

THE DEPARTMENT OF PREVENTIVE MEDICINE

AT

TUFTS UNIVERSITY SCHOOL OF MEDICINE

By DR. COUNT D. GIBSON, JR., *Professor of Preventive Medicine*

Development

THE organization of departments of preventive medicine in our American medical schools affords an interesting index of the challenges to medical education, research, and practice from one generation to the next. Historically, these departments have never been standardized. Until recently, several medical schools did not even afford a specific place for such a department in their curriculum. At the other extreme a number of schools have for many years supported large well-developed departments with generous endowments and an extensive teaching and research program. The area of preventive medicine is frequently administered as part of the department of medicine or bacteriology, or it may exist as a minor or major autonomous department in the school. The very names given to this activity reflect differences of opinion as to its major purpose. They include such variations as public health, community medicine, environmental medicine, and social medicine. Since the end of World War II, the organization of these departments has undergone more radical changes than that of any other area in medical schools. Through these departments have emerged such relatively new programs as comprehensive care in out-patient teaching, family health advisor studies for first and second year medical students, home care programs for the chronically ill and instruction in the behavioral sciences. The establishment of a fully organized department of preventive medicine at Tufts University in January, 1958, serves as an occasion to review the preventive medicine program of the school in the past, the present organization of the department, and some plans for the future.

Dr. Dwight O'Hara, Dean Emeritus of the Medical School, was appointed as the first Professor of Preventive Medicine in 1930. His interest in the field had grown out of extensive experience with infectious

diseases, particularly diphtheria, in his private practice. With the generous support of the Commonwealth Fund he started a course in preventive medicine as a series of sixteen one-hour lectures during the second semester of the second year, oriented around prevention of infectious diseases, and he was assisted by a series of guest lecturers from the city and state health department. As this information became a part of general medical knowledge, much of it was integrated into the departments of medicine and pediatrics.

The next significant development was the appointment of Dr. Ralph Wheeler in 1943, as Professor of Bacteriology, Public Health, and Preventive Medicine. Dr. Wheeler brought to the School a unique combination of training in microbiology and epidemiology, and in addition, extensive practical experience in the United States Public Health Service before his appointment. Dr. Wheeler expanded the course to sixteen full afternoons and closely related it to bacteriology, which he taught the students during the first semester. He was the first faculty member in the New England area to institute a formal course in biostatistics for medical students. He also introduced the topics of



Checking Children with Measles at 11:15 A.M.



Reporting New Cases at 2 P.M. to Panel with Dr. Gibson at Head of Table

genetic medicine and environmental sanitation. Despite his many obligations as Dean of the School, Dr. O'Hara, with the financial assistance of the Liberty Mutual Insurance Company, organized another series of one-hour lectures for third-year students embracing the important areas of occupational medicine and the organization of health services. There was no formal place for the department in the curriculum of the fourth year.

Home Medical Service

Meanwhile the Home Medical Service of the Boston Dispensary, with a distinguished and unbroken record of service to the City of Boston since 1796, had been utilized as an integral part of the teaching of fourth-year students under the jurisdiction of the Department of Medicine since 1929, when the New England Medical Center was formed. In addition to the invaluable experience afforded students to study the illnesses of patients under home conditions, this period was utilized to provide a series of seminars on social and economic factors which modify illness under the direction of Miss Edith Canterbury, Director of Social Service to the Boston Dispensary. Nearly two thousand Tufts alumni look back on the month which they spent on "District Medicine" as one of the most colorful and unforgettable experiences of their medical school days. Since World War II the growth

of residency training programs and the requirements of specialty boards caused a marked decrease in the number of fellows available to staff the Home Medical Service, but under the able administration of Miss Abbie Dunks, Administrator of the Boston Dispensary, and Dr. Joseph Rosenthal, the Medical Director of the Home Medical Service, the program, now centered chiefly around the fourth-year student, continued to fill a vital need in the curriculum of the Medical School.

