C.-E.A. Winslow and the Later Years of Public Health at Yale, 1940–1945

ARTHUR J. VISELTEAR, Ph.D., M.P.H.

Associate Professor of the History of Medicine and Public Health, Yale University
School of Medicine, New Haven, Connecticut

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This paper is one of a series of papers in which I consider contemporary Yale medical education in general and the Yale Department of Epidemiology and Public Health in particular. It tells of the retirement in 1945 of C.-E.A. Winslow, Professor and Chairman of the Yale Department of Public Health since its inception in 1915; of the committees established by the dean of the School of Medicine and the president of the University, charged with determining the future direction of the department; and of the outcome, which, in 1945, proved favorable to Winslow's public health philosophy in contrast to the medical school's clinical needs and desires.

In this paper, I intend to consider the events preceding and immediately succeeding the retirement in 1945 of C.-E.A. Winslow, Professor and Chairman of the Yale Department of Public Health since its inception in 1915; of the committees established by the School of Medicine and the university charged with determining the future direction of the department; and of the outcome, which proved favorable to Winslow’s public health philosophy, in contrast to a newer clinical public health and preventive medicine model advanced by Winslow’s colleague, Dr. John R. Paul, who, since 1940, had been chairman of Yale’s Section of Preventive Medicine. The story reflects different visions, changing ideas, attitudes, and institutions, and is as much about contrasting philosophies as it is about personalities and university politics [1].

I

In 1945, C.-E.A. Winslow, Chairman of Yale's Department of Public Health for thirty years, stepped down from a position which had brought Yale, the department which he had led, and himself considerable international and national distinction, public favor, and acclaim (Fig. 1). Winslow had brought to Yale his knowledge of sanitary science learned from William T. Sedgwick at the Massachusetts Institute of Technology [2], his knowledge of complex institutions and local and state politics learned from Hermann Biggs at the New York State Department of Public Health [3], and his experience as local health officer in Montclair, New Jersey, curator of public health at the American Museum of Natural History, and faculty member at the University of Chicago and the City College of New York. From his strategic position within a major medical school, Winslow was to develop his department as a premier educational institution from which went forth not only students with the degrees

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Abbreviations: BPO: Board of Permanent Officers  CCMC: Committee on the Costs of Medical Care  IHR: Institute of Human Relations  NYU: New York University

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Address reprint requests to: Dr. Arthur J. Viseltear, Section of the History of Medicine, Yale University School of Medicine, 333 Cedar Street, New Haven, CT 06510

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M.P.H., Dr.P.H., or Ph.D., but medical students imbued with a “preventive spirit” [4].

One reason for Winslow’s success at the School of Medicine was his belief that public health was not a static discipline, that it was not only a sanitary science but also a social science. As such, the program Winslow developed at Yale sought to produce students who would continue to nudge the plastic and nascent field into new directions, to assure, for example, that not only was water potable and food unadulterated, but to assure as well that houses were habitable, ventilated, heated, and pest-free; workplaces safe; jobs secure; and medical care made available to mothers, children, and all in need at reasonable cost [5].

According to Winslow’s view, public health was emergent, optimal, and mutable. It included not only infectious disease control, but also the prevention and control of heart disease, cancer, stroke, mental illness, the diseases of infancy, and those diseases associated with poverty. Public health, he wrote, encompassed medical and nursing services and the development of “the social machinery to ensure to every individual a standard of living adequate for the maintenance of health” [6].

Winslow could never understand why barriers had been erected between prevention and cure, as both, he believed, were a continuum. He wondered why society had found it “good public policy and sound economy” to establish clinics for the early diagnosis, treatment, and prevention of tuberculosis and venereal diseases when cancer and other chronic diseases would benefit from a similar approach. He believed it better simply to eradicate the “artificial” barrier between public health and medical care. Both, he wrote, needed each other:

The public health worker needs the physician because in so many diseases education depends on diagnosis and demands the application of medical skill. The far-sighted physician is equally eager to link up his science with the public health program, because on his side he realizes that medicine can never attain its full potentialities of service unless it is made really preventive, through some type of effective professional and social coordination [7].
These thoughts were but prelude to what Winslow was to say in 1926 in his presidential address to the American Public Health Association [8]. Here he not only advocated group practice and health insurance, but hinted at a national program that would place the public health officer and the individual physician in an organized national health program, ideas which were to reach their culmination in 1932 in the majority report of the Committee on the Costs of Medical Care (CCMC), on which Winslow served as vice-chairman [9].

II

Concurrent to these national activities, Winslow was busy at Yale. He allied himself with Milton Winternitz, elected dean of the medical school in 1920, and began what was for both a fruitful and long-lasting friendship [10]. Winslow encouraged Winternitz to establish a School of Nursing at Yale and to proceed with other bold ventures as well. They met socially, exchanged research, and shared ideas, and Winternitz, fresh from his first flush of victories to establish Yale as a front-rank school, began to think of even bolder plans, one eventually resulting in the establishment of the Institute of Human Relations (IHR) [11].

Winternitz and his colleagues believed that medicine had become too specialized and that medical students had turned inward and knew nothing about the complexities of disease, except those which they had seen in the laboratory or under the microscope. The plan that emerged in the late 1920s was to develop an institute which would coalesce with medicine the disciplines of sociology, economics, political science, nursing, public health, industrial relations, law, and even theology. The objective was to see medicine as a progressive science, to emphasize societal issues and health and disease prevention, to have the medical student turn outward [12].

The plan ultimately failed, but the principles of social medicine had been set forth and, for a while at least, pervaded the thinking of a major medical institution.

Public health was to be a major part of IHR, but, when the institute concept of collaborative research and teaching began to wane in the early 1930s, Winslow redirected his attention to his department. During the 1930s, with limited resources, he matriculated ten to fifteen students each year with various public health degrees. He continued to be a productive writer and scientist, taking on the added responsibility of directing the John B. Pierce Laboratory. He served as chairman of the American Public Health Association's Committee on the Hygiene of Housing; maintained his interest in sanitary surveys and evaluative research by writing three major treatises for the Milbank Memorial Fund on health demonstrations, in Cattaraugus County [13], Syracuse [14], and in midtown New York City [15]; and maintained as well an interest in industrial hygiene and occupational medicine and in national and international affairs, such as refugee physicians and scientists fleeing Nazi Germany.

One of these refugees, Franz Goldmann, deserves special mention. While serving on CCMC, Winslow recognized the need for a more coherent program of medical care which he believed would have to be federally inspired and funded, but designed and administered by representatives from all the principal constituencies. As early as 1920, Winslow's principal medical school public health course, extending for 45 hours, included five lectures on the social dimensions of health care. In this course, students heard Winslow expound on the dispensary as a factor in a community health program, the problems of medical organization and the relation of the practitioner to the public health movement (including group medicine, health insurance, and health centers), poverty and disease, housing, and the results of the public health movement and its
future possibilities, which included new models for medical care organization, delivery, and financing. In 1926, he wrote that change was coming "as surely as the sun will rise to-morrow" [16]. Throughout his Yale career he continued to express the same effusive hope.

