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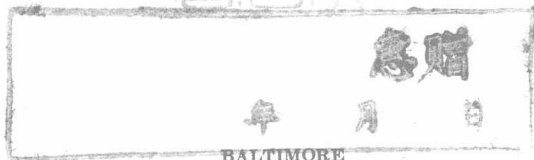
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SOCIAL WORKERS

Edited by

WILLIAM MATTHEW CHAMPION, A.B., M.D.

With the assistance of the Contributors from the Faculty of
Western Reserve University School of Medicine, Cleveland, Ohio
whose names appear on the following page.



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PREFACE

It is well known that sickness is an important cause of economic insecurity and social maladjustment. Problems resulting from illness in relationship to people and to the communities in which they live are constantly being encountered by the social worker. He is in a position to put individuals in touch with facilities for medical care, and to aid these individuals in the adjustment of personal and environmental factors which maintain health or effect recovery from sickness. Participation of the social worker with others in the development of adequate health and medical care programs is another activity which requires the application of medical knowledge. The social worker needs to have an accurate understanding of the facts about disease and medical care which will enable him not only to perform effectively but also to coöperate with physicians and with medical and public health agencies in the care and prevention of illness.

A medical book especially adapted to the needs of the social worker has long been needed. "Medical Information for Social Workers" will furnish the practising social worker with information about diseases having definite social implications and will serve also as a reference and textbook for medical courses in schools of social work. It will be helpful to instructors to use as a guide in organizing these courses and in planning medical lectures. The bibliography furnishes sources for further study to supplement the information contained in the text.

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INTRODUCTION

WILLIAM M. CHAMPION, M.D.

The purpose of this book is to enlighten beginners in social work and to enrich the medical knowledge at the command of the more mature social worker. It has grown from experience gained in teaching the subject at the School of Applied Social Sciences at Western Reserve University, and the contributors to the book are those physicians who have given the course of instruction.

The book is designed primarily for social workers. It does not represent an off-shoot of a medical course for nurses. The approach of the social worker to medicine differs radically from that of the nurse.

Medicine is a science and as such is a highly complicated and very broad subject. The social-work student cannot therefore be expected to learn everything about medicine. But such students are urged to acquaint themselves as much as possible, by outside reading, with physiology and anatomy. At the School of Applied Social Sciences, students are encouraged to copy diagrams from selected books and hand these in for correction together with answers to questions designed to bring out the physiological relationships of the parts studied. In the Appendix of this book will be found samples of a few of these exercises. In this way the student becomes acquainted with essential facts that aid in clarifying the subject.

In discussing the various diseases, each physician attempts to give a brief but adequate sketch of each disease, followed by

an elaboration of those features that will be of the greatest value to the social-work student. The scientific and popular names of the disease are given. The more obvious and easily discernible signs and symptoms are presented. The etiology or cause of the disease is discussed, together with the manner by which it is acquired. The mode of transmission of communicable disease is important to the social worker and this is pointed out. Included in the discussion of treatment is the consideration of prevention. The general purpose of the treatment is stated. The social worker is told what the treatment aims to do. The nature of the treatment is explained without too much amplification of the strictly technical features.

Effects of the various drugs and the dosage are omitted. It is much more to the point to emphasize the need of providing a means for the patient to procure the necessary remedies and to assist in the treatment by encouraging and helping the patient to carry out the treatment prescribed. In this latter sense, treatment has a broader significance and includes the adjustment of the physical conditions of the environment to the needs of the patient. The ultimate outcome of the disease, the prognosis, is of the greatest importance to the social worker in making plans for the client. Considerable emphasis is placed on this angle of the discussion.

To sum up the points that the student is expected to know about each disease: the scientific name, the common signs and symptoms, the etiology, the cure and prevention, and finally the prognosis.

It was thought best to place the group of lectures devoted to diseases of the adult immediately after the two introductory lectures. Such conditions as heart disease, syphilis and tuber-

culosis are met frequently in the student's field work. In addition, many of the more fundamental medical principles are better demonstrated and understood in the adult than in the child.

The pediatric section is placed next. Feeding and nutritional problems are followed by a discussion of the more common diseases of the early period of life. The discussions on surgery that follow take up only those conditions with a definite medical-social significance. The more specialized fields of gynecology, orthopedics, obstetrics and the like conclude the book.