When Dr. Joseph Hayman, Jr., came to Tufts University as Dean of the Medical School in 1953, he grasped the tremendous opportunities which the Home Medical Service offered to modern medical education. Together with the Faculty he decided that all of the activities described up above could best be coordinated under an organized Department of Preventive Medicine which would work closely with the other departments involved in these different areas of teaching. Accordingly with generous support of the Commonwealth Fund the services of the writer, a clinician, were secured as chairman of the new department beginning January 1, 1958. The scope and purpose of the Department of Preventive Medicine at Tufts University should perhaps be declined at this point. In many medical schools the areas embracing public health, epidemiology, environmental sanitation, nu-

trition and biostatistics have often been taught by lecturers from departments of public health. Unfortunately, the subject matter has often been of little interest to the medical student, for his motivation in entering medical school usually centers around a sick individual, the mechanisms of his illness, and the rational use of drugs or operative procedures in restoring the patient to health. It is, therefore, considered necessary for a Department of Preventive Medicine to be clinically oriented so that it can anticipate the needs and interests of the medical students. Furthermore, with the solution of many of the classic problems of public health in the United States, public health investigators, teachers, and officials are finding it increasingly necessary to come close to the problems of clinical medicine in the application of their techniques and methods. On the other hand, clinicians are discovering the need for epidemiologic and bio-statistical techniques in the solution of clinical problems. The current waves of staphylococcal infections in hospitals and the scope of periodic health examinations in different age groups represent two such problems in clinical medicine. It is, therefore, planned to construct the new Department of Preventive Medicine as a close interweaving of clinical and epidemiological experiences that will indicate to the student the need of each discipline for the other.

New Quarters

Since the first of the year, extensive changes have been made in the structure of the Home Medical Service. These developments include: (1) New quarters for the Department of Preventive Medicine and the Home Medical Service. The suite, located directly above the Medical Clinic in the Dispensary adjacent to the new Rehabilitation Institute, provides quarters for the Department Chairman and a full-time Associate, the Executive of the Home Medical Service, Mrs. Ledonia Wright, and the social worker, Miss Rosemary Rubbico. There is an efficient "nerve center" for the activities of the Home Medical Service and a well-equipped Conference Room to serve the many activities of the teaching program. (2) Consolidation of the Home Medical

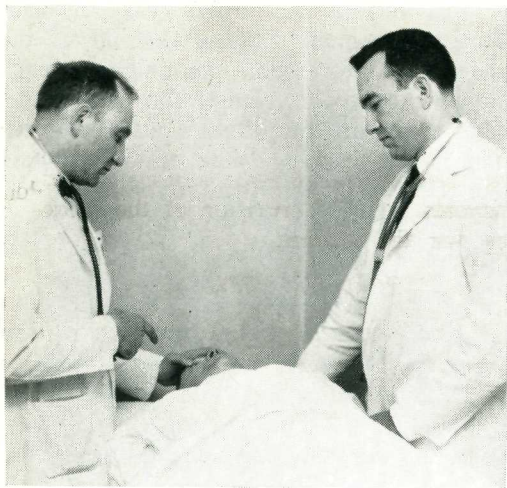
records with the Boston Dispensary records. This achievement signifies that all of the visits and information pertaining to each patient are kept in a single chronologic file. This continuity of information greatly enhances the teaching value of the program and the flow of information among various departments. (3) A revision of the working day for the student.

Student Schedule

Under the new arrangement the student leaves promptly for his new calls by ten o'clock in the morning and returns for a conference at 2 p.m. At this time the students successively report on their new patients to a panel composed of internist, pediatrician and social worker. Not only is this arrangement necessary for the proper disposition of the patients, but it symbolizes the family concept of the program. Since each student hears the problems of his fellow-students, many opportunities are provided for group discussion of different clinical situations. The students also deliver laboratory specimens to the main laboratory before the start of the two-o'clock conference, and this information is available by the conclusion of the conference at 3 p.m. At that time the students return to their areas to make re-visits on acutely ill patients and to supervise the course of the chronically-ill patients who are cared for by the Home Medical Service. This schedule also permits a ready mechanism for the transpor-



