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THE INFLUENCE OF THE WAR ON PREVENTIVE MEDICINE AND PUBLIC HEALTH *

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Those who have observed the thought and tendencies in preventive medicine of the present time must be impressed that the war will mark a definite turning point in public health activity and that there lies before us a period of reconstruction and reorganization in methods of health administration. The dominant thoughts underlying this readjustment are that both military and industrial power are dependent on man power and that the strength and efficiency of our man power will be determined, in the last analysis, by the health of the individual. In this readjustment, and born of our war-time experiences, disease prevention will be regarded as more important than disease suppression, and health promotion will take precedence over both. The public health administration of the future will be a forward-looking administration. While giving attention, as it has in the past, to the specific sources of illness, it will devote itself largely to the prevention of human ailments by the development of maximum health and, in pursuing this policy, it will deal with the individual more than ever before.

During the war, health became a matter of the utmost importance. It acquired a new practical value which, for the first time in our national life, has come to be appreciated by all intelligent people. The war also gave us some valuable and, incidentally, some disconcerting facts in regard to the physical condition and health of the people, and afforded an opportunity to try out the efficiency of modern preventive measures unrestricted and unhampered by prejudice, ultraconservatism or narrow opinion. As never before, public health work was given adequate financial backing. Efforts in disease prevention were made without the embarrassments arising from considerations of cost. For the first time we were able to demonstrate in a large way that good health is actually a purchasable commodity, and the American people have passed favorable judgment on the results of that demonstration.

This progressive policy, adopted in dealing with the health of the military forces, was doubtless due, to a large extent, to the fact that we were enabled to

observe the experiences of European warring nations for some time before we became participants and, further, that we entered the war at a critical period when everything depended not only on the character of our military forces, but also on the productive ability of our industries. We had been awakened to the urgent necessity for the maximum of nation-wide physical efficiency.

The people as a whole have learned a new lesson as to the importance of individual and national health in time of war. They have also had it impressed on them that, while hostilities have ceased, the war is not over—that the period of reconstruction will make large demands on the physical resources of the nation—and they stand ready to continue and extend those health activities which have proved effective during the past two years.

The finding of the exemption boards and of army medical examiners came as a first awakening shock, disclosing, as they did, a surprising prevalence of physical disability, largely preventable in character, leading to the rejection, in the average community, of almost 20 per cent. of the young men who were presented for military service. These findings, incidentally, demonstrated conclusively the value of one of the modern means of health promotion too generally ignored in the past—the periodic, physical examination of presumably healthy persons for the detection of early disease.

Of the disclosures made by the various examining boards, none excited more general comment than that of the great prevalence of venereal diseases and tuberculosis—the two diseases which, in many ways, have been longest neglected in our public health activities. The grave apprehension which had already attached to tuberculosis in the European nations and the prompt action in the United States, in providing a large corps of tuberculosis experts for army service and in establishing large sanatoriums for returned consumptive soldiers, changed the attitude of the American people very radically toward that disease and indicated the necessity for more extensive antituberculosis activities in the future. States and communities in which restrictions and regulations for the control of tuberculosis have been largely ignored on account of indifference or prejudice now find the people and the medical profession ready and anxious for any reasonable restrictive action. In one state alone, the lessons from the war have made such impression that while few public sanatoriums existed prior to that time, forty such institutions have been created by popular vote within the past two years, each with its attendant dispensaries and community nursing service.

*Chairman's address, read before the Section on Preventive Medicine and Public Health at the Seventieth Annual Session of the American Medical Association, Atlantic City, N. J., June, 1919.

RECOGNITION OF IMPORTANCE OF VENEREAL DISEASES

The awakening to the importance of venereal diseases and the change in public sentiment in regard to them have been even more spectacular. Health officers and the general public have always been reluctant to deal with these ailments frankly, and the campaigns of education have been generally half-hearted and weak. Certain press associations, reflecting the common sentiment of a few years ago, passed resolutions disapproving the use of the words "gonorrhea" and "syphilis" in the public prints. In view of this timid policy, and possibly as a result of it, the recently published statements of Vaughan and Palmer¹ are significant. While all other communicable diseases which sorely beset the armies during the Civil War have been greatly decreased and, in some instances, practically eliminated, there was found to be a very large increase in gonorrhea in the army of 1917 as compared with 1861.

