

Social medicine in Europe and Sweden -- an historical perspective

- When began medicine to be social?
- When began social life to be medical?
- The socialisation of medicine or the medicalisation of social life?

When was social medicine invented?

- As a concept?
- As a word?

As a concept

- Age of Enlightenment (the insight that death and diseases were non-random phenomena)
- Cameralism/mercantilism (how to increase the population)

“Social medicine” before social medicine (non-physicians)

- Daniel Defoe (1660-1731): proposal for health insurance
- John Bellers (1654-1725): plan for a national health service
- Lemuel Shattuck (1793-1859): pioneer of prevention in USA
- Edwin Chadwick (1800-1890): technical and hygienic measures against ill health
- Otto Bismarck (1815-1898): Mandatory health insurance

“Social medicine” before social medicine (physicians)



- B Ramazzini 1633-1714 (thesis about work related diseases)



- J P Frank 1745-1821 (Akademische Rede vom Volkseleud als der Mutter der Krankheiten; System einer vollständigen medicinischer Polizey)

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Frankfort-on-Main



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Johann Peter Frank



System einer
vollständigen
medizinischer
Polizey

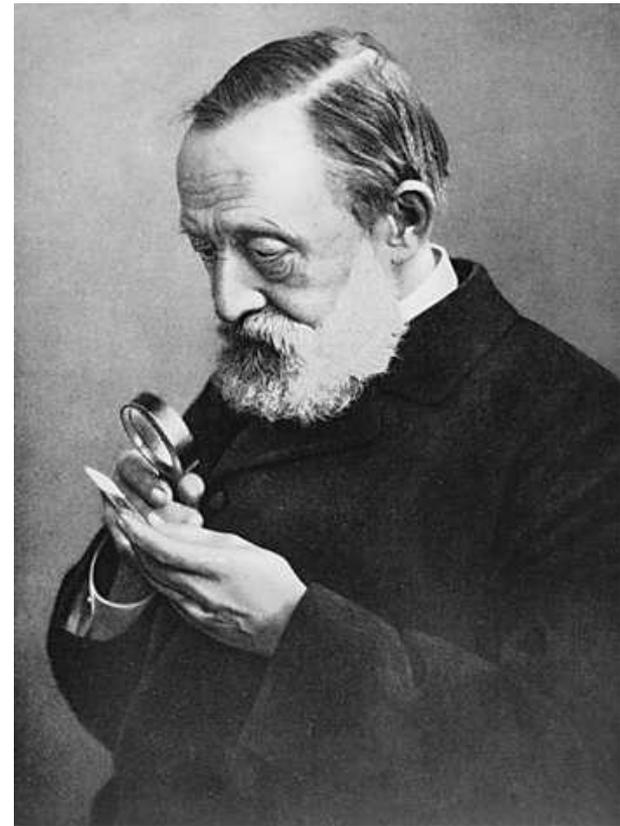
(1779-1819)

Médecine social/Social medicine

Jules Guérin invented the word



Rudolf Virchow developed the content



1848

- Worldwide cholera epidemic
- Uprisings in Berlin, Paris, Vienna, Palermo, Milan, Naples, Rome, Warsaw, Prague, Budapest
- Second Sikh war against the British in India
- Rudolf Virchow founds the medical journal "Die Medizinische Reform"
- First Public Health Act in Britain
- American Medical Association sets up a Public Hygiene committee to address public health issues
- First Women's Rights Convention in USA
- Henry Thoreau publishes "Civil disobedience"
- Marx & Engels publish "The Communist Manifesto"

As a word

Jules Guérin was the first to use the word “social medicin” (médecine social) in a text, 1848



Jules René G. Guérin

Instead of the irresolute and badly coordinated advances to the problem which have been known under labels as medical police, public health and forensic medicine now is the time to collect them all in an organised whole and raise them to the highest level under the name of social medicine [médecine social], which better will express their ambitions.

