

## THE HEALTH EXAMINATION IDEA

by IAGO GALDSTON, M.D.

SIR GEORGE NEWMAN<sup>1</sup> begins his scholarly memorandum on the practice of preventive medicine with the postulate that "The first duty of medicine is not to cure disease, but to prevent it."

This postulate is of relatively recent origin, as recent as the science of preventive medicine. For though as an ideal the prevention of disease has been coexistent with the healing art, as a duty it could not be exacted until the followers of Aesculapius were equipped with the knowledge that makes disease prevention a possibility.

Such a body of knowledge is now available. It is being augmented by a multitude of industrious workers devoted to the study of the subtle workings of the living mechanism, and not a year passes but fundamental information is won through their labors. And it is thus that not only the nature of certain diseases and their effective treatment are revealed, but also that their prevention is made possible.

Knowledge, however, is ever in advance of practice and application. It has been said time and time again that during the next twenty-five years mankind could well afford to cease making new medical discoveries and to concentrate its efforts on the practical application of the medical knowledge now available. This expression is but a novel way of saying that practice is at least twenty-five years behind theoretical knowledge.

In essence it must be so. Facts are rarely instruments and work calls for machinery and techniques. Discoveries are

<sup>1</sup>Newman, Sir George: *An Outline of the Practice of Preventive Medicine*. London, His Majesty's Stationery Office, 1919, pp. 5, 37, 38, 42.

made more or less in isolation. Modern research technique involves specialized studies of minute segments of large problems. Before the findings of a variety of laboratories and specialty clinics can be practically applied to the benefit of mankind, they must be synthesized, integrated, and special machinery and techniques must be developed. These tasks are no less great than those faced by the research workers and they call for talents as rare as those of the analysts.

This phase of the problem of applied versus theoretical medicine is described with eloquent terseness by Sir George Newman in his discussion of the need for synthesis and integration in medicine. "The student of the history of general or particular movements in human affairs is well aware that at any given point in progressive thought he will find one or other of two characteristics dominant, namely, extension or consolidation. The extension reveals itself in a reaching-out after new conceptions and expression, analysis, differentiation, and specialism. At other times there comes the need of summary, of unification, of synthesis as the governing idea—not necessarily of new discovery but of new and wider application and interrelation.

"Medicine has lately passed through a period of gestation characterized by germination, new formations, subdivision, and differentiation—not without its analytical, schismatic, and centrifugal dangers—and it is come now in our day to the need of integration. For an underlying unity is necessary if we would avoid that disintegration and dissolution which follow when differentiation proceeds in one-sided fashion. *The predominant need, both in medical education and application is simplification and integration, first in the thought and understanding of the meaning and destiny of Medicine, secondly in practice.* This need lies at the basis of any new apprehension of Preventive Medicine.

“Nor must the synthesis of the future be only one of conception and of interpretation; there must also be adequate provision of facilities for the medical man to practice the *whole* art of medicine, to correlate his medical and surgical knowledge, his preventive and curative efforts, to exercise his full wide function to the benefit of the community.”

I have quoted freely from Sir George Newman’s memorandum for two reasons; because of the felicitous manner in which he has delineated the problem with which we are herein concerned, and because his conclusions bear so pertinently on our own thesis, the health examination idea.

Health examinations are not being promoted simply because they are “good for you.” There is behind the movement a compelling historical necessity. The practice of health examinations promises to make available to the physician the *modus operandi* for the goal defined by Sir George Newman, namely, “to exercise his full wide function to the benefit of the individual, and hence too, of the community.” The health examination is the counterpart of and the complement to public health, promising to do for and with the individual as much as public health has been able to accomplish with mankind *en masse*.

The health examination movement has had a checkered history. It had its prophet and pioneer in the London physician Dr. Horace B. Dobell<sup>2</sup> and its independent American proponent in Dr. George M. Gould<sup>3</sup> of Philadelphia. Theirs, however, were farsighted visions which antedated realization by many decades. The movement for health examinations found its inception and first practical application, not in the ranks of the medical profession, but as part of the

<sup>2</sup>Dobell, Horace B.: *Germs and Vestiges of Disease*. London, John Churchill, 1861, pp. 154-155.