It is no wonder that, with the development of Social Security and renewed interest in the mechanism of social insurance, Winslow should seek an expert in the field, Goldmann, bring him into his department and the medical school, and have this new instructor in the period 1938 to 1942 develop seminars under such titles as "The Social Background of Medical Care" and "The Physician in the Changing Social Scene" [17].

III

All this has been prelude. Winslow taught classical public health, social and administrative public health, and he ventured into the new public health which included medical economics, social medicine, poverty, housing, and medical care organization. The Yale program was organic, emergent, optimal—not provincial or narrowly focused. With few faculty and resources, he borrowed here and there among the medical school and university faculty (for example, assigning courses and seminars to Arnold Gesell in child study, Leo Rettger in bacteriology, Milton Winternitz in pathology, Lafayette Mendel in physiological chemistry and nutrition, Roscoe Suttie in sanitary engineering, and George Desson in law), seeking instructors as well from the community, other universities, and the U.S. Public Health Service to offer instruction in shellfish pollution, tropical medicine, dust pollution, and maternal and child health services. He used, in this way, a host of experts to develop the Yale program as a premier department, all with a core faculty consisting of but himself and a single full-time colleague, Ira V. Hiscock, a borrowed statistician, a few visiting professors, many of whom had been at one time or another his former students, a few medical school and university colleagues, and guest lecturers.

By 1940, Winslow was 63 years old. His hair had thinned and was white, his face wrinkled, his shoulders stooped; but, if he looked old, he had not in the least slowed down. Among Winslow's many natural gifts were his energy, vitality, and his peerless facility with word or pen. He was to need all his skill in his final Yale years, for at stake was the very department he had led, the public health philosophy with which he had pervaded the school, and all the fundamental public health principles for which he had fought so long and earnestly.

IV

It is now time to introduce a second player, Dr. John Rodman Paul (Fig. 2) [18]. Educated at Princeton (B.A. 1915) and Johns Hopkins (M.D. 1919), Dr. Paul eventually became director of the Ayer Clinical Laboratory at the Pennsylvania Hospital, where he engaged in bacteriological and pathological research, including research into rheumatic fever. Dr. Paul presented a portion of this research at the clinical meetings in Atlantic City, where he met Dr. Francis Gilman Blake, Professor of Internal Medicine, who invited Dr. Paul to join his department at Yale (Fig. 3). Dr. Paul accepted and became collegially associated with clinical scientists whose combined research had led to Yale's rise to prominence in the 1920s and 1930s, men such as Blake, John Peters, and James Trask. About Dr. Paul's research I commend to you the Dorothy Horstmann and Paul Beeson National Academy of Sciences memoir,
in which may be found a full account of Dr. Paul's life work, and a complete listing of Dr. Paul's bibliography [19].

A few words, however, must be said about Dr. Paul's principal work in preventive medicine and clinical epidemiology.

Dr. Paul, despite engaging in what was then known as preventive medicine research, found unacceptable the term "preventive medicine." In a semi-autobiographic account written in 1971, Dr. Paul wrote that he regarded preventive medicine as "too boastful, too suggestive that great things might be just around the corner" [20]. He favored an approach that would focus on the underlying principles of prevention, which was the discipline of epidemiology. He pursued these ideas concurrent to the development of his research with the polio virus, with rheumatic fever, and with other infectious diseases, ultimately refining his conclusions in the 1930s with the emergence into common usage of the term "clinical epidemiology" [21].

In 1938, he delivered the presidential address before the American Society for Clinical Investigation. Before this audience, he said:

The term, Clinical Investigation in Preventive Medicine, is cumbersome. . . . It presupposes the existence of a so-called sister science, Curative Medicine. . . . Clinical Investigation in Epidemiology is better for the purpose at hand; Clinical Epidemiology is best, and really what I mean. . . . It is a science concerned with circumstances, whether they be "functional" or "organic" under which human disease is prone to develop. It is a science concerned with the ecology of human disease. It must face the question of "why" as well as "how." Clinical Epidemiology differs, therefore, from the orthodox science of Epidemiology, both in its aim, and its locale. . . . The orthodox epidemiologist must of necessity deal dispassionately with large groups of people. . . . The clinical epidemiologist, on the other hand, must of necessity deal with small groups of people; people whom he knows well and groups no larger than a family, or small community. . . . The clinical epidemiologist . . . starts with a
sick individual and cautiously branches out into the setting where the individual became sick, the house, family, and the workshop. . . . It is his aim to . . . place his patient in the pattern in which he belongs, rather than to regard him as a lone sick man who was suddenly popped out of a healthy setting; and it is also his aim to bring his judgment to bear upon the situation, as well as on the patient [22].

In 1940, Dr. Paul, then an associate professor of medicine at Yale, received an offer from New York University (NYU) to fill their vacant Hermann Biggs Chair in Preventive Medicine. It was a golden opportunity. If Paul accepted the NYU post, he could develop his ideas and further his research in his own department. Certainly, he would have to relocate his research laboratory, seek or train new colleagues and students, develop new patient populations, generate outside funding, and establish new linkages and allies in a new medical setting; but is not this what many faculty do all the time? A call to another university, a call especially to an endowed chair and a chairmanship, is the goal to which many aspire; but Paul's research laboratory at Yale was productive, his reputation secure, his life at Yale and the medical school stimulating, productive, and comfortable. Dr. Paul did not wish to leave, but most likely would have done so if the school had not made an immediate counter-offer.

Let me explain what happened. Dr. Blake asked Paul not to make up his mind about NYU until he had a chance to speak to the Prudential Committee of the medical school. Before this senior dean's advisory committee, on which sat Stanhope Bayne-Jones, dean of the school, Hugh Long, Arthur Henry Morse, Grover Powers, and G.H. Smith, Blake spoke wisely and well on behalf of Paul. Dr. Paul's offer was substantial, he said; but as the need to develop a section of preventive medicine at Yale was so
urgent and because Paul had so “outstanding” a national reputation as an epidemiologist, every effort should be made to retain him at Yale. The cost of keeping Paul at Yale would be $15,000, a sum which would cover Paul’s salary, the salaries of an instructor, technician, and clerical assistant, and expenses. Dr. Blake was willing to redirect $3,000 from his own departmental funds, and reported that Dr. Alan Gregg of the Rockefeller Foundation already had voted to support the plan by agreeing to award Yale $3,000 for three years. If the NYU offer is to be met, Blake said, $9,000 in new funding would have to be obtained [23].

Blake’s major argument was also conceptual. With Paul in place, other scholarly benefits would accrue to the school. For example, Paul would doubtless develop a liaison between preventive medicine and public health, provide for “the introduction of more of the experimental method in Public Health,” and “develop the clinical approach of accurate study of the individual as contrasted with the earlier method in Public Health of deductions derived from group analysis” [24].

The minutes of the Prudential Committee do not reveal if Blake expanded on the differences between Winslow’s department and Paul’s proposed section; nor do they reveal Blake’s desire to have Paul in place, as Blake and others believed that there was a need to “reorganize” public health when Winslow retired, a conclusion that Blake shared with Yale President Charles Seymour (Fig. 4) a few days later.