(Gazette médical de Paris, 11 mars 1848)

End of the article

In truth, social medicine is the key to the burning questions in this time of rebirth, and this declaration ought to be the marching orders for the medical profession. *Social medicine, in the government's service, will from now on be leading over the truly scientific medicine.*

Rudolf Virchow



*„Die Medizin ist
eine soziale
Wissenschaft, und
die Politik ist
weiter nichts, als
Medizin im
Grossen“
(1848)*

Typhus epidemic in Upper Silesia

- Epidemic of relapsing fever among coal miners and their families in Prussian province of Upper Silesia in Feb/March 1848
- Tradition to send a junior lecturer to investigate the problem, write a report, and shelve it
- Virchow spent 3 weeks in early 1848 investigating the Polish families and their conditions in Silesia
- Virchow's findings and report earned him notoriety as a progressive leader in Germany, gave birth to the social medicine movement, and altered the trajectory of his career

Report on the Typhus Epidemic in Upper Silesia, 1848

- Geographical, anthropologic, and social account of Silesia
- Description of housing, education, diet, drinking, medical beliefs
- Analysis of the role of the Catholic church, and perpetuation of caste-like social stratification
- Detailed clinical account of typhus, nine case descriptions, five autopsy reports
- Assesses validity and accuracy of available health statistics of typhus
- Analyzes morbidity and mortality of typhus by age, sex, occupation, social class

Conclusions of Report on the Typhus Epidemic in Upper Silesia, 1848

- Virchow reported that the underlying causes of the epidemic were more social than medical
- Economic and political conditions in Upper Silesia played a significant role
- The conditions in which the workers were forced to live, particularly bad housing with malnutrition, that made them vulnerable to disease

Rudolf Virchow 1821-1902

Topics in "Die medizinischer Reform"

- The right to work
- The importance of social factors on health
- The responsibility of the society to protect health
- Research on social and economic conditions relating to health
- To improve health not only medical but social interventions are needed

Rudolf Virchow

- “Medicine is a social science and politics is nothing but medicine in a grand scale”
- “The physicians are the natural defender of the poor and social problem must be solved by them”
- “Medical statistics will be our standard measure . We will count life by life and look after where the death will be most dense, among the workers or among the privileged”

Virchow's career

- A pathologist and medical school lecturer in Berlin
- Pioneer in establishing cell doctrine in pathology and effects of disease in the human body
- He coined the terms *thrombus* and *embolus*, *leukocytosis* and *leukemia*, *amyloid* and *heme pigments*, “Virchow's node”
- Discovered the pathophysiology of trichinosis, called for compulsory meat inspection in Germany
- Designed and supervised Berlin sewage system
- Never accepted the simple causal relationship between bacterium and disease (Koch)

Virchow and the birth of Social Medicine

He advocated that medicine be reformed on the basis of three principles:

1. That the health of the people is a matter of direct social concern
2. That social and economic conditions have an important effect on health and disease and that these relations must be subjected to scientific investigation
3. That the measures take to promote health and to combat disease must be social as well as medical

(The Medical Reform, 1848)

Virchow's contemporaries

- Max von Pettenkoffer – dogged resistance to the theories of Pasteur and Koch that bacterium was necessary and sufficient
- Alfred Grotjahn – rescued insistence on social factors other than hygiene from developing into solely a movement for sanitary reform, as it had in UK
- Social Medicine spread throughout continental Europe in late 1880s, social medicine incorporated into medical education and practice in Czechoslovakia, France, Belgium and later USSR

Grotjahn's *Social Pathology*, 1911

- The significance of a disease is determined by the frequency in which it occurs. Medical statistics are therefore the basis for any investigation of social pathology.
- The etiology of disease is biological and social.
- Not only are the origins of disease determined by social factors, but these diseases may in turn exert an influence on social conditions.
- It must be established whether medical treatment can exert an appreciable influence on its prevalence, if this is negligible we must attempt to prevent diseases or influence their course by social measures. This requires attention to the social and economic environment of the patient.