<sup>3</sup>Galdston, Iago: Horace Benge Dobell, Pioneer of the Health Examination. *The Health Examiner*, January, 1932, i, No. 10, pp. 7-12.

business and welfare services of the life insurance companies.

As early as 1911 the Provident Savings Life Assurance Society began offering and providing health examinations to its policy holders. The Life Extension Institute was created in 1914. Organized medicine as represented by the American Medical Association did not join the movement, so to say, until 1922, when by resolution it created a committee to study the matter and to prepare history and record cards for distribution to individual physicians.

Though we cannot afford to dwell upon the matter here, there is a deep significance to this sequence of events, for it has made its impression on the very trend and nature of the movement. Health examinations, promoted as a life extension service by insurance companies and so-called health examinations provided by various industries, differ markedly in their primary viewpoints, their objectives, and their effectiveness, from health examinations given by the general practitioner to his private patients as a part of personal preventive medicine.

Those interested may find this phase of the history of the health examination discussed in *The Health Examiner* of February and March, 1932.<sup>4</sup> In this contribution we must limit our consideration to the health examination movement as it has been furthered by the official medical societies of Greater New York, an undertaking to which the Milbank Memorial Fund has contributed generously and from the time of the movement's inception.

In May, 1924, the Medical Society of the County of New York passed the following resolution:

“RESOLVED, that the Medical Society of the County of New York immediately take steps through an appropriate

<sup>4</sup>Galdston, Iago: The Genealogy of the Health Examination. *The Health Examiner*, February, 1932, i, No. 11, pp. 7-14.





committee to formulate a feasible and workable plan to promote Periodic Health Examinations through the agency of the general practitioner.”

The president appointed such a committee under the chairmanship of Dr. Orrin Sage Wightman. This committee formulated a plan of action based on three objectives:

(1) The education of the physician in the most competent technique of examination.

(2) The formulation of a simple yet adequate data record form.

(3) The development of sustained publicity and educational propaganda which should not be the burden of the doctor, but rather of lay organizations which could, as a civic and public duty, bring the need of periodic health examinations before the people in general.<sup>5</sup>

The first of the two objectives, it was at that time thought, could be well undertaken and achieved by the County Medical Society. The third objective, namely, the instruction of the public, for apparently valid reasons it was neither desirable nor possible for the County Society to promote. The medical profession had neither the necessary financial resources nor the organization required for so large a task as educating the public. In addition there was some question of the propriety of the medical profession undertaking an activity that might seem so much like soliciting business.

It was at this point that the Medical Society of the County of New York turned to the Milbank Memorial Fund for financial support and to the New York Tuberculosis and Health Association for executive help. From each of these organizations the desired assistance was secured. In 1925 the Medical Society of the County of New York launched its

<sup>5</sup>Galdston, Iago: Cooperative Promotion of the Health Examination Idea. *The Physical Examiner*, December, 1927-January, 1928.

first campaign for the medical administration of the health examination. An impressive series of lectures on periodic health examination was delivered to the medical profession at the New York Academy of Medicine under the auspices of the Medical Society of the County of New York. These lectures were published in the *Medical Journal and Record*, and were subsequently reprinted in book form and distributed gratis to the profession and allied groups.<sup>6</sup>

A record form for making, recording, and interpreting the health examination was also formulated and widely distributed. Simultaneously, and this mainly through the agency of the New York Tuberculosis and Health Association, a sustained campaign of education and propaganda was directed at the public.

The original committee, having substantially accomplished the objectives it set for itself, was at the end of the year disbanded. But a similar committee with new personnel was appointed in 1926, and carried further the health examination movement. The chairman of this committee was Dr. Otto H. Leber.

From the very first it became evident that the health examination idea required sustained promotion, among physicians as with the public. There was a good deal of inertia to be overcome within the medical ranks, some skepticism, too, was encountered, and not a little passive opposition. But even more than these the health examination idea needed further and clearer definition. Physicians inquired of those promoting the idea, what the health examination might be expected to accomplish. What, if any, were its virtues, did it serve to prolong life, did it enable the prac-

<sup>6</sup>Lectures on Periodic Health Examination, January 6 to February 3, 1925. Reprinted by the New York Academy of Medicine, *Medical Journal and Record*, 1925, cxxi.



