PROPOSED SCHOOL OF PUBLIC HEALTH

I - Need for A School of Public Health

Although the Board of Regents of the University of Texas and the Directors of The Texas Medical Center have already committed themselves to the proposition that the University will establish a School of Public Health and locate it within the Medical Center, some interest may be attached to the possible needs for a school of this character.

At present there are nine schools of public health in the United States located at the following universities: California, Columbia, Harvard, Johns Hopkins, Michigan, Minnesota, North Carolina, Vanderbilt, and Yale. Within the Southwest, the University of Oklahoma is considering the development of such a school and has appointed a planning committee; possible interest has also been expressed at Tulane. The existing schools differ greatly as to the extent to which they seek to train all groups of health personnel or limit their interest to certain professional groups. At present they are not taxed to the limit of their capacity. The turnover of public health personnel is so rapid, however, that if such personnel could be found to fill all positions now vacant and such personnel were to be trained before employment, the training load would be greater than could be borne by existing schools. Further development of public health, as envisioned by the Emerson report on Local Health Units for the Nation, would further increase the demand for trained personnel.

The situation with respect to public health nurses is comparable. Only three of the schools of public health provide for training of public health nurses. The remainder of the nurses receive their training in courses in twenty-eight other universities. In all but two or three of
these, the courses are not so much as affiliated with a school of public health, a situation which the writer believes to be detrimental to both the school of public health and the public health nursing course. These schools are in general quite crowded though the degree of crowding is very uneven. Within Texas the only school is that of the College of the Incarnate Word at San Antonio, obviously too small to train the 1,284 nurses needed for local health work in Texas, as estimated in the Emerson report. Other nurses receive training at Peabody and Vanderbilt in Nashville and at St. Louis University in St. Louis. Were all existing public health nursing vacancies to be filled with trained personnel and new positions established in accordance with the Emerson report, additional facilities would be needed to train the necessary personnel.

The situation in Texas and the other States of the Southwest is shown in the accompanying table. This takes no cognizance of the personnel required in State health departments. The writer is in general accord with the estimates except for those of engineers and health educators which he believes to be gross underestimates. It should be pointed out further that these estimates are based on 1940 population and make no allowance for current or future growth in population.

The establishment of a School of Public Health in Houston would offer the added advantage of location in or near an area where tropical diseases are of major importance. Although significant instruction and research in the field of tropical disease has been carried out in several of the existing schools of public health, none of them is located with particular reference to this field of medicine.
Public Health Personnel Currently Employed and Ultimately Needed for Adequate Local Health Service
Modified from Emerson's "Local Health Units for the Nation."

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<tr>
<th></th>
<th>Texas Present</th>
<th>Texas Desirable</th>
<th>Oklahoma Present</th>
<th>Oklahoma Desirable</th>
<th>Arizona Present</th>
<th>Arizona Desirable</th>
<th>New Mexico Present</th>
<th>New Mexico Desirable</th>
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<th>Total Desirable</th>
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<tr>
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<td></td>
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<td>5</td>
<td>1</td>
<td>1</td>
<td>5</td>
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</table>
Because of the growing importance of Houston as a sea and air port connecting with the American tropics, a school of public health in this city would be singularly well situated to take a position of prominence in this field. Just as every existing school has placed special emphasis on some phase of its program, so a school in Houston might well develop the field of tropical medicine and hygiene as one of its major interests, without neglect of the diverse local problems presented by a State which covers so vast an area as does Texas.

In view of the foregoing, it is logical to conclude that

A. There is need for additional facilities for public health training in the United States.

B. There is no school of public health in the Southwest, and local facilities for the training of public health nurses are inadequate.

C. Establishment of a school of public health in Houston would, therefore, help to fill an existing need and a need which will probably be greater in future years.

