A Career in Public Health

By THOMAS PARRAN, M.D.

In late 1895 a diphtheria epidemic was raging through eastern Wisconsin. Two of the seven children on the Mountin farm in Hartford were stricken. It was a small town. Medical facilities were meager; the new diphtheria antitoxin in short supply. Doctors did what they could, but the deaths continued to climb. In the Mountin household, Ned, age 5, succumbed. His younger brother, Joe, managed to pull through.

During his lifetime, Joe Mountin was to see diphtheria and many other infections virtually conquered. But he was to be no mere spectator on the sidelines as the United States advanced from an epidemic-ravaged, insanitary country to one which is among the nations having the highest standards of health and productivity. He was to be an indefatigable leader, giving his entire adult life to the service of others, in the great biosocial movement that is public health. Almost every phase of that movement felt the impact of his mind and energy.

Man and Organization

Mountin came to the Public Health Service soon after graduation from medical school, had the experiences common to a medical career in public health, advanced in position and responsibility through the years, and became chief of one of the important bureaus of the Public Health Service shortly before his death. At first glance, this could be the biography of any one of a number of first-rate administrative officials in public health or other fields, in Federal or State government, who merit remembrance for a job well done.

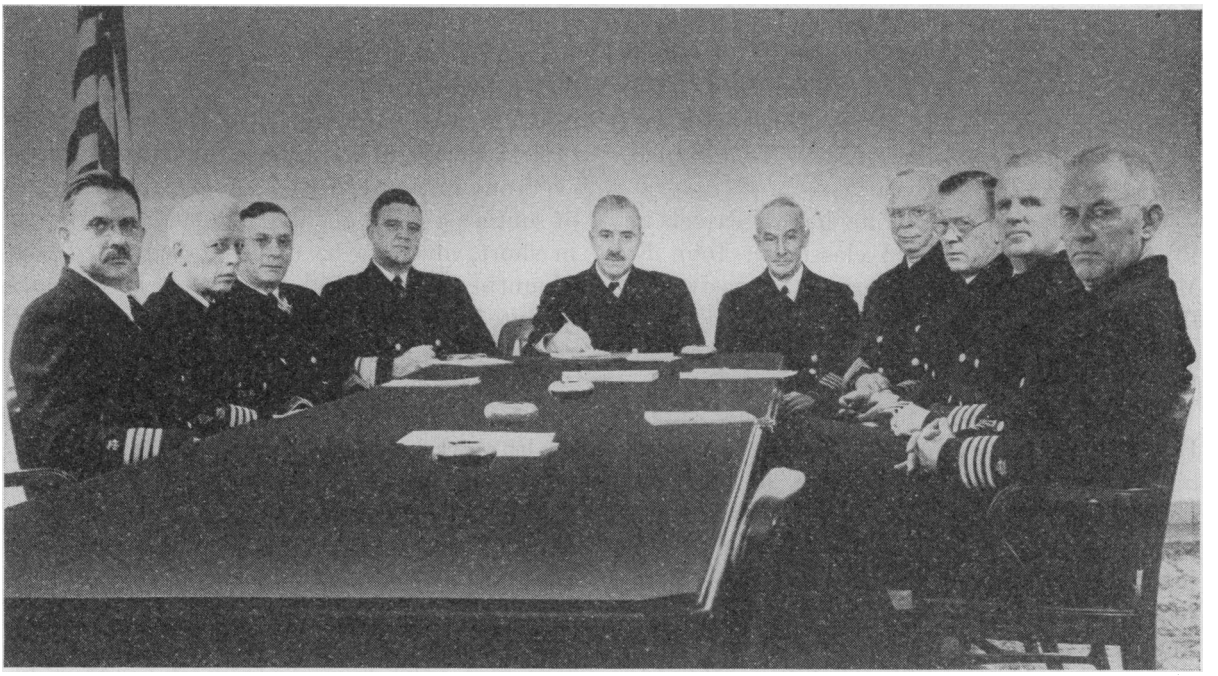
There was something more to Joe Mountin. He was a cut above most of his contemporaries—above and ahead—yet he was of them and part of a working partnership with his colleagues.

When Joseph W. Mountin died at 61, April 26, 1952, the American people lost a devoted public servant, the public health profession lost one of its most stimulating philosophers, and the world health movement lost a pioneer.

He was all of these largely because of two things: Mountin had vision—a vision of the future, but with first steps in the present. Equally significant, he was part of a functional, purposeful organism which was itself responsive to stimuli from within as well as from without.

The Public Health Service encompassed his entire professional career. It was a compatible union not unmarked by superficial differences and periods of minor discord, but based on a mutual respect that grew stronger year by year. Much of what he was and did was possible largely because he was a working element of a many-faceted but integrated organization as it grew into a place of increasing significance in the total health arena. He, in turn, had much to do with the growth and development of the Service.

Dr. Parran, dean of the Graduate School of Public Health of the University of Pittsburgh, was Surgeon General of the United States Public Health Service from 1936 to 1948.



The Surgeon General's staff in 1942. Left to right: Assistant Surgeons General Joseph W. Mountin, States Relations Division, R. E. Dyer, National Institute of Health, Lawrence Kolb, Division of Mental Hygiene; Assistant to the Surgeon General Warren F. Draper; Surgeon General Thomas Parran; Chief Inspection Officer L. R. Thompson; Assistant Surgeons General M. C. Guthrie, Division of Foreign and Insular Quarantine and Immigration, Paul M. Stewart, Division of Personnel and Accounts, E. R. Coffey, Division of Sanitary Reports and Statistics, W. F. Ossenfort, Division of Marine Hospitals and Relief. Not present, Assistant Surgeon General Raymond A. Vonderlehr, Division of Venereal Diseases.