*In the interest of continued good health  
you are urged to visit your physician for a  
health examination at regular intervals.*

*This measure of preventive medicine and  
personal health service is endorsed by the  
Five County Medical Societies of New York  
and the New York Academy of Medicine.*

This card, inserted by the physician in his outgoing mail, serves to remind the patient of the importance of the periodic health examination.

tioner better to discover early pathology in the patient? What were its hazards, how would the neurotic patient be affected? Then, too, there were numerous questions pertaining to its administration. How frequently should patients be reexamined? What constitutes an equitable fee? How might the physician bring his patients into his office for a health examination? The medical aspects of the examination were subjected to inquiry. How elaborate must the examination be to prove effective?

Such and scores of other pertinent inquiries were either specifically addressed to the Committee on Periodic Health Examination or were brought to the fore as the Committee plodded along in its work.

Plodded is used advertently, for the Committee well appreciated the long uphill pull with which it was confronted. Under the able leadership of its chairman, it set to work with a steady sustained application. Medical meetings were held in the New York Academy of Medicine and in practically

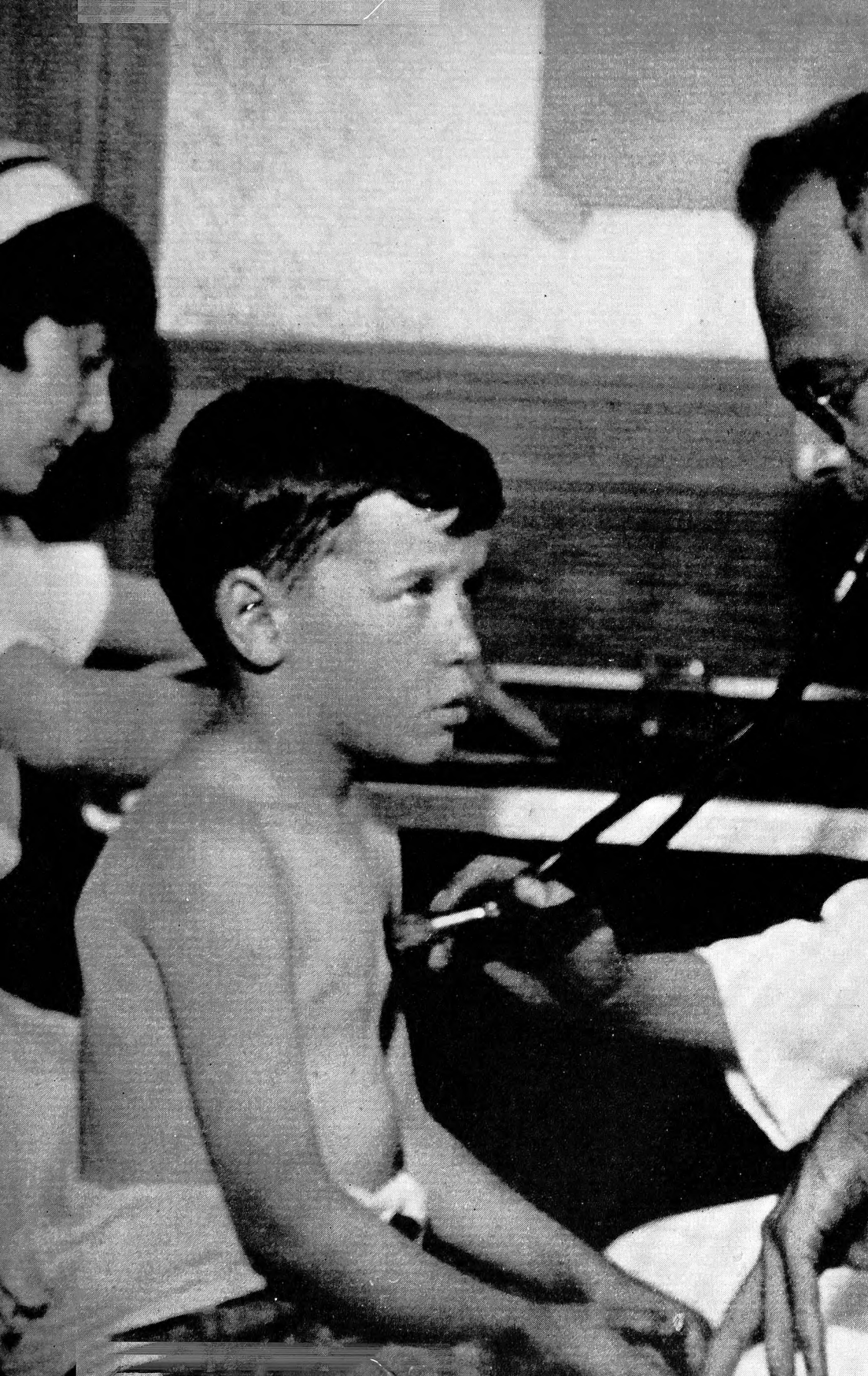
every one of the City's special and regional medical societies. The Committee sponsored the production of several motion picture films; a medical film portraying in detail the steps involved in making a health examination (suitable for exhibition to physicians and medical students); a modified version of the same for technical groups and selected lay audiences; and an animated cartoon picture, which in a lighter vein expounded the health examination idea.