II - Scope of a School of Public Health

Two widely divergent points of view exist as to the desirable scope of a school of public health. Some would limit such a school to little more than the training of medical health officers, delegating the training of public health engineers to schools of engineering, of public health nurses to schools of nursing, and of health educators (if any) to colleges of education. Some engineers would prefer not even to recognize the category of public health engineer, preferring to think in terms of sanitary engineers employed by health agencies. Under such a philosophy of decentralization, each group is highly trained within its own sphere of activity but unfortunately loses sight of the role that the other groups must play in the communi-
Consequently, the opposite school of thought conceives of the school of public health as the agency for the graduate education and training of the entire public health team. Under such a philosophy, the school of public health would receive physicians from the medical schools, nurses from the schools of nursing, engineers from the engineering schools, etc., and would, through its postgraduate facilities, teach these several professional groups the application of their skills to the entire public health program and mould them into a cooperating team of health workers.

The natural correlative of this latter philosophy is that the school of public health has an added function, that of helping to educate the public to an appreciation of the value of health and, therefore, a willingness to support a satisfactory community health program. There has been a tendency to forget that health is not a matter of concern solely to certain professions. We cannot think of medical health, dental health, engineering health or any kind of health other than public health. As it is the public whose health is being protected, so it is the public that must be educated to the point of supporting the program. Present-day public health results are far behind their potential achievements chiefly because the public has not given adequate support to the program due to lack of understanding and appreciation.

The writer is of the belief that the school of public health of the future must be built around this latter philosophy. This is particularly true of a state-supported university which has an obligation to the taxpayer somewhat different from that of the privately supported universities. It is recommended, therefore, that any school of public health to be established at Houston be designed to provide the broadest possible graduate training in public health, to include programs for physicians, dentists, engineers, nurses, medical administrators, hospital administrators, laboratory personnel,
health educators and such other professional personnel as may be included within the public health field.

III - Institute of Geographical Medicine

During recent years there has been a slowly growing realization of the fact that relationships may exist between geography and disease. The first comprehensive study of this relationship was made late in the 19th century by Hirsch. Several subsequent investigators have touched on this problem and the Germans coined the term "geomedicine", though attaching to it certain political implications. Students of tropical medicine have been more conscious of geographical relationships than have other medical groups. During the recent war, the Germans made preliminary geographical studies within the Mediterranean basin while the United States extended its studies to all parts of the globe as an urgent necessity incidental to a global war. The American Geographical Society has expressed interest in this topic and has committed itself to certain research projects.

The resumption of international commerce in the post-war period and the speeding up of travel incidental to aviation developments have emphasized the need for more precise studies of geographical medicine. Some very rough plotting of the distribution of certain infections and nutritional diseases has been accomplished, but these are crude and inexact at best. Next to nothing is known of the geographical distribution of other types of disease. Such studies of distribution are an essential prerequisite to the initiation of studies to determine factors which underlie these differences, studies which may conceivably shed considerable light on underlying etiologic-al factors.

To explore the field of geographical medicine there is an obvious need for the establishment of several institutions. One such was established
in Basle, Switzerland, during the war, but its early publications give little reason to anticipate significant progress. One or two universities in the United States have indicated an interest in such a venture, but none has embarked upon it. If a School of Public Health is to be developed at Houston according to the plans presented herewith, it might be a logical center for developments along this line.

Already it is apparent that Houston may develop into one of the major outlets to Latin America and to a lesser degree to Africa. It may thus serve as an unwilling portal through which diseases indigenous to other countries may be introduced into the United States. An institute of geographical medicine located in Houston would thus be situated on one of the major pathways through which diseases largely localized by geographical factors may be migrating under changed conditions of travel. Furthermore, the Southwest represents a geographical unit which remains largely unexplored so far as concerns its disease problems determined by climate and other geographical factors. An institute of geographical medicine, bringing together skills in medical research, epidemiology, and geography, would find Houston a logical focus from which to spread its activities both locally and internationally. Such an institute should logically be a part of a school of public health, taking full advantage of the several units or departments that comprise such a school.