The manner in which the federal government, through its military medical departments and under the provisions of the Kahn-Chamberlain law, have attacked the venereal disease problem, not only of soldiers, but also of the civil population, established a new policy and line of action from which the health officers of the future will never recede. Venereal diseases are being discussed before general audiences without hesitation, and educational and restrictive measures are being carried out such as would not have been possible had it not been for the accent placed on the subject when the nation was at war. The method of dealing with individuals who are presumably spreaders of venereal infection is a striking index of our entirely changed point of view. In many communities, prostitutes are now being apprehended, but, instead of being fined or committed to jail, which could have no influence whatever on the prevention of disease, these unfortunate women are sentenced, but the sentence is suspended so that they may be committed to general hospitals for treatment and from which they are discharged only when they have clinically recovered or when the best obtainable evidence indicates that they are no longer sources of infection. This is another indication, incidentally, of the individualization in health work which will unquestionably be a large factor in the health programs of the future.

CHILD WELFARE WORK

The acute problem that has confronted the European nations, particularly France and Belgium, of a decreasing birth rate and a greatly increased mortality, has attracted world-wide attention and has centered unusual interest on the field of child welfare, and this interest has been accentuated by the realization that much of the physical inefficiency disclosed by examining boards might have been avoided had there been more intelligent thought on the subject of child conservation in the past. It is, of course, generally recognized that the span of human life has been increased about six years during the past generation and that it is possible further to extend life expectancy; and it is further recognized that this gain in the life period is largely due to the prevention of infant mortality, so

that child welfare work appears at present to be the most hopeful field for public health endeavor and the one promising the most direct and definite returns.

In the attempt to reduce infant mortality, as carried on throughout the nation today, the chief efforts are directed toward keeping the well baby well, following the policy of health promotion rather than that of direct disease prevention; and the public health organizations are devoting themselves to the development of the individual child through better baby conferences, infant welfare stations, community nurses and other factors that are relatively new to public health organizations.

EXTENSION OF CLINICAL ACTIVITIES

This individualization in health work, illustrated in what has been done during the war in tuberculosis, venereal diseases and child welfare, foretells a definite new departure in the public health administration of the future—the development of extensive clinical activities. In the past, with certain exceptions, health departments have taken no part in diagnosis except in the contagious and infectious diseases of epidemic type and through the services of diagnostic laboratories. If the policies adopted both here and abroad during the war are to be continued and extended, it seems inevitable that health authorities must render increased diagnostic and clinical services, including the early diagnosis essential to recovery from tuberculosis; the diagnosis of venereal diseases and the treatment of such cases especially for indigent persons; the development of well baby clinics and clinics for the reeducation of victims of poliomyelitis, on the diagnosis and treatment of trachoma, and so on. To carry out this work successfully, the various health departments will be compelled to employ physicians of highly specialized skill, and will necessarily have to make provision for far more generous compensation than is customary among public health agencies at the present time.

This extension of clinical service by health authorities, contrary to the opinion occasionally expressed, will prove directly beneficial to the medical profession as a whole. It is a matter of common agreement, wherever such public clinical work is undertaken, that, as a result of its educational influence, there is a decided and immediate increased demand for professional service among the patients of private physicians. In this way, the results of public health clinical work extend much farther than merely to that part of the public which the clinics themselves actually serve.

The work that is being done by the Department of Reconstruction of the United States Army, under the leadership of Col. Frank Billings, suggests possible extensions of public health activity since, in the broader and newer conception, public health work includes every activity that will increase the physical efficiency of the individual or community or which will restore the physically unfit to the highest point of health. To what extent this policy of reconstruction can be properly utilized in the future is open to question; but, in the development of our future program, it is entitled to serious consideration. Certainly the work that has already been done by some health departments in the training and reeducation of persons crippled by poliomyelitis has been so gratifying and far-reaching as to justify the belief that reconstruction will one day be a part of public health promotion.

1. Vaughan, V. C., and Palmer, G. T.: Communicable Diseases in the National Guard and National Army of the United States During the Six Months from September 29, 1917, to March 29, 1918, *J. Lab. & Clin. Med.* 3: 635 (Aug.) 1918.

DEVELOPMENT OF HEALTH OFFICIALS FROM
MEDICAL OFFICERS

It is obviously impossible to discuss at this time all the phases of preventive medicine influenced by the war, but one factor which will have a tremendous effect in altering the public mind in regard to health administration is the return to civil life of thousands of physicians who have received intensive training in sanitation and preventive medicine during their military service. It is to be expected that a large number of these physicians, having had their first experience in public service, will be reluctant to return to private practice, and there may be developed from them an unusually competent group of health officials; while those who return to private practice will exercise a new and salutary influence in their own communities.