The work of this second committee, as well as that of all subsequent committees, was largely financed by the Milbank Memorial Fund, administrative assistance being rendered by the New York Tuberculosis and Health Association. The funds contributed made possible a widespread public education campaign. Practically every public school, high school, Young Men's Christian Association, Young Women's Christian Association, and many industrial organizations, churches, and women's clubs were addressed by physicians on the health examination. Leaflets and posters were printed and widely distributed. Radio addresses were made on many phases of the health examination.

Arrangements were also made for training physicians in the technique of the health examination, the clinic facilities of the Bellevue-Yorkville Health Demonstration being used.

In this multiform manner the Committee on Periodic Health Examination of the Medical Society of the County of New York carried on its pioneer work, preparing the ground for more intensive and wider campaigns that followed.

During this period the Medical Society of the County of New York was of course not the only body interested in the promotion of the health examination idea. Many of the voluntary health organizations of the City, the insurance companies, many industrial organizations, and the Life Extension Institute, kept up a sustained drive for the wider prac-





tice of this measure of preventive medicine. Other county societies, notably the Kings County Medical Society, became interested in the health examination movement. It was a logical resultant, therefore, that after a number of years of activity, more or less confined to Manhattan, the movement should develop a city-wide scope.

This transpired when in 1929 Dr. A. J. Rongy presented a resolution to the Medical Society of the County of New York, calling for the creation of a Greater New York Committee on Health Examination, to coordinate the health examination activities of the Five County Medical Societies.

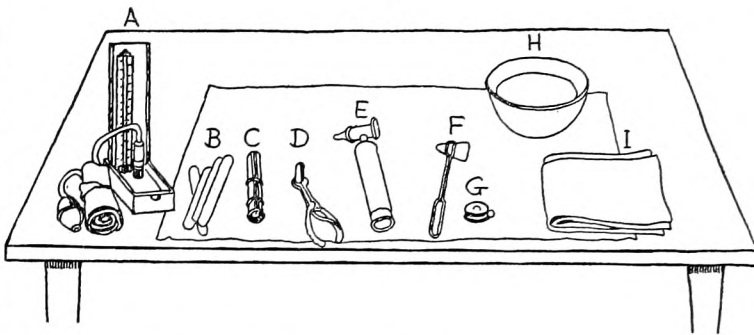
The resolution was adopted and a Greater New York Committee on Health Examination was appointed. The Five County Medical Societies of Greater New York joined in a city-wide campaign, and the work of the committee was launched, under the chairmanship of Dr. Rongy.

This Committee turned as the former ones did to the Milbank Memorial Fund for financial assistance. The appeal was liberally responded to, and with additional contributions from the Metropolitan Life Insurance Company, the Altman Foundation, the Life Extension Institute, the New York Tuberculosis and Health Association, the Brooklyn and Queensboro Tuberculosis and Health Associations, and the Medical Society of the County of New York, a substantial budget was made available to the Committee. The Committee was thus enabled to project a campaign for health examination promotion on an unparalleled scale.

The details of that campaign conducted in 1929 and 1930 have been reported in the publication "For Health."<sup>7</sup> The interested reader is referred to the report for a description of

<sup>7</sup>For Health. A Report of the Activities and an Evaluation of the Results of the Campaign for Health Examination Conducted by the Greater New York Committee on Health Examination, October 15 through December 31, 1929. New York, The Greater New York Committee on Health Examination, 1930.

