

SOCIOLOGY AND MEDICINE

The problems of sociology are, in most instances, problems of preventive medicine, and many of the problems of preventive medicine resolve themselves into sociologic questions. The cure of disease in its larger aspect lies in its prevention in the individual, the community, the state. Medicine in its practical application must inevitably become almost wholly a problem of prevention. This involves its operation on the mass rather than the individual, and, therefore, it becomes a sociologic problem, with the knowledge acquired through the study of pure science to aid in its solution. Waiting for disease to arise in the individual, and then attacking it, involves an enormous economic waste, a waste of time, energy, earnings, efficiency, of life itself, to say nothing of the suffering, which causes a waste of nerve force, or of the tax on those immediately surrounding the individual and charged with his care. Likewise, philanthropy, state or private, directed to the relief of individual suffering and disease due directly or indirectly to faulty sociologic or industrial conditions, even though at present commendable and necessary from the humanitarian standpoint, means a tremendous waste. The vast public appropriations for hospitals and sanatoriums for the care of individuals suffering from contagious and infectious diseases—tuberculosis for instance—when weighed against prevention really constitute a waste. Prevention means the saving of most of this waste.

As great strides are being made in the acquisition of ultimate scientific knowledge, so also real progress is being made on the side of preventive medicine involving sociologic questions. A mere enumeration of some of the enacted and proposed legislative measures along the lines of public health and welfare will illustrate the point. The national Food and Drugs Act, supplemented by state and municipal enactments concerning milk and other foods; quarantine laws, the reporting and supervision of epidemic and other contagious and infectious diseases; compulsory vaccination; the investigation and regulating of public water-supplies, sewage disposal, etc., and, coming more truly within the realm of the sociologic, child labor laws, and laws concerning minimum wage and minimum hours of labor for both men and women; employers' liability laws; laws compelling the employment of safety devices in industrial pursuits; laws against the use of injurious chemicals in the arts; the establishment of public playgrounds; laws regulating the building of tenements, factories, etc., providing for proper light and air space; school inspection and open-air schools; laws to secure better housing conditions, better hygienic conditions in prisons, etc., and for the regulation or prevention of the social vices—all of these are problems of preventive medicine. Many of these measures have been enacted into laws and carried into effect either nationally or locally, and most of these topics are at the present time the subject of active agitation in the newspapers, in the magazines, in medical and sociologic associations, in congress or in the legislatures.

Seemingly, a good deal has been accomplished along these lines, but really only a beginning has been made. The problems of prevention may never attain complete solution, just as medicine may never become an exact science; but in both we are surely progressing. The sociologic problems of preventive medicine which have attained partial solution so far have been solved by the strenuous fighting of the physicians—the scientists—aided by the sociologists, advanced thinkers, the so-called theorists or reformers, who have had to contend every inch of the way against the reactionaries who have failed to see their own real interests. More recently, however, the practical mind has been made to see the material advantage in measures that were formerly thought to be merely visionary: and so we find a more liberal and tractable attitude on the part of councils, legislatures and congresses, corporations and individuals along lines that make for the public health and welfare, such as improvement in factory and other industrial conditions, the prevention of injuries, first aid, sick benefits, workmen's compensation laws, shorter hours of labor, minimum wage questions, and better housing conditions; and, in addition, we have the tremendous public activity in general hygienic and health matters.

In many of these measures of prevention we are behind foreign countries, as in the protection of workmen from injury and from occupational diseases in industrial pursuits, and in employers' liability and workmen's compensation laws. But the importance and justice of these things are becoming recognized by the employers of labor here, who realize that they have no moral right to exploit their employees under unhygienic or dangerous conditions to life and limb, and throw on the community the burden of caring for incapacitated wage-earners or their dependents. The injustice of this policy has reached the point of national recognition, and the President in 1910 approved a resolution adopted by Congress, calling for an official investigation of this matter. Opposition to such beneficent measures will, of course, always exist, and reactionary measures will be attempted, as in the instance of the efforts to abolish the tuberculin test of cattle in Illinois and Wisconsin, and the recent opposition of the secretary of the Illinois Manufacturers' Association to the limitation of the hours of labor of women in all occupations in Illinois to fifty-four hours a week. But the tide of progress in these sociologic measures of preventive medicine cannot be permanently stemmed, and along with legislation for a national department of public health—another measure whose object is prevention—they will be adopted sooner or later. Progress in knowledge is never along direct lines, but always in zigzags, which nevertheless end farther forward than where they started.

JAMA. 1911;56(15):1111-1112.

Editor's Note: JAMA 100 Years Ago is transcribed verbatim from articles published a century ago, unless otherwise noted.

JAMA 100 Years Ago Section Editor: Jennifer Reiling, Assistant Editor.