

## BOOKS AND REVIEWS

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**Public health schools**, by F. GRUNDY, *WHO Chronicle*, Geneva, No. 6, 1969

As many schools of public health grew out of existing institutions with mainly service and research functions, continuing in some instances under a different name and different auspices, it is not always easy to give the exact date when a school was established. Tentative beginnings in the training of doctors in public health were made towards the end of the nineteenth century, but schools of public health in their present form are predominantly a product of the twentieth century and mostly of the period since the First World War. Only six were established in the later years of the nineteenth century—one in Germany (1882), one in USA (1889), and four in medical schools in the United Kingdom. Another 15 first offered courses between 1900 and 1914 and, of the rest, 16 first offered courses as late as the nineteen-sixties.

By the middle of the nineteenth century it was realized that the State could not discharge its responsibilities for community health without trained personnel to assess health needs and problems and to organize and administer health services. In the present century, differences in the scope and character of public health and social systems in different countries have led to a considerable variety in the structure of public health schools. Broadly speaking, the modern public health movement had a twofold origin: in Germany it began with the foundation of institutes of hygiene, and in the United Kingdom it began with public health legislation. In Germany, towards the end of the century, every university had its department or institute of hygiene, in which microbiology and research were the important elements. In the United Kingdom, on the other hand, the emphasis was on public health administration. In the schools of public health established in the early years of the twentieth century, the two systems were amalgamated and courses were offered that included both the scientific and the legal aspects of hygiene and public health. The schools usually undertook research work and provided certain laboratory and other services for the community. Since then the organization of schools has tended to follow this pattern, but with increasing emphasis on administration and personal health.

In eastern and central European countries the idea of the institute of hygiene was conceived in the philosophy of pioneers like Andrija Stampar of Yugoslavia, physician and social reformer, who saw medicine as a social service and the public health administrator as a person with a dual function—the investigation of community health and the admi-

nistration of health services. In these countries special institutes were established having extensive research and service functions. In the USSR, postgraduate training in public health is given at three medical institutes for the higher training of physicians in all specialties, including public health. They are self-governing institutions operating under the Ministry of Health and supported by the Government. Besides playing a leading role in postgraduate teaching, they are also centres for research.

**New and Improved Formats for Care**, by L. Christman, *International Nursing Review*, Basle, 1969, No. 3

There is always a striving of some portions of all the professions to move from the practical to the ideal. In examining these movements, it is most important to examine who is striving toward what ideal. At this moment in time, some elements within the university schools of nursing are extremely concerned with developing expert nurse practitioners. The graduates of these particular programs will be different. They may cause some disturbance in the system, as they will not be tuned to the status quo. Hence, they will cause strain, but hopefully one that will be welcomed. They will be knowledgeable. They will be innovative. They will be less willing to fit into the accepted routines of the hospital. They will challenge the practices and relationships they find in hospitals. It is to be hoped that out of this ruffling of the waters will emerge new and improved formats of care.

Organizational effectiveness in hospitals can be attained. To do it calls for sharp departures from many accustomed practices. In addition, sweeping attitude shifts will be necessary to provide the impetus for change. The rate of progress will depend on whether administrators and nurses will choose complacency and short range comfort or whether change, with all its discomforts, will prevail. What is your choice?