IV - General Organization of Program

There is no standard pattern which can determine the form of organization of a school of public health. Although the Committee on Professional Education of the American Public Health Association in establishing its criteria for accreditation has insisted on effective autonomy for such schools, it has purposely avoided any suggestion as to how this shall be
achieved. At present the pattern of organization ranges from that of a completely independent school within the university structure to that of a department of a medical or graduate school. All intermediate gradations are recognizable. The significant common denominator is that the public health faculty has been entrusted with the responsibility of guiding its own destinations, determining its own policies in a manner and to a degree comparable to that of an independent school of a university.

The internal structure of a school is, however, dependent upon the physical and organizational relationship of the school to other parts of the university. In some schools there has been a high degree of duplication of teaching and research facilities that exist elsewhere within the university. Thus, departments of bacteriology and parasitology have been established which duplicate those in related and physically contiguous medical schools within the same university. Such duplications obviously increase the expense. In other instances the school of public health has turned to other parts of the university for certain course work which is desirable as part of the public health curriculum. Through this technique, schools have obtained instruction in epidemiology, bacteriology, parasitology, sanitary engineering, political science, speech, public health nursing, journalism and other subjects. In some cases this has been accomplished through joint appointments, in other instances through intra university arrangements whereby special courses of instruction were created by other university departments or public health students took advantage of courses that already exist. At the same time, the parts of the university have obtained comparable assistance from the school of public health. Interchange of this character is possible, however, only if there is close physical relationship between various parts of the university. Separation by a distance of several miles usually imposes serious obstacles.
A school of public health maintained at Houston by the University of Texas would be in a semi-isolated position and would, therefore, have to duplicate certain facilities that already exist at Austin or at Galveston. Duplication of certain other facilities would be required, however, if the school were located in either Austin or Galveston. It is probable that no greater duplication will be needed at Houston than would be the case at either Austin or Galveston.

Relationships that could be established at Houston with the University of Texas School of Dentistry, the Baylor Medical School, and the Rice Institute, all of which are or will be located in or adjoining The Texas Medical Center, could potentially reduce the extent of duplication. Such cooperation would result in a substantial saving to all participating institutions.

Cooperative facilities that could be so achieved are as follows:

A. **Instruction in preventive medicine and public health in Baylor Medical School.** As the School of Public Health and the Baylor Medical School are to be located on contiguous land within the Medical Center, the latter should logically turn to the former for its instruction in preventive medicine and public health, including epidemiology, sanitation, medical economics, statistics and public health administration.

B. **Instruction in preventive medicine in Texas Dental School.** Just as such instruction could be furnished to Baylor Medical School, so could it likewise be furnished to the Dental School.

C. **Instruction in parasitology.** Rice Institute is at present carrying on notable work in parasitology under the direction of one of the leading parasitologists of the country; some instruction is given also in Baylor. For each of these and the School of Public Health to conduct independent de-
partments of parasitology would constitute an obvious duplication. It is recommended that cooperative arrangement be reached whereby a unified and expanded institute of parasitology might be achieved, either in the School of Public Health or in Rice Institute.

D. Instruction in public health engineering. The Rice Institute is at present offering courses in sanitary engineering in the civil engineering curriculum. These courses have been poorly developed and are inadequate as an introduction to public health. If these were strengthened, they could be utilized by the School of Public Health as part of its work in public health engineering, thus permitting it to limit its development to the public health aspects of engineering without the necessity of bolstering its program with instruction in the structural aspects of sanitary facilities. Similar utilization might be made of existing courses in ventilation and air-conditioning. If such strengthening of the sanitary engineering in Rice is not possible, the School of Public Health would be obliged to expand its staff and facilities to provide for complete instruction in both sanitary and public health engineering.

E. Coordination of bacteriological teaching. Within the Medical Center, several education units will have need for instruction in bacteriology; viz., the School of Public Health, the Dental School, Baylor Medical School, and the University School of Nursing. Rice University likewise offers instruction in bacteriology through its Department of Biology. For each of these units to attempt to provide independent bacteriological facilities would be uneconomical. The development of one strong unit with utilization of its facilities by the other institutions would provide proper instruction and opportunities for research at a minimum cost. The Baylor Medical School is already well equipped to this end and its physical plant

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is nearing completion. It might, therefore, serve as a bacteriological cen­
ter for all of the cooperating institutes.

