



APPLICATION OF SYSTEMATIC-INSTITUTIONAL ANALYSIS IN PERIODIZATION OF CLINICAL DISCIPLINES

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ABSTRACT

The purpose of the study is the application of systematic-institutional analysis as a reliable methodological instrument for periodization of the clinical disciplines. Three periods are nominated in their individualization and development. Every period could be structured from different number and continuance of stages which depend on the aims and the problems of the study.

Key words: analysis, system, institution, period, periodization, clinical disciplines

INTRODUCTION

Periodization is a routine methodological approach in scientific research. The leading principle is that of the event. What is sought is the event that marks the new characteristic in the course of a process.

The keyword in every periodization is the word *period*. It derives from the Greek word "οδός" – road – the road covered over a certain period of time and that which has happened; a stretch marked by a "*start event*" and an "*end event*". It covers the time in which a process takes place or a phenomenon happens. The "beginning" and "end" events mark a *new characteristic* and determine *the boundaries* of the period.

Publications on the application of the systematic-institutional analysis in the clinical disciplines periodization were not found in the available literature. The clinical disciplines periodization topic is present in publications by M. Apostolov (1), V. Borisov (2), S. Israel, M. Popov, V. Kurtev (3), D. Sepetliev, M. Petkova (4) but it is not approached from the point of view the systematic-institutional

analysis as a methodological approach. Of special interest, related to the topic under discussion, is the notable monograph by V. Borisov, "Social Hygiene Methodology"(1990), in which the author subjects fundamental issues (e.g. science's possible objects) of the history and methodology of medicine (and science in general) to a comprehensive analysis.

AIM: To suggest a periodization which will be a reliable instrument of research into the history and the development of the clinical disciplines in Bulgaria.*

TASKS

The following tasks have been set with regard to the aim already formulated:

1. To define the following notions: "system", "institution", "institutionalization", "period", "periodization", and the relations between them.
2. To define the components (events, phenomena) related to the origin and the development of the clinical disciplines as *systematic structures* and their functioning as *institutions*.
3. To offer a systematic-institutional identification of the clinical medical disciplines.

To offer a model periodization of a clinical discipline.

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METHODS

Apart from the historical method, the methods of systematic and institutional analysis are the other two methods most often employed. With a view to the object and topic of the present study, the two methods can be combined and merged into a comprehensive systematic-institutional approach.

DISCUSSION

The definition of a system as an accumulation of inter-related elements, ordered in a particular way is widely accepted.

The life of the “system” notion is estimated at about 2000 years. The ancient philosophers regard objects, phenomena and cosmologies as systems. Thanks to the development of philosophy, astronomy and natural science, today we have reached “a stage of scientific, interdisciplinary approach to science’s progress” (5) Bacon, Hegel, Lambert, Kant bring the *systematic analysis* to the level of methodology.

One of the most succinct and acceptable definitions of scientific knowledge is that it is systemic knowledge of objects as systems. This definition has been formulated by D. Tagarski, who goes on to emphasize that “in order to develop and acquire the form of a science, knowledge has to perceive and construct its object as a system.” (6)

It follows that the actual being of scientific knowledge is a “functioning whole” that has a structure, made up of elements (components). Part of the components are system-forming. Without any of them, the system would *disintegrate*. Over the course of time and as a consequence of its interaction with the cultural context a system *changes (adjusts)*. A manifestation of this adjustment process is the generation or the falling out of system components which we choose to call *superstructural*. Without them the system *retains* its integrity.

The system-forming components of scientific knowledge are of two kinds at least: 1) **The object** of knowledge (e.g. the object of Otolaryngology are the diseases of the laryngo-oto-rhino organs) and 2) **The institution/s** – within which the theory and practice of whichever clinical discipline is being developed. It is obvious that without any of the two components, the existence of a functioning whole is impossible. It is obvious too, that the

object has had an earlier mode of existence as part of another object of scientific knowledge existing in a less differentiated format. The differentiation of clinical medicine as a separate scientific discipline becomes possible only when its object is made into a **specific differentiated part of the general medical practice**. The end result of this process and its finalizing into a **specific differentiated systematic product** is the establishment of a separate scientific clinical medical *institution*.

