From the Editor-in-Chief

Gouttes de Lait and *The Milbank Quarterly*

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One of the more fascinating public health organizations of the early 20th century was the *goutte de lait* [from the French for "a drop of milk"]. Better known to Americans as "milk stations" or "milk depots," they began in France in the early 1890s before traveling to Great Britain and the United States.[1,2] In a way, both the Milbank Memorial Fund and *The Milbank Quarterly* also began with a drop of milk, albeit of the condensed variety.

The milk stations provided babies with clean, laboratory-certified, sterilized, or pasteurized milk, free of dangerous microbes and adulterants. They represented a major public health strategy in the developed nations of the world. For example, in the United States at the close of the 19th century, infant and child mortality was a striking problem, with 1 of 5 babies dying before their first birthday. Among the leading causes were gastrointestinal infections, diarrhea, and dehydration. The most vulnerable were children of newly arrived immigrants and the urban poor who, too often, had to settle for tainted and deadly milk.

But there was so much more to these *gouttes de lait* than the distribution of clean, pure milk. They were the place where pioneering pediatricians and nurses examined at-risk babies, detected existing illness or disability, and treated those maladies amenable to their craft. Perhaps more important, the *gouttes de lait* introduced the concept of identifying and preventing health problems *before* they developed. Today, pediatricians call this enterprise the well-child examination, but others know versions of it as anticipatory guidance, primary care, and preventive medicine.[3]

Around the same time the milk stations began proliferating in poor, gritty urban neighborhoods along the Eastern Seaboard, the Milbank family began their distinguished work in improving the health of their fellow New Yorkers. And it was milk that made this work possible.[4]

I recently read an anecdote in a biography of the dairy merchant Gail Borden. I asked Samuel L. Milbank, the current chair of the board of the Milbank Memorial Fund, about the story, and he confirmed that it

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Nathan Straus Pasteurized Milk Laboratory, 1319 H St NW, Washington, DC. Opened May 1910 to reduce mortality in District of Columbia. From the collections of the Milbank Memorial Fund.

had been handed down generation to generation among members of his family.

One late spring afternoon in 1857, the 56-year-old Borden sat aboard a train bound from Burrville, Connecticut, to New York City. The milkman was frustrated by his attempts to use a new technology called continuous process canning to mass-produce a new product. He called this new product condensed milk, and it was entirely portable, pure, and nearly spoil-proof. But complications in both the production and the acceptance of his condensed milk had all but drained his bank account. As the train clattered along the tracks to Grand Central Terminal, he quietly pondered his failing economic prospects. Sometime before crossing the state line, he struck up a conversation with a fellow traveler, a "well-dressed, obviously well-fed young man" named Jeremiah Milbank.[5] Milbank was fascinated by what he heard and determined that Borden's enterprise was an ideal investment vehicle. It was a decision that was even more astute than it was quick. Soon after Mr. Milbank infused the

enterprise with much-needed capital, and especially with the growing need for safe, unspoiled milk to nourish soldiers during the Civil War, the Borden dairy transmogrified into a wildly successful company. By the early 1900s, the firm was producing, distributing, and selling tons of milk products across the nation.

In 1905, Jeremiah Milbank's daughter, Elizabeth Milbank Anderson, collaborating closely with her cousin and longtime adviser, Albert Goodsell Milbank, organized and obtained a state charter for the Milbank Memorial Association, one of the first general-purpose foundations in the United States. Mrs. Anderson was already well acquainted with the great need to improve the public's health, especially to prevent and treat illnesses linked to poverty. For example, only a year earlier, in 1904, Mrs. Anderson funded the construction of the Milbank Public Baths on East 38th Street. Her generous support of such population health–related projects led to the formal endowment of the Milbank Memorial Fund upon her death in 1921. The result, over its distinguished history, was a foundation internationally acclaimed for its contributions to health policy and population health.[6,7]

The Fund established *The Milbank Quarterly* in 1923 primarily to evaluate an ambitious project in 3 New York communities that proposed applying the best available scientific knowledge to health education and services. The journal's mission and imprimatur have only grown in the decades that followed.

As *The Milbank Quarterly*'s newest editor-in-chief, I want to acknowledge my debt to my predecessors, especially those who have edited the *Quarterly* since the 1970s: George Reader, David Willis, Ronald Bayer, Paul Cleary, and Bradford Gray. Each has set a high standard of excellence that benefits the journal to this day. Equally impressive is the veritable *Who's Who* of population health and health policy who have demonstrated their learning and experience in health services research and policymaking on the pages of the *Quarterly* since its inception. None of this work, of course, would be possible without the generous experts who freely give their time to review every article we consider for publication.[8]

The formula for *The Milbank Quarterly*'s success is quite simple: the better the papers we attract and publish, the wider will be the readership and, hence, the stronger the impact of the journal and the better it will serve as an incubator for new ideas and knowledge to improve the public's health.

