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THE SOCIAL CONTEXT OF MEDICINE*

BY

Sir JOHN CHARLES, K.C.B., M.D., F.R.C.P., D.P.H.

Formerly Chief Medical Officer, Ministry of Health

Whatever possibility there might have been that "the iniquity of oblivion" should cast its cloak over the fame and memory of Ernest Rock Carling has been dispelled by the munificent creation of this commemorative Fellowship. Through it the record of his achievements and the stimulus of his manifold interests will acquire, as they have deserved, the "merit of perpetuity." It is my privilege as the inaugurating Fellow to pay tribute to Rock Carling, and to the Nuffield Provincial Hospitals Trust through whose operations so many of his earlier ideals and latter-day aspirations were abundantly fulfilled.

It is almost a commonplace to say of any man of Rock Carling's generation that he lived through two separate epochs in the history of this country and perhaps of the world. His early years were passed in an era of peace, of apparent contentment, of steady growth and evolution, of prosperity, and of precedent broadening down to precedent. His maturity and age were spent in alternating periods of violence and destruction, and of recovery and reconstruction, in times of economic instability, and of unpredictable events. This latter epoch, however, bore within itself and still bears hopefully the possibility of lasting calm and peace and prosperity. For this the efflorescence of science, forced maybe but nevertheless effective, and its application to the needs of the world are directly responsible. Rock Carling's life bestrode those two epochs. It is a curious paradox that a man so essentially peace-loving should find himself, by reason of the unfolding circumstances of history, a participant in three wars, and concerned not in the preparation for but in the anticipation of a fourth.

Sir Ernest Rock Carling

Rock Carling's career falls roughly into four phases. Born in 1877, he qualified in medicine in 1901. For the greater part of those 24 years he was busy about the business of becoming a doctor, but found time to serve with the Imperial Yeomanry Field Hospital in South Africa. For the next 21 years, until he became surgeon to the Westminster Hospital in 1923, he was concerned with establishing himself as a surgeon with the leanings of a physician, and again saw military service in France and Belgium during the 1914-18 war. From 1923 to his retirement from the hospital staff in 1942 he was the Admirable Crichton of surgery and radium therapy, the scientific surgeon, the invaluable committee man and counsellor in fields as different as the Medical Research Council, the Medical Protection Society, and those bodies through which the medical profession showers its benevolence upon its own kind and their dependants.

*The First Rock Carling Memorial Lecture, delivered at the Westminster Medical School, London, on November 28, 1962.

But it was in this phase also that he planned and fashioned this great hospital, and animated it with his own desire for excellence and the pursuit of knowledge and his strong sense of service to the community. It was the exhibition of a Wren-like genius, and deserving of Wren's own epitaph.

At the age of 65 Rock Carling commenced the fourth and final phase of his career which lasted until his death in harness in July, 1960. It was as if he had listened to the voice of Browning's "Rabbi Ben Ezra"—"Grow old along with me, the best is yet to be; the last of life for which the first was made."

Apart from his other commitments in advising Government departments in those mixed fields where war, medicine, and science meet, he became associated with the Nuffield Provincial Hospitals Trust. Its beneficent activities owe much to his knowledge of men and affairs and above all of the gaps in the existing hospital and health services, where a little priming of the pump would add to their efficiency, and where an educational seed scientifically planted and carefully fostered would enlarge their potentialities and facilitate their inevitable extension.

I first met "Rockie" in Newcastle in 1942. He came, even then, a legendary figure formidable of repute, but modest, unassuming, understanding, and yet authoritative. The crisp, succinct utterance, the range of knowledge, the directness and the dedication were all part of his quiet and impressive personality. In later years at the Ministry of Health he would come periodically and brief me simply and speedily on many of the important matters with which he was concerned, for he said, "Someone must keep the C.M.O. *au courant* with what is going on."

Behind the "gravitas" there was kindness and an almost timid friendliness. Many innumerable small thoughtful acts, books, letters of introduction—were characteristic of him. And for the infant daughter of one of my friends there was addressed in his own clear hand—"her first love letter, never to be destroyed."

Rock Carling was a member of that great cloud of witnesses to the spirit of humanitarianism and love of his kind which is part of the social context of medicine.

Four Generations

I would invoke the memory of another octogenarian and a member of the same cloud of witnesses in the person of my own father, for fifty years a general practitioner in a north-country mining village. A few months after his eightieth birthday, though for some time retired from practice, he was called out one winter night—all other medical aid being stricken with influenza—to assist

a midwife in a difficult confinement. He found himself delivering the granddaughter of a patient whose confinement he had attended fifty years previously. He thus made his acquaintanceship with the fourth generation of that family. In this there was nothing really surprising, except the coincidence, for in those mining villages the tradition of the family doctor was strong on both sides, and the doctor-patient relationship was that of friend to friend. Trust and respect on the one side were reciprocated on the other, where it was joined by a sense of continuing responsibility. I remember the visits paid three or four times a day about the time of the crisis to the patients with lobar pneumonia and the interest in the progress, week by week, of the children with rheumatic fever, until they could safely face the rough-and-tumble of school again.