K Simeonova (2002) (7) defines the systemic institutional approach in medical history as orientated towards “the social history of the science”, in which the history of ideas is regarded as part of a whole it makes up with the history of institutions. But the history of ideas is the history of the object in its earlier mode of existence, as part of another object of scientific knowledge existing in a less differentiated format. Resulting from the accumulation of specific social needs and expectations, a sufficient number of specific facts, notions, hypotheses, theories, methods and approaches are accumulated within the object’s field. In such a cultural context the appearance of the institution is imminent and depends on the active human will.

The emergence of the institution results from the process of institutionalization. The latter is understood as a law-regulated systematic organization of a certain human activity, with its own rules and standards.

A difference has to be made between the history of the object of the separate clinical medical disciplines and their institutional history. Despite their existence as a functioning whole within the framework of a separate clinical discipline, they have to be regarded as autonomous subsystems. In the essence of the object is encoded the formula of the universal scientific knowledge, while the institution bears its regional, national, geographical, political, economic and personal markers. The relations between these could sustain various influences over different historical periods. **The researcher’s task is to identify and analyze these.**

The application the systemic institutional analysis in the periodization of the clinical disciplines means to study their institutional history and to identify the “marker” events in their system genesis.

Systematic-institutional identification. We start from the premise that scientific research and the diagnostic-treatment process make up *a specific systematic product of a specifically structured human activity*. The establishment of such a systemic structure is not the result of a single event; it is a process, mapped over the course of time, by the appearance of system-forming components. In the clinical medical disciplines the system-forming components are the following:

1. A *person/s* suffering from an illness present in the nosological portfolio of the respective clinical discipline.
2. A *doctor/s* – certified specialist/s within the respective clinical discipline.
3. A *specialized clinic*.

The components listed are *system-forming (fundamental)*, because they determine the integrity of the institutional system. They can appear simultaneously, but they can also stretch over time in a chronology spanning decades. This time is defined as *a period of institutionalization*. In otorhinolaryngology, for example, the system-forming component - *patients suffering from laryngo-oto-rhino illnesses* – appears in 1891, with the opening of the Ophthalmology ward in Alexandrovska hospital, in which patients with laryngo-oto-rhino illnesses are treated. *The first certified*

Bulgarian otorhinolaryngology specialists, Stoyan Belinov and Ivan Kiprova, appear only in 1908. The following year, (1909) *the first Otorhinolaryngology ward* opens in Alexandrovska hospital. The appearing system-forming components function as *markers*, signaling the limits of the period as well as the separate stages within it. It follows that the period of institutionalization covers the time between 1891 and 1909 with two distinct stages: stage I – 1891 – 1908 and stage II – 1908 – 1909. Understandably, the period until 1891 will be defined as *pre-institutional period*. After 1909 the institutional structure of Bulgarian otorhinolaryngology is complemented with new system elements which we define as superstructural: certified specialists, dispensaries, hospital wards, clinics, scientific and educational institutes (medical faculties), scientific associations and communities, educational and research schools, periodicals, literature, laws (regulating these), policies in the areas of therapy, research and educational activities, etc.

The falling out of any of these superstructural components does not affect the integrity of the institutional system, but their generation is related to the development of the system. That is why this period is to be nominated as *a period of institutional development (Fig. 1)*.

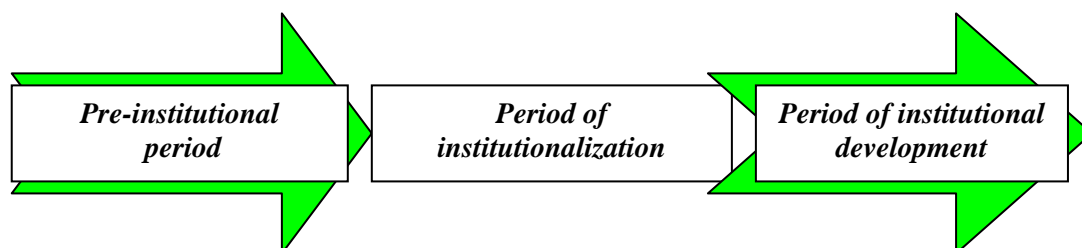


Fig. 1 Periodization of the clinical disciplines.

The periodization of otorhinolaryngology is just an example verifying the application of the systemic-institutional analysis in the periodization of the clinical disciplines.

CONCLUSIONS

1. The application of the systemic-institutional analysis in the periodization of the clinical disciplines makes possible the nomination of three periods in their origin and development: a) pre-institutional

period; b) institutionalization period; c) institutional development period.

2. Within the framework of the three periods separate stages can be differentiated and structured and their number and continuity are determined by the aims and purposes of research.

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