Mervyn Susser

Social medicine: national and international transfer of ideas

Virginia Berridge

The complex transmission of ideas and practices about public health calls out for more research.

Mervyn Susser's biographical memoir gives a vivid sense of the practical impact of social medicine in South Africa in the 1940s, and the 1950s. This South African "experiment", embraced by the pre-1948 Ministry of Health through the Gluckmann Commission that saw a network of health centres as the basis of a national health service, was rediscovered after the election of a democratic and non-racial government in South Africa in the 1990s.

Commentators such as Steve Tollman and William Pick have drawn attention to the great symbolic importance of COPHC (community oriented primary care) in recent South African history, but a limited and patchy translation into practice.¹ Perhaps the initial failure of the health centres offers some lessons here. Shula Marks has argued, in contrast with conventional wisdom, that the failure of the health centres and wider health plans predated the advent to power of the Nationalist government in 1948. She argues that the centres were already marginalised as a low cost option for the poor.²

Such arguments are clearly relevant for the future direction of South African health services in the present. Susser's memoir also invites reflection on another dimension of social medicine. It provides evidence of the international health networks that operated, and that served as a mode of diffusion of ideas and practice. Such networks were important for social medicine. The ideas of "community diagnosis", of research and evidence, of evaluation for action

formed part of an international ethos of post-war public health with its roots in the interwar years. Recently the notion of "Atlantic Crossings" in ideas about welfare and social progress has been much discussed by historians of those interwar years.³ Lion Murard has shown how, in the health field, statistics and research methods were part of the exchange. The American "Appraisal Form for Community Health Work" framed in the 1920s was reframed transnationally as the League of Nations' collection of "Life, Environment and Health Indices" that went on to have influence at the national and transnational level.⁴ Interwar, the health of rural populations was a key concern.

Such international networks of people and ideas continued to be important. Susser remembers how it was Cicely Williams as a travelling fellow of the Nuffield Foundation who had sought out the Gillman brothers, keen nutritionists, and who encouraged the writing up of the clinic's research: she facilitated the submission to the *Lancet*. Further down the page, we read of visiting specialists at the clinic, among them Maurice McGregor, later dean of Medicine at McGill University in Montreal.

There were other models. The work of the Peckham health centre was an inspiration to many. In Britain, similar influences were at work: the research of Richard Titmuss and Jerry Morris and Archie Cochrane's community research in South Wales.⁵ When we celebrated Jerry Morris' 90th birthday at LSHTM,

Susser was among the first to write to congratulate. The networks strengthened after the pioneers left South Africa for elsewhere. The poverty programme in the USA in the 1960s was inspired: health promotion in the 1980s as an international movement owed much to networks that had begun much earlier.⁷

Historians are beginning to study the international mobility of health personnel, of doctors and nurses, and we have studies of the impact of refugee health personnel in the interwar and wartime years. What also calls out for more research at the national and transnational level is the complex transmission of ideas and practices about public health. Here is a circuit of pre-war and post-war communication and influence that would repay further study.

J Epidemiol Community Health 2006;**60**:558.
doi: 10.1136/jech.2005.043687

Correspondence to: Professor V Berridge, Centre for History in Public Health, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, UK; virginia.berridge@lshtm.ac.uk

REFERENCES

- 1 Tollman SM, Pick WM. Roots, shoots, but too little fruit: assessing the contribution of COPHC in South Africa. *Am J Public Health* 2002;**92**:1725-8.
- 2 Marks S. South Africa's early experiment on social medicine: its pioneers and politics. *Am J Public Health* 1997;**87**:452-9.
- 3 Rodgers DT. *Atlantic crossings. Social politics in a progressive age*. Cambridge, MA: Belknap Press and Harvard University Press, 1998.
- 4 Murard L. Atlantic crossings in the measurement of health. From US appraisal forms to the League of Nations' health indices. In: Berridge V, Loughlin K, eds. *Medicine, the market and the mass media. Producing health in the twentieth century*. London: Routledge, 2005:19-54.
- 5 Berridge V, Taylor S, eds. *Epidemiology, social medicine and public health. Transcript of the witness seminar held for the ninetieth birthday of Jerry Morris*. London: Centre for History in Public Health, 2005. <http://www.lshtm.ac.uk/history>.
- 6 Ness AR, Reynolds LA, Tansey EM. *Population-based research in South Wales*. The MRC Pneumoconiosis Research Unit and the MRC Epidemiology Unit. Wellcome witnesses to twentieth century medicine. Vol 13. London: Wellcome Centre, 2002. <http://www.ac.uk/histmed>.
- 7 Webster C, French J. The cycle of conflict: the history of the public health and health promotion movements. In: Adams L, Amos M, Munro J, eds. *Promoting health. Politics and practice*. London: Sage, 2002:5-12.