It is beyond the scope of this book to teach social workers how to recognize certain diseases, how to estimate the physical capacity of the patient to do his work, how to apply remedies prescribed by the doctor, how to adjust apparatus on fractured or deformed parts of the body, or how to aid a client in a medical emergency beyond that which a reasonably informed person should be able to do. Social workers, however, often render a service that is invaluable to the doctor and to the client—workers, that is, who have acquired through long experience a certain critical sense that enables them to express opinions and to render services that are ordinarily reserved for the doctor or the nurse. To assume such functions may sometimes be a necessary part of a social worker's adaptation to the demands of his position if he is working in a rural community, but to expect every social worker to be able to perform the duties of other professional workers is unreasonable.

For further information about medicine, the reader is referred to medical textbooks. Books intended for nurses are frequently of more value to the social worker than books

written for doctors because the material is presented in a simplified form. The reading of medical periodicals and pamphlets designed for the layman furnish another source of medical information with which the social worker should be familiar. The facilities of the medical libraries in the community should be available for use by the social worker. It is well to learn to use such libraries for reference reading on the more obscure disease conditions.

A reference bibliography is furnished in the Appendix. While this is in no sense complete, it indicates the type of reference that is recommended. It will be noticed that it lists not only books on medical subjects but also material on the basic sciences.

CHAPTER I

THE SOCIAL WORKER'S NEED FOR MEDICAL INFORMATION

WILLIAM M. CHAMPION, M.D.

The duties and problems encountered in the practice of the social sciences demand that the social worker have certain elementary medical information. The type and scope of information needed obviously vary in different kinds of social work, but some rudimentary knowledge of medical facts is helpful, if not actually essential, to all social workers. Some may have the need for specific information about certain disease conditions encountered frequently among their clientele, while others may have use for information along quite different medical lines. The purpose of this volume is to make available to social workers the basic medical information which their particular work requires.

The medical-social component in certain diseases is alluded to, but there has been no attempt to elaborate on the social implications in each disease. For the social interpretation and application of the medical information here presented, the worker must rely on his own native ability and his training and experience in the practice of his calling.

In presenting this information, the authors and the editor have placed more emphasis on its quality than on its quantity. The essential purpose is that the social worker obtain a clear understanding of the most important elemental concepts of

medicine, and a more intelligent appreciation of the function of medical skill and leadership. Erroneous beliefs regarding medicine and its practices must give way to facts which have been determined by experiment and experience.

Any lay person can enrich his cultural life and experience, as well as improve his state of health, by a more intelligent understanding of medicine and its aims. The social worker is in a position to profit especially in this respect, and this additional knowledge will help him to widen his sphere of influence. He will be more interested in encouraging and supporting measures for the improvement of public health, he will comprehend something about the means for preventing disease, he will coöperate more intelligently with members of the medical profession, and he will be able to counsel his clients wisely in avoiding faulty methods of treatment.

Types and degrees of illness. Some fundamental conception of the types and degrees of illness is essential as a basis for understanding specific diseases. Illness, as a rule, is of both the body and the mind. Mental illness may overlap physical illness, and either the one or the other may be dominant in the individual instance. Sickness may be acute, or of short duration; chronic, that is of long duration; intermittent; or recurrent.

In general, patients may be classified according to degrees of physical impairment or incapacity as follows: those who do not feel well; those who are ill, but continue to work and play; and those who are too prostrated by illness to work or play. In the first class are those who have minor ailments, such as toothache, boils, flat feet, corns, intermittent headaches, lack of appetite, constipation, sleeplessness, fatigue, etc., which inter-

fere with the fullest enjoyment of life, although the person does not regard himself as ill. In the presence of these minor ailments, some persons continue to suffer for days, weeks, or even years; in many instances, without complaint. Sometimes they seek the advice of a physician; many times they do not. They may pay little attention to the annoying symptoms, but they continue to suffer nevertheless.

Another group of persons are really sick, and yet they continue to work and play. Their illness may be aggravated by their work, and eventually, in this case, they must seek medical aid. Others go on working, and the effects of their disease are apparently ameliorated by their activity.

The patients the doctor sees are those who are too ill to work or play. Most of us think of illness or sickness in terms of this group. The social worker, who is interested in getting the best response from an individual or group of individuals, should learn to expand this classification of morbidity. Any disruption or impairment of physical function which reduces the individual's capacity to enjoy, to the fullest, his work and his play should be regarded as illness.

