EDITORIAL

"Where there is no vision the people perish."—Proverbs 29:18.

On February 14 the Woman's Medical College of Pennsylvania, with the co-operation of a large committee of hosts and hostesses under the leadership of Mrs. J. Claude Bedford, invited the public to participate in a dinner to commemorate the eighty-third anniversary of the birth of Anna Howard Shaw and to promote a better understanding of the work of the Department of Preventive Medicine founded in the College in Dr. Shaw's memory.

The brilliant gathering in the ballroom of the Bellevue-Stratford Hotel was presided over by Mr. Walter L. Sheppard of the College Corporation, and Dr. John A. McGlinn, President of the Philadelphia County Medical Society, represented the medical profession in welcoming the guests.

The speakers of the evening were Mrs. Carrie Chapman Catt, so long a fellow-worker with Dr. Shaw in her great work for woman suffrage, and Dr. William Gerry Morgan, President-elect of the American Medical Association.

We wish that every graduate and friend of the College could have heard Mrs. Catt's eloquent address. It was not committed to paper and cannot be presented here. But those who enjoyed the privilege of listening to her received a new glimpse of Dr. Shaw's brilliant personality, and realized why it was that in seeking a fitting and living memorial to her, a Foundation in Preventive Medicine was chosen.

Strong in her fundamental belief in equal privilege for men and women, Dr. Shaw recognized that the franchise alone could place in the hands of women the power to control their economic condition and to secure for themselves the opportunity to defend and maintain physical, mental and spiritual health.

Dr. Morgan's address we give with only slight abbreviation. The fact that the chosen leader of the American Medical Association sees prevention of disease, not cure alone, as the great objective of the medical profession, is significant.
“Preventive Medicine” is a term that is frequently used today without full comprehension of its connotations. Critics have well said that the word “medicine” has no place in a phrase which deals not at all with medicines or drugs, those implements so often useful in treatment of disease. The phrase means rather the program for maintenance of health. It designates that field of scientific endeavor which directs effort toward determination of the health status of the human being, and the means which control environment and guide to skilful self-management of each individual; to constructive upbuilding of physique toward what we are coming to designate “positive health.” The addresses which follow call attention to certain striking aspects of this great problem.

It is to a program of such guidance in constructive health maintenance that the Anna Howard Shaw Department of Preventive Medicine at the Woman’s Medical College of Pennsylvania is committed. A program of information and service, not only for the students of the College, but reaching out to the men and women restored from sickness in our Hospital dispensaries and wards, and to men and women who, apparently well, are eager to safeguard their good health.

It is our hope that they may become aware of the advantage of seeking regularly the health appraisal examination, and with the thorough, helpful co-operation and guidance of our staff, they may learn how to maintain and improve that health which they have.

In the new building to which the College will move next fall such a service will be increasingly developed.

We call upon all the friends of Dr. Shaw to stand behind this program with interest, co-operation, and money.

THE IMPORTANCE OF PERIODIC HEALTH EXAMINATIONS IN PREVENTIVE MEDICINE

Delivered before the Guests of the Woman’s Medical College of Pennsylvania, Philadelphia, Pa., February 14, 1930

By William Gerry Morgan, M.D.
President-Elect of the American Medical Association

It is an uncommon pleasure for me to have the privilege of being present and taking some small part in the exercises this evening.

The influence which women are exerting in the field of American Medicine is far-reaching and is helping enormously in the progress toward a higher standard of the daily practice of the healing art.

The province of preventive medicine is to maintain the health of the individual, the community, and of the nation as a whole.

In furthering this undertaking, public health departments and voluntary health organizations have carried on a progressively vigorous
campaign of health education among the citizens. There has been aroused in the public mind an interest in preventive measures and a greater or less familiarity with them. Through this campaign of education the masses have become better able to safeguard themselves, to strengthen their resistance to disease, and, in a general way, to keep themselves fit. This is most important, for, as has been aptly stated, "The collective health status of the nation will depend to a very considerable extent on what the individual does as regards his own health and that of his children."

Now since, after all, the health of the individual is the basis of community and national health, the question may be asked with logic and justice: What rôle has the family physician, the prime guardian of individual health, played in this great scheme of health preservation which has developed in the last fifty years and more? Has he taken his proper part in this campaign of education, or has he preferred "to think more about disease than about health," as has been charged? Has he kept the pace during the years that have elapsed since the World War? Has he taken to heart and profited by some of the lessons of that great struggle? Where can the early states of disease, and the conditions that are conducive to disease, be studied to better advantage than in the home? And by whom should such studies be prosecuted if not by the family physician? Has the family physician made the most of his opportunities in this direction?

