

# ANNOTATIONS

## THE SOCIAL COMPONENT IN MEDICAL CARE: A STUDY OF ONE HUNDRED CASES FROM THE PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK<sup>1</sup>

To determine more accurately the part played by social influences in the development of ill health, in the progress of curative measures, and in the adjustment to chronic disease, is the primary aim of the studies recorded in *THE SOCIAL COMPONENT IN MEDICAL CARE*. Two kinds of social factors are especially considered: (1) those affecting the patient's subsistence or survival, and (2) those affecting his satisfaction with his place and part in life.

The hundred cases forming the basis of this analysis were selected as alternate ward patients admitted over a period of seven and a half months to the Presbyterian Hospital. They represented chiefly a group of young and middle-aged persons (fifty-six males), largely English-speaking American citizens, cared for in the usual way by members of the professional staff of the hospital, assisted by the customary technical and adjunct services. Two workers were added to the social service staff to assemble the social data and to carry out the social treatment. Protected from undue pressure of routine duties, they were able to secure as full and reliable information as possible, and to discuss it point by point with the physicians.

Detailed case histories are cited under the various classifications of cases grouped by prognosis and diagnosis. Fourteen were classed as acute, twenty-four as recurrent, forty-nine as chronic, eight as chronic-terminal, and five without organic diseases. These histories are followed

<sup>1</sup> Thornton, Janet (in collaboration with Marjorie Strauss Knauth, M.D.): *THE SOCIAL COMPONENT IN MEDICAL CARE: A STUDY OF ONE HUNDRED CASES FROM THE PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK*. New York, Columbia University Press, 1937. 411 pp. \$3.00.

by descriptions of adverse social factors associated with individual problems of ill health affecting subsistence and satisfaction. Sickness and disability experienced by forty-nine patients appeared to be caused solely by organic diseases, chiefly infections, malignant growths, and metabolic disturbances. Evidence in forty-seven other cases (data for four incomplete) made it appear likely, though not always certain, that social factors led to physical strain, deprivation, or dissatisfaction which may have contributed to the development of disability.

While serious organic damage was found in forty of these patients and was regarded as the major cause of their disability, it appeared probable that in twenty-three this organic damage was accelerated or intensified by strain of deprivation. In eight, strain resulting in chronic fatigue, or deprivation resulting in malnutrition, or a combination of these lowered resistance and may have influenced the onset of disease. The following comment is noteworthy regarding twenty-two diseased patients: "We mean here explicitly that these dissatisfied patients had less energy available to spend, and wasted much of what was left in their disease-impaired organisms, because of dissatisfaction, as a result of which they were sicker patients than others equally or even more damaged by disease."<sup>2</sup>

Unfavorable social factors were more frequently relevant to the health problem in the groups of recurrent and chronic cases than in the acute. Of course, the hospital resources are especially designed for patients in acute stages of disease and such care in the hospital helps to forestall social problems in the home or prevents them from complicating the problem of care for the sick person. Rapidity of onset and termination of the disease with early return to normal functioning lessens liability that adverse social factors may play a large part in prevention of recovery. On the other hand, recurrent and chronic cases are characterized by more prolonged disability, and by need of a greater degree of adjustment

<sup>2</sup> Frequency of unfavorable social factors thought to have affected development of disability in forty-seven instances:

Undue Effort to Earn Subsistence	30
Inadequacy of Means	21
Habits Unfavorable to Maintaining Health	19
Lack of Satisfying Social Status	15
Unfavorable Habitat and Locality	14
Incompatibility and Friction	11
Inadequate Shelter	11
Lack of Satisfying Work	10
Lack of Personal Service	6
Lack of Satisfying Recreation and Sociable Life	6

involving adverse influences from the patient's personality and his social environment, become more significant in the medical problem.

While social factors have been previously recognized as important in relation to medical care, the formulation of procedures has not been as complete for a thorough exploration of the social make-up as of the organic make-up. By use of the case method for the teaching of medical and nursing students in a few institutions, attention has been directed to the social aspects of medical care, and the complexity of chronic social conditions has been revealed while also observing chronic disease conditions. But the implications of many social influences have not been fully recognized or understood.

From the standpoint of the medical practitioner, it may be observed that this distribution of types of cases represents a hospital ward cross-section rather than a community-wide picture of social problems which may complicate the medical care of cases observed outside of the hospital wards. Conclusions drawn, however, are highly valuable as additions to the knowledge derived from medical social work, and from considerations of the various causes of depletion of body substance, fatigue and emotional tension. These manifestations seem of special importance in aggravating disability already started by organic disease. Adverse social factors thus apparently have significance in medical care chiefly because of their power to disable; and the claim is made that these factors expressed as deprivations, strains, and dissatisfactions have physiological effects. Convincing evidence is given that disability can be decreased by controlling adverse social factors affecting individual patients. For sound future development, it is urged that more accurate and concise terms be invented for expressing social factors and remedial measures, and that such terms come to be the habitual mode of expression of all who engage in the social work of medical institutions.

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## THE CONTROL OF PNEUMONIA

THE final report of the Pneumonia Study in Massachusetts<sup>1</sup> conducted from January 1, 1931 to the end of 1935 by the Department of Public Health should be of interest because the control of pneumonia is becom-

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<sup>1</sup> Heffron, Roderick and Robinson, Elliott S.: Final Report of the Massachusetts Pneumonia Study and Service, 1931-1935. *The Commonwealth*, January-March, 1937, 24, No. 1.