F. Cooperation with other fields. Two separate proposals have
been made with respect to the undergraduate course in public health nursing,
that it be made a part of the proposed University School of Nursing (see
Nursing report) and that it be part of the School of Public Health (see
elsewhere in this report). Whichever plan is selected will require close co-
operation between the University and the School of Public Health. Under the
former plan, the public health nursing students would turn to the School of
Public Health for technical instruction in all phases of public health
other than nursing; under the latter plan the students would turn to the
University for courses in sociology, political science, and psychology.

The graduate program for all groups in the School of Public Health
may require assistance from the University of Houston or Rice Institute in
the form of admission to courses in political science, economics, journalism,
speech and related subjects. At the same time, it is possible that students
in the University of Houston as well as Rice may wish to take advantage of
certain public health courses offered in the School of Public Health.

G. Cooperation with proposed Negro medical school. It is under-
stood that plans are under consideration for the establishment of a Negro
medical school at another point in the city. Instruction in preventive medi-
cine might well be carried from the School of Public Health to this Negro
school within the prevailing pattern of racial separation.

The above proposals for cooperation with other universities or
university branches within the Houston area depend on mutual agreements
with appropriate fiscal adjustments. Basic to such agreements is a willing-
ness of each institution to admit to its classes students from the other in-
stitutions and the acceptance of credits so earned without reduction in value.

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Such exchange exists between other universities at the present time; to a limited degree the University of Texas is already a party to such agreements.

H. Cooperation with City and State Health Departments. The establishment of a School of Public Health and erection of a suitable building at the Medical Center should be accompanied by an attempt to transfer to the Medical Center area certain facilities now maintained elsewhere in the city by the local and state health departments.

At present the state maintains a regional laboratory in the old Jefferson Davis Hospital. This laboratory serves Harris County and several surrounding counties which normally turn to Houston. The nearest other regional laboratory is 100-150 miles distant. Owing to the existence of this laboratory and its maintenance in close affiliation with the City Health Department, the city is not obliged to maintain an independent laboratory. Most of the work done deals with environmental sanitation and the enforcement of quarantine practices. In conformity with public health practices throughout Texas as a whole, the laboratory plays an insignificant role in the provision of diagnostic assistance to the physicians, a smaller role than in almost any other state in the Union. This lack of availability of free laboratory service may well be a not inconsiderable factor in Texas' unenviable possession of one of the worst communicable disease records in the United States.

In virtual conjunction with the State regional laboratory, the City Health Department maintains its typhus control unit, which operates on a laboratory basis. The future will undoubtedly see even further need for public laboratory services of this character as the role of arthropods in the local spread of disease is further recognized and industrial hygiene programs become better developed.

As the present physical plant in which these state and city functions are now being performed is old, both must look forward in the next few
years to the relocation of their facilities. Location of these on the grounds of The Texas Medical Center, adjacent to or as an integral part of the School of Public Health would be of material advantage to all parties. The School would benefit from having easy access to the laboratory material for teaching and research purposes. The laboratories in turn would benefit from the stimulus that comes from association with a teaching program, access to advisory assistance in bacteriology, parasitology, entomology and related subjects and ready access to the Central Library, Pathological Institute, and other facilities of the Medical Center. Comparable cooperative facilities between universities and public health laboratories already exist in several states and are being planned as a part of the post-war development in others. Under such an arrangement the professional staff of the laboratory become active members of the university faculty and participate in the teaching program, to the benefit of university, health department and students alike.