As all know, in the olden days, before specialism had set its seal so firmly on the medical scroll, the family physician was the family counsellor in everything pertaining to health. He was physician, pathologist and internist; he shared with the midwife the privilege of bringing the infants into this world, and, as with Anthony Trollope's "Dr. Fillgrave," no one could "die respectably" without him. He instructed and guided the families whose members he attended.

But somewhere along the line a change has occurred, and this change has grown apace. These changes in the relationship of the family physician to the patient, the family, and the community have been progressive; more and more has the bedside physician become a vanishing figure on the medical horizon.

Let us for a moment consider some of the avenues through which preventive and corrective measures may come to the relief of such conditions as cannot be reached by the present scheme of medical practice. In considering purely and definitely preventive measures our first approach must be through the enlightenment of those who are to receive the benefits. This can be accomplished only by patient and systematic education of the people. This can be brought about in several ways, but perhaps the most far-reaching and effective avenue is through the schools, by developing in the curriculum of even the primary schools a simple and easily understandable course of instruction in the simpler methods of domiciliary hygiene and preventive measures, to be carried out by the teachers as is any other course. And further, by instruction given by
the physicians and nurses attendant upon the schools. By the establish-
ment of such a course of elementary hygiene alone, the attention of the
parents will surely be attracted to the subject of preventive measures.
In addition to the foregoing, if the parents were invited to meet the
teachers, nurses and school physicians from time to time, and the sub-
ject as taught to their children, and the more advanced knowledge of
these subjects was discussed, we should, in a short time, have dissemi-
nated more widely the knowledge of the rudiments of social hygiene and
of health preservation. And in this way, too, would be brought home
to the parents the wisdom of making contact with physicians in time of
illness.

The chief criticism in my mind of the beneficent work of social
agencies, municipal health work, and Federal and State activities in deal-
ing with certain phases of social life, is that they have a tendency to lead
people away from self-help effort and self-dependence in the matter of
protecting life and health. It robs them of the incentive to share in
the responsibility for safeguarding life, health and intellectual progress.
It is vitally necessary for us to give some thought looking toward the
stimulation of self-reliance in matters of health and education.

A very effective method looking toward arousing in the minds of the
people self-dependence in health methods is to teach them the advantages
which will accrue to the individual through periodic health examina-
tions. To bring about the general adoption of the practice of periodic
health examinations, much preliminary work must be done. It is, of
course, vitally necessary to have a uniform system for such examina-
tions, and that they be conducted by physicians who are competent and
equipped to make the necessary studies and who are in sympathy with
the movement. Otherwise, I can conceive that this practice might be
a source of danger because it would lull people into a false sense of
security. On the other hand, the individual must be protected from
unnecessary alarm from such examinations.

It would seem to me that the best method of giving impetus to this
movement would be in the beginning to allow those desiring it to have
the examinations conducted by community health service, requiring those
who are able to do so to pay a uniform fee for the service.

The first thought in the mind of the bedside physician would be that
his prerogatives and his income might be jeopardized by this plan. How-
ever, as I view it, quite the contrary would eventuate, for the reason that
a great many incipient disorders would be recognized and where treat-
ment was called for, the individual so affected would be turned back
to his family physician for the necessary care. By this plan the patient
and the community at large would be safeguarded and benefited and,
as I have said, the physicians of the community would be protected.

In all probability after a certain length of time the family physicians
would themselves assume more and more the practice of making these
periodic health examinations. Where the physician himself is not
equipped to carry them out in his own office he can avail himself of the established clinics, hospitals and laboratories in his vicinity.

Notwithstanding the immense amount of thought and study which has been given to this subject during the past five years, we shall have to educate the public to demand this type of service, since the old law of supply and demand holds good. So, too, will the rank and file of the profession have to be brought wholeheartedly into sympathy with the movement. We shall have to work assiduously to prepare ourselves for the discharge of this very vital duty to the public. All of these conditions can be developed by time, patience, and perseverance, and it is well to remember, "No brilliance of intellect, no accomplishment of mind, no accumulation of wealth, has ever elevated any physician to be the respected and beloved colleague of the profession or the idolized friend of his fellowmen, unless they have been associated with a devotion which places the desire to help above them all."

