



Gladys M. Keener
Executive Editor

AAAS EDITORIAL BOARD
(Terms expire June 30, 1952)

Howard A. Meyerhoff, **Chairman**

William R. Amberson Karl Lark-Horovitz

Bentley Glass Lorin J. Mullins

Walter J. Nickerson

F. A. Moulton, Advertising Representative

Anthropology in Medicine

SOCIAL anthropologists and other social scientists have been doing unusual things of late: participating with physicians in conferences on social medicine, teaching in medical schools, working with public health services in Peru, studying the social structure of hospitals, interviewing patients about to undergo plastic surgery, and doing psychotherapy with Plains Indians. These activities are indicative of a tentative liaison between social science and medicine; but as yet there has been little real intercommunication.

The interest shown by physicians in the psychological and social concomitants of bodily disease reflects the apparent increase in the incidence of chronic physical and mental illness, and reawakened interest in the multiple stress and multicausal aspects of disease. Physicians seek emotional correlates of organic illness and emphasize the stresses placed on man by nature, culture, and society. Psychiatrists, especially psychoanalysts, look for the organic correlates of emotional illness and see culture as part of the outer layers of personality that must be peeled back to get at deeper unconscious emotional constellations. The anthropologist must protest both such formulations of culture: the former as setting man in opposition to society, the latter as not recognizing that culture is, from the moment of birth, built into the conscious and unconscious structure of the personality.

John Ryle, in his *Changing Disciplines*, speaks of our "modern endemics" and says, "In the midst of great social changes we have not succeeded in registering and explaining the accompanying changes in the quantity and quality of many of our main diseases." It is not those in the lowest social strata that are most subject to modern endemic disorders. The pattern of socioeconomic incidence of diabetes, coronary disease, hypertensive disorders, and gastric and peptic ulcer does not conform to the socioeconomic pattern of tuberculosis or infant mortality. The future should show much closer collaboration between social science

and medicine in the investigation of multiple stress illnesses.

Disease and the practice of medicine are of interest to social scientists. One problem is centered in the study of the hospital as a social system. Unlike almost any other institution in our society, a hospital permits little upward movement: no aide can ever become a technician, no technician can become a nurse, and no nurse can become a doctor. If an individual wishes to change his occupational class, he must leave the system for prolonged training before returning at a higher level. Such a social structure has important effects on the nature and flow of communication through the system.

This problem in communication is of particular importance in mental hospitals, where the illnesses of most patients are rooted in the pathology of interpersonal relations. In its historical development, the mental hospital took over the formal structure of the general hospital; yet it seems likely that the rigid and custodial character of most mental hospitals is not the most satisfactory setting within which to study and treat patients suffering from difficulties in getting along with their fellow-men. The patient's behavior has meaning in terms of the immediate interpersonal situation, and is not to be derived entirely from his past history or from an unconscious that is isolated from reality.

A great many patients now admitted to our mental hospitals might fare better under ambulatory treatment. At the same time, many patients must temporarily be removed from the anxiety-provoking setting of the home. This dilemma raises many theoretical and practical problems, and seems to call for collaborative research between social science and psychiatry on other types of environmental settings that might be more conducive to successful psychotherapeutic treatment.

WILLIAM CAUDILL

*Department of Psychiatry and Mental Hygiene
Yale University*

SCIENCE, founded in 1880, is published each Friday by the American Association for the Advancement of Science at the Business Press, 10 McGovern Ave., Lancaster, Pa. Entered as second-class matter at the Post Office at Lancaster, Pa., January 13, 1948, under the Act of March 3, 1879. Acceptance for mailing at the special rate postage provided for in the Act of February 28, 1925, embodied in Paragraph (d-2) Section 34.40 P. L. & R. of 1948.

All correspondence should be sent to SCIENCE, 1515 Massachusetts Ave., N.W., Washington 5, D. C. The AAAS assumes no responsibility for the safety of manuscripts or for the opinions expressed by contributors. Four weeks' notice

is required for change of address, and an address stencil label from a recent issue must be furnished. Claims for a missing number will be allowed only if received within 60 days from date of issue.

Annual subscriptions, \$7.50; single copies, \$.25; foreign postage, outside the Pan-American Union, \$1.00; Canadian postage, \$.50. Special rates to members of the AAAS.

The AAAS also publishes THE SCIENTIFIC MONTHLY. Subscription and advertising rates on request.

Cable address: ADVANGESCII.