In contrast, in most Asian, African, and the less highly "developed" European countries, babies are born at home and cared for entirely by their mothers, or in hospitals where the baby remains in bed with the mother or in a cradle close beside her or slung between the upward extended footposts of the bed, always within reach of the mother. Actually this system is far more efficient than ours, requiring far fewer trained nurses and less space, and insuring faster development and recovery from illness or injury. Relative freedom from damage to the necessary close mother-baby relationship is the most important advantage of that ancient system. When the mother with her first baby goes home from the hospital in those countries, she has none of the anxieties, tensions, or awkwardness so many of our new mothers show when they have only been taught to bathe the baby just before leaving the hospital. One of our barriers to better practices in this mother-baby relationship is the unwillingness some nurses show in giving up the babies to the mothers, but it is not sound practice to sacrifice the baby to the emotional desires of the nurses.

Unfortunately, we have succeeded in convincing many of the medical and nursing professions and the hospital architects of many countries that our ways are best, most modern, and most efficient. Most of the Communist countries, for example, have followed us in our hospital architecture and mistaken treatment of babies and children, still build nurseries in maternity hospitals, and in many cases do not provide accommodations for mothers in children's hospitals. It is encouraging to see that a few, but still only a few, of our maternity and children's hospitals in North America are beginning to allow mothers to have their newborn babies with them, and more rarely, even to stay in the hospital with their ill children.

On the basis of reliable evidence, it is in this area that we should be working most earnestly to try to reduce our heavy load of juvenile delinquency and other symptoms of mental and emotional ill health. As Bowlby puts it: "Deprived children, whether in their homes or out of them, are the source of social infection as real and as serious as are carriers of diphtheria or typhoid." In this enormously important aspect of public health we in North America are among the world's most backward people. We are still largely under the influence of obsolete attitudes and are finding it very difficult to change, though the damage we do our children has been obvious for some time.

This type of damage is of course, from the point of view of world peace and security, and even racial survival, far more dangerous than smallpox, diphtheria, typhoid, yellow fever, or malaria. We cannot expect children deprived of close mother love to be able to develop, to be able to "live harmoniously in a changing total environment," unless indeed they are unusually fortunate in other aspects of the early emotional situation, but we should remind ourselves that that ability has been included in the prescription of minimum requirements for peace and security, written by the nations of the world in setting up the United Nations and its specialized agencies.

—Brock Chisholm

A Tribute to the Social Sciences

Since the war several universities have new medical centers. The manner of their beginning is interesting, for in each instance there has been studied concern for the relation of the health sciences to the general disciplines of the parent university and to the community which these schools will serve. At the University of California in Los Angeles, at the University of Florida, Gainesville, and at the University of Kentucky, Lexington, the planning of the new schools was a university undertaking and not solely the responsibility of a quickly gathered group of department chairmen in the medical disciplines. The faculties of the arts and sciences and of the other professional schools shared in defining the goals and the relationship of the health center to the university and the community. Hence, it is not too startling to find that at the University of Florida the professor of medicine is an active participant in the teaching of undergraduate students in the department of philosophy; nor is it surprising that the building plans for this new health center include a wing for the social and behavioral sciences.

A few years ago, Kentucky determined to establish a medical center for education in the

several health professions. The initial appointees of staff to plan and guide this development are striking. The dean is a former county health officer with 10 years of successful medical school administration. The first appointments to the faculty were not chairmen of either basic science or clinical departments; however, they possessed these qualifications: an internist experienced in comprehensive family care programs; a Ph.D. in sociology who, incidentally, had earned a master's degree in public health; and a Ph.D. in economics whose special competence is the financing and cost analysis of medical care. Dean Willard's initial appointments are not a devaluing of the traditional disciplines in medicine. Rather, they are a tribute to the social sciences for their contribution to understanding the meaning of a medical center and health education within a university and as integral parts of the community.

—CARLYLE F. JACOBSEN

The Meaning of Industrial Health

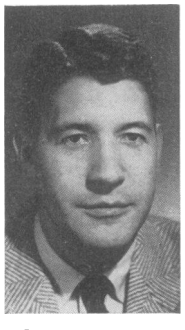
In the practical definition of program for the University of Pittsburgh Graduate School of Public Health, the letter of gift stipulated, among other things, that the school is "to emphasize occupational and industrial health and hygiene; health generally connected with or related to Pittsburgh and similar urban industrial areas; and research with reference to problems arising in connection with the foregoing."

As a layman I am assured that "clinical materials" are essential to make any school of the health professions flourish. If so, Pittsburgh should be the world capital for the study of occupational health. Here are the vast human resources of its industry. Here are the Mellon Institute of Industrial Research, the Industrial Hygiene Foundation, the corporate research laboratories, the Carnegie Institute of Technology and its School of Industrial Administration.

The school is training physicians for the field of industrial health. But industrial health no longer means merely the surgical treatment of accidents on the job. It means prevention, the maintenance of health, the extension of the concepts of public health in the broadest sense. All industry, all labor, their interest in steady production, steady jobs, and steady pay, have a direct interest in this scientific institution which is concerned with basic research and postgraduate teaching.

—PAUL MELLON

New Tribal Relations Officer



Forrest J. Gerard has been appointed Tribal Relations Officer of the Public Health Service's Division of Indian Health, succeeding Peru Farver, who retired from Federal service in February 1957. Since June 1955, he has served as the executive secretary of the Wyoming Tuberculosis and Health Association in Cheyenne.

Mr. Gerard, a member of the Blackfoot tribe, will be responsible for relations between some 250 Indian tribes and the Federal Government's Indian health program, which was transferred in 1955 to the Department of Health, Education, and Welfare from the Department of the Interior.

After receiving a bachelor of arts degree in business administration from the Montana State University in 1949, he worked for 5½ years in Helena, Mont., first on the staff of the Montana State Department of Public Instruction and later with the Montana Tuberculosis Association.