PREVENTIVE MEDICINE

Address in Connection with the Celebration of the Eighty-third Anniversary of the Birth of Anna Howard Shaw

February 14, 1930

By Martha Tracy, M.D.
Professor of Preventive Medicine, Woman's Medical College of Pennsylvania

Preventive Medicine, as we commonly comprehend the term today, the scientific defense of human beings against disease, was inaugurated with Pasteur's demonstration in 1876, of the bacterial origin of the communicable diseases.

His proof of his discovery, in the control of the disease anthrax, then devastating the sheep herds of France, was spectacular; and with startling rapidity and zeal the new knowledge and method was applied to the study and control of the pestilences which had destroyed human life throughout recorded history, and which at that time still accounted for the largest number of human deaths. Cholera, smallpox, plague, typhus and typhoid fevers, swept in waves through the populations of the earth, and crude methods of segregation and quarantine, not founded on facts, were wholly inadequate to prevent recurrent epidemics.

Now all this is changed. Knowledge of the bacterial causes of these diseases, their paths of discharge from the sick, and their transmission to the well, are in the majority of instances, known and can be intercepted. Where the specific cause is not yet isolated, yet by analogy, protection can be developed. And the result is that some of these diseases rarely if ever enter the ports of this country, and those which have become estab-
lished here are controlled to a minimum whenever and wherever public opinion is educated to the point of authorizing and paying for the technical procedures which will accomplish the control. Thus a science of defensive medicine has developed, and to such good purpose that man's expectation of life has been extended by fifteen years over what it was in 1875.

But now in face of our growing sense of security from infectious diseases, we are confronted by a new phase of the problem of disease prevention. And you are aware through your daily reading, of the growing menace of what we call the degenerative diseases, heart disease, kidney disorders, nervous disorders, cancer, conditions which are not contagious, therefore not controllable by law born of public opinion for the common good, but private and personal affairs of each one of us. Failures of the human machine, now causing disability and a menace of premature death, due as a rule to mismanagement, which have developed so slowly and insidiously, out of inconspicuous and unrecognized beginnings, that the cumulative damage is far advanced before we feel pain and seek a doctor's advice. It is not easy to repair the accumulated damage of five or ten years. Drugs will do no more than alleviate the present acute symptom. Reconstruction of damaged tissues by correction of bad habits in use of the machine, is difficult to accomplish. We can sometimes arrest the further progress of the degenerative disease, but we cannot undo what might have been avoided by recognition and easy change of habit, five, ten or fifteen years before.

This is the situation recognized, almost suddenly it seems, by the medical profession, as the present day problem of disease control confronts us. The problem presents two well-defined phases: First. Studies of the statistics of disease incidence, the kinds of illnesses and disabilities that bring patients to doctors' offices and hospitals, prove these to be approximately 75 per cent. preventable. They could have been avoided if those people had known how to manage their human machines better, and knowing, had done the right, safe and useful thing, in other words had exhibited what Dr. Emerson of Boston calls a high degree of "health intelligence" (knowledge and will). It has, for example, been estimated, by the great Minister of Health, Sir Arthur Newsholme, that the working people of Great Britain in a single year, lost from work because of preventable illness, a number of days which aggregated 270,000 years. An extraordinary waste any way you look at it; unnecessarily damaged human machines out for repairs; loss of wages, and consequent embarrassment to families; cost of care in hospitals, medical services, drugs, etc., cost in loss of production to employers, and to the country's total. A similar estimate for the United States is even higher.

So this phase of the problem concerns the individual who is unnecessarily ill, with all the ramifications of the trouble among many dependent and contact individuals.

The second phase of the problem is even more momentous in its potential significance for medical progress, for the real advance in true
forces with the doctors in the great co-operative project of periodic health examinations.

The public is today expending enormous sums of money in the care of the sick, for hospitals, drugs, services of doctors and nurses; comparatively little even in those recognized essential activities of our official defensive medicine, the control of communicable disease.

Chart I shows graphically the relative importance of these matters in public estimation if we measure by dollars of expenditure, and Chart II serves to indicate in truer perspective the relative magnitude, as causes of death, of war and of preventable disease.

"Amounts, roughly estimated, spent by the people of the United States during one year (about 1923) for various purposes."

