ABSTRACT  The future of social medicine is based on 150 years of history and the rapidly evolving context within which medicine functions in modern societies. There are two views of social medicine. One is based on the vision of Guerin and, particularly, Virchow 150 years ago that: "Doctors are the natural advocates of the poor, and social problems are largely within their jurisdiction." The New York Academy of Medicine's Institute on Social Medicine 50 years ago reflected this broad view. Medicine, however, enamored of the biomedical paradigm and the advances in knowledge through biomedical research, largely abandoned this broad perspective, even as the knowledge about the social, behavioral, and environmental determinants of health was advancing rapidly. A second view of social medicine, and one that has influenced many in the past 30 years, was defined by McKeown and Lowe: "Social medicine is concerned with a body of knowledge and methods of obtaining knowledge appropriate to a discipline. This discipline may be said to comprise (a) epidemiology, and (b) the study of the medical needs of society, or in the contemporary short hand medical care." Social medicine, in my view, includes not only the definition of McKeown and Lowe, but the broader context within which medicine fits in society. The context is changing. The social contract as defined by Bismarck and Beveridge has to be redefined. Just as the New York Academy of Medicine provided the vision of social medicine 50 years ago, the Academy has given us a new vision with the publication of Medicine and Public Health: the Power of Collaboration in 1997. Authored by Dr. Roz Lasker, director of the Academy's Division of Public Health, the book identifies the key changes required by medicine and public health to advance the goals of medicine and public health for the benefit of both individual patients and the population as a whole. The book points the way for the future of social medicine by identifying not only what needs to be done, but also how to do it.

Before attempting to reflect on the future of social medicine as the century turns, I want to say a few personal words about Martin Cherkasky because, in addition to the contributions that Dr. Barondess described, he was a role model for many of us outside New York. I first met Martin in 1951 when I was working on an arthritis rehabilitation project under Dr. Edward Lowman's direction at Goldwa-
ter Memorial Hospital. I was then a fellow in Dr. Howard Rusk's Institute of Physical Medicine and Rehabilitation at New York University. As part of the project, I visited many hospitals and nursing homes, as well as the home care program at Montefiore Hospital. Dr. Cherkasky recently had replaced Dr. Bluestone as the director of Montefiore, but I saw him because he had directed the home care program at Montefiore—a pioneering program, by a pioneering physician. Dr. Cherkasky made a lasting impression, at first because of his understanding of the issues related to the care of the chronically ill and later because I was to recognize his great talent as a leader, as a superb manager, and as a compassionate, but tough and very engaged physician in issues related to health care, particularly the care of the elderly, the chronically ill, and the poor. He had the quality that my father felt was most important for a physician—dedication—and he had it in abundance. Not only did Martin lead in reshaping the hospital and medical care landscape in New York, but he also transformed Montefiore, as its director, to a world class medical center, expanding its social medicine program, developing its family health maintenance demonstration, and working with the commissioner of hospitals, Ray Trussel, in establishing the medical school/municipal hospital affiliations after World War II. He continued to play an active and constructive role in the health affairs of New York City until shortly before his death. He was also a leader in international health care, particularly with respect to the displaced and the vulnerable through his work as a member of the Joint Distribution Committee, not only in Israel, but also in Iran, Turkey, Europe, and Africa.

His ideas had great influence on many of us who went to Washington in the 1960s to change the world and one of us who returned in 1993 with more modest goals. In both cases, while serving as the assistant secretary of health, I recruited a Martin Cherkasky colleague—first George Silver and more recently Jo Ivey Boufford—not only because of their ideas and experience, but also because they shared Martin's values, and both had a deep commitment to the poor, the vulnerable, the underserved, and the disadvantaged. They both served as the conscience of the department. Dr. Cherkasky's influence continues—now through succeeding generations as those he trained, inspired, and worked with have trained a third generation. He was a remarkable man.

I dwell so long on Martin Cherkasky because the symposium not only honors his life and work, but also because he did so much to shape the way we should think about social medicine in the US at the turn of the century. Martin Cherkasky's lifelong concern was with the poor, the disadvantaged, and the oppressed, a concern he showed in thoughts, words, and deeds, qualities shared by the