sections of the population which in turn is again both a cause and consequence of the lack of political power to demand and obtain the wherewithal to lead comfortable lives, live in healthy surroundings and work at non-hazardous occupations. Leave alone the issue of class in society, the book does not even admit sex discrimination in society. Surely a book published in 1985 cannot claim to be

unaware of data on this matter. Any number of studies have shown that women suffer to a greater extent from the problem of malnutrition than do men. Again, in dealing with tuberculosis, the book fails to acknowledge the class-wise distribution of the disease, even though the age and sex trends, time trends and the rural-urban differences are remarked upon.

In general the book tends to medicalise all problems concerning health. Such as for instance malnutrition. Clearly, a social problem it is regarded as a 'medical' problem with social causes and repercussions. Even worse is the way the authors treat mental illness where although social pathological are listed— only third to organic and heredity— the solutions offered stress mainly early diagnosis and rehabilitation just as in any medical problem. The point is except for a small proportion of cases which have organic and hereditary roots, the majority are symptoms of social distress which become manifest in individual aberrations. They can hardly be resolved by 'early diagnosis' of individual cases. The solution lies in the early diagnosis of social distress, which clearly according to Parks is beyond the purview of the doctor.

Not surprisingly, the solutions offered by the authors to any of the range of health problems are either individualist or abstract. That is, what the individual can and must do to avoid falling ill or how the government or more often the health services can offer appropriate measures. That prevention of illness can most effectively be brought about through social action of a group or community. Thus it completely misses out the crucial role the doctor can play in such action by providing the group or community with information etc. In fact right through the book the doctor is regarded as a person being apart and slightly above the rest of society.

Let us now look more closely at some of the chapters in the book. The first, purported to be a history of medicine runs to nine pages. It is pertinent here to note that this is the only department in the undergraduate medical course where the history of medicine figures at all. It was in 1955 recommended the introduction of history as part of the PSM curriculum. In Parks' textbook we have a travelogue through time, enumerating the 'advance' of medical knowledge rather than an account of the dynamic interrelationship between medicine and society. The authors' approach is a historical dealing with the developments not in time periods taking into account the social and economic structures of the time, but rather as geographical categories. We have for instance, paragraphs dealing with primitive medicine, Indian medicine, Chinese, Egyptian, Greek and so on. This gives a false notion that the growth of knowledge in medicine has been circumscribed by boundaries of nations and states. In fact, although there were characteristic developments in different countries in numerous periods of history, there has also been a process of dissemination and assimilation between the various centres of civilisation. Modern medicine has its roots in this body of knowledge even though today it may bear little resemblance to it. In consequence the contributions of early medical practitioners and thinkers such as Hippocrates, Galen, are regarded as distinct and separate from that beginning with say, Parcelsus (who "publicity burnt the works of Galen and attacked superstition and dogma in medicine"), Vasalius ("who demonstrated some of Galen's errors") and Ambroise Pare (who "revived surgery and became the father of modern surgery"). While it is true that developments in medicine after the sixteenth century represent a break with the past, the continuity of empirical traditions which is so characteristic of the field does not feature in the narration.

The middle ages ('dismissed by the authors of the book as the dark ages") saw the development of two distinct traditions of medicine, which were to become competitive in a later period. The inflexibility of the codes of the Catholic church, the widening gap between Church medicine and the people, the famines and plagues, the growing impoverishment provided an impetus for the growth of a more accessible cheaper medical care. Folk medicine which had continued to exist outside the Church, largely in the hands of women, began to encroach upon Church medicine [2] Many historians have seen the witch hunts which were rampant in Europe in the tenth to fourth centuries as the manifestation of the attempts by the Church to usurp the folk knowledge and quell the competing tradition of medicine, one monopolised by the rich feudal lords, the richest of them being the Church, and the other practised by and accessible to the lay poor[3].

Park reviews the beginnings of modern medicine, that is in the 16/17th centuries without ever referring to the tremendous changes that were occuring in the social fabric of the time. So great was the intellectual impact of these discoveries in the field of medicine, that they in turn influenced other sciences and social ideas as well. For instance William Harvey was the first to consciously use scientific methodology in the biomedical sphere. He also used concepts of quantification to arrive at a hypothesis. And used the concept of the human body as a mechanical system with the heart as pump. These are concepts which are integral to clinical medicine today.