Other aspects of the City Health Department program might equally become affiliated with the School of Public Health, to the mutual benefit of each agency. The Health Department has already projected a plan for decentralization of many aspects of its work, through the establishment of district health centers. Suitable locations for the first five of these have already been selected. Although none of these first five is currently planned for the region of the Medical Center, the rapid growth of the city in this direction will ultimately make a center in this area also advisable. The teaching value of a district health center as a part of the physical plant of a school of public health has been demonstrated in New York. The school profits from the immediate availability of facilities for the study and observation of public health practice; the health department profits from the advice and assistance of school staff, access to added facilities, and the stimulus that comes from close association with a teaching program. It is
recommended, therefore, that the physical and organizational plan for the School of Public Health include provisions for a district health center either in the School of Public Health building or in a connecting building. The Health Department portion of the building should include provisions for housing of official and non-official agencies such as the visiting nurse service, tuberculosis association, and other agencies which play such a vital part in the community health program. The School of Public Health would thus become a real health center, coordinating the teaching and the official and non-official service aspects of the program under one roof.

V - Programs of Instruction and Budgets

In order to carry out a program of public health instruction and research as envisioned above, provisions should be made either within the School or through cooperation with one of the other universities in Houston for instruction in the subjects enumerated below. The costs of each program are rough estimates of the bare minimum and the desirable budget.

A. Public Health Administration. Organization and philosophy of public health practice and the development and operation of community programs. This unit should be developed in close collaboration with state, county and city health departments to provide practical experience. Budget $10,000-$20,000.

B. Epidemiology. Factors governing the occurrence of disease. To be developed in close collaboration with units of bacteriology and parasitology, and the Institute of Geographic Medicine, and to serve not only the School of Public Health but also other schools. Budget $10,000-$25,000.

C. Bacteriology. The role of bacteria and viruses as a cause of disease, this unit to be developed as an expansion of the present Baylor Department of Bacteriology or through the School of Public Health but to serve all schools. This unit might be developed in close coordination with the
city and state branch laboratories, which should be located as a part of the Medical Center. Budget, if independent: $15,000-$30,000.

D. Parasitology. Role of animal parasites as a cause of disease, this unit to be developed as an expansion of the Rice Institute or part of the School of Public Health and to serve all institutions. This unit should be developed in close coordination with the city and state laboratories. Budget, if independent: $15,000-$25,000.

E. Public Health Engineering. Sanitary and health control of the environment through engineering measures, and application of such principles by public health agencies. To be developed parallel to sanitary engineering instruction in Rice Institute and to serve all institutions. Budget $10,000-$25,000.

F. Public Health Nursing. Role of nurses in community health program with training in application of nursing skills to solution of health problems. To be developed either as part of School of Public Health or of School of Nursing in a university. Budget $15,000-$20,000.

G. Health Education. Development of community programs for popular education in matters of health, and public relations program of health department. Budget $5,000-$15,000.

H. Medical Economics. Social and economic aspects of medical care, with special attention to development and administration of health insurance and other community programs for medical care. Budget $10,000-$20,000.

I. Biostatistics. Statistical procedures as applied to study of vital phenomena with particular reference to vital statistics and epidemiology. Should provide instruction not only to School of Public Health students, but also to Baylor Medical School. Budget $7,500-$15,000.

J. Industrial Health. Study of special hazards associated with
industrial processes, measures for their control and development of programs
for medical care in industry. Budget $10,000-$30,000.

K. Geriatrics. Factors conditioning degenerative diseases. This
unit may be incorporated with the unit for physiological hygiene or may be
kept separate. Budget for separate maintenance: $7,500-$25,000.

L. Physiological Hygiene. Adaptation of physiological processes
to needs of community life, including fatigue, nutrition and exercise. May
be coordinated with geriatrics. Budget for separate maintenance: $10,000-
$25,000.

M. Maternal and Child Health. Program for reduction of maternal
and child mortality with special reference to factors which produce physical
defects during childhood and adolescence. To be developed in conjunction
with departments of obstetrics and pediatrics of Baylor Medical School.
Budget $5,000-$15,000.

N. Mental Hygiene. Factors contributing to development of mental
disease or mental maladjustment to community life. To be developed in con-
junction with Department of Psychiatry of Baylor Medical School and the Veterans Administration Hospital. Budget $5,000-$15,000.

O. Hospital Administration. Development of hospitals as part of the
community health program and application of modern business methods to
promotion of efficient management. To be developed in coordination with all
hospitals forming a part of The Texas Medical Center. Budget $10,000-$20,000.