Medical Equipment Arranged for Health Examination.

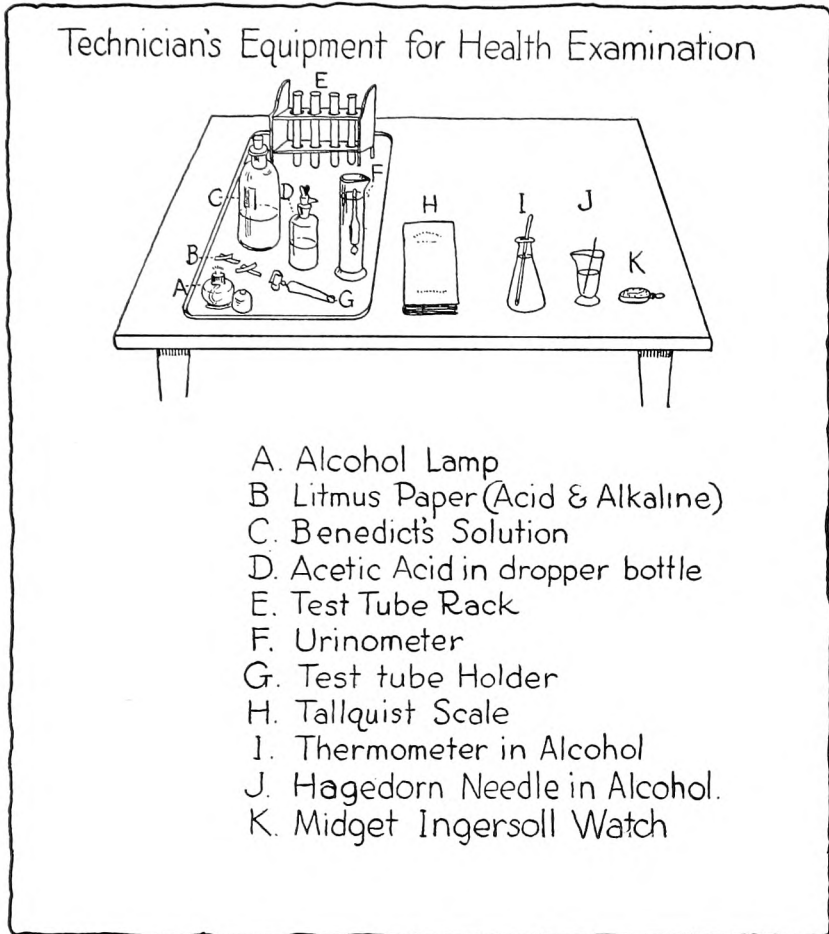


- A. Blood pressure apparatus
- B. Tongue depressors
- C. Flashlight
- D. Nasal speculum
- E. Otoscope
- F. Reflex hammer
- G. Steel tape measure
- H. Antiseptic solution
- I. Towel

the nature and scope of the activities carried on. Here it is pertinent to observe that in so far as the campaign was primarily addressed to the public, the results as judged by the amount of public interest and response elicited were highly gratifying.

The public, it was demonstrated, is receptive to the health examination idea. It readily grasps its motives, and is easily persuaded as to its worth. But its administrative application still presents large and unsolved problems. Among these the attitude of the profession looms large.

When the campaign, as planned, was over, and stock taking was in order, it became apparent that there was real



danger that the demand for health examinations might be so stimulated as to exceed the supply; furthermore, that the movement was in danger of suffering a serious setback by the superficial manner in which the health examination might be administered by those unsympathetic to its aims and uninformed on its proper nature.

These convictions deeply impressed those most intimately associated with the campaign and led to a thoroughgoing analysis of the entire health examination situation. The outcome of this analysis was the projection of a five-year cam-

paign addressed primarily to the physicians, and aimed to establish the health examination idea as an integral part of personal preventive medicine.<sup>8</sup>

To a large percentage of medical practitioners who have been schooled and experienced in curative medicine, personal preventive medicine is, however, a distinctly new conception. For many decades preventive medicine has meant only public health, left for administration to the health authorities. Also, preventive medicine has been understood to mean only the prevention of diseases of an epidemic nature.

