

# SCIENCE

VOL. 97

FRIDAY, FEBRUARY 26, 1943

No. 2513

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SCIENCE: A Weekly Journal devoted to the Advancement of Science, edited by J. MCKEEN CATTELL and published every Friday by

THE SCIENCE PRESS

Lancaster, Pennsylvania

Annual Subscription, \$6.00

Single Copies, 15 Cts.

SCIENCE is the official organ of the American Association for the Advancement of Science. Information regarding membership in the Association may be secured from the office of the permanent secretary in the Smithsonian Institution Building, Washington, D. C.

## HEALTH EDUCATION IN A DEMOCRACY<sup>1</sup>

By Dr. C.-E. A. WINSLOW

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THE Health Education Institute is a remarkable institution and it is a great pleasure to watch its progress from year to year. I take a certain vicarious pride in it on account of the large part that my colleague, Professor Hiscock, has played in its development in the past. It is fascinating to see its scope widen and deepen. Particularly this year, apparently, your stress has been not so much on what may properly be called propaganda—although propaganda is important and desirable—but on community organization. Such a tendency toward community organization is a practical application of your basic maxim of education by doing. Education by committee is far more effective than education by poster or bulletin or

cinema. The whole trend, the inherent drive of your educational ideas has brought about the realization that community action is the most powerful educational force; it's the thing that works. While I was in this field many years ago I felt very strongly that while bulletins and posters and meetings and so on were helpful they were like the torchlight processions of those days and the rallies that were held during a political campaign. Those things were after all only the trimmings. They didn't win the election. What won the election was the ward committee and the ward chairman working 365 days in the year. The kind of permanent health organization that has been developed in many communities is not only educationally sound in that it involves the activity of self-educated members but it is also the potent way to develop community action.

<sup>1</sup> This paper was presented before the Health Education Institute at the annual meeting of the American Public Health Association in St. Louis, October, 1942.

I was particularly proud this morning to note that four of the seven speakers were graduates from the Yale Department of Public Health. But Dr. Walker certainly didn't learn his pessimism there. He seemed to be dissatisfied with what he called a definition of health education. Health education, he said, is something that happens inside to change actions in a certain direction. You couldn't have a better definition than that. We don't know what lead is or copper or wood. Science doesn't know what anything is except by its actions. Lead is the thing that reacts in a certain way when you apply acid to it and which has a certain weight and so on which affects scales in a certain way. Dr. Walker's definition is a good scientific definition. Something happens inside; it doesn't matter what it is, but you measure it by its results. If it changes action in a certain direction it is successful health education. Here, as in all other fields of human thought and human activity, it's easier to think things out than to do them, and we mustn't fall into the danger of going back from a meeting like this and assuming that because very sound principles of community organization have been formulated they're necessarily going to be applied. Progressive educators very long ago formulated similar principles to those we've heard stated here for school education. They, too, agreed many years ago that education in schools should be something that was self-motivated, that should arise out of a conscious need of the students in the classroom, but I wonder how many schools of the country are actually operating just that way to-day; and the actual realization of this idea of motivation through conduct is still a long way ahead.

Only a week or two ago we had in our clinical case conferences for the medical students a session on tuberculosis and three cases were reported. In these clinical case conferences the students are supposed to have visited the home and come in contact with all the social agencies. They approach the case from the standpoint that somebody was sick and nobody ought to be sick. What was the matter? Who failed here? Now in one of those cases there was no failure. The machinery worked almost perfectly. In the other two cases, curiously enough (for what happened this year couldn't have happened ten or fifteen years ago), the medical and community machinery of the ordinary type worked about 100 per cent., too. There is nothing you could say that should have been done differently, except patient cooperation. It happened that the failure in two of the three cases was entirely due to the problem of internal emotional motivation; and of course we're not satisfied now to say merely that the patient was "uncooperative." The problem as it happened in two out of the three cases was a problem of health education in the sense of the development

of the right kind of motivation. Two out of these three families were governed by motivations that were absolutely hostile to modern health and medical service.