Cardiac Consultation at 4 P.M. with Dr. Gibson



Patient Examined Next Morning in Clinic with Dr. J. Richman

tation of the preceptors or consultants by the student to the home of his patient for further appraisal and teaching. An extensive program of home consultations has developed. At the present time psychiatric visits are made twice a week, and other consultants in rheumatology surgery, and neurology as necessary. This arrangement also permits the maturing fourth-year student to face new situations each morning, but with the added assurance of adequate supervision in consultation in the afternoon. The previous innovation of an alternating schedule has been maintained. Half of the students see patients in the home on a given day, while the other half are attending medical and pediatric out-patient clinics. The following day the two groups exchange their schedule. This enables each student to follow a population of patients both in the Out-Patient Clinic and in the home for a full two-months period. It also permits a student who encounters a complicated problem in the home to refer the patient in to himself in the medical or pediatric clinic for further study, thus setting up good patterns of medical practice.

Rehabilitation

(4) Under a grant from the United States Public Health Service the Home Medical Service is engaged in a joint project with the Rehabilitation Institute under the direction of Dr. John Lorentz designed to

detect individuals in the home who could benefit by the techniques of rehabilitation. In each home that he visits the student completes an inventory listing the major acute or chronic illnesses of each member of the household. His findings are then reviewed at the two-o'clock conference. If the individual appears to be a potential candidate for the rehabilitation program, his name is referred to Dr. Lorentz, who with his team of occupational and physical therapists, makes a home visit for further evaluation. If the patient is then accepted for study, Dr. Lorentz outlines a program for the patient. This may include visits to the Out-Patient Department, admission to the Rehabilitation Institute dormitory for an initial period of intensive training, or, if necessary, a rehabilitational program at the home. The Medical School and the Dispensary are confident that this project will provide some hint as to the unmet needs for rehabilitation in our urban population, and will afford an indispensable opportunity for the student to observe the potentialities of this important discipline.

Future Plans

A number of developments are planned for the near future. Of urgent necessity is the appointment of another full-time member of the department, well-trained in public health methods. The role of health education should receive greater emphasis. The new member of the department will participate with Dr. Wheeler in teaching the second-year course, round out the epidemiologic and statistical aspects of the Home Medical Service and serve as consultant to other members of the Faculty in the Medical School who may seek his advice in the search projects. With the generous assistance of the Liberty Mutual Insurance Company, it is planned to expand the program for the teaching of occupational medicine to the third-year students. The circumstances under which men and women are employed, cannot be ignored by the practicing physician. In addition to the obvious emotional and economic aspects of occupational medicine, the recent growth of industries that may include rocket fuels and radioactive substances requires a physician to keep abreast of many new and potential-



Conference on Family Emotional Problems with Dr. P. Myerson, Psychiatrist

ly hazardous circumstances. Metropolitan Boston is fortunate in having a variety of such industries nearby, and it is planned to have the students visit representative plants to get a clearer idea of these working environments. On the Home Medical Service a number of research projects obviously suggest themselves. This is an ideal opportunity for the investigation of acute viral and bacterial illnesses which are seldom admitted to the hospital but which cause massive disability and work loss each year. It is planned to work closely with Dr. Louis Weinstein and his group in the Department of Medicine on an epidemiologic study of streptococcal and viral respiratory illnesses. Because of the many social and psychological problems which are encountered on the Home Medical Service, joint studies with the departments of Sociology and Psychology of Tufts University are also contemplated.

Conclusion

In conclusion it should be evident that, although the Department of Preventive Medicine is one of the youngest and smallest in the School, its mandate is broad, touching all the other disciplines of the School of Medicine. It is hoped that with its growth it will be able to symbolize the efforts of the Tufts University School of Medicine to train young men and women not for any particular type of medical practice but to afford a comprehensive education, thoroughly grounded in the science of medicine and thoroughly rounded by the art of medicine.

Chris Lutes, the student in the pictures, will graduate June 8, 1958.