In the true constructive phase of medical practice we have only just begun. We have made our start, and a pretty good start in many communities, with infants and children; maternity and infancy care; baby clinics; examination and correction of defects in school children. But
“Human life in the United States is wasted quite as recklessly and surely in peace as in war.”

“Number of deaths due to a few selected causes in the United States in 1924, and number of United States soldiers killed in battle or by wounds during the World War.”

with our adolescents, our young industrial workers, in factory and in “white collar” and professional groups; our men and women in the active life of the community, with your group and mine, we have scarcely touched the surface of the work that should be done. Think of the problem of the middle-aged worker today, at a time when experience has made him most skillful, yet losing his job because of precarious health. His health should not and need not be unstable at forty-five and fifty years if he has opportunity and is guided along the way in correction of his management of the body machinery. Our State Department of Labor and Industry is entering the field in defense of the middle-aged worker, and is compiling a growing list of employers who agree to let skill and fitness, not age, determine employment in their organizations. Health education through the industries themselves, and through social clubs and health service stations, at physicians’ offices and clinics, must co-operate to help the worker keep himself or herself fit for his job.

Every progressive medical school is today increasing the extent of its courses in Preventive Medicine and Public Hygiene. The physicians of
the present and coming generations must be highly qualified not only in the techniques and management of the seriously ill, the diagnosis and cure of disease, but as well in defensive and preventive techniques which may enable their clients to avoid illness.

The Ancient Greeks believed and practiced the art of developing and maintaining a beautifully functioning body. But the middle ages lost it. It is an interesting fact that in the early days of the then “Female Medical College of Pennsylvania,” Dr. Hannah Longshore, a graduate in the first class, 1852, soon after she opened her office in Philadelphia, issued a little circular stating that she would conduct a class for ladies to instruct them in the physiology and care of their own bodies. It was quite a scandalous undertaking in the public mind, but vastly appreciated by the ladies who crowded to profit by the instruction.

In 1887 Susan Stackhouse, of the class of 1883, left a small sum of money to the College to start a fund for establishing a Department of Preventive Medicine. Some years later, during the two year period of the great war, the Interdepartmental Social Hygiene Board of our national government granted the College an allowance to enable the better training of women physicians for this constructive, health-promoting work. That support of course lapsed with the close of the war. Then came the great movement of the women of this state and of the nation to raise a sum of money to endow the Department of Preventive Medicine in this the only Woman’s Medical College in the United States, in the name of Anna Howard Shaw. Dr. Shaw was a graduated physician holding a degree from Boston University Medical School, but as she says in her autobiography, she soon realized that her interest was greater in the proposition of preventing one from driving a horse and buggy over a precipice, than in gathering up the fragments and trying to repair the damage after the catastrophe.

She was interested in this college, and it is with very great pride that I endeavor to develop this department, endowed in her memory, to a high degree of usefulness, training women physicians who, not only in curative medicine, but in this field of prevention are making their contribution throughout Pennsylvania and even to the ends of the earth. In Philadelphia itself, and the neighboring and more remote counties, our graduates are active in child hygiene activities, as school physicians, among industrial groups, and in private office practice, making health appraisal examination for those who come eager to be shown how to maintain health. It is our desire and purpose, in the new building to which the college and hospital will move next year, to make available to women and men, a health maintenance service particularly for those whose economic situation makes such service through the physician’s private office too costly. Such a health service station must be also a research station, for the diagnosis at the earliest possible moment of incipient disease, and for the development of methods for effective control and guidance in maintenance of restored efficiency.
Dr. Ray Lyman Wilbur said a few years ago, "If any well situated community of 50,000 people would adopt and put into practical every-day use all that we now know of medicine and science, there would be such an increase in human happiness and effectiveness, and such a decrease in sadness and inefficiency, that in ten years it would make that community the wonder of the world."

It is our ambition, in the name of Dr. Shaw, to contribute in some degree to the happiness and efficiency of the patients, or clients who throughout Pennsylvania and the world, find available to serve them the graduates of the Woman's Medical College trained in the diagnosis of health and in the art and science of health maintenance.

Form of Gift or Bequest

I give (or bequeath) $...............to the Woman's Medical College of Pennsylvania, to be used at the discretion of the Corporation.

I give (or bequeath) $...............to the Woman's Medical College of Pennsylvania, for.....................(specify object)

While gifts and bequests for specified purposes are always greatly appreciated, nevertheless anyone who wishes to benefit the College most promptly and effectively can best do so by contributing funds to be used at the discretion of the Corporators.