Furthermore, I'd like to point out that this task of motivation is going to be rather more difficult in the future than it has been in the past. In general, health education has started with objectives that were quite obviously desirable for the individual. A person who is beginning to come down with tuberculosis ought to be about as easy to motivate toward getting well as anybody could be. As I say, in these two cases, this wasn't true, but still, it's a relatively easy problem. Furthermore, the concept that was prominent twenty years ago was the protection of one individual against contagion from another. And that after all is fairly simple motivation. Nobody wants the germ of tuberculosis to be introduced into his home. We began with fairly easy types of motivation and in the future I think we're coming more and more to deal with problems where the fundamental motivation is much more difficult. We can see without any question that the chief causes of death in the future will not be germ diseases and that the motive of protection against infection is not going to be a vital part of the picture. The chief causes of death are more and more going to lie in the individual and in his social environment, and our educational objectives will not be anything as simple and obvious as the concept of distributing tuberculosis germs by spitting on the sidewalk. Furthermore, as we see the public health movement, the future causes of death are in themselves very minor parts of the problem. Success of the public health movement in the future is not going to be measured by changes in the death rate. Our ideal is going to be health and not merely keeping out of the mortality records of the statistician. It's going to be that sort of thing which I never tire of quoting, the statement of William James that "merely to live, move, and breathe should be a delight." That's what we mean by health. And thus we can not be satisfied merely with alleviative medicine; we must not be satisfied even with merely preventive medicine.

We haven't got very much preventive medicine yet, but if we had, that isn't enough. After all, the term "preventive" is a negative thing. Something like *constructive medicine* is what we shall want in the future—medicine that will be actuated by the upbuilding of health and not merely by protection against specific diseases. And we already have something like that operating in the field of pediatrics. I don't think it's general in any other branch of medicine, but pediatric practice is coming to be something in the nature of constructive medicine. It is rather interesting though that even in pediatrics (I inquired about this a little

while ago) the text-books are still all written around diseases. There isn't even in pediatrics a text-book written about the health of the child in the first three months and the health of the child in the second year, and so on. They are all still under disease headings. But the practitioners have got ahead of the text-books, as very often happens. And if health is constructive, health must of course include mental and social as well as physical health. Now those things are less easy to realize and above all they haven't the compelling force of direct danger to one person from another. You remember that the first impulse in the development of the factory laws in Great Britain 140 years ago was the idea that disease was spreading among the apprentice laborers and would spread to the rest of the community.

Such a motive is not so obvious in the case of the health problems of the future. You can fairly easily get people to pay taxes for protection against epidemics, but it's going to be a good deal more difficult to obtain the kind of motivation that will justify financial sacrifices for housing and medical care and social security. The argument "am I my brother's keeper" is used by many who would deprecate any comparison of themselves to the one who first used that phrase. Yet no society is healthy when a third or a tenth of the nation lacks the essential decencies of normal life and the difficult task of the health educator in the future is to convince the public that this is true, that the existence of a substandard slum area is a menace to the city, not in the crude sense that smallpox is going to spread from it but in a sense that the social life, the communal life of the community, is going to be poisoned by these gross inequalities in social structure.

Our problem is even more grave, however. This conception of interactions, this conception of the fact that we all are parts one of another, has got to be realized on an international as well as on a national scale. Some people don't want to think about that. The McCormicks and the Pattersons who a year ago didn't want to prepare for war (and now just those same people don't want to prepare for peace) say, "Let's talk about nothing else but the immediate job of winning the war." They are again showing the same characteristic short-sightedness or possibly fundamental subconscious sympathy with the objectives of the enemy. We can't separate the war and the post-war problems in this case. Some wars have been such that you could set aside and put away social gains. They've been wars for territory or national prestige. This isn't that kind of a war. It's a war for an idea, a war for a way of life, and it's impossible to win a war of the gravity and seriousness of this one without "full cooperation" as Mr. Willkie so

splendidly pointed out last night. Furthermore, if you could win it at the sacrifices of the fundamental welfare of the people of this or any other country you wouldn't have really won because that is, after all, what we are fighting for, a way of life, an opportunity for all people. That is the very issue that is at stake. People will agree to this very readily in theory, but I happened to hear two instances recently that interested me. One was a Rotary Convention in Toronto last spring at which a friend of mine spoke eloquently on the post-war world and one of the members came up to him afterwards and said "That was a splendid speech, perfectly magnificent, I agree with everything you said, but of course, remember this, there mustn't be any tinkering with the tariff." The other instance was a Labor Convention in New Jersey at which ideals of a new world order were widely applauded until the question was raised whether the post-war industrialization of China would not menace the standard of living of the American workman.