Nor did Dean Bayne-Jones press Blake on the matter of future developments. Instead, Bayne-Jones seemed, if anything, more concerned for Paul’s welfare than the School’s. “Is it desirable to try to hold a man who has been offered a department?” he asked Blake. Moreover, as there were other school needs, and having resisted a corporation plan to decrease the school’s budget, could the school afford the added expense of $9,000? And, as a final comment, Bayne-Jones argued that there were already vacancies in pharmacology and neurology and for support services in many of
the clinical departments. Could the school justify Paul's appointment over the others, he asked [25].

Blake responded. If an outstanding man and a suitable program were available in pharmacology then it would be in the best interests of the school to give priority to pharmacology, he said. As this was not the case, then "every effort should be made to aid in the development of public health in the manner outlined." Following the presentation, Blake withdrew and the Prudential Committee voted:

To present to the Board of Permanent Officers [BPO] the recommendation of Dr. Blake that John Rodman Paul be recommended for promotion to Professor of Epidemiology, with joint assignment to the Department of Public Health and Internal Medicine [26].

Later in the day, BPO met to consider the motion unanimously approved by the committee. Dr. Blake again presented the case for the appointment and was strongly supported by his colleagues, and especially by Dr. Winslow, who believed that Dr. Paul's appointment would be "highly desirable" from the point of view of his own department. Dr. Winternitz also "heartily supported" Paul's appointment. The one dissenting voice was that of Professor Harold Burr, who inquired if the preventive medicine post was as important as that of one in pharmacology. Dr. Blake addressed the issue of priorities and was again supported by Dr. Winslow. As "educational trustees" of the School, Winslow said, BPO "would be remiss if it did not make an attempt to retain Dr. Paul" [27].

BPO then voted unanimously to accept the motion presented by the Prudential Committee.

With concurrence of the senior medical school faculty, President Seymour similarly supported the proposal and, in May, Paul received from the Yale Corporation official word of his appointment as Professor of Preventive Medicine (a substitution for the original title proposed, Professor of Epidemiology, deemed "less appropriate" by the parties concerned) [28].

V

There is insufficient time to develop the story during the years 1940 to 1944. As with other medical schools and universities throughout the nation, Yale faculty and students were drawn into military service. The school lost almost one-half of its faculty and embarked on a truncated degree program. Bayne-Jones resigned the deanship and left for Washington, Paul left for service abroad, as did Ira Hiscock and all of the other clinical and part-time faculty appointed in public health. The medical school, nonetheless, was a busy place. Everyone who remained worked harder and longer at his or her jobs and pitched in to make the best of an impossible situation, including the medical students, who understood the pressing demands of their school and the nation [29].

The first need was for a new dean. President Seymour wanted everything at Yale to proceed as normally as possible and persuaded Blake to assume the post of acting dean, while maintaining his responsibilities as chairman of the Department of Internal Medicine. Seymour then asked Winslow to chair the search committee charged with finding the new dean, a choice which ultimately fell to Blake, once it was determined that the committee's first choice, Alan Gregg, was not interested [30].

I thought it odd that Seymour should choose Winslow, a non-physician, to chair the search committee for the new dean, but when I read through the Winslow-Seymour
correspondence in the Yale Archives it became apparent that the two had much in common. Winslow, remember, had arrived at Yale in 1915. Despite his teaching and research and his national and international commitments and consultantships, which often took him away from Yale, he was known both well and favorably “across campus.” Winslow had always been uncommonly “clubbable.” He enjoyed the company of men and, in turn, was always well-liked and respected by his associates, be they members of scientific societies, alumni associations, or fellow committee members. He was well-read, well-spoken, entertaining, diplomatic, and, having traveled extensively, widely experienced in many matters. At Yale, he was an elected member of the Trumbull College fellowship, faithfully attended its meetings, and wrote often to the president about the fellowship, the undergraduate students, and about which of his colleagues would make a good master [31]. He participated in Yale discussion groups and various inominate societies composed of distinguished and like-minded fellow faculty members. One such club was devoted to international relations, at which he and others debated throughout the 1930s the impending crises in Europe and Asia. Most important to mention was his position on neutrality, which he vigorously opposed, as did Charles Seymour, then a Yale professor of history and subsequently to be named Yale’s president. Seymour often spoke publicly in opposition to neutrality, and Winslow applauded both the speeches and Seymour’s courage in having spoken his mind. “I do not think I am a fire eater,” Winslow wrote to Seymour in 1935, “but a good deal of the present day pacifist propaganda seems to me thoroughly unsound and demoralizing” [32]. And later, in 1939, after Seymour’s address to the undergraduates on the same subject, Winslow again writes:

I have taken considerable comfort during the last few weeks re-reading that passage in the third Canto of the Inferno describing the area set aside for those who were neither good or bad, but only for themselves—who would not obviously be admitted to Heaven and could not be admitted to Hell because their presence would give the damned something to look down upon. It is an admirable description of the neutral [33].

VI

Once again having set the stage, let me take you to March 1944, when Dean Blake announced at a meeting of BPO that he intended to study the future of the Department of Public Health in light of Dr. Winslow’s retirement in 1945. Dr. Blake then requested that President Seymour invite Paul to serve as chairman of this committee, and to appoint as well Grover Powers, Milton Winternitz, Elizabeth Bixler, Dean of Yale’s School of Nursing, and himself to serve in an ex officio capacity. Seymour agreed and appointed the committee of five, now “officially sanctioned” [34].

At a meeting of BPO in May 1944, a meeting, incidentally, at which President Seymour presided, Blake described the committee’s objectives, adding that the committee intended to consult with many principals of the school and university, including Winslow’s departmental colleague, Professor Ira Hiscock. Apparently caught off guard, Winslow was uncharacteristically forthright, preferring all his life (with one notable exception) to be diplomatic rather than direct, and he expressed his deep reservations. He shared his “regret” that the committee had not been charged to study the “broader aspects of the subject.” It was perfectly acceptable, Winslow argued, to have a committee consider the medical school aspects of public health (i.e., preventive medicine), but, as his department had really functioned as a “School of
Public Health," the committee should either widen both its membership and focus, or
the president should consider appointing a second committee [35].

Seymour concurred, but prudently said only that the points raised by Winslow
would be considered later in the month, at a meeting of the corporation.

The next day Winslow received a letter from Edgar Furniss, Dean of the Graduate
School, inviting him to meet on May 12 with the Educational Policy Committee of the
corporation to help the committee consider plans for the development of the university's work in public health [36].

Winslow replied that he was "delighted" to oblige. The minutes of the corporation
have not been opened for scholarly review, but Winslow's single page of notes, upon
which he based his remarks, is extant in the Winslow Papers and will form the basis for
my next set of remarks [37].

VII

Winslow first spoke of the various "patterns" of public health education, juxta-
posing "schools of public health," such as had been developed at Johns Hopkins, with
Yale's "department."

Also on the Winslow note appears the single word, "dangers," by which I conjecture
he meant the too rapid expansion of schools of public health without sufficient
resources to meet their objectives (or the danger that schools of public health have
become too "technical," especially in comparison to the "graduate" and "academic"
focus of his own department).