Public Health Beginnings

Mountin's reputation does not rest on any single outstanding accomplishment. His name is not associated with any great medical or research achievement, nor with the discovery of a new cure for disease, nor even with the administration of a particular health program that had immediate, dramatic results. His contributions were varied, all-embracing, identified with a wide spectrum of public health. The measure of his stature may be found in this very diffusion, in the catholicity of his interests and influence. For he viewed public health in terms of all the resources which could be brought to bear upon the objective of more satisfying and more healthful human life. Years ago he foresaw the synthesis of medicine and public health as a positive concept and practical possibility.

In 1891, when Mountin was born, public health was in the golden age of bacteriology, but health conditions were poor. Epidemics of cholera and yellow fever were constant threats. Malaria was endemic over large areas of the country. Filthy and insanitary conditions characterized most of our cities. As a result typhoid fever was rampant and infant mortality high. Services for the prevention and care of communicable diseases were fragmentary, and what health machinery existed was meager.

These conditions changed but slowly during Mountin's boyhood and youth. Perhaps they fired his youthful imagination with curiosity and his humanitarian instincts with determination. In any event, he chose a medical career, and after receiving a medical degree in 1914 (with a bachelor of science in 1916) served internships at the Milwaukee County and the Chicago Lying-In Hospitals. His natural curiosity about hospital and dispensary or-

ganization was stimulated in these years, and he made a special tour to study clinical organization and management in several eastern cities. Upon his return to Milwaukee he organized the Marquette University Dispensary Clinic, which he directed for about a year.

Mountin began his public health career in 1917 with his friend and classmate, John F. Mahoney, who 29 years later was to receive the Lasker Award for developing penicillin treatment for syphilis. Each joined the Public Health Service as a "scientific assistant."

World War I had brought to the Public Health Service an important new responsibility—safeguarding the health of military personnel and civilians in areas around Army camps and in new defense communities. State health organizations were still incomplete. The local health unit movement was just getting under way. Health machinery in the States and communities was almost totally inadequate to meet the increased demands suddenly imposed by the war. It was necessary to turn to the Federal health agency for organizational and technical assistance in adopting preventive measures and in erecting emergency sanitary safeguards.

Mountin's first assignments for the Service were in extracantonment health work in Louisville, Des Moines, and Waco. He was commissioned in the Regular Corps as an assistant surgeon in July 1918, and early the next year entered upon the sequence of training assignments common to most young Public Health Service officers of his day. This gave him experience in quarantine duty, in the marine hospital service, and in health administration.

The Missouri and Tennessee Days

I first met Joe Mountin in September 1921 when he reported to me for duty in the Tri-State Sanitary District in Joplin, Mo. I explained to him that our job was to try to persuade some of the county boards of supervisors and local Red Cross chapters to support county health units—each with a full-time health officer, a nurse, a sanitary inspector, and a clerk—and that we also could expect some financial help from the Rockefeller Foundation and from the Metropolitan Life Insurance Company, which was interested in a nursing service in some of the mining counties where health conditions were bad.

There was a great deal of trachoma in the Ozarks then, and we were told, too, that almost everyone in the fertile cotton growing counties of southeast Missouri had malaria. There was, in short, much to be done. I suggested that Mountin look around the State, become acquainted with the people and their needs, and report back.

Later when Joe was telling me what he had learned in rural Missouri, he observed that local health work was a far cry from quarantine duty with its implicit sense of power and authority. He noted that at his present task first he had to learn, then convince others of an idea. "In quarantine," he said, "we work by the book, but down here there isn't any book, so . . ."

So he had to "write" the book—and in a sense that was what he was doing throughout his career: identifying and describing public health problems, many of which were not even seen by others at the time; devising ways and means of meeting them; and stimulating people to apply and develop tools and methods.

In 1922 we moved to Jefferson City primarily to work more closely with the Missouri State Health Department in promoting local health units. It was the Public Health Service's policy then, as now, on request to aid State and local health departments by the loan of personnel when needs are great and the loan is in the interest of the Nation's health.

Mountin was in the field much of the time. Increasingly he seemed interested in southeast Missouri. As events proved, it was not the area's malaria problems alone that commanded his interest, but also a talented, attractive Red Cross nurse, Genevieve Bazan. She became his wife on June 30, 1923, and was his staunch helpmate for 29 years. But neither beloved wife, nor family, nor friends diverted Mountin from his central interest, his work.

Under the general direction of Dr. L. L. Lumsden he remained in Missouri until 1926 (except for a 6-month tour of duty as a student officer at the Hygienic Laboratory in Washington). He organized county health departments, initiated control programs against trachoma, malaria, and tuberculosis, and pro-

moted State health services in the fields of sanitary engineering, public health nursing, maternal and child hygiene, and vital statistics.

Mountin spent the next 4 years in Tennessee, where he gave able assistance to the State health commissioner, the late Dr. E. L. Bishop, in developing State and local public health practices. During this period, too, he began a number of surveys of public health organization and administration. These surveys, an enterprise with which he continued to be associated throughout his professional career, were models of clarity, insight, and analysis. They marked the beginning of his writing career, a career which was to grow tremendously in output and significance.