Important figures in Social Medicine

- France – Cabanis, Villerme, Guepin [“Illness is determined by the errors of society” 1804]
- England – Thackrah, Chadwik, Engels [*Inquiry into the Sanitary Condition of the Labouring Population of Great Britain*, 1842]
- Germany – Virchow, Neumann, Leubuscher
- USA – L Shattuk, CEA Winslow
- Chile - Salvador Allende

The first professors in social medicine

- 1918 JM Baart de la Faille, Utrecht
- 1920 Jacques Parisot, Nancy
- 1920 Alfred Grothjahn, Berlin
- 1939 Andrija Stampar, Zagreb
- 1943 John Ryle, Oxford
- 1944 Thomas McKeown, Birmingham
- 1944 FAE Crew, Edinburgh
- 1945 (1936) René Sand, Brussels
- 1947 AC Stevenson, Belfast
- 1949 W Hobson, Sheffield

Early Swedish chairs in “social medicine”

- 1874 General hygiene (Karolinska)
- 1899 General pathology, bacteriology and hygiene (Lund)
- 1911 Hygiene and bacteriology (Uppsala)

Etymology

Socialmedicin (from German Sozialmedicin)

Earliest instances:

- Socialmedicin 1935
- Socialmedicinare 1955
- Socialmedicinsk 1924

Socialmedicinsk tidskrift

- Founded in 1924 by a private practitioner in Stockholm (Waldemar Gårdlund)
- *”... the intention is to report information regarding social medicine both to physicians and lay people, and treat all sorts of social questions where medical knowledge is of great importance, e.g. social insurance, building of hospitals, the position of private practitioners, the Red Cross activities etc.*

”Besides what already have been said there is another subject field which could be called *medical sociology* or *community medicine*.

Included here is e.g.the organisation of our health care as hospitals, sanatoria, asylums, tuberculosis clinics, child welfare centres, social welfare offices, population and health care statistics and medical law.”

[Teachers’ staff at Karolinska institute 1933]

Socialmedicin enligt 1948 års läkarutbildningsakkord

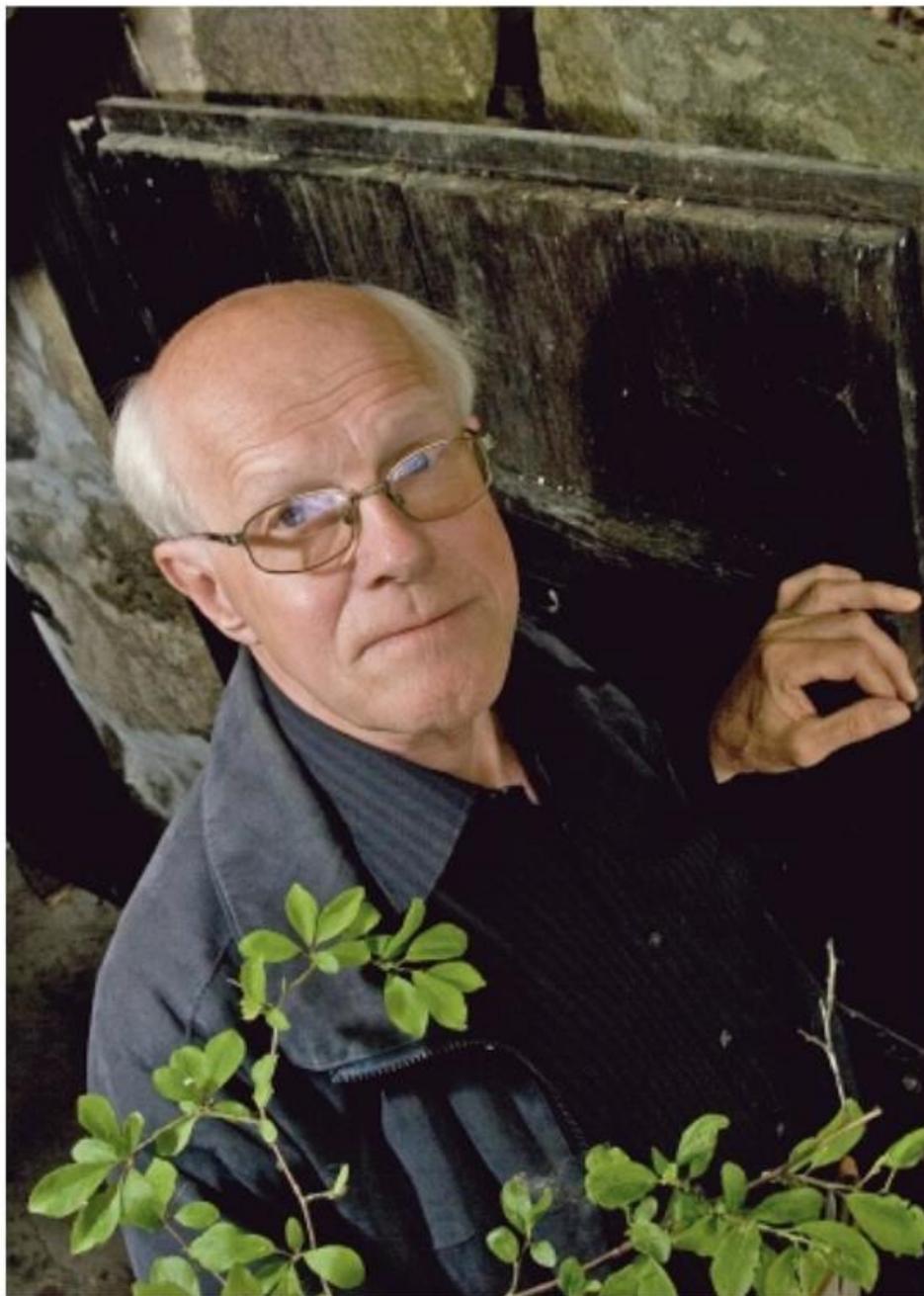
”*Social medicin* includes all human factors regarding their social life as well as the factors in the structure of the society which affects the health of the public. All efforts to improve the health of individuals and groups are thus included.