ALUMNI ACCEPTS \$10,000 CHALLENGE

(Continued from Page 8)

students, percentage of alumni contributing, objectives, size of average gift, improvement over the previous year's record, and additional evidence of a planned effort to broaden the base of support.

"The first group of prizes under the Alumni Incentives Award Program will be presented next winter and will cover alumni fund raising efforts in 1957-58.

Eight classifications have been established for the program, with \$1,000 awards and certificates going to the leading institution in each group. The classifications are: private universities (with three or more professional schools); private men's colleges; private women's colleges; private coeducational colleges with less than 750 enrollment; larger private coeducational colleges; tax supported universities and colleges; professional schools; and junior colleges. The top award will go to the one institution rated as the leader of all classifications.

"The program is designed to provide an added incentive both to the alumni whose support is sought and to the institutions and their formal alumni organizations seeking that support. The cash prizes will be presented to the presidents of the winning colleges and universities to be used in furthering the best interests of the alumni and educational fund raising programs of their institutions."

ANNUAL MEDICAL ALUMNI FUND TO MAY 31, 1958

\$67,208

Donated by 1,443 alumni

\$100,000

Goal for the year 1957-1958

TUFTS MEDICAL ALUMNI BANQUET

TUFTS UNIVERSITY
PRES. DR. NILS Y. WESSELL

CLASS OF
1908

AWARDS FOR DEVOTED SERVICE TO THE PUBLIC FOR A HALF CENTURY



DR. HARRY COBURN OF MARYLAND



DR. HERBERT RICE

DR. WALTER CROSBY

DR. CHRISTOPHER J. DUNCAN, NEW ALUMNI PRES.

DR. SAMUEL SANDLER OF FALLRIVER

DR. JOHN CORCORAN OF FLORIDA

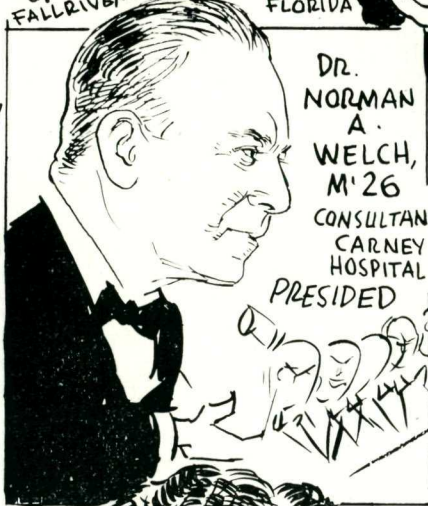


DR. SOLOMON RUBIN

DR. GEORGE W. BLOOD OF FALLRIVER



DR. JOSEPH KIRSNER, PROF. OF MEDICINE U. OF CHICAGO



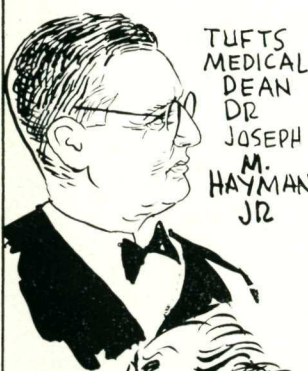
DR. NORMAN A. WELCH, M'26 CONSULTANT, CARNEY HOSPITAL PRESIDED



DR. PATRICK J. SULLIVAN, PRES. OF MASS. MEDICAL SOCIETY



DR. NATHAN BRODY, CHAIRMAN OF 25 YEAR CLASS



TUFTS MEDICAL DEAN DR. JOSEPH M. HAYMAN JR.



FEATURED SPEAKER GILBERT CANT, MEDICINE EDITOR OF TIME



PUBLIC RELATION DAVE GELLER DR. BENJAMIN SPECTOR, PROF. OF BIOANATOMY AT TUFTS



DR. HARRY BLOTNER, RECEPTION COMM.

11/10/58 STERN

ANNUAL MEDICAL ALUMNI DINNER MEETING OF 1958, COURTESY OF THE BOSTON HERALD