Conferee and Scholar

While still on duty in Tennessee, Mountin acted as secretary of the public health section of the 1930 White House Conference on Child Health and Protection. This was a new experience to him, at least on a national scale, but his organizing ability and his skill in preparing a report met the test. His understanding and grasp of a total situation came to be widely respected. From then on he was to be called on to act as chairman, secretary, or organizer of numerous meetings of national and international scope in which health, social welfare, and economic considerations were interacting influences. In each he helped to bridge the gap between "public health" and "social welfare."

To him a conference was an opportunity for uncovering facts, for reconciling opinions and attitudes, for action, for progress. He saw a problem, realized that it had to be met, and mobilized all the resources within his reach to work toward a solution.

These early years in the Public Health Service were significant to Mountin, as they have been to most of the Service's professional corps, in providing a rounded experience before a permanent course was charted. He, of course, did not let his education lag then or later, whatever his assignment. He was both teacher and student to the end of his days. He had no M.P.H. degree, but he was in the fullest sense a master of public health.

Study, Analyze, Evaluate

In 1931 Mountin was brought to Washington to take charge of the new Office of Studies of Public Health Methods in the Division of Scientific Research. As he saw it, the purpose of that office was to elevate, through controlled study and critical appraisal, the practical application of public health knowledge to the status of a science. The following description of the functions of the office puts the issues with a clarity that undoubtedly bears his personal touch (*1*):

"The facts revealed through investigations in the basic sciences need to be applied under controlled conditions before being incorporated into public health programs. Furthermore, a large part of the content of public health programs has been built on the collected experience and judgment of practical health administrators. Such programs need to be analyzed to determine the effectiveness of procedure as well as the economy of its application.

"The future program of the office also contemplates not only the study of specific measures in disease control and health promotion from the analytical point of view, but the conduct of experimental work to develop and test new methods. Such measures should obviate the necessity of trial and error which results if various procedures are immediately incorporated into public health programs."

This passage contains several key words which reveal Mountin's methods and techniques: "study," "experiment," "analyze," "evaluate." He not only applied these principles to his own work, but, of more importance, he was able also to stimulate others to do so. His influence grew geometrically. The impact of this kind of leadership on public health as we know it today is difficult to measure. One thing is sure: It helped mold our present concepts of the role and the significance of organized health agencies. Many of the practices he championed years ago are now taken for granted.

Community Health Surveys

In this period, he conducted or directed numerous health surveys in States, cities, and

counties, working constantly for better techniques, for more meaningful measuring devices, and for simpler recording and reporting practices.

In some studies he not only analyzed the structure and the recorded performance of the health department itself, but he also went directly to families in the community to determine the actual numbers and kinds of services they received from their health agencies—a new approach quickly adopted by others.

Mountin's reports were always brief, pointed, practical. But he left a surveyed community with more than a written report. He left disciples who were dedicated to doing the job that needed to be done. He might be able to find only a small group, or even a single person, with the interest, the energy, and the social conscience to carry on the work—but he found them, and he sparked their imaginations and their wills.

From 1935 to 1937 Mountin was assigned to the National Health Survey. His responsibility was the phase devoted to hospital facilities. The findings were to have many important consequences, not the least of which was a new look at the distribution of hospitals in this country and their role in the total health structure.

In 1937 the Division of Scientific Research was abolished and all its functions consolidated in the National Institute of Health. In this reorganization, several units concerned with statistical investigations, child hygiene, milk sanitation, and water pollution were brought together in a new Division of Public Health Methods with Mountin as its first chief. Its enlarged emphasis was upon the scientific study of sociological, economic, and educational factors in human health. This was a first attempt to integrate the social sciences with the basic research programs of the Public Health Service.

Federal Grants-in-Aid

In 1939 Mountin became chief of the Division of Domestic Quarantine. This division—later the Division of States Relations, now State Grants—in 1936 had been given responsibility for administration of Federal grants-in-aid to the States for health services under Title VI of the Social Security Act. Earlier (1930) he had written (*2*):

"Financial aid from extra-county sources is an integral part of county health department administration. Such subsidy should serve both as a promoting and stabilizing influence and at the same time afford a means whereby extra-county governmental agencies may assist in providing a more uniformly adequate local service by distributing the burden in accordance with the resources of the local units of government.

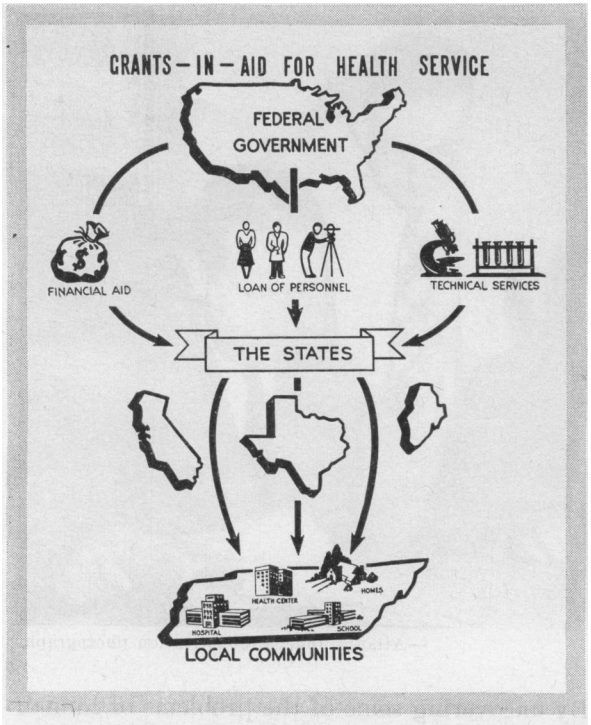
"The subsidy plan should be so designed as to encourage counties to increase their health activities continually rather than to reach some fixed goal and stop there."