Winslow then drew attention to the "Scope of the Courses" offered by his
department. He went on to consider the graduates of the program, the C.P.H. and
M.P.H., Ph.D., and Dr.P.H. degree recipients, doubtless focusing on the professionally
successful matriculants from his program, men such as I.S. Falk, Barnett Cohen, Hugh
Leavell, Wilton Halverson, and others. In considering the graduates, he also consid-
ered the "Reputation" of the department, under which heading, I assume, he presented
evidence of the department's scientific productivity.

Winslow then discussed certain external reports and various White Papers which
had considered the trends and philosophy of public health education and turned also to
studies which addressed the future of public health. Many of the reports indicated that
the field was growing. For example, physicians returning from military service would
need more training, and, with health insurance and a truly national health program
just-around-the-corner, schools of public health were expected to have many additional
students.

Under the heading "Resources," Winslow must have told the committee that,
without sufficient funds, schools of public health, and Yale's own Department of
Public Health, would be forced to reduce or abandon some of their programs, just when
they appeared to be most needed.

Winslow concluded his remarks with two final considerations, listed under the
headings: "Opportunities for Specialization at Yale" and the "Type of Committee
Needed." It is obvious that he must have argued for two committees, one to consider
the medical school and a second to consider the broader aspects of the field, especially
since his own department had in fact functioned as a school of public health. He must
also have added that the medical school committee had been given too narrow a
mandate and that its membership was limited in both training and understanding of
the broad field of public health and its opportunities and potential.
Following the corporation committee meeting, Furniss recommended that Seymour also appoint a university committee, as Winslow had believed necessary. Seymour was pleased to oblige and so informed Winslow. In the same letter, Seymour asked Winslow to recommend the names of those who might serve as members of the university committee, adding that “it might be wise to have as chairman someone who is not on the Yale faculty.” Were this to be the case or not, Seymour concluded, “both you and Dr. Paul should serve as members” [38].

Winslow was delighted. “I cannot tell you how happy I am over the course matters are taking,” he wrote. “It is a great satisfaction that the University is approaching the matter on the broadest lines and with eyes open to all possibilities” [39]. Winslow suggested for membership Roscoe Suttie of engineering and Mark May of IHR, both of Yale; Dr. Wilton Halverson, Director of the California Department of Public Health; and Dr. Hugh Leavell, Director of Health of Kentucky’s Louisville and Jefferson County Health Department, representative of the field of public health; Dr. Alan Gregg of the Rockefeller Foundation; Lowell Reed, the eminent biostatistician and Dean of the Johns Hopkins School of Hygiene and Public Health; and General James Simmons, Chief, Preventive Medicine Service, Office of the Surgeon General, U.S. Army, adding that Halverson, Reed, or Simmons would be the best candidates from whom to select a chairman. The only misgiving Winslow expressed was that, whereas Paul should definitely be a member, and so too Grover Powers and Samuel Harvey, he himself, as retiring chairman, “certainly . . . should not serve.” Better, he thought if he “were not considered as officially a member . . . , but invited to sit with the committee if, and when, the committee desired it” [40]. Seymour, as we shall see, was to pay no heed to Winslow’s latter suggestion.

VIII

Concurrent with these activities at the university level, Paul assembled his medical school committee on May 12 and proposed that they consider three major questions. First, should the program be a separate school, a university department, or a medical school department? Second, should courses be developed for medical students, postgraduates, nurses, or should students be selected directly from baccalaureate programs? And, third, regarding integration with other university departments, especially those vitally concerned with public health work, should the new program affiliate or integrate its public health work with medical school sections or departments; should it include topics such as nutrition, tropical medicine, or the social sciences; should it include a clinical or dispensary focus, or affiliate with other schools, such as nursing [41]?

By early June, John Paul’s medical school committee had concluded its preliminary discussion and prepared a preliminary draft, which was then circulated among the committee and selected faculty and which was also sent directly to Seymour.

The committee’s draft report was exceedingly accommodating to Winslow. The debt the university owes to Professor Winslow is great, the committee stated, “and it can repay that debt in some measure by promoting in the future Department of Public Health those principles for which Professor Winslow has stood” [42].

But the committee went on to say that, whereas Winslow’s department had emphasized since its early days “the social aspects of public health,” such as environmental sanitation, housing, public health education, and “medical care in the changing social scene,” the new department should emphasize the integration of such
functions with clinical departments, "so that disease prevention, as well as health promotion, could be developed simultaneously" [43]. Winslow's successes, the committee seemed to suggest, were successes of the past. A new directional emphasis was necessary, and the Paul committee argued for the emphasis to be a clinical one.

By way of summary, the committee listed four basic proposals:

1. That the faculty be organized to teach and carry on teaching and investigations in the fields of: (a) preventive medicine, (b) the principles of public health, and (c) social medicine.
2. That the faculty be organized as a Department of the University "as opposed to the alternative plan of its organization as a separate school, or as a Department of the Medical School."
3. That the students selected be selected from medical and nursing students, post-graduate students (i.e., those with their M.D. degree) seeking the Dr.P.H., Ph.D., or M.P.H. degree, as well as those with baccalaureate degrees seeking the Ph.D. degree.

And, fourth, that "except in very special cases, the degree of M.P.H. for students (not holding the M.D. or R.N. degree) be dropped" [44].

The decision to limit the M.P.H. to those students with post-baccalaureate degrees, the committee concluded, had been taken "advisedly." Not only did they believe that teachers and practitioners of preventive or social medicine "should be more fully trained than the doctor of medicine," but they also believed that the future department should no longer train "Technical Assistants in the Hygiene field" [45].

President Seymour shared Paul's preliminary report with Edgar Furniss, who found it somewhat disappointing. Furniss wrote disdainfully that the report was "too slight to arouse the interest of outsiders" and added that the recommendations were "so simple and obvious that they would not even serve as the basis for comment" [46]. Seymour agreed and so informed Paul, who informed his committee. If our report is to be submitted for outside review, it "needs to be amplified," Paul wrote [47].

IX

As Paul and his committee met throughout June and early July to "amplify" the report, Seymour appointed the university committee. Lowell Reed, Dean of the School of Hygiene and Public Health at Hopkins, agreed to serve as chairman, with James Simmons, Ira Hiscock, Paul, and Winslow serving as members. The university committee was believed by Blake and Paul to be advisory to the medical school committee and was thought to have been appointed with the specific task of reviewing the Paul committee proposal once redrafted. But it is obvious that this was not the case at all.

Once Dr. Paul had completed the second draft of the medical school committee's report (dated July 17), he circulated it among the members of his committee and sent copies to Seymour and Winslow, and also to Reed, Hiscock, and Simmons. The procedure was to have the members of both committees meet, at first separately and then jointly, and for the university committee (the Reed committee) then to draft the final report. This meant that, instead of the medical school's committee report (the report of the Paul committee) serving as the basis for comment by an outside advisory body (the Reed committee), advice which in any event may or may not have been accepted, the Reed committee was to prepare its own report, using the Paul
committee's report as a background document. Dr. Paul's committee, then, was serving the exact role thought to have been assigned to the Reed committee! (If all this was a bitter pill for Dr. Paul to swallow, as it must have been, Paul never wrote a word about it that is extant in the Archives.)