Parks' history fails to recognise and trace the ideological trends which are current to this day in medical practice. This would have been possible only if the dynamic interaction between medicine and society is admitted. For example, the predominant social structure of society, cultural practices and prejudices of the seventeenth to the nineteenth centuries, were assimilated in some form or the other into the concepts and content of modern science and medicine which were then evolving.[4] Not surprisingly, medicine's model of a 'normal' human being was a white, adult male. By definition, therefore, women and non-whites were 'abnormal'. These ideas have influenced the development of medicine and set limits on the understanding of particular

pathologies and illness syndromes. Similarly, the mechanistic concept of the body as a machine, as distinct from the mind was to limit the growth of medical knowledge for generations.

At the same time because medicine adapted the dominant ideas of the period, and because it continued to retain its long-standing status in society, it was used to reinforce and substantiate these social myths. Thus for example, because women were by definition all physiological, conditions experienced by them, menstruation, childbirth etc, were regarded as being abnormal and treated as illnesses.[5] Society in turn promoted and perpetuated these ideas by taking resort to medical opinion. This fact that throughout history medicine and its practitioners have largely been oriented towards. supporting and sustaining dominant ideas, often to the detriment of the socially oppressed classes is an important aspect of history unfortunately given a miss by Parks' textbook. In short, the first chapter of the book is a disoriented, disjointed account of history which really ought not to have been there at all. If at all the history of medicine is to be taught to medical students, it ought to receive a more coherent, sociological treatment than the one presented here.

Sociology of Medicine

We now look at two chapters which give us an idea of the sociological concepts presented by the authors. The book deals with sociology more as a set of terms to be defined rather than as a body of knowledge with a long history. Like other disciplines sociology too, a plethora of theories,. orientations and schools of thought have richly contributed to its development. Park however, is either unaware of these developments or regards but one school of thought as being important. This approach will undoubtedly leave the medical student with a slightly jaundiced view of the discipline. More importantly, the book does not deal with methods of sociological analysis which are so necessary for the delivery of health care.

The chapter on 'sociology and health' deals with the following "concepts in sociology": society, social structure, social institutions, role, socialism, socialisation, social control mechanisms, customs, culture, acculturation, standard of living, social problems, social pathology, social surveys, case study, field study, communications and social defence in that order. Need we say anything at all about this? One is hard put to understand the logic and the purpose of such a list of 'concepts'. Admittedly these are terms which need to be explained, but they are not concepts. Even the terms cannot be understood by mechanical definitions. Each has to be understood historically, its meaning often having changed with time and the context. Moreover, even the choice of 'concepts' so defined appears biased. Such important concepts as social movements, or social change and what they constitute, do not figure here.

It is also significant that in defining social structure the inherently conflicting relationship between classes (or stratas, as Parks would call it) is not recognised. The fact is that some groups are more empowered than others and that these power relationships cannot be altered without shaking the very roots of society.

Society has been defined in a number of ways by different sociologists. In the evolutionary model all societies pass through definite stages of development. For some social thinkers like Durkhiem the most important dimension of society is the degree of specialisation within it which is progressively complex as societies pass through the different stages. In the structural functionalist model it is the interrelationship of social institutions rather than the individual or group which is to be emphasised.[6] Talcott Parsons modelled his conception of society on the theory of homeostasis and saw society as constantly attempting to balance its equilibrium by automatic adjustments when upset by internal or external forces.

Parks' textbook appears to have no use at all for this variety of ways in which thinkers have understood society. This is even more true of the other 'concepts'. Certainly it is utterly ridiculous to try to define socialism in 14 printed lines.

What little there is of sociology in the textbook is almost entirely Parsonian. Talcott Parsons developed the concept of the sick role in his writings have greatly influenced medical sociology. According to this understanding there are four essential aspects of the sick role— the sick person is exempted from his normal social role responsibilities; the sick person cannot help being ill; the sick person is expected to get well as soon as possible and finally he is expected to seek help in getting well. Parsons therefore emphasised the need to control sickness. Consequently, social control is clearly a function of the medical establishment.[7]

Not surprisingly of course, the textbook deals with social institutions such as the family as being "the most powerful example of social cohesion" which have existed in all societies. "The family is a primary unit in all societies." It is well-accepted today that the family, defined as the authors do viz, "a group of biologically related individuals living together and eating from a common kitchen." was not in fact a primary unit in all societies. Quite clearly, the Parks notion of the family is patriarchal: "The family is a bridge between generations and between fathers and sons." And again, "The family provides social care by ... giving status in a society to its members ie use of family names...". At one point the book talks of how the "freedom of wives" has enlarged and of how "the young wife in India...brings to a marriage not only a dowry but a professional or semi-professional education and she seeks a professional career." There are several points to be made here. First, the changing family structure is a consequence of a number of factors, economic, cultural and social and second, the status of women in the family and their role, as well as the functions of the family are not universally the same. Even within one

country they vary with class, region and culture. And third, while it is true that dowry is a widespread phenomena, to refer to it as an inevitable and accepted feature of society is not quite correct.