The association of socialistic physicians (1932-1981)

- Gunnar Inghe
- Skå-Gustav Jonsson
- Johan Takman
- Nils Bejerot
- PC Jersild
- Mårten Hauffman
- Gunnar Ågren
- Christer Hogstedt
- Harry Boström

Socialisc physician (outside social medicin)

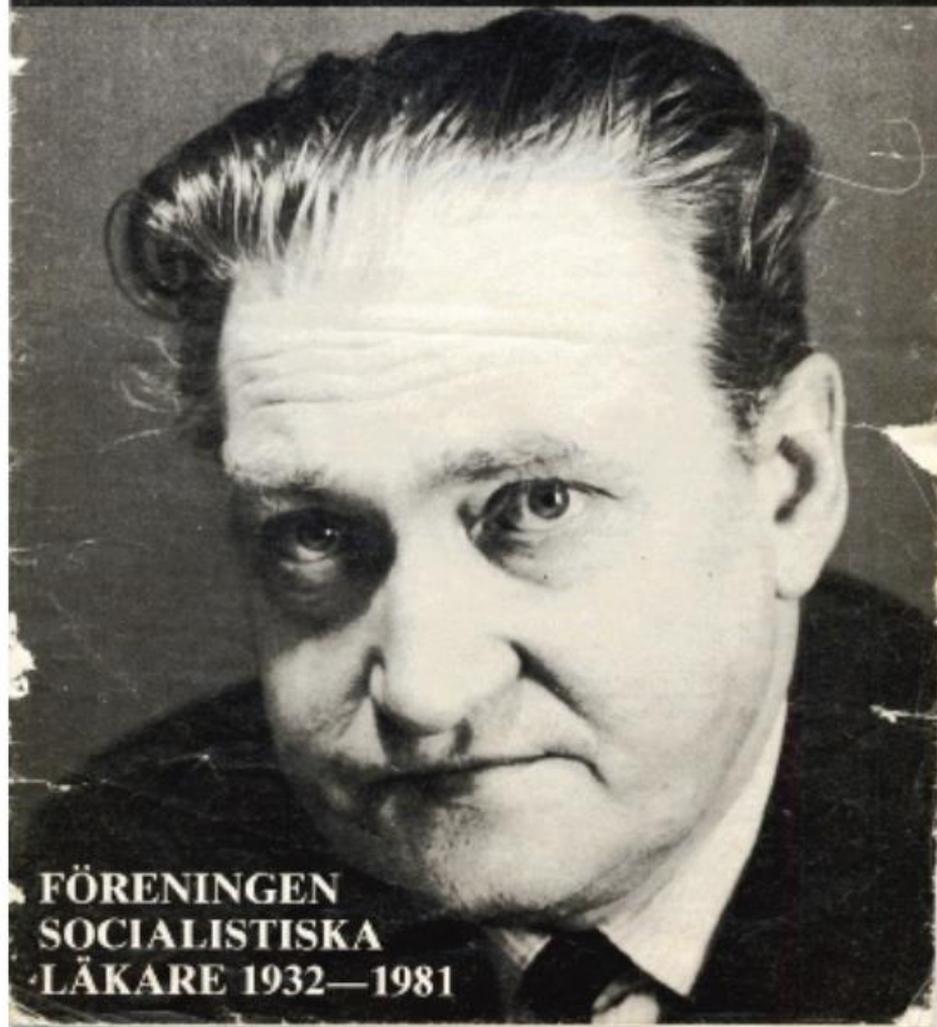
- Gunnar Bylin (lung medicine), chairman of the "new" Swedish Communist Party (SKP)
- The initiator of the FNL-movement in Sverige (1965): Åsa Hallström (child psychiatry), Sköld Peter Matthis (ophthalmology)