X

Winslow's comments on the July 17 draft report of the Paul committee are instructive. It is in this letter, dated July 19, that the issue of the future of public health at Yale was joined, and for that reason we must review it carefully [48].

"On the whole," Winslow wrote, he was "in accord" with the report and expressed his special pleasure that the committee had been "sympathetic" with the "combined comprehensive development of public health at Yale." Nevertheless, Winslow wrote, he felt "compelled" to address a number of misconceptions.

Winslow first expressed concern that the committee had singled out for praise his department's contributions to health education, medical care, and the social aspects of public health. "It should be remembered," he wrote, "that epidemiology had by no means been neglected." For example, he continued, there was a specific course in epidemiology which considered "the much neglected but essential philosophical background of epidemiology" as well as the basic techniques to be employed in epidemiological investigations. In addition, a considerable component of the public health administration course (taught by Winslow) had been devoted to "the study of the movement of disease and its control, from a practical standpoint," and many of the publications from Winslow's department "dealt with vitally important climatic and racial factors in epidemiology."

Winslow addressed the committee's emphasis on infectious disease, which he believes was misplaced. There were more significant public health problems, Winslow wrote, citing the fact that only 15 percent of a health department's budget was deemed necessary for communicable disease control, as such problems had already been resolved.

Another area identified by the committee as worthy of development, tropical medicine, Winslow also dismissed as being "no longer vital." The war revealed the importance of such research outside of the United States. Such research may very well be important, he wrote; but the way to approach this new concern should be to establish "two parallel courses" of public health work, one for those desiring to prepare for work in the tropics and one for those who expect to "work in more fortunate areas." For the first group, Winslow conceded that epidemiology and tropical medicine should be heavily stressed; for the second group "much less so."

Winslow was also troubled by the committee's discussion of public health science and public health practice. He was especially concerned with the implication that "the practical side" of the department's work "[had] been insufficiently correlated with the actual public health work in the field." There may not be a community health center or clinic at Yale, Winslow wrote, but Professor Hiscock had made definite plans for such a center and only awaited proper funding for its realization. Moreover, he concluded, as the department was connected with "actual" public health work, and not part of an "artificial" demonstration, "we have had unusually good clinical facilities in this field."

I believe [he wrote further] that it can be shown that we have been actually closer to the current of public health administration in the United States than
has any other school. The structure of public health administration in this country is largely based on work of the Committee on Administrative Practice, of which I was, for fifteen years, chairman, and Professor Hiscock's book on *Community Health Organization* is the bible in this field [49].

Winslow also noted that, as he was also a member of the State Public Health Council and as Hiscock chaired the New Haven City Health Department, and as both had consulted for the U.S. Public Health Service and the Pan American Sanitary Bureau, the "widest possibilities of practical contact" already had been established. Moreover, the department's students had also been involved in statewide and community activities, many preparing health surveys, "some serving as a basis for the achievement of this State in the public health field."

For Winslow, the most troubling conclusion of the Paul report had been the proposed policy of eliminating the training of college graduates for work in sanitation, and particularly in health education. The American Public Health Association, he wrote, had prepared standard educational qualifications for eleven different types of public health workers, of which only three required the M.D. degree and one the nursing degree. "It would be most unwise for us to shut the door to the other seven," he wrote. Winslow stated further that, among all the specialities recognized by the American Public Health Association, none was more important than health education, a field in which Yale had excelled and provided the best training in the United States.

But the real reason Winslow did not wish to shut out baccalaureate students had to do with "the profile" of a typical public health class. The "mixture of students with different specialized backgrounds has, with us, proved most stimulating," he wrote. The younger students who had enrolled in public health had "more than held their own" with medical graduates in intellectual achievements; and with regard to their "broad training" they had "often shown wider interests, more logical power and clearer thinking than our medical men." The non-medical graduates:

... have indeed sometimes executed a wholesome influence in breaking down the rigidity and narrowness of certain of our students holding the M.D. degree. The training of medical students (as a result of factors beyond the control of faculties) is so burdened with routine detail that it does not, as a rule, exert a "broadening influence" [50].

Winslow then addressed another conclusion of the committee's report: that only physicians should teach public health. This Winslow considered elitism—in his words, an example of "too categorical medical exclusiveness." The committee had supported its conclusion by considering the two new chairs in social medicine and preventive medicine which recently had been established in Great Britain, both of which were held by physicians. Winslow believed that the chairs referred to corresponded to Paul's own Section of Preventive Medicine and, of course, required a medical degree; but, for the teaching of administrative public health, a medical degree, while highly desirable, was less essential than a broad knowledge and competence in the whole field of public health.

The concluding sentence of Winslow's letter is neither abrupt nor critical, but certainly effective. He writes: "I know you wanted me to be very frank, but I wish in closing to congratulate you on a generally admirable memorandum" [51].
XI

The Paul and Reed committees assembled in New Haven on July 28. Winslow had strategically arranged for Hiscock to be on the same train as Reed and Simmons, and invited all three to sleep at his home, located on St. Ronan Street, an invitation all were pleased to accept. Following breakfast the next day, the four were driven to Yale to attend the 9:30 A.M. meeting, scheduled to be held in Winslow's office [52].

At the meeting, Paul presented an abstract of his committee's report, concluding his brief remarks with the statement that the medical school "had an unusual opportunity to achieve close cooperation between its Departments of Clinical Medicine and Public Health." Winslow also presented some preliminary remarks, pointing out that the plan of Paul's committee had set forth "fitted in fairly closely" with the department for which Paul had had responsibility these many years, and expressing his reservations about restricting the M.P.H. to only those individuals holding medical or nursing degrees [53].

Dr. Reed, as chairman of the combined group, then reviewed the series of questions the members were to discuss. The questions, eight in number, had been prepared by Winslow, and included the following:

1. Should Yale University continue in the field of training post-graduate personnel in public health?
2. How should this training be conducted?
   a. As at present in the medical school?
   b. By a cooperative program involving various university schools and departments?
   c. In a separate school of public health?
3. What should be the general program, degrees, length of course of study, etc.?
4. What special areas of public health should Yale particularly emphasize?
5. What existing departments of the University should be utilized in such a program?
6. What fields of teaching and research in the field of public health should be developed or enlarged; i.e., epidemiology, tropical medicine, health administration, health education, social backgrounds of medical care, industrial hygiene?
7. Where in the university scheme should existing or new sections be placed?
8. How much money will be needed to make post-graduate training in public health effective [54]?

The questions were not discussed in order, and I shall briefly abstract the discussion.

The consensus of those present was that Yale should definitely continue training postgraduate personnel in public health. With regard to the general public health program, Reed believed that each chairman or dean, in concert with the faculty, should be given fairly wide latitude to develop his or her own program. Simmons concurred, believing it best to let the field, and each school, determine its own limits.

They discussed the issue of degrees. At Hopkins, no one had been admitted for the M.P.H. directly from college, but Reed admitted that the faculty were meeting to consider revising this policy. At Yale, Winslow said, many who had matriculated in his
program entered the field of public health education, and he offered his observation that this discipline would continue to grow in subsequent years, a point strongly supported by Reed.