It was a curious and gratifying privilege for him to take part in something which in these days, among the less developed people of the world, we would describe as community development. He watched the growth of a windswept, moorland village of 8,000 souls into a town of nearly 20,000 inhabitants, with a civic consciousness, characteristics of mutual helpfulness, and ambitions which went beyond the pits for the future employment of its children. In rough times and smooth, against the background of strikes, unemployment, and on one occasion a major underground disaster, the family doctor played his quiet and unassuming part—the friend and confidant of succeeding generations, the best judge of the capacities and inborn tendencies, and their wisest counsellor.

Many may think that I have given a halcyon glow to this period, but in my opinion it was one in which, like Molière's Monsieur Jourdain, who suddenly realized that he had been talking prose for over forty years, the family doctor was practising medicine in its social context without knowing it.

Towards Health and Prosperity

Since then we have been precipitated by the hazards and outcome of two wars and the almost volcanic eruption of science into a milieu of an infinitely greater complexity.

It is a milieu in which if we are not careful we shall as individuals resemble nothing so much as a single erythrocyte in the dark and mysterious passages of the capillaries, jostling our fellow erythrocytes, bodies of known composition, a determined life-span and a definite function. But as human entities we differ in the possession of the powers of mind and spirit and in our endowment with the gift of reproduction, which in the words of Harvey "links us with eternity." Yet the analogy with the erythrocyte is not unduly strained. We are in the grip of our environmental surroundings and are the creatures of our social context. Our diseases and disabilities reflect those facts.

It was Jeremy Bentham, following on the word-trail of the American Declaration of Independence, who described mesology, "the science of the means of attaining happiness" and its relation to "eudaemonics" "the art of applying to life the maximum of well-being." In these days we are much nearer the goal set by eudaemonics than were the men and women of Bentham's time. We are not the only country in the world which has sought to create an Elysium for its citizens. There is a widespread desire for a background of social security, for full employment, for wide-ranging

educational facilities, and for the provision of medical and health services as comprehensive as it is possible to make them. Each country has its own pattern of provision, of organization, and of finance, and each in the end, economic circumstances being favourable, will conform to national desires and custom. For some countries the state will be the all-beneficent provider, for others some form of compulsory insurance will be the mechanism. But, however constructed or operated, in the background we will see the faint shadow of the economist, that arbiter of all our destinies—and he will determine what it is, particularly in the field of health, we can afford. (I can see him, for example, looking askance whatever his personal aspirations at any organized endeavour to increase the normal expectation of life from 70 to 80.)

But even economists will admit that as a fundamental requirement for economic development and prosperity there must be a healthy population, that mortality and morbidity are the enemies of progress, and that preventive and curative medicine are its friends.

It is my submission that in the operations of our National Health Service, and those other services concerned with the public health, whether administered by the Ministry of Health itself or by other Departments of Government, we have a series of undertakings, symbiotic at least, if not so completely co-ordinated as they might be, which contribute to the social context of our health. And if, to revert again to Browning, they are still the "broken arcs," how would we wish to see them as the "perfect rounds"? Might I suggest that the social context of medicine might then include: (a) The treatment of the patient as the "whole man" and not merely as the carrier and example of a pathological manifestation. (b) The recognition of him as a member of a family—and the consideration of the effects of his illness upon the family. (c) The evocation of the communal machinery, whether operating through the local health department or otherwise, which will assist him and the family in whatever way help or guidance may be required. (d) The relevance of occupation to the patient's illness. (e) The place of psychological factors—the stresses, strains, and suffocating frustrations of modern life and modes of living—in the causation and continuance of the patient's condition.

These then are some of the matters which we must look to. Attention to them will help us to establish for the patient not merely the fact of recovery and survival but an adjustment in his present human situation, so that once again he can discharge his duties to himself, his family, and the community of which he is a member.

World Problems

So far so good. We have provided for our own. We have yet to take account of the fact that, just as no man is an island unto himself, no country is so isolated and shut off that events within its boundaries may not affect the health of the world. Over the centuries the world changed slowly for our ancestors. To-day it is changing almost before our eyes, and is becoming more and more one world—a shrinking, pulsating, fabulous, and yet fascinating world. Within it, if we apply our modern yardsticks, we will find an infinity of differences between countries of economic development, of available human and natural resources, of educational levels, of facilities for transportation, of the distribution of animal and human disease. Many of the diseases in the under-

developed countries of the tropics have for the present-day inhabitants of these islands an exotic appearance, but I always seek to remind myself that in historical time we too have known their incidence.