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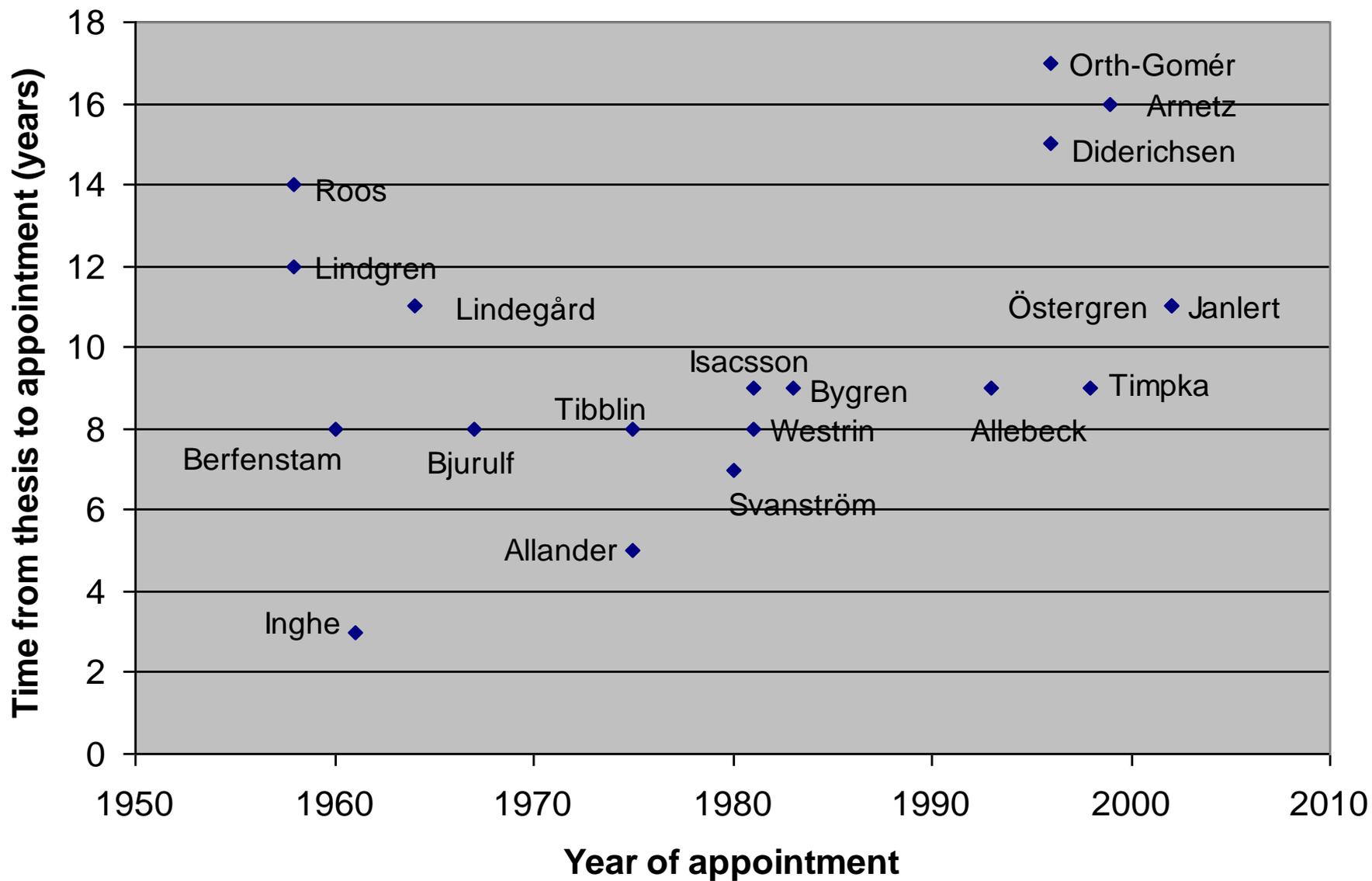