He urged, also, a systemized formula for the allocation of grant funds:

"It is quite important in the projection of a program that local authorities know at the outset what support they may expect over a period of years, barring, of course, unexpected acts of appropriating bodies. If the exact amount of the grant cannot be stated, at least there should be established a fixed rule for apportioning such funds as may become available and for fixing such increases or decreases of subsidy as may be contemplated."

At his Division of States Relations post, Mountin sponsored modifications and improvements in the planning and administrative aspects of the grants-in-aid system. Perhaps more important, however, was his interest in the development of the technical assistance concept, involving the placing of competent specialists in the district (now regional) offices to provide on-the-spot consultation and technical service to the States.

Mountin believed in State and local responsibility. Frequently he advocated it with such a fervor as to try the patience of many a health officer. As a result, his relationships with the State and Territorial health officers group were sometimes stormy; but always he was pushing for more active, more rational, more farseeing leadership on the part of State and local officials. His last paper—posthumously



One of the "characteristic methods of health administration" as described by Joseph W. Mountin and Evelyn Flook in "Guide to Health Organization in the United States," Public Health Service Miscellaneous Publication No. 35, U. S. Government Printing Office, 1947.

presented before the 1952 American Medical Association meeting—dealt with his decennial surveys of the distribution of health services in State government. It underscored his concern with the growing dispersal of health responsibility among other than health departments.

The War Emergency

At the very outset of Mountin's tour of duty in the Division of States Relations came the national emergency periods and then World War II. Here he was responsible for administering the nation-wide emergency health and sanitation program. This program proved a vital factor in maintaining national health at a high level during the war despite vast disruptions of families, mass movements of population, the mushrooming growth of industrial towns, and shortages of medical, nursing, and sanitation personnel.

The first steps were, as would be expected, fact finding. Even before funds were available, the Public Health Service undertook, at Mountin's urging and under his guidance, what we called "reconnaissance surveys." Survey teams were sent into proposed or newly established military and defense zones. Their findings were on hand when the time for action came and formed the basis for concrete measures designed to protect both the military and civilian communities. The surveys pinpointed specific health problems—a malaria hazard, undue prevalence of venereal disease, an unsatisfactory system of garbage collection and disposal, inadequate mosquito, fly, and rodent control programs. Perhaps more important, they revealed and documented the weak spots in the general public health services.

An important wartime health activity was the program to curb malaria, a potential threat to the health and efficiency of troops and war workers quartered in sections of the country where malaria was endemic. To deal with this problem, the Office of Malaria Control in War Areas was established in Atlanta, Ga., in February 1942.

The problem demanded aggressive, immediate action through direct services to a degree rarely seen in State-Federal health relationships. It was, of course, impossible to separate malaria control in military and war production areas from that of neighboring communities. The MCWA unit, therefore, was an active coworker with the States, and intensive campaigns to eradicate malaria were carried on throughout the entire endemic area.

Out of this experience—which in 1945 began to include typhus and plague control—Mountin forged another tool of public health administration: the field research and training center. The Communicable Disease Center was created in 1946, built upon MCWA foundations but with a charter that went well beyond the environmental aspects of malaria control. The CDC was to become the Nation's largest center for field and applied research and training in the communicable diseases, and was to act as a reservoir of special competence for service to State health agencies. Mountin is deservedly known as "the father" of this center. In his history of the Public Health Service (*3*), Dr.

The Communicable Disease Center of the Public Health Service, at Atlanta, Ga., stands as a monument to Dr. Mountin. Here he is shown in July 1948 reviewing architect's plans for the CDC buildings to be located near Emory University. To the left is Dr. R. A. Vonderlehr, then in charge of CDC; to the right is Surgeon General Scheele.

—Atlanta Journal-Constitution photograph.

Ralph C. Williams says: "The Communicable Disease Center owes its beginning to the strong conviction of Dr. Joseph W. Mountin that a need existed in the Public Health Service for decentralizing highly specialized knowledge."

The establishment at Anchorage in 1948 of a field station to be designated in 1950 as the Arctic Health Research Center also was due, almost exclusively, to his efforts. Convinced that we had much to learn about health in the far north, Mountin was one of the first to call for a specific program in arctic hygiene (*4*):

"The far north is perhaps our last remaining frontier. It contains vast untouched reservoirs of strategic materials and of minerals and vegetation that can enrich the world. These areas are capable of supporting abundant life, perhaps of supporting flourishing civilizations. But human beings have failed to populate them, partly out of ignorance and partly because of the difficulty of adjusting to a new environment. Only to the extent that some of these problems are faced squarely, and only to the extent that hazards to health are explored and eliminated, can Alaska and other parts of the far north attract a stable, home-seeking population.

"In the past, public health activities have developed in the wake of civilization. Now public health is presented with an opportunity to lead civilization, to pioneer in new fields. By uncovering some of the problems of human life and adjustment in low-temperature areas, public health can become a creative force in opening up new frontiers. At the same time, it can make potentially significant contributions to basic knowledge."