We have experienced plague in the form of the Black Death and the visitations of the sixteenth and seventeenth centuries; leprosy, which taught us the first principles of isolation; cholera, which in the end brought us the benefits of potable water; smallpox, which filled our graveyards with the small mounds of 2-year-old children; malaria, which even in the memory of some now living was responsible with rheumatism for the bottle of laudanum on the fen farmer's mantelpiece—the sovereign cure for the shakes and aches. All these in time we have conquered, as we hope they will be suppressed if not eradicated elsewhere.

But these diseases, and many others, including the nutritional deficiencies and malnutrition and starvation are the present burden of half the world. There are countries which with the assistance of advancing science are beginning to find themselves in control of their health situation. There are others which are shackled and restrained in their endeavours to advance towards economic stability by the presence of these diseases and by their grave environmental deficiencies. There is thus a social context of medicine in these territories which is a challenge to the conscience of the world.

The United Nations seeks to answer that challenge working in the main through its specialized agencies, of which the World Health Organization is one and the leader in all that concerns health. In its turn using the methods of preventive medicine, the World Health Organization co-operates with, guides, and advises the countries which seek its assistance. And W.H.O. now numbers nearly 120 members and associate member states.

Medicine in its attempt to clear the way for those who will mobilize the country's natural resources, who will bring lands under cultivation so that an increasing population shall not fail of its subsistence, who will organize transportation so that the isolation of great tracts of territory may be reduced, who will bring through education and training the increased opportunities which will produce the native-born technicians, teachers, administrators, and governors—this is Medicine in its role of the great social co-emancipator.

For the time being this is a field in which every form of assistance is needed—economic above all, but with it understanding of the local difficulties, and appreciation of national aspirations and aims, and a knowledge of the existing deficiencies. Time prohibits me from dealing with more than one of these latter—but yet it is to my mind the most important.

It is the great dearth of personnel of every kind. A partial and temporary remedy lies in the assistance which can be given by those who are willing to set aside two or three years of their lives as a free-will offering to the establishment of a new country, and would blush to hear it described as an act of sacrifice or of personal dedication.

Ratio of Doctors to Population

It has been estimated that for a typical underdeveloped country of 10 million people the provision of a doctor/population ratio of 1 to 5,000 inhabitants would involve an annual out-turn from the medical

schools of 300 or more doctors per annum; this in turn would depend on the secondary schools passing out annually some seven to eight thousand more boys and girls at the standard of university entrance. We have only to apply these calculations to a continent to see the enormity of the problem that confronts the corporate mass of underdeveloped territories. In India there has been an enormous effort to meet existing and potential deficiencies. In 1948 there were 26 medical schools in the country; in 1955, 48; in 1960, 66; but the increasing population will need that number to be doubled before the end of the century. Even with this effort India has now approximately one physician for every 4,900 of its population, whereas in Europe there are countries where the ratio is 1 to 500, and the mode is of the order of 1 to 900.

It will be many years before the minimum physician/population ratio of 1 to 5,000 is universally achieved, and it must be borne in mind that concomitant with it there must be a corresponding or at any rate a related increase in the number of other health service personnel—nurses, sanitarians, and auxiliary staff. In advance there will also be the need to train the teachers of the future. All this will follow, given economic security, but in the meantime there is a vacuum to be filled. Is it an unfair question to ask whether in these circumstances the increasing demands of the developed countries for more and more medical staff and associated personnel should not be looked at carefully, and that we should consider first whether these men and women are being used to the best advantage and with the greatest possible economy of their time and talents? Should there not also be greater freedom of movement of personnel between this country and the emerging nations, so that no one who leaves these shores fired by missionary zeal and humanitarian ardour need be concerned unduly about his or her future when he or she returns again?

It was said of one of the luxury-loving peoples of the ancient world that they would give everything but themselves. No such accusation can be levelled against us, but the cry will be that those who have given should give even more abundantly.

Medicine is pleomorphic. It is a science—it is an art—it is also a mystique and has about it some of the traditions of the ancient mysteries. In every one of these manifestations it is the servant of the community. It is at present the great healer of the ills of individual men and women; it will become in greater measure the preventer of these ills. In the exercise of its broad humanitarianism it can do for peoples what it does for persons. It can become one of the great healers of the troubles and perturbations of our time—a social force with an ever-widening context.

“Public hearings were held recently [in the U.S.A.] by the House Committee on Interstate and Foreign Commerce on legislation to insure the proper care of laboratory animals and to prevent unnecessary experiments and unnecessary pain. Responsible researchers know that good care of animals is essential to valid experimentation. Nevertheless the thirst for scientific knowledge combined with human carelessness may sometimes result in laboratory conditions and procedures which do not meet the highest standards of medical research. Bills introduced in the Senate and House during the past session were patterned on legislation enacted in England 86 years ago. The British example, which has not hampered fruitful medical research, should be followed here.” (*New York Times*, October 27.)