FÖRENINGEN
SOCIALISTISKA
LÄKARE 1932—1981

The first Swedish chairs in social medicine

- 1958 Göteborg, Lund (Roos, Lindgren)
- 1960 Umeå (Berfenstam)
- 1961 Uppsala (Berfenstam)
- 1963, 1975 Karolinska (Inghe, Allander)
- 1969 Linköping (Bjurulf)

From dissertation to professorship



Subject of the theses for the first professors

Bertil Roos	Über die Karies des Milchgebisses bei Kleinkindern – Mit besonderer Berücksichtigung der Bedeutung einiger sozialer und medizinischer Faktoren (1944)
Gunnar Lindgren	Autoxidation of diethyl ether and its inhibition by diphenylamine – A chemical, biological and clinical study of some practically important problems concerning the protection of anesthetic ether against disintegration (1946)
Ragnar Berfenstam	Studies on blood zinc – A clinical and experimental investigation into the zinc content of plasma and blood corpuscles with special reference to infancy (1952)
Gunnar Inghe	Mental and physical illness among paupers in Stockholm (1958)
Erik Allander	A population survey of rheumatoid arthritis – epidemiological aspects of the syndrome, its pattern, and effect on gainful employment (1970)
Per Bjurulf	Atherosclerosis and body-build – with special reference to size and number of subcutaneous fat cells (1959)

Profiles of departments of social medicine

City	Focus areas
Lund	Social network, social capital
Göteborg	Health service research, alcohol
Linköping	Insurance medicine, clinical social medicine
Stockholm	Pauperism, epidemiology,
Uppsala	Injury research, health service research
Umeå	Health service research

The chronology of specialisation

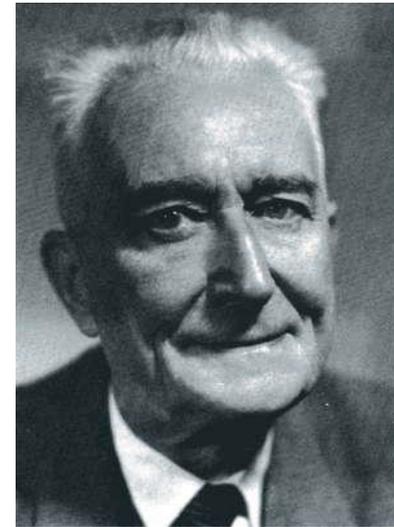
1915	1960	1969	1974	1992	1996	2006
Läkarbehörighet regleras i lag	Första lagregleringen av medicinska specialiteter, 28 st	NLV inrättas. Nya specialiter, totalt 44 st	Socialmedicinen blir behörighetsämne	Ny specialistförteckning, 60 st (inkl. socialmedicin)	Utvidning med två nya specialiteter totalt 62 st	Ny specialistindelning, totalt 56 specialiter. Socialmedicin blir basspecialitet