P. Institute of Geographical Medicine. See above for details.
Budget $10,000-$30,000.

Q. Administration. Overall administration of School of Public
Health. Budget $15,000-$25,000.

R. Overhead, operation and maintenance. Physical care of plant,
repairs, general supplies and equipment. Budget $20,000-$75,000.

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Budgets estimated above have been based on assumption that indepen­dant units for each of several functions would be developed and that full-time personnel for the several functions would be employed. Pooling of re­sources and part-time appointments shared with cooperating institutions and the city and state health departments would make possible appreciable sav­ings. Maxima are estimated as the sums required to permit a well-rounded de­velopment, but obviously are not intended to include special research develop­ments as prompted by special interest and opportunities.

It is recognized that the budget here proposed, totalling from $190,000 to $455,000, is greater than that of several existing schools of public health. These latter budgets range from $40,000 to $275,000 a year, but none of these schools provides all of the units envisioned here as part of a comprehensive instructional program. Many of the schools draw heavily on the facilities of other parts of the university so do not have to make budgetary provisions for certain programs included in the above organization. It should further be emphasized that even the maximum figures of the several units of the program do not equal the maxima for comparable programs in cer­tain schools. Were an attempt made to provide for a comprehensive and all­inclusive program which in every respect exceeded that of any other universi­ty, a budget at least twice that proposed here as the maximum would be re­quired.

An attempt to outdo everyone else in every respect would, however, be uncalled for, undesirable, and wasteful. A well-rounded and balanced pro­gram is obviously preferable. Time alone will determine those parts of the program to which special attention should be given. These will expand, re­quiring added funds and facilities, but much of this expansion will undoubted­ly be achieved through research grants, as has been the case in all other schools of public health. The budget here proposed, with minima and maxima
for each item, will provide for a well-rounded and reasonably inclusive pro-
gram and enable the procurement of adequate staff to carry on a program of
both research and instruction.

The omission of a special unit for tropical medicine requires some
explanation, especially in view of what was said above regarding the possible
desirability of placing special emphasis on problems of tropical medicine
and hygiene in a program of this character. The conventional pattern of de-
partmentalization within schools of medicine and public health would provide
for a tropical medicine department. These departments frequently become lit-
tle more than departments of pure parasitology and applied parasitology;
other phases of tropical medicine such as the bacterial and virus infections,
non-infectious diseases, physiologic effects of climate, special problems of
personal hygiene and environmental sanitation, and countless other public
health and medical problems that are peculiar to the tropics are usually re-
legated to other departments or completely ignored. It would seem preferable
that problems of tropical medicine should permeate the entire program of the
School of Public Health rather than being apparently so much the province of
one department that others should hesitate to concern themselves with them.
The organizational plan proposed above, therefore, makes no provision for a
separate unit of tropical medicine.

VI - Recommendations

We recommend:

A. That a School of Public Health including an Institute for the
study of Geographical Medicine be located in The Texas Medical Center to
help meet a need existing in the Southwest.

B. That the School of Public Health provide the broadest possible
graduate training in public health, to include programs for the entire public
health team.

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C. That consideration be given to establishing cooperative relationships with Baylor Medical School, University of Texas Dental School, and Rice Institute to obviate duplication of facilities for the instruction of epidemiology, sanitation, medical economics, parasitology, and other subjects of preventive medicine and public health.

D. That consideration be given to an alternate plan for the operation of an undergraduate course in public health nursing wherein the School of Public Health is vested with primary responsibility and arranges affiliations for instruction in the social and nursing subjects.

E. That basic agreements and appropriate fiscal adjustments be conceived to permit exchange of instruction and credits between participating educational units.

F. That certain functions of local and state health departments could be carried on by them to greater advantage if maintained physically in the School area, and that one of the proposed five City district health centers should be integrated with the School of Public Health.

G. That there would be advantage to inclusion in the Public Health facility of certain non-official agencies playing a vital part in the community health program, such as visiting nurse service, tuberculosis association and the like.