New Training Horizons

War-born shortages of health workers served to reinforce Mountin's earlier insistence on more effective education and continued training. Health programs, he knew, were as successful as the people who conducted and directed them were competent. We need health workers trained not only in the traditional medical fields, he maintained, but in a variety of related disciplines, in practical administration, and in the social sciences. Here is a training plan he evolved and was putting into practice in the spring of 1928 (*5*):

"The administrative health officer should be trained for his work. This training should cover fundamentals and should afford an opportunity to acquire experience in the practical conduct of the work of a health department. A course of this type will necessitate a close coordination of a teaching institution and an administrative health organization. However, such training facilities are not likely to

be used extensively unless a system is perfected which will provide means whereby training can be made readily available, and unless there be some provision for making training a qualification for employment and advancement. The State health department seems to be the agency best able to sponsor a plan of training; however, the actual teaching should be under the management of an educational institution such as a department of preventive medicine in a medical school or a school of hygiene. The local health agencies should cooperate, particularly for the purpose of making available their facilities for acquiring experience in practical public health administration."

Mountin early recognized the importance of many other professions and disciplines on the health team. He constantly urged, for example, that major administrative responsibility be assumed by people with training and experience in public administration.

Through his early studies of nursing practice, he helped clarify and enrich the role of the public health nurse (*6*), sharing Welch's concept of them as a "unique contribution of the United States to public health." Many ideas incorporated into the cadet nurse training program of World War II were evolved during the period when public health nursing was a section in the Division of States Relations.

At our staff meetings, in public addresses, and elsewhere Mountin long contended that we were failing to exploit a resource of great potential in neglecting auxiliary workers of all kinds. In one of his last public speeches he said (*7*):

"Of particular importance is the need for auxiliary and nonprofessional workers. Up to now little serious thought has been given to such personnel as inspectors, aides, technicians, and others who perform many of the routine operations in this country, and who could be relied upon to provide the bulk of services in less highly developed countries. As a result, even when program planning is relatively good, the actual conduct often falls below our expectations.

"This must be considered an important element in sound planning for two reasons. First of all, the training of auxiliary workers should have a high priority in all organizations. Second, the organization should be such that maximum use is made of highly trained professional personnel. Routine details should be delegated to auxiliary or less highly specialized workers."

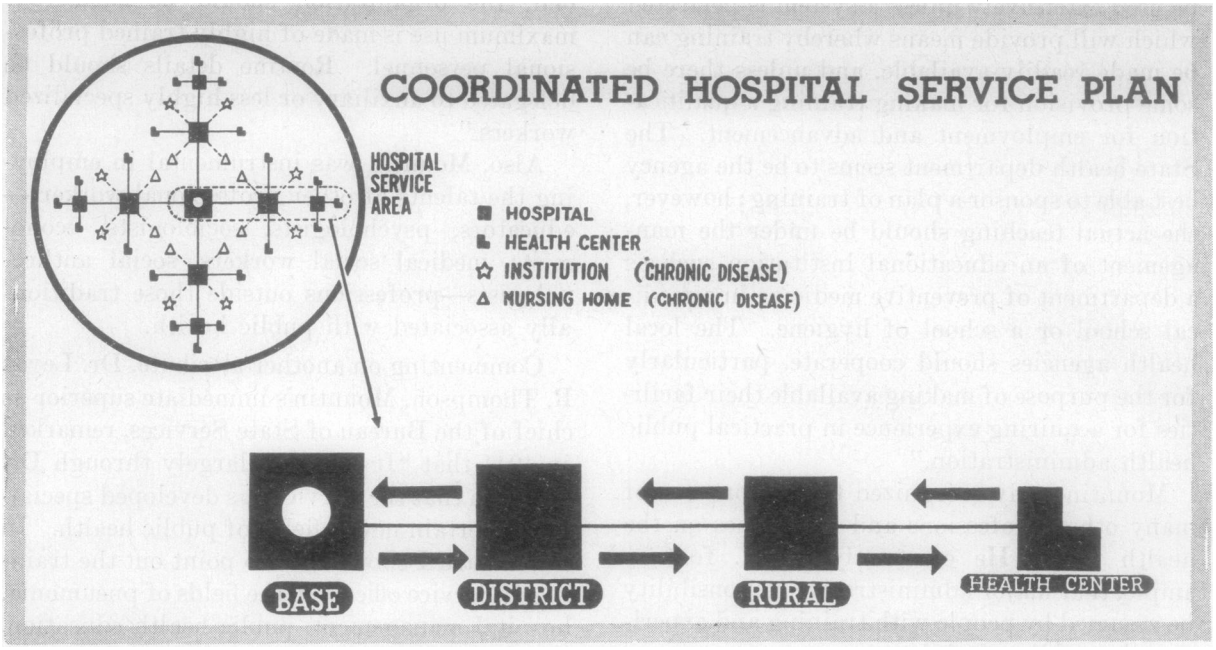
Also, Mountin was instrumental in employing the talents of other professional workers—educators, psychologists, sociologists, economists, medical social workers, social anthropologists—professions outside those traditionally associated with public health.

Commenting on another attribute, Dr. Lewis R. Thompson, Mountin's immediate superior as chief of the Bureau of State Services, remarked in 1941 that "It has been largely through Dr. Mountin that the Service has developed specialists in certain newer fields of public health. In this regard I should like to point out the training of Service officers in the fields of pneumonia, hospital management, public health education, and tuberculosis control."