Dean Blake was uncertain what Winslow and Hiscock meant by health education, and Grover Powers wondered if health education ever would be something that physicians might do in their practice. In answer to both Blake and Powers, Hiscock defined health education as a field “which was concerned with the questions of organization in city or county health units, in the correlation of the disease control work, and in public relations through the radio or by writing.” Hiscock added that he was of the opinion that physicians were unlikely to be attracted to the field.

The joint committee then considered the question of teaching and research: which subjects should be included in the program? Each school, they agreed, should have a core curriculum, but, dependent upon the faculty and chief administrative officer, the schools or programs might consider special fields, such as industrial medicine or tropical medicine.

Blake, Winslow, and Paul agreed that there was a need and opportunity for work in industrial medicine. Connecticut was a highly industrialized state, and they expected there would be many opportunities to develop a Division of Industrial Medicine in the new department. Tropical medicine, however, was another matter, and Blake thought it unlikely that Yale would plan any extensive development in this area, as there was little clinical material available at their hospital, and it was useless to teach the subject from textbooks alone. Others pointed out that alliances could be effected with other institutions in other parts of the nation, or abroad, and that students and faculty could very well spend alternative years at these tropical stations. Reed was skeptical, but Simmons, citing the experience of the Epidemiological Board in the army, was more favorably disposed to the subject. Nevertheless, the consensus was that there would probably be very little opportunity for such work at Yale.

The future of public health was debated, and whereas Winslow, Reed, Hiscock, and Simmons argued that the schools would be inundated with returning physicians who had served in the armed forces, Blake shared the evidence from a recent questionnaire, appearing in the Journal of the American Medical Association, which revealed that very few physicians intended to enter postgraduate training programs in preventive medicine or public health, except for those in older age categories, and only if fellowships and stipends were made available, funded by either the federal government or by private foundations [55].

The committee then discussed the setting for public health training. Where in the university should the section be placed? It was agreed that integration of the program with other university-wide programs was desirable. For example, Reed believed that members of a public health faculty could easily be assigned to clinical departments, which was an ironic twist to Paul’s contention that the corollary (clinical men having joint appointments in public health) was best. Blake was quick to point out that such “liaison men,” as he called them, should be individuals with the M.D. degree.

Dr. Powers was interested, as was Blake, in the New Haven Dispensary, and especially the Eastern Health District of Baltimore, which was the community laboratory for Hopkins’s School of Hygiene and Public Health. Within the district, for example, were clinics devoted to venereal disease, tuberculosis, child hygiene, and dentistry. Blake seemed satisfied that, within such clinics, men from the clinical
departments, as well as the public health department, could learn and offer much in return.

As the hour of adjournment drew near, it was decided that Paul should prepare a memorandum covering the points discussed at the meeting; that Reed should receive Paul's minutes for purposes of editing or correcting; and that, subsequently, each member of the committee should receive a copy. The second agreed-upon item was that the corrected memorandum was to be submitted to and discussed by the members of the medical school committee; that such parts as were pertinent be included in a revised draft of the report of the medical school committee; and, finally, that the revised draft be sent to Seymour and to the members of the medical school and university committees. Once each player had reviewed the final draft, Paul was then to ask President Seymour for instructions with regard to future action.

With the exception of a letter from Dr. William Salter, Professor and Chairman of the Department of Pharmacology, to Dean Blake regarding the need for a full-time professor of biometry, no further communications were exchanged until the end of August [56]. During this time, Paul prepared a new draft, which he sent to Dean Blake. Blake edited the report, restructuring a paragraph here, editing a sentence there, but in no substantive way changed the thrust of Paul's draft [57].

XII

On September 14, 1944, Paul discussed the final draft of the medical school committee at a meeting of BPO. Dr. Paul reviewed the work of his committee and noted especially President Seymour's decision "to enlarge the scope of the [original draft] proposals and to seek guidance from sources outside the University." Paul said further that the field of public health was growing; that its limits had not yet been defined; that his committee favored a university department with an emphasis on clinical public health and participation in community health activities, such as venereal disease, tuberculosis, child hygiene, and other clinics; that an attempt would be made to avoid diffusion of the program and reduplication by establishing liaisons with public health to other university departments; and that no one without an advanced degree would be admitted to the degree program [58].

At this meeting, Winslow made only a single, but predictable, comment about Paul's draft, reminding his colleagues that the report was "essentially the opinion of the Medical School." Nothing further is recorded in the minutes, except that everyone present agreed that the new department should "be on a high university plane" [59].

Paul then sent his draft to Reed, and added that he expected now to receive in return a draft written by the university committee. As a member of the university committee, Winslow sent Reed some new language for their report, adding the revealing sentence: "Perhaps I have been extreme at certain points [in my revision] but I thought it worthwhile to state the case as I see it as one element in the thinking of the committee" [60]. As we shall see, Winslow's revisions were not really an option to be considered at all, but instead were incorporated intact in the final report.

Between September 25 and October 12, an essentially medical school committee report emerged as a university committee report, one bearing all the signatures of the members of both the medical school and the university committees, and one with which Winslow, not surprisingly, is in complete accord. Indeed, on October 12, Winslow
wrote to Paul the following: "Warmest congratulations on the completion of your delicate and difficult task. I think the final result is admirable" [61].

XIII

Dr. Paul sent the joint report, dated October 20, 1944, and now given the imposing title, "A Program for the Future Development of Public Health at Yale University" [62], to Seymour and attached a covering letter. "As you will see," he writes, "the University Committee's work is finished. We have evolved a workable plan on the basis of which a man could be chosen to be chairman of the department and we have estimated the necessary funds desired." The report "has been submitted to outside reviewers [Louis Dublin, Thomas Parran, Wilton Halverson, Stanley Osborn, Harry Mustard, Alan Gregg, Leonard Greenburg, and others] and, if you desire, you might wish to invite certain members of the Committee to present the program to the Yale Corporation at an appropriate time" [63].

Dean Blake then sent a copy of the final report to each member of BPO and requested their comments and criticism. Few were received, but those that did arrive were revealing. John Punnett Peters, for example, wrote crisply: "If it comes to a fight count me in." Public health at Yale under Winslow, Peters seemed to conclude, had consisted largely of health education and health promotion. We have won these battles; now let us get on with the science [64]!

Peters's crispness was shared by others. For example, during an informal discussion of the report by the BPO Committee on Program and Policy (on which sat Blake, C.N.H. Long, Grover Powers, G.H. Smith, and Winternitz), the general sentiment was that it was "unfortunate" to have had Winslow, as outgoing chairman of the department under review, "take so active a part in the preparation of the program." They also agreed that the report placed an "exaggerated emphasis on the field of Public Health Administration." The wisest move, they concluded, would have been to follow Paul's original plan to consolidate preventive medicine and public health with "reorientation of the work of the department so that there would be greater emphasis on preventive medicine and the clinical aspects of Public Health [and] less emphasis on the purely administrative and educational aspects of the subject." The last sentence of the minutes reveals one of the fundamental issues in the debate: "It seems essential to the Committee that real scientific research be developed in the department" [65]. For the faculty of the medical school, public health was simply not integral to the scientific and clinical training of medical students.