Individual and community health. The maintenance of individual and community health is the responsibility, not only of the medical profession, but also of the lay public. A self-sufficient, intelligent adult can do much for his own health. Parents, teachers, nurses, and social workers have their own particular contributions to make and responsibilities to assume in maintaining and improving the health of individuals and of communities.

The greater the availability of information on medical matters in a community, the more prompt and satisfactory are

its responses to proposals for improvement of the general standards of health. A widespread awareness of the need for additional public health measures will result eventually in the enactment, enforcement, and acceptance of laws that will lead to the betterment of physical welfare. Doctors and nurses may point the way by which health may be improved, but their efforts will fail unless they win the support of the public and the legislators.

The success in combating certain diseases in which public interest has been aroused proves that similar benefits could be accomplished in other conditions. An outstanding example is the reduction in the incidence of smallpox as the result of the institution of compulsory vaccination by an enlightened public. The variable prevalence of typhoid fever in different localities demonstrates that its practical eradication is directly dependent on the provision of a safe water supply and adequate sewage disposal. These accomplishments show that when the members of a community have a reasonable knowledge of disease, they take an interest in their own health and make efforts to protect themselves.

The public needs now to be taught not to neglect minor complaints which may be potentially serious. An intelligent understanding of disease will help them to avoid erroneous treatment and to coöperate willingly and successfully with ethical members of the medical profession. Knowledge unmaskes the fears engendered by ignorance. Those who know some of the facts of medicine have an advantage in that they are able to exercise some discrimination in choosing between vague fancies, advanced by quacks and charlatans, and scientific facts. A social worker with a training in medical information can do much to aid and influence those who lack the capacity, knowl-

edge, and experience to have an intelligent opinion about matters pertaining to their own health.

The inter-relation of medical and social problems. The inter-relationships of illness and social problems are many and varied. Illness may bring about a social maladjustment; a social maladjustment may bring about illness. Illness may add complications to an already established social maladjustment. Illness is a potential hazard in every abnormal social situation; there is a social implication in every disease. To elucidate the relationships of the medical and social problem, an example of some of the conditions that arise in a specific disease, such as tuberculosis, may be cited. For instance, a man contracting tuberculosis may have to postpone indefinitely his plans for marriage. On the other hand, an individual whose ordinary living conditions are adverse may contract tuberculosis. An unhappy marriage may be greatly complicated by the contraction of tuberculosis by one of the partners. If the mother of a family has tuberculosis, the care of her young children becomes a social problem. Worry and anxiety, long continued, may be aggravated by the onset of disease, and at the same time add to its hazards.

Illness affects the patient and the group of persons around him in many ways. The individual's normal responses to all phases of life are altered by sickness. He is no longer himself. He does not act like himself. He cannot be depended upon or expected to react in his customary way to any of his social duties or responsibilities. His behavior may fluctuate from day to day as his response to disease changes. Today he may do one thing, tomorrow he may respond in an entirely different manner to the same stimulus.

The illness of one member in the group always has an effect

on all others in the family. All the members of the family may react to the illness of one of them in the same way, or there may be individual differences in their attitude toward the invalid. Some may accept the added responsibility occasioned by the illness of a member of the family; some may resent it, and feel that the patient is exaggerating the significance of his condition and merely seeking sympathy, or that he is evading responsibility. Members of the family may be unsympathetic and even belligerent; they may be extremely kind and considerate; they may give the patient too much attention, thus disrupting the routine life of the family unduly; or they may be entirely disinterested. The family or the group may understand and comprehend the nature of the illness, or they may be completely puzzled and confused. If they have a good understanding, they are more likely to cooperate in the patient's treatment. If they are confused about it, they may actually hinder the application of treatment.

The social problems resulting from the illness of a member of the family depend considerably on which individual is affected. When the father of the family is incapacitated, the problems may be largely economic. When the mother is ill, usually the whole organization of the household is disrupted. A child who is sick may require so much attention that other members of the group are partially if not completely neglected. The burden of caring for an aged person who is ill may produce complex problems for the children as well as the younger adult members in the group.

The economic factor always looms large in case of illness in poorer homes, especially when the bread-winner is the victim. Many times a prolonged, serious illness may have such dire