The discussions on the family in the textbook are particularly important because 'social and community medicine' confers a significant role on the family in disseminating its message. Thus for instance, the family's traditional role or rather the role of the women in the family, 'in child bearing, health and nursing care, are the via media through which ideas can be propogated from generation to generation, thus ensuring the perpetuation of the social structure as it exists currently.

Another chapter which is a hotch potch is the one on community health. After attempting to define health in a crudely mechanistic way and outlining the relationship between health and development, the chapter moves on to a definition of disease— the interaction of the agent, host and environment etc, and then on to a description of health situation and the health services. While such an explanation for understanding disease may be useful, it can also tend too mechanical. Evidently the 'result of the interaction of the three is often much greater than the sum of the three. Moreover, it is not possible to change the nature of one without inevitably altering the other two. Altering, say the disease agent may not be possible without simultaneously changing the characteristics of the other two.

Nowhere in all this do we find a definition of community. This is a concept which has created much discussion among sociologists. If by community is meant a group which shares common socio-political features, then a village comprises several communities and it is absurd to talk of a village community as if it is homogeneous. Community medicine is a meaningless concept if 'community' is not defined.

To sum up, in this book preventive and social medicine has the following characteristics : (1) Ill health is viewed as a consequence of the interaction of man and nature where the changes in the latter are beyond our control. The essence of medicine is to help 'man' make the necessary changes so as to balance the changes in nature. (2) The activities of the individual are the major reasons for ill health — viz, use of unclean water sources causes typhoid, cholera etc, smoking causes cancer, inadequate iron intake causes anaemia, babies die because mothers don't breastfeed, workers die because their work environment is unhealthy and so on. The object of PSM is to teach medical students to help individuals, alter their lifestyles without damaging social institutions and norms. (3) The social and political forces in society do not significantly affect the development of medicine or health policy, and the history of thought (including medicine) may be viewed as a set of isolable, distinct phases with little spillover. (4) society is generally uniformly cohesive. Although there are groups and stratas, they do not have inherently conflicting interests and may live together in peace and health. (5) The human body is a mechanical system and organs are component parts which may be repaired or replaced. In the same fashion all health problems may be reduced to the malfunctioning of a particular part of the subsystem. Biological man rather than the social human being is the ideal. (6) Health is defined and understood in terms of an individual's productive capacity and not the quality of life. By this definition, a worker is termed healthy as long as he can achieve a certain level of productivity. The individual must therefore be helped to maintain this level of productivity irrespective of whether he feels healthy. In short, PSM justifies existing socio-economic and political formation by arguing that the aberrations seen in the system are not intrinsic to it but are a result of individual behaviour and may be smoothed over by persuading individuals in 'communities' to accept their fault and remedy the situation. An approach to medicine which has the potential to show up the inherent contradictions in patriarchal class society which in reality determine the health status of a society, has effectively been defused.

The exercise undertaken here is only illustrative, but it does indicate that the orientation of preventive and social medicine reinforces the socio-political framework which papers over major contradictions in society. It helps to justify existing socio-economic and political formation by arguing that the aberrations seen in the system, in this case in the health status of the population, are not intrinsic to it but are a result of individual behaviour or minor faults which may be smoothed over or repaired. If the practice of medicine is to become more relevant, it is here in the department of PSM that the restructuring must start.

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Notes

1. J D Bernal in fact delineates the significant contributions of medieval Christiandom to science while at the same time cautioning against the trend to glorify the period. Modern science grew out of the superceding of the medieval world picture (*Science in History* Vol II, Penguin)
2. See *The Political Economy of Health* by Doyal and Pennel, Pluto Press London.
3. Leo Huberman *Man's Worldly Goods*, 1968 and Hughes Pennethorne, *Witchcraft*, 1965, Penguin.
4. See Brian Easlea, *Science and Sexual Oppression*, 1981 for critical reading of nineteenth century biology and Hilda Smith, 'Gynaecology and Ideology in 17th century England' in *Liberating Women's History* by Bernice Caroll 1976.
5. Barbara Ehrenreich and Deidre English, *Witches, Midwives and Nurses*,. Glass Mountain Pamphlet, 1980.
6. A brief but comprehensive introduction to sociology which defines the canvas of the discipline is Alex Inkeles, *What is Sociology?* published by Prentice Hall in the Foundations of Modern Sociology Series, 19.
7. Talcott Parsons, *The Social System.*