POPULAR INTEREST IN PUBLIC SERVICE

In addition to this, there will be scattered throughout the nation approximately 4,000,000 young men who have had impressed on them in no uncertain terms the paramount importance of disease prevention and health promotion, and who have seen the advantage of yielding cheerfully to reasonable health regulations. These young men will naturally assume the leading part in their community affairs during the next generation and, with the guidance of public health departments of broader vision and larger resources, will materially influence the history of preventive medicine of the future.

The greatest changes in health development, however, will come out of the tremendous interest in public service created during the war and which found expression in the upbuilding of many large extragovernmental organizations engaged in various phases of patriotic and philanthropic work. With the war over, these organizations have been casting about for desirable fields for the expenditure of their energies and, in the majority of instances, they have settled on some phase of public health activity. This has created a situation which is disturbed and unique, full of possibilities for splendid progress and equally full of possibilities for confusion, overlapping, conflict and wastefulness.

This great popular interest will doubtless serve to stimulate the governmental health agencies to greater endeavor and will overcome official apathy and ultra-conservatism. If these volunteer agencies can be properly coordinated under governmental guidance, they can be a tremendous influence for good. Unguided, however, the very multiplicity of organizations, the ease with which private funds are now obtainable for health purposes, and the lack of uniformity in views and methods will lead to wastage in money and effort and to the ultimate weakening and discredit of public health endeavor. The war has left us in a critical condition, full of possibilities for good and bad, in which sound judgment and firm policy by health authorities are imperatively needed.

Is Your Community Fit?—What effort has been made to ascertain whether or not your milk supply is safe? Diphtheria, scarlet fever, septic sore throat, typhoid fever, dysentery, all may be spread by unsafe milk. A system of inspection and efficient pasteurization will protect people from milk-borne diseases. If your community is too small to bear the expense of dairy inspection, it should at least enjoy an adequate system of pasteurization under proper supervision.—*Pub. Health Rep.*, April 25, 1919.

THE HIGHER AND BETTER EDUCATION
OF THE DENTAL STUDENT*

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CHICAGO

The object of the formation of this section was to assist in establishing a closer relationship between the mother profession of medicine and the younger specialty of dentistry, and eventually to place the specialty on a medical basis. How much has been accomplished in this direction since its formation, history has shown. Certainly the interest displayed by the ablest men in the medical profession by their presence, in reading and discussing papers, demonstrates that they have done more than their share in placing this section on an equal footing with the other sections in this great Association.

In my early practice of dentistry I soon realized that if I was to become a successful practitioner, I must know more of pathology than I had obtained in the dental school. To obtain that knowledge I must attain a medical education; and although it was a hardship for a man with a family to abandon practice for two years, I have been more than compensated by the broader knowledge and fellowship which I have acquired. Every man starting out in life should have high ideals, and those ideals should be so broad and advanced that it requires a lifetime to accomplish the end.

The ideals firmly fixed in the minds of those men who organized this section were that dentistry, being a part of the healing art, should and must be a part of the medical profession, and that a thorough medical education was just as necessary for treating diseases in the mouth as diseases in any other organ of the body. The dental schools have begun to realize this fact, for since this section was established, the college course has been extended from a two-year to a four-year course, the entire length of a full medical education.

It is rarely the lot of man to live to see his ideals developed to their highest attainments. Nearly all of the organizers of this section have passed on. With one exception, however, they all lived to see great advances along the lines of their ideals.

The stomatologist with his medical education is on an equal footing with the men practicing in every other department of the healing art, and is, therefore, freely consulted in the most difficult and obscure etiologic symptoms of disease in which the mouth, jaws and teeth may possibly be a factor.

As time goes on and the etiology of disease becomes better understood, the relationship of the general practitioner and the stomatologist must become more intimate. It stands to reason, then, that the man who treats the mouth, jaws and teeth must be a medical specialist, equal to the best medical specialist in other branches of the healing art.

It may be of interest to the members present to know that in the thirty-nine years of its existence, this section has not received a single paper on the subject of the mechanics of dentistry. All papers presented and read before the section have been on the subject of pathology or on some subject of interest to both

* Chairman's address, read before the Section on Stomatology at the Seventieth Annual Session of the American Medical Association, Atlantic City, N. J., June, 1919.