There was some justification for this restricted conception of the meaning of preventive medicine in the days when our science was young. But in recent times when medicine has made such marvelous progress in the exposition of the cause and prevention of such diseases as are not due primarily to infectious agents but to poor and defective nutrition, to deficient personal hygiene, to functional abuses, and the like, preventive medicine must be understood to possess a much broader scope, a scope in which the private practitioner has a great opportunity for usefulness and an obligation as wide as that of the public health official.

The time has indeed come when for the emergency service in disease which the physician is called on to render, the continued health supervision of the patient might be substituted. This would redound to the benefit of the patient, the physician, and to medicine as a whole.

Such then is the broad thesis and the task to which the Greater New York Committee on Health Examination is committed and to which it is dedicating its efforts. The problem of its exposition and achievement is one of an educational nature. The Committee created an educational instrument

<sup>8</sup>Five Year Programme of Activities. New York, The Greater New York Committee on Health Examination, 1930.



suitable to its work, *The Health Examiner*, a monthly publication addressed to the medical profession and devoted exclusively to the promotion and exposition of the practice by the private practitioner of personal preventive medicine and the health examination idea.

The activities of the Greater New York Committee attracted the attention of many private and public health organizations throughout the world, and numerous requests for sample copies of the Committee's publications as well as subscriptions to *The Health Examiner* have been received.

While the Committee restricts its major activities to Greater New York, it has felt impelled to respond to the numerous requests received from other county medical societies, private and public health organizations. *The Health Examiner*, in addition to being sent to every physician in

This monthly publication, addressed to the medical profession, is "devoted exclusively to the promotion and exposition of the practice by the private practitioner of personal preventive medicine and the health examination idea."

<h1 style="margin: 0;">THE HEALTH EXAMINER</h1>	
APRIL	1931
<p>THE HEALTH EXAMINER comes to you from The Greater New York Committee on Health Examination representing the Five County Medical Societies of Greater New York.</p> <p>This is the first issue of a publication devoted to a discussion of the Health Examination which the Committee hopes to make available to you monthly. The health examination is one of the most important measures before the medical profession. Properly understood and applied the health examination idea promises to profoundly affect for the better the mutual relations of patient and physician.</p> <p>The Greater New York Committee on Health Examination is now engaged in putting into execution a carefully formulated Five-Year Programme of activities to advance the health examination idea among both physicians and the general public.</p> <p>THE HEALTH EXAMINER will be distributed to all the practitioners of Greater New York. It will keep the medical profession informed of the progress of the Five-Year campaign. In addition, it will publish from time to time especially prepared and authoritative articles on all phases of the theory and practice of the health examination. It will also supply specific information and data of practical value to physicians in making health examinations.</p>	
Vol. I	No. 1
<h2 style="margin: 0;">THE GREATER NEW YORK COMMITTEE ON HEALTH EXAMINATION</h2>	