New Directions

It was characteristic of the man that he was constantly developing new concepts of public health practice. The usual evolution was from the germ of an idea, to a study, to a demonstration or pilot project, and often to a full-fledged public health program. Deliberately he concentrated on planning and promotion, making no attempt to oversee the entire sequence. Often to my dismay he would leave one budding new program for other workers to develop while he pursued new concepts, which sometimes in initial stages seemed almost fanciful. What is important to remember, however, is that such current and substantial activities of the Public Health Service today as tuberculosis control, dental public health, community health education, hospital planning and construction, and chronic disease control had their origins in his division.

Mountin was constantly searching for new techniques and made many contributions to public health methodology. He was a strong advocate of demonstrations and pilot programs, not only as methods of field research, but also as developmental and educational levers for improving State and local health services. The traditional aim of public health to discover and



This diagram represented "some of the preliminary thinking" of the Public Health Service regarding an integrated system of facilities of hospital care and health service. It was first presented by Surgeon General Parran to a Senate committee in 1944, and elaborated upon by Dr. Mountin and his hospital planning group in the following year "as a point of departure" for "those who, now or later, may have administrative responsibilities in this broad area of social interest." It was published in Public Health Bulletin No. 292, Health Service Areas—Requirements for General Hospitals and Health Centers.

develop accurate, simple, and economical techniques for mass application was ever before him. Thus, young scientists of the Public Health Service who had an idea for developing a simplified technique for detecting diabetes or heart abnormalities found a staunch supporter in Dr. Mountin. He, for example, urged the adoption of new case-finding techniques such as small-film radiology in mass chest X-ray programs for tuberculosis control.

Mountin's pioneering on the hospital planning and construction program was typical of his approach. He convinced his colleagues that a research team should be organized to explore the situation. From published data, this team studied hospital distribution and needs on a national basis, county by county, and applied the concept of the "health service area." In this undertaking, our team worked closely with the Commission on Hospital Care set up by the American Hospital Association to pursue a similar objective. The work of the Public Health Service team led to an important document (*8*) which outlined a rational pattern of hospital organization (see diagram) within reach of every citizen. In it appears the following passage:

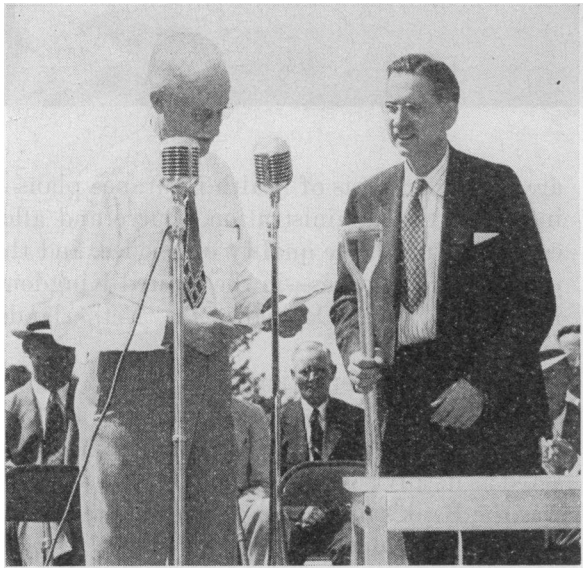
"Under a less complex order than that which is evolving in the United States the traditional detachment of hospitals from social forces might be tolerated, especially if medical sciences also were static. In the presence of social and scientific progress the demand for full utilization of all available resources in the interest of both individual and community health is destined to become irresistible."

Administration and Leadership

The selection of Mountin as associate chief of the Bureau of State Services in 1947 and as chief of the Bureau just 6 months before his death were rather natural results of the interaction of the man and the organization. Here he helped shape policies and programs in widely varying areas of content, from the control of

water and air pollution to vital statistics, and from improving the health of workers to administering the grants-in-aid system.

The notion was understandably prevalent that Mountin lacked the qualities of a practical administrator. He appeared largely indifferent to the mechanics of administration, a cause for complaint among those who supervised him and those whom he directed. Moreover, his administrative techniques often were far from the conventional mold. But if administration is defined as the ability to work with people on a problem and to bring out the best in them, he was an administrator of high order.



Dr. Mountin (right) representing the Public Health Service in ground-breaking ceremonies for the Clay County Hospital at Flora, Ill., on June 11, 1948, is shown here with Bob Jones, who spearheaded the project. This was the second hospital to be built in the State with the aid of Hospital Planning and Construction (Hill-Burton) Act funds. In his remarks, Dr. Mountin said:

"Today you are breaking more than the ground for a public building. You are breaking through the lethargy and indifference and 'let someone else do it' attitudes that have too long deprived our people of the best in medicine, hospital care, and good health.

"The Clay County Hospital will be the result of this initiative. This is as it should be. The States and local communities can determine their own particular needs better than anyone else. They best can plan to meet them."

An uncompromising intellectual, Mountin attached himself to ideas more than to people. And yet he was able, through the sheer power of his ideas, to stimulate and fuse the interests of whole groups of people in getting a job done. He had the knack of recognizing a good idea when he saw one, of testing its validity, and of putting his own judgment and influence behind the sound idea and the person who conceived it.