Andrija Stampar, 1888-1958



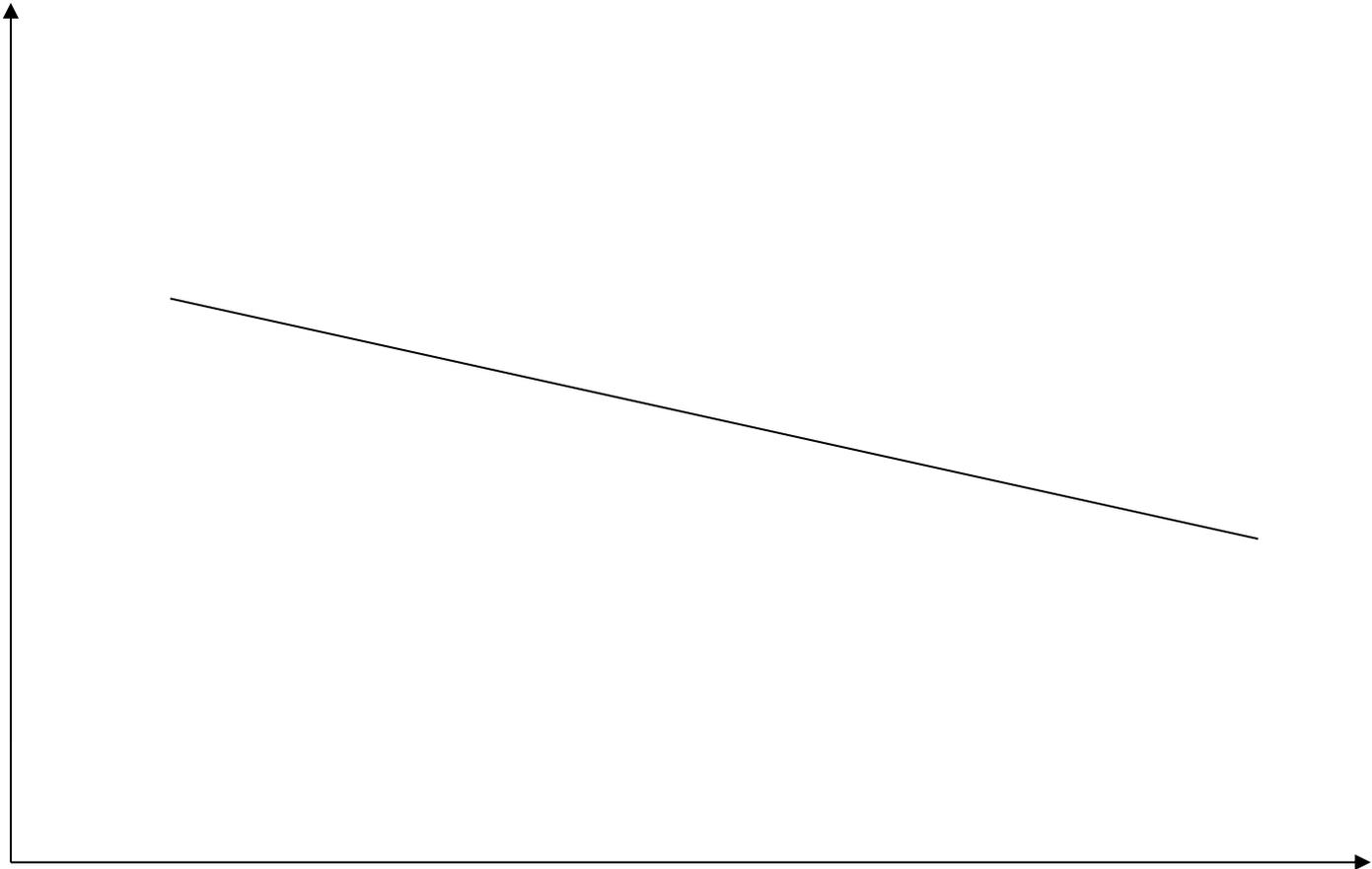
countryside
village and society
bottom-up
"folkloreisation"
antropology
critical to medical doctors

René Sand, 1877-1953



town
work and family
top-down
marketing
positivist
positiv to medical doctors

Mortality



Health insurance coverage

[Winegarden & Murray 1998]

Introduction of compulsory health insurance

1883 Germany

1888 Austria & Hungary

1901 Luxemburg

1909 Norway

1910 Serbia

1911 Great Britain, Russia,
Switzerland, Irish free
state, France

1912 Roumania, Estonia

1918 Bulgaria

1919 Czechoslovakia,
Portugal

1920 Poland

1921 Austria

1922 Kingdom of Serbs,
Croats and Slovenes,
Greece, Soviet Union,
Latvia

1925 Lithuania, Italy

1955 Sweden

Health insurance made it possible

- To get medical care
- To avoid hard work during the disease period
- To reduce passing on the infection to others