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK <i>Periodic Health Examination</i> GUIDE CARD FOR HEALTH EXAMINATION	
Under Heading of: MAKE SPECIAL INQUIRY ABOUT:	
<b>OCCUPATION:</b>	<b>Character of work performed?</b> (Manager or Steno. for example.) <b>Nature of industry?</b> (Steel foundry, Lead Works or Mercantile.)
<b>FAMILY HISTORY:</b>	<b>Relationship of affected persons?</b> <b>Hereditary factors?</b> e.g. Vascular or Cardio-Renal Disease Tendency: Note causes of death which might have a bearing on applicant's condition.
<b>PREVIOUS HISTORY:</b>	<b>Infectious Diseases:</b> Scarlet fever, diphtheria, whooping cough, etc. Syphilis, gonorrhoea, tuberculosis. <b>Vaccination:</b> Smallpox. <b>Immunizations:</b> Typhoid fever, diphtheria, scarlet fever. <b>Other Diseases:</b> Rheumatism, tonsillitis, pleurisy, haemoptysis, frequent colds, migraine, nervous breakdowns. <b>Menstrual:</b> Irregularity, abnormal flow, backache, etc. <b>Obstetrical:</b> Miscarriages, stillbirths, number of pregnancies, character of labor.
<b>HABITS:</b>	<b>Food:</b> Regular hours? Home cooking, restaurants, or lunch counter? Horrid meals? Moderate or heavy eater? Excess of meats, eggs, pastry, sweets, delicatessen, condiments or seasoning, fried or roasted food? <b>Proportions:</b> Carbohydrates, protein and fats, suited to applicant? <b>Sleep:</b> Sufficient number of hours? Disturbing factors, (noise, especially if night worker?) Ventilated bedroom? Feel rested on rising? <b>Alcohol:</b> Specify average number of glasses of various types of liquor taken per day?
<b>WORKING CONDITIONS:</b>	<b>Hazardous substances:</b> Poisonous gases, vapors, fumes or dust with which applicant may regularly or occasionally come in contact? Character of dust? <b>Sanitary Conditions:</b> Defects of ventilation, lighting, heating, moisture, or posture? <b>Mental or Physical Strain:</b> Factors causing monotony or extreme mental tension or physical strain should be especially noted in so far as they may cause fatigue. Overtime done.
<b>PRESENT CONDITION:</b>	<b>Respiratory System (Cardio-Vascular):</b> Cough, shortness of breath, pain (pleuritic or precordial, etc.) <b>Nervous and Mental:</b> Signs of maladjustment, nervous breakdown, psychoses, or organic nervous disease. <b>Gastro-Intestinal:</b> Nausea, vomiting, pain (time of occurrence), location and character, etc.
<b>PHYSICAL EXAM.:</b>	<b>Nutrition:</b> Undernourished or overweight? <b>Eyes:</b> Note exophthalmos; infections of conjunctivae; other pathologic states; examine eye-grounds when necessary. <b>Throat:</b> Note condition of tonsils and pharynx. Larynx when indicated. <b>Teeth:</b> Note caries, pyorrhea or other condition requiring dental care. <b>Genitalia:</b> Genito-urinary disease? <b>Orthopedic Defects:</b> Note spinal curvature, flatfoot or postural defect or skeletal pathology. <b>Glandular Disturbance:</b> Presence of enlarged glands in special localities, or general. Also, any abnormality of thyroid, thymus or pituitary glands. <b>Reflexes:</b> Pupillary reflexes, knee jerks, etc. <b>Gynecological:</b> Infections, lacerations, displacements, etc.
<b>LABORATORY TESTS:</b>	Wassermann test and also other laboratory examinations when indicated. (X-ray, blood examinations, sputum, feces, gastric contents, etc.)

WEIGHT AND HEIGHT CHART ON OTHER SIDE

Greater New York, is sent to every county medical society and the leading medical libraries in the United States, and to some two hundred foreign health ministries and health organizations. The Medical Society of the County of Monroe has had a special Rochester edition of *The Health*

*Examiner* distributed monthly to its own society members.

While the publication and distribution of *The Health Examiner* is a major activity with the Committee, it is not its sole preoccupation. To implant the idea of personal preventive medicine, to make it a routine part of the every-day practice of the general practitioner, necessitates a multiform activity. We are obliged to reach back to the medical school where young physicians are trained and where lie, perhaps, our best hopes for the ultimate attainment of our goal. There are scores of administrative problems to which the Committee must devote its attention. Physicians need assistance in bringing the health examination to the attention of their patients. To further this phase of the work, the Committee has published and widely distributed a card to be enclosed in the mail addressed by physicians to their patients. This card is shown in an accompanying illustration.

Literature for distribution through the doctor's office is being prepared and distributed. The Committee has committed itself to the publication of a handbook on personal preventive medicine which will summarize this phase of medical practice, and it is expected that this volume will be widely distributed.

Through sustained endeavor, it is expected that both the medical profession and the public will be persuaded of the economic and health virtues of the practice of personal preventive medicine and of the health examination.

This brings our recitation to date. The prospects for an ever more widespread appreciation of the worth and fundamental usefulness of the health examination are good. Out of our seven years of experience in the promotion of the health examination idea has come a better understanding of the idea itself, its tortuous history, and its place in the every-day medical practice of the general practitioner.

The Committee feels that it does not overestimate the significance of its work, or the promise of the health examination idea, in maintaining that in the practice of personal preventive medicine lies the solution to many phases of the difficulties that beset medicine today, as well as the dawn of a great era in which the newer facts on disease prevention and the improvement of human existence will find full application, to the glory of the profession and the benefit of the human race.