Administration is leadership, and Joe Mountin was a real leader. Although he left more unfinished business on my desk that any two score of his contemporaries, we were helped to translate his ideas into action programs by the many restless spirits whom he had inspired. Many Public Health Service officers who themselves have become leaders bear the mark of his thinking and philosophy. He left a heritage of leadership.

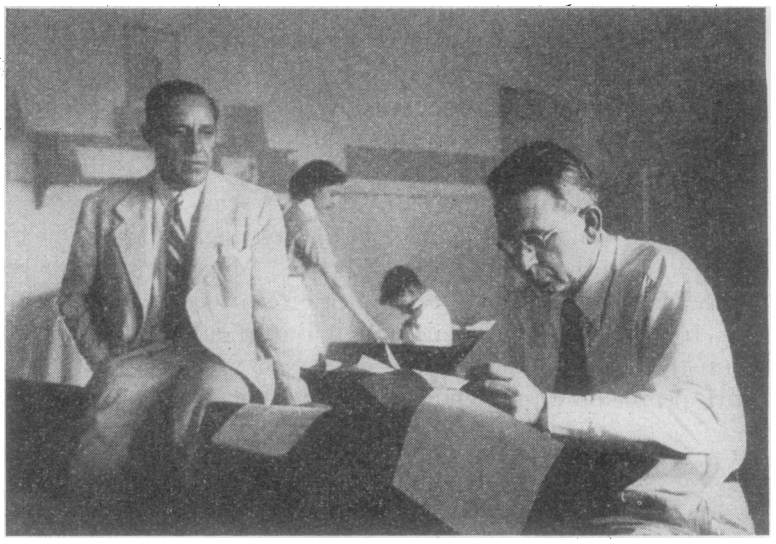
Wit and Wisdom

Mountin was a master of the pungent phrase and knew how to use it with devastating effectiveness. His widely renowned wit was both barbed and good-natured, both homespun and urbane. Few who worked with him will ever forget the directness with which he cut through to the heart of a matter. Yet this was infused with warmth, humor, forthrightness, and candor which commanded confidence and respect.

Joe often said that he was "a simple Wisconsin farm boy, born in the shadow of a silo." Consciously he gave this impression, yet in fact he was a sophisticated student of his times. Innate ability was combined with a basic integrity quickly to be recognized.

Part of his strength lay in another of his qualities—the ability to take an abstract or difficult problem and portray it to others in graphic terms. He was able to visualize a problem and to convey a sense of its significance, not only to our own staff but to Congressional committees and to other groups.

Few people were more adept at translating the results of research work into practical public health procedures, but the painstaking routine of laboratory research was not for Mountin. His interest was in critical interpretation, the



This characteristic likeness was caught during the survey and evaluation of the health and sanitation program of the Institute of Inter-American Affairs in the winter of 1951–52. Dr. Mountin is shown here with Dr. John J. Bourke, hospital consultant with the survey group.

drawing of valid generalizations from research results. His was a mind that examined, analyzed, interpreted, and drew things together in form at once deeply philosophical and highly practical.

His written output—his bibliography runs to more than 200 items—was likewise a potent force. His speeches and papers were factual and often inspirational. Several—such as his guide to health services—have become basic documents for students in public health. A large proportion of his work was in collaboration, not only with members of his staff—and he was meticulous in giving credit when due—but with colleagues in other fields and disciplines, inside and outside the Public Health Service.

Foreign Missions

Mountin's advice was often sought for international missions during and after World War II. In 1944 he served as special health adviser to the commission organized by Sir Joseph Bhore to plan on the organizational pattern of the Government of India when that country was preparing for its promised freedom. He was the health member of the Social Security Mission sent to Japan in 1947 at the request of General MacArthur. In 1946–47 he and his long-time co-worker, George St.J. Perrott, made an extensive survey of medical and health organization in western Europe. Their reports are a clear analysis of health insurance plans—including the administration, source and allocation of funds, the quality of service, and the payment for services—in the United Kingdom, France, Sweden, Denmark, the Netherlands, and Belgium.

When the International Bank for Reconstruction and Development organized an Economic Mission to Colombia in 1949, Mountin acted as its adviser on health and welfare. This was the Bank's first attempt to evaluate health, welfare, and education as part of the over-all economic status of a country, giving human resources equal weight along with traditional economic factors in appraising a nation's wealth. Mountin's chapter on health and welfare in the report (*9*) contains this paragraph:

"Health is probably the most important single component of a standard of living. At the same time it provides one of the most important determinants of that standard. Poor health status means not only failure to reach maximum productivity, but also a drain on wealth and resources. Low levels of health result in many direct and indirect costs, diverting funds and facilities which should be used to strengthen and build the economy. Poor health is expensive in terms of time lost at the farm or the work bench, in terms of the vast needs for more hospitals and facilities of all kinds, in terms of increased costs of welfare insurance, and sickness and accident payments."

Dr. Mountin participated in the first meeting, held in Geneva December 1951, of the World Health Organization's Expert Committee on Public Health Administration. At the committee table are shown four members of the group (left to right): Dr. Ira V. Hiscock, chairman of the department of public health at Yale University; Dr. Mountin; Professor J. M. Mackintosh, director of the department of public health at the London School of Hygiene and Tropical Medicine; and Dr. A. Stampar, professor of public health and social medicine at the University of Zagreb. Other members of the committee were Dr. Karl Evang of Norway, chairman; Dr. Erani Braga, Brazil; Dr. B. C. Das Gupta, India; Dr. Fred W. Jackson, Canada; and Lt. Col. M. Jafar, Pakistan.