1940

1960

1980

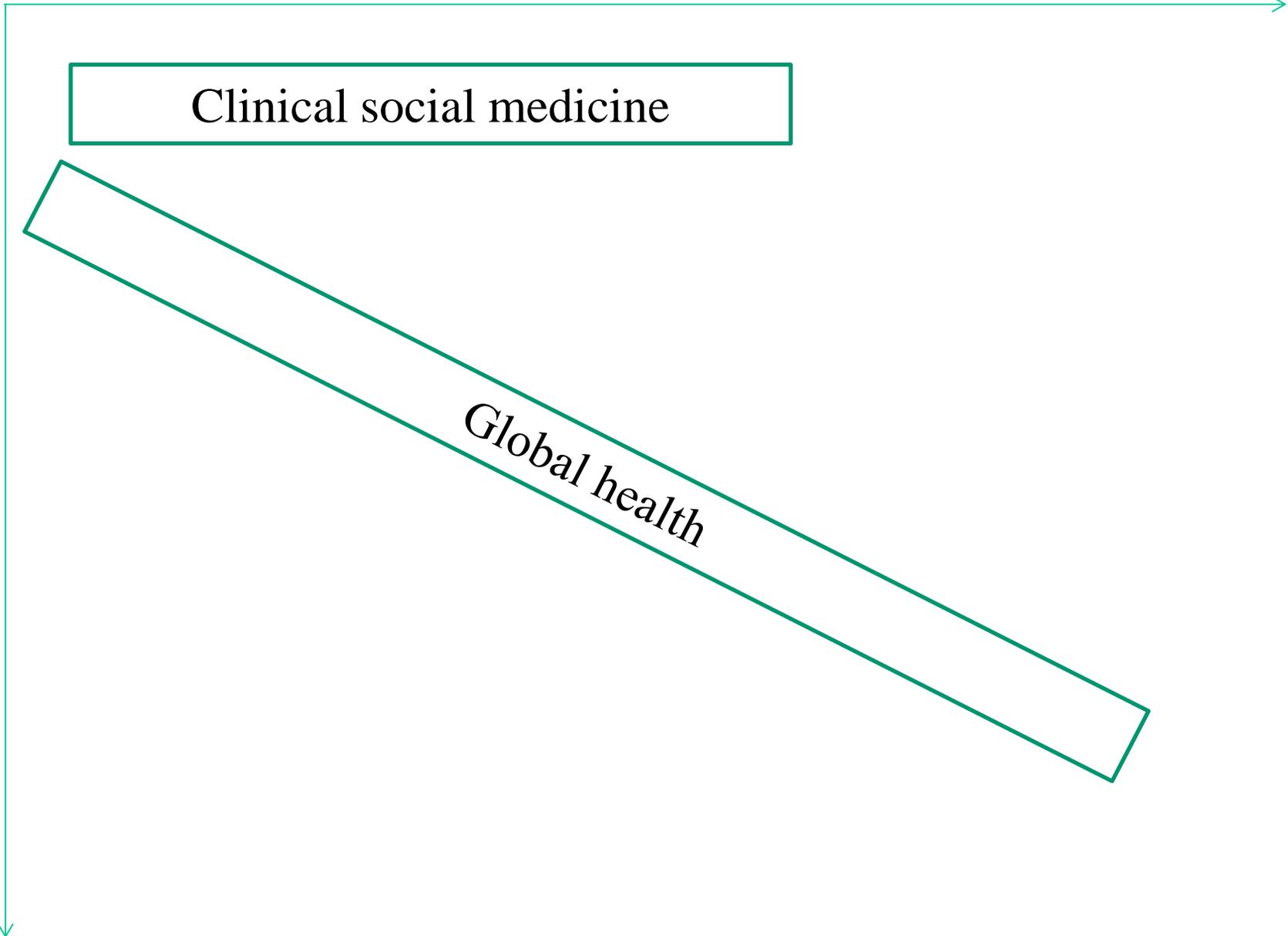
2000

Individ

Clinical social medicine

Global health

Society



1940

1960

1980

2000

Individ

Society

Health service research

Epidemiology

Health economics

Insurance medicine

Equity in health