I assume we're going to win the war, and we might as well assume that, because if we don't nothing matters anyhow. But assuming we're going to win it, our task is only half done. We must also win the peace; and that means building a new world in which all the people in all the nations have a fair chance to improve their social status. I think that England has learned her lesson and is in the mood to build such a world order. Russia and China are committed to it. The vital question of the post-war period is whether we in the United States are going to be ready as a people to meet this challenge or whether we are going to do what we did in 1920 and give up in peace all that we had won in war. There is a very peculiar challenge to the United States to perceive the importance of world health and recognize its own responsibilities toward world health in a broad sense of the term. As you see, that challenge goes to the very heart of our problem of education. And one thing that has been emphasized in these discussions this morning is what I like to visualize as marking the difference between education and training. All through schools and colleges and universities you must have both training and education. By training I mean something that develops an automatic response to external stimuli. We train a dog to go to heel. We train a child to speak English. We train a medical student to recognize the eruption of measles. We train an engineer to apply a mathematical formula. Those are all valuable forms of training, but they are not education. The word "education" means to lead out, it involves a widening of vision and a deepening of thought. It's an imaginative, a creative process.

Education is not possible for a dog in this sense. Education is possible for a man, outside of Nazi Germany and Japan where nothing but training is permitted. It is very wholesome often to begin with training and develop into education. You remember that the great centers of philosophy in Greece, the academy of Plato and the Lyceum of Aristotle, were both gymnasia. They were originally places for physical exercise which became centers of the greatest schools of philosophy in the world. The medieval universities were primarily technological. They were intended to train men for the priesthood. The modern university is, and in a large measure ought to be, based largely on technology; but these institutions fail terribly of their purposes if they remain training institutions, if they remain merely technological. It is an interesting thing to realize—perhaps it is one of the lessons that the war teaches—that technology instead of making fundamental education in the old sense unnecessary makes it enormously more necessary. The greater the mastery of man over the material world, the more difficult become the relations between men as men, and the more vital becomes real education which doesn't just train men to respond automatically to stimuli but trains them to understand and to want sound relationships, the most precious fruit of which is in cooperative action. No nation that does not have effective cooperation can survive. Pure individualism is only possible to the pioneer in the wilderness. So that the problem is not whether we shall have cooperative action or not, but what kind of cooperative action we have. And there are two ways, these two same old ways, of getting it, training and education. Training is, of course, the easiest way.

Did any of you read (and I hope you have, it's one of the most significant of recent war books) Smith's "Last Train from Berlin"? Among the disheartening things in it are his pictures of the tremendous power and efficiency with which all initiative, all imagination, all sympathy, all human quality is trained out of the victims of the Nazi régime, and the way they are molded into a rigid, utterly heartless, terribly powerful machine. Training is relatively easy, but after all the trouble is that it's inadequate to meet conditions

in this changing universe. The moth which flies toward the sun also flies into a flame, the merely trained person, when conditions are altered, when conditions become complex, if he has no education, no orientation, is as likely as not to march off a cliff into the sea. We are witnessing to-day a world struggle between, on the one hand, peoples who are fully trained and on the other hand our own peoples who are half educated. And that is our problem in the Solomon Islands now. We're suffering because we are half-educated people meeting a very fully trained people and our task is, of course, to complete that education in a sense of the understanding of relationships and of the need and possibilities of co-operative action by democratic consent. It would be easy to produce common action by training, but in this country we are trying a more difficult and a nobler experiment. We are seeking to accomplish the aims of national planning by common consent and not by compulsion, to create a new social economy within the framework of a democratic order and without loss of the essential values of the older liberalism. Our success is still problematic. Whether the obstructive forces of ignorance and selfishness can be overcome without Nazism or Fascism is still on the knees of the gods, but on the success or failure of this experiment may depend the course of civilization for a century to come. The problem to-day is: "Can we on our side achieve cooperative action by common consent? Can we do it in the war? Can we do it in the peace that follows?"

The answer, the only possible hopeful answer, lies in the fullness of education, in the development of education to the point that you have visualized in your particular field, but education which comprehends the entire picture of man's life and his relations to the international environment, the world in which he lives. You can truly feel you are doing your part, and you, with leaders in other fields, must go on with the type of education that gives a sense of the fullness of personal health and the fullness of communal co-operative living, not just as an idea, a phrase, but actually as a compelling force in the governance of the motivation of mankind.

## NICHOLAS COPERNICUS

THE FATHER OF MODERN ASTRONOMY 1543-1943

By STEPHEN P. MIZWA

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NATIONAL COMMITTEE

ON May 24, 1943, the civilized world—or whatever remains of it—will commemorate the four hundredth anniversary of the death of Nicholas Copernicus, the

great Polish astronomer, whose immortal work "De Revolutionibus Orbium Coelestium" revolutionized man's outlook upon the universe.