At the time of his death Mountin was supervising another important international survey to appraise the 10-year program of health and sanitation of the Institute of Inter-American Affairs.

He also served as a member of the World Health Organization's Expert Committee on Public Health Administration. The first report of that committee, presented to the World Health Assembly in May 1952, contains many of his ideas and ideals (*10*).

Professional Group Participation

Mountin was as well known for his participation in the councils of many professional and voluntary organizations as for his official work in the Public Health Service. He served, for example, as chairman of the section on preventive and industrial medicine and public health of the American Medical Association, and on both the governing council and the executive board of the American Public Health Association. He was a "team player" and while it is sometimes difficult to isolate his particular contributions, the influence of his thinking was substantial.

In the APHA, he played an active role as a member of the Committee on Administrative Practice on which he served from 1933 to 1950. He had an important part in developing both the 1940 and 1950 APHA statements on the functions and responsibilities of local health departments. His influence is evident particularly in the latter document (*11*), with its emphasis on the "ever increasing scope" of local health services.

Mountin also was chairman of the APHA Subcommittee on Medical Care for 5 years. Three important policy statements were developed or produced by the subcommittee during this period. The first, "Medical Care in a

National Health Program," was adopted as the 1944 APHA policy in this field. The staff work on the joint statement on "Planning for the Chronically Ill," adopted by the American Hospital Association, the American Medical Association, the American Public Health Association, and the American Public Welfare Association in 1947, also was undertaken by this subcommittee. This statement, and the discussions which followed it, paved the way for the establishment of the Commission on Chronic Illness and for many official and voluntary chronic disease control programs. The third document which the subcommittee helped prepare was the "Coordination of Hospitals and Health Departments," adopted jointly by the American Hospital Association and the American Public Health Association in 1948.

Mountin's analyses of the complex medical care question, both as an individual and as a member of the APHA subcommittee, were characteristically years ahead of his time. He was writing on this problem and the responsibilities of health agencies in a medical care program long before most health workers were conscious of the essential interrelationship.

The health department, by virtue of its experience, competence, and specialized knowledge, he saw as the logical organization for administering a medical care program. Repeatedly, however, he warned that few health departments were ready to do so—as in the following, from a transcript of a medical care training conference called by the Public Health Service in 1946:

"They [health administrators] shun responsibility. They give the impression that they have no interest in medical administration and show no disposition to accept responsibility in that field and all the time they are being pushed aside and these medical care programs are being organized under other auspices."

Mountin constantly pointed to the great opportunities which health officers have if they are willing, in the words of Dr. Oliver Wendell Holmes, "to shake the dust out of their traditions." He never lost sight of the ultimate goal of all health programs—to bring better health and greater satisfaction to each person in his home, on his job, and in his community. There was no dust in his thinking.

A Great Forerunner

Ralph Waldo Emerson once said: "The measure of a master is his success in bringing all men round to his opinion 20 years later." Mountin was such a master. We who worked with him knew that he was always thinking ahead, anticipating needs, planning what public health should be doing in the next decade. In 1931 he was urging exploration of the relation of housing to health (*12*) and the next year he called for (*13*) "A modern public health program . . . directed against cancer and heart disease and . . . [promoting the] mental hygiene and the health of workers in industries."

At the time of his death, his thinking was reaching fruition in plans for chronic disease control and the hygiene of aging, involving as they do a confluence of medical, social, and economic factors. Along with the provision of adequate medical care for all the people, they represented to him the next goals of public health.

In his view, the only boundaries to our responsibilities were those of our own imagination and ingenuity. Everything that affects health, Mountin maintained, should be the concern of the health worker; and the health worker should be anyone who has anything to offer that will improve human well-being. To him that meant that public health could never be satisfied with anything that is static or outmoded but must concentrate on unmet needs and problems.

In consequence he stimulated, persuaded—goaded if necessary—others to raise their sights. He carried this message to organized health agencies especially. "All too often, health departments merely meet situations as they arise or carry on stereotyped programs handed down from predecessors." These words may sound like an abstract of his latest papers; actually, they were written (*14*) in 1928. This was a theme that he sounded, now as a prophet, now as a judge, throughout his professional career. For he firmly believed that public health belongs "by hereditary right . . . in the vanguard of social action" (*15*).

The Measure of the Man

Perhaps his outstanding contribution was that he brought to public health an amazing breadth of comprehension and vision. He made us aware that public health is the study and application of many sciences in the interest of human health set in a matrix that is at once historical, social, economic, political, and cultural (*16*):

"Public health is an applied technology resting on the joint pillars of natural science and social science. For the past century the natural science foundation has been magnificently strengthened—strengthened to the point that we now have the technical knowledge to eradicate or reduce greatly much of the misery to which man has been heir. Yet vast amounts of preventable or controllable disease and disability remain, because the social science foundation is relatively weak. Until both the pillars of natural and social science are strong, the arch of public health will not be firm."

Dr. Joseph Walter Mountin was a man of varied talents and unusual abilities. He goaded us; he challenged us; sometimes he bewildered and exasperated us. Yet if public health really is in the vanguard of social action, if health is now considered in a broad socioeconomic context, thanks are due him and a few other pioneers. His contributions to and effects upon the Public Health Service will be long remembered. But his contributions belong not to one organization alone but, rather, to an entire field of human endeavor.

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