When Seymour read the minutes of this meeting, he wrote to Blake expressing his "surprise, inasmuch as the negative comments about the report come from the very members of the Committee who produced the report"! He wrote further: "If it is a fact that this report does not exactly represent the feeling of all its members, I am anxious that the feeling should receive clear expression and if there is an issue which must be faced, it is important not to evade it" [66].

There are no replies to Seymour's letters in the archives, perhaps because nothing further could be said. Blake and Paul must have been outraged, as their mutual plans had been torpedoed by the university committee. Their only hope was that they would find in the letters from the outside referees some encouragement for the program they believed in the best interest of the field, the medical school, and the university.

The letters, however, were anything but helpful to the medical school's position. As
the letters were requested primarily from those representative of the administrative point of view, many of whom had been in one way or another intimately associated with Winslow and his department, as faculty, students, or as comrades-in-arms, it was not surprising that the report's conclusions—that public health at Yale be maintained as a university department, that it be maintained as it had evolved under Winslow's inspired leadership, and that the program be designed for both those with and without post-baccalaureate degrees—were strongly upheld [67]. Those that might have tilted the scale in the medical school's favor, Alan Gregg, for example, proved unhelpful, having declined the president's invitation to comment [68]. Even a letter written by Thomas Francis in July 1944, about public health and preventive medicine, proved anomalous in that Francis, on the one hand, and as one would suspect, supported Paul's clinical approach, but, on the other, favored the training at schools of public health of "auxiliary groups," such as sanitary engineers, school health workers, and health educators [69].

When Paul did find a supportive comment, such as appeared in a letter written by Harry Mustard, Dean of the School of Public Health at Columbia, favoring the position that the chairman or dean of a school or department of public health should be a physician, the letter was sent to President Seymour with the comment that "Mustard's letter seems to be very pertinent" [70]. All to no avail.

XIV

By early December, the president obviously had made up his mind, and asked Winslow to send him Hiscock's curriculum vitae [71].

On December 13, Blake made one last attempt to influence the proceedings. He reminded Seymour that, as the committees had concluded their work, the next task appeared to be to select a new chairman for the department. Blake recommended that Seymour consider appointing for this purpose a search committee composed of Grover Powers and either C.N.H. Long or himself. There is no reply to this letter in the archives [72].

On January 13, 1945, the Yale Corporation approved the report and its principal recommendation that "the University continue the policy of recognizing this field of study as a University Department" [73].

Also on January 13, Reed wrote to Paul expressing his thanks for the copies of the letters from those who served as referees, believing them to be "all in general agreement." The next step was "the selection of a leader with broad vision [which] of course [will be] your most difficult problem and I wish you luck with it" [74].

On January 15, Seymour wrote the following letter to Ira Hiscock: "The Corporation [has] voted to appoint you Chairman of the Department of Public Health for a term of three years. I send you my congratulations and I myself am congratulating the University" [75].

It was not until January 19 that the president wrote to Blake, Paul, and the others to express his thanks for their efforts, and, as well, informing them that the corporation had accepted their report "in principle." As the third item in the letter, Seymour informed them matter-of-factly that Hiscock had been appointed chairman. He concluded each letter with the sentence: "May I express to you the deep appreciation of the University for the great service you have done in thus crystallizing our program in this important field" [76].
XV

I shall only present two additional letters, one written by Winslow and the other by Paul, both sent to President Seymour. On January 20, 1945, Winslow writes:

I am deeply appreciative of your letter. In my somewhat lengthy professional life, I do not think anything has ever happened which has given me such deep gratification as the action of the University in this matter. In the first place it is naturally a source of profound satisfaction that my work of thirty years here will not be wasted. The action of the University makes it clear that our efforts to build a Department of Public Health on broad and constructive lines has not been unappreciated, and that the policy will be carried forward in the future. In the second place, the way in which the whole matter has been handled has intensified my sense of gratitude to my adopted (or adopting!) Alma Mater for the opportunity of devoting nearly half my life to an institution which conducts its affairs in a manner which is not only so wise and firm, but also so gracious and considerate [77].

Paul writes on January 24:

I was indeed happy to learn of the appointment of Colonel Hiscock as Professor Winslow's successor. It would now seem as if many of the plans outlined by the Committees which have been studying this problem during the past year may have a reasonable assurance of being carried out, provided of course, some money is available. I appreciate your kind words about the work of the Committee. It was a privilege to take part in this [78].

In these two letters is muted and restrained emotion. Winslow, however, writes a surprisingly personal letter. Seymour's decision reveals to Winslow that he has not been unappreciated, that his policies would continue, and that his man was now in place to take his department along the road he himself had traveled so successfully for so many years. Paul's letter was brave and magnanimous, but it was an acknowledgment of defeat.

The decision to appoint Hiscock was perhaps inevitable from the time that Winslow had presented his case for a university-wide committee before the Committee on Educational Policy of the Yale Corporation, and Seymour had been persuaded to appoint not only Reed and Simmons to the committee, but Hiscock and Winslow as well. Of course, one could argue that Blake's attempt to influence the outcome by assigning Paul the chairmanship of the medical school's committee was a failed strategy, primarily because it was so obvious and self-serving; but, in Blake's defense, was not clinical epidemiology of more critical scientific interest and importance to the medical school than administrative public health; and, moreover, should not the medical school seek to determine its own fate?

The direction that Paul wished Yale to pursue was in preventive medicine, scientific research, and clinical epidemiology, with a subdivision or two devoted to industrial medicine or nutrition. In the same way that Winslow's public health was "new" in contrast to the "classic" public health of the nineteenth and early twentieth centuries, Paul was recommending yet a "newer," more clinical, public health in contrast to Winslow's administrative, social, and classical public health.

Winslow never disagreed with Paul's science and indeed strongly supported in 1940 those in the School of Medicine who wished to keep Paul at Yale. But, in 1944, when it
appeared as if Winslow's support for Paul would be at the expense of Winslow's own department and all for which he had fought his entire professional career. Winslow mustered his allies throughout the nation and throughout Yale, and with the president's support, checkmated the medical school's design for a graduate and clinically focused program in clinical epidemiology and preventive medicine.

A good deal was at stake. Winslow, from the moment of his appointment in 1915, had been pleased with his department's location within the medical school, where he believed he could influence the career decisions of medical students toward public health. After all, he had been assigned almost 100 hours in the curriculum. With such visibility, he expected not only to spread the preventive spirit, but to encourage many of the "better sort" of students to go on in public health. Very few, if any, actually did, and Winslow, as was true for his colleagues in other institutions, ultimately settled for teaching non-medically trained, post-baccalaureate students, who would then take their place as sanitarians, as health educators, administrators, laboratorians, and sanitary engineers, in state and municipal health departments, in voluntary agencies, and private philanthropic foundations [79].

And this is where John Paul believed he could make a difference. The students had shied away from public health because it was social, community-based, political, unscientific, polemical, a litany of the obvious. Better, thought Paul, as did many of his medical school colleagues, to "reorganize" completely Yale's program in public health after Winslow retired. Based on clinical epidemiology and led by a physician experienced in both the basic and clinical sciences, a new clinical approach might be developed, one which would certainly attract the medical students, not to the field of public health administration, but to the realm of preventive medicine, social medicine, and clinical epidemiology, fields which would advance not only fundamental science but the public's health.