Maintaining the nonpartisan, independent, and peer-reviewed excellence of *The Milbank Quarterly* will be my first priority on every day of the year and on every page I edit.

The *Quarterly* publishes only those articles that meet established, international standards of methodological rigor and that include recommendations for policy and practice that are grounded in the best available evidence and analysis of it. Alongside such studies, we will publish articles on significant issues in health care and population health from practitioners of as many disciplines of the policy sciences as we can attract, including history, bioethics, economics, public management, sociology, and the law. It is an exciting time for *The Milbank Quarterly* and for the fields of population health and health policy. But if we overlook a topic or focus that demands our attention, please send me an email or, better yet, a manuscript which fills that lacuna.

For the March 2014 issue of the *Quarterly*, we present five articles for your consideration.

The lead article was written by Edward Velasco and his colleagues at the Robert Koch Institute of Berlin, named for the Nobel Prize–winning germ theorist. The reporting of incident- or outbreak-related events as a means of public health surveillance has long informed major breakthroughs in the control of infectious diseases. Recently, however, a new trend has emerged that merits our attention: the "intelligent use" of electronic data to enhance public health preparedness. New and popular initiatives include Google Flu Trends, ProMED-mail, and HealthMap. But how useful are they to health monitoring, and what vehicle best resonates with public health practitioners? Velasco and his colleagues outline the challenges facing public health authorities as they consider ways to integrate social media, data both generated and self-reported on the Internet, and even handheld computing devices to support the early detection and management of disease outbreaks in the 21st century. A commentary by David Hartley, of the Georgetown University Medical Center, puts this systematic review into a social and scientific context.

Not surprisingly, as the United States embarks on the implementation of the Affordable Care Act of 2010 (ACA), we offer three studies on that historic legislative landmark.

Matthew Krueter and his colleagues at the Health Communication Research Laboratory of Washington University in St. Louis focus on how health communication science can enhance the new law's enrollment and outreach efforts.

Jean Abraham, of the University of Minnesota's School of Public Health, documents and compares the gender, age, geography, medical conditions, inpatient hospitalization, and emergency room use of the ACA's potential target populations among the privately and publicly insured.

Linda Blumberg and her colleagues at the Urban Institute in Washington, DC, write about trends over the past decade indicating that increasing shares of household income are being spent on health care, in the form of insurance premiums and out-of-pocket costs, and how the ACA will affect health care spending for different subgroups of the American population in different ways.

The final article in this issue, by Corinna Sorenson, of the London School of Economics and Political Science, and Michael Drummond of the University of York, reviews the nuances of medical device regulations in the United States and the European Union. Following the Sorenson article is a commentary on recent events in the regulation of medical devices by Daniel M. Fox, of the Milbank Memorial Fund, and Diana Zuckerman, of the National Research Center for Women and Families.

In the months to come, the *Quarterly* will introduce new features and present enlightening articles. All of us who are part of the Milbank Memorial Fund community—the *Quarterly*'s staff, its authors, and its reviewers, as well as the scholars, public officials, and health care executives who read the *Quarterly*—are charged with the Himalayan task of thinking about and advancing population health. And when the health disparities we witness daily seem too overwhelming or the opposing forces too recalcitrant, we must take a deep breath and recall that the cause we pursue all began with a drop of milk.

References

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2. Koplik H. The history of the first milk depot or gouttes de lait with consultations in America. *JAMA*. 1914;63(18):1574-1575.
3. Markel H. For the welfare of children: the origins of the relationship between U.S. public health workers and pediatricians. *Am J Public Health*. 2000;90(6):893-899.

4. In this essay, I am using the phrase "drop of milk" as a metaphor rather than as a statement of the superiority or inferiority of cow's milk–based formulae for feeding infants. Indeed, as a pediatrician, I have long appreciated the superiority of human breast milk for human babies. There is, of course, a much longer history of "artificial infant feeding," with modified versions of both whole cow's milk and water-diluted formulas based on condensed cow's milk compared with breast-feeding and the now antiquated practice of wet-nursing. Nevertheless, in the early 20th century, many pediatricians and not a few mothers considered cow's milk–based formulas to be a modern, scientific advance in infant nutrition. By the close of World War II and in the following decades, nutrition experts realized that human breast milk was a far superior means of feeding babies, for growth and development as well as immunological and bonding issues. This social and medical history is superbly explained in Apple RD. *Mothers and Medicine: A Social History of Infant Feeding, 1890-1950*. Madison: University of Wisconsin Press; 1987. See also Wolf JH. Don't kill your baby: feeding infants in Chicago, 1903-1924, *J Hist. Med. Allied Sci.* 1998;53:219-253; and DuPuis EM. *Nature's Perfect Food: How Milk Became America's Drink.* New York: New York University Press; 2002.
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