Winslow and Paul had emerged from different worlds. Winslow was a non-physician who had been trained primarily as a sanitarian. From his Yale post, he developed a premier public health program, one which included the new fields of medical care and medical economics, and he eventually emerged as one of the nation's leading public health statesmen. Paul was a physician and scientist who believed the public's health could be advanced by fundamental research, by clinical and serological epidemiology, by advancing medical models. Paul believed that Winslow and his national colleagues, for example, Henry Vaughan, Dean of the School of Public Health at Michigan, "had long and important experiences in the field of public health administration," and, in both cases, knew the needs of their own states, but nothing Paul had seen, at Michigan and elsewhere, or had learned from Winslow at Yale, ever could change his impression that most schools of public health were "trade schools" [80].

There can be no doubt that Winslow's and Paul's philosophies were worlds apart. Winslow believed that it was necessary to start from disease and work back, building on a positive ideal of health; Paul's definition started from a different direction, working backward from the ideal. As Paul expressed his beliefs in a letter written to Winslow in 1942: "I believe that disease is the motivating force which stirs the clinician into action, and [that] we can never be as excited about health as we can about disease. Perhaps this should be changed, but it means changing our religion—and that means prophets crying in the wilderness" [81].

Both Winslow and Paul understood the depths of each other's commitment to their respective fields, and each acknowledged the other's successes, but it was exactly their
different "religions," and university politics, which had permitted Winslow and Hiscock to prevail in 1945.

It was not to be until 1959 that the Board of Permanent Officers of the School of Medicine, with the approval of the corporation, adopted a plan which combined the Department of Public Health with the Section of Epidemiology and Preventive Medicine into a reorganized Department of Epidemiology and Public Health. The principal reason such a plan was proposed and implemented was owing to the retirement in 1960 of Ira Hiscock and the retirement a year later of John Paul. Winslow had died in 1957. There were now present at the university and the medical school new executive officers. Changing times, the advance of science, weakened institutional memories, and new funding sources had permitted in 1960 what was impossible in 1945 [82].

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47. John Paul to Committee, July 3, 1944. Yale School of Medicine: Dean's Files 42/710
48. C-EA Winslow to John Paul, July 17, 1944. Winslow MSS IV/106/129
49. Ibid. See Hiscock IV (ed): Community Health Organization. New York, Commonwealth Fund, 1932 (First Edition, 1927) and Halverson WL: A Twenty-five Year Review of the Work of the Committee on Administrative Practice. Am J Public Health 25: 1253–1259, 1945
50. Winslow to Paul [48]
51. Ibid; for a discussion of the new chairs in social medicine, see the Interim Report written by Lord
Moran: Social and Preventive Medicine Committee, October 1943, Royal College of Physicians of London

52. C-EA Winslow to Lowell Reed, July 22, 1944. Winslow MSS IV/106/129
53. John Paul, Memorandum, July 28, 1944. Seymour MSS 106/899
54. Ibid
55. See Lueth HC: Future Educational Objectives of Medical Officers. JAMA 125: 1099–1109, 1944
56. William Salter to Francis Blake, July 27, 1944, and Blake to Salter, August 2, 1944. Yale School of Medicine: Dean’s Files 42/710
57. Francis Blake to John Paul, September 1, 1994. Yale School of Medicine: Dean’s Files 42/710
58. Yale School of Medicine: Minutes, Board of Permanent Officers, September 14, 1944
59. Ibid
60. C-EA Winslow to Lowell Reed, September 25, 1944. Winslow MSS IV/106/129
61. C-EA Winslow to John Paul, October 12, 1944. Winslow MSS IV/106/129
62. A Program for the Future Development of Public Health at Yale University. Submitted October 20, 1944. Seymour MSS 106/899
63. John Paul to Charles Seymour, October 16, 1944. Seymour MSS 106/899
64. Yale School of Medicine: Minutes, Board of Permanent Officers, October 18, 1944, and John Punnett Peters to Francis Blake, November 3, 1944. Yale School of Medicine: Dean’s Files 42/710
65. Yale School of Medicine: Minutes, Committee on Program and Policy, October 31, 1944
66. Charles Seymour to Francis Blake, November 7, 1944. Yale School of Medicine: Dean’s Files 42/710
67. See, for example, the letters John Paul received from: Hugh Leavell (October 21, 1944), Thomas Parran (November 4, 1944), Henry Vaughan (November 8, 1944), Joseph Linde (November 13, 1944), Leonard Greenburg (November 10, 1944), Louis Dublin (November 13, 1944), and Stanley Osborn (November 20, 1944). Seymour MSS 106/899
68. Charles Seymour to Alan Gregg, September 8, 1944. Seymour MSS 106/899
69. Thomas Francis to John Paul, July 8, 1944. Yale School of Medicine: Dean’s Files 42/710
70. Harry Mustard to John Paul, November 30, 1944. Seymour MSS 106/899; and John Paul to Charles Seymour, December 9, 1944. Seymour MSS 106/899
71. C-EA Winslow to Charles Seymour, December 11, 1944. Winslow MSS I/14/346
72. Francis Blake to Charles Seymour, December 13, 1944. Yale School of Medicine: Dean’s Files 42/710
73. Corporation Minutes (copy), January 13, 1945. Yale School of Medicine: Dean’s Files 42/710
74. Lowell Reed to John Paul, January 13, 1945. Yale School of Medicine: Dean’s Files 42/710
75. Charles Seymour to Ira Hiscock, January 15, 1945. Winslow MSS I/14/345
76. Charles Seymour to Francis Blake, January 19, 1945. Seymour MSS 106/899; the same letter was sent to John Paul and all the members of the medical school committee.
77. C-EA Winslow to Charles Seymour, January 20, 1945. Winslow MSS IV/106/129
78. John Paul to Charles Seymour, January 24, 1945. Seymour MSS 106/899
79. Winslow [4] and Department of Public Health, Yale University: Methods and Problems of Medical Education. Tenth Series. New York, The Rockefeller Foundation, 1928, pp 1–11
80. John Paul to Francis Blake, June 20, 1944. Yale School of Medicine: Dean’s Files 42/710; attached to this letter is: [Confidential] Memorandum on Conference with Dr. Henry F. Vaughan, Dean of the School of Public Health, University of Michigan, Ann Arbor, Michigan, June 17, 1944
81. John Paul to C-EA Winslow, August 1, 1942. Winslow MSS I/22/565; see also Paul J: Preventive Medicine at the Yale University School of Medicine. Yale J Biol Med 13:253–258, 1940, and Winslow C-EA: Preventive Medicine and Health Promotion—Ideals or Realities. Yale J Biol Med 14:443–452, 1942
82. For a discussion of the reorganization, see Acheson RM, Payne AMM: Preventive Medicine at the Yale School of Medicine; 1950–1965. Milbank Mem Fund Q 45:287–301, 1967, and Yale School of Medicine: The Program in Epidemiology and Public Health at Yale University. New Haven, Yale University, 1961