1924

Guiding principles and policies, p 9

The trustees of the Rockefeller Foundation administer a fund which represents a per capita of $1.50 for the people of the United States. The income if raised by popular subscription would call for a fraction over seven cents an- nually per head. Looked at in another way,

the funds of the Foundation, measured by government expenditures, hospital support, or annual gifts for charity, are dwarfed into relative unimportance. Distribution to a large n u m b e r

of good causes might easily do little more than replace for a short time gifts from other sources. Concentration for considerable periods upon vital activities in limited fields seems to be

the only way of doing anything worth while and lasting. For the present, effort is centered on public health and medical education, but the trustees keep steadily in mind the possibility that in time other things may also offer opportunities. Concentration in any field is not inter- preted as permanent or rigid.

The Foundation seeks direct relations with responsible agencies which are charged with carrying on a given work for the future. This means of course that nothing is undertaken until a careful first-hand study has been made by representatives of the Foundation.

Moreover, the Foundation expects governments and universities from the outset of a common undertaking to make a contribution in money or its equivalent in facilities or services.

The Foundation takes no interest in the merely quantitative expansion of routine activities. There must be promise of qualitative advance in a given piece of scientific, administrative, or educational work.

There is another guiding principle of the Foundation. It withdraws entirely from a project as soon as this has become self-directing and self-supporting. It scrupulously refrains from all intervention in the administration of the institution.

The Doctor of the Future a Health Counsellor p 25

Probably three quarters of alldoctors today are general practitioners, that is, physicians whose aim itis to recognize diseases, to deal with all the more common maladies by advice and treatment, and to know when to refer patients to specialists. This general practitioner is at present facing m a n y difficulties. The specialist tends to monopolize prestige and to receive relatively m u c h larger fees. Sanitation and preventive medicine are restricting and even eliminating diseases 'like typhoid and malaria which once afforded a good deal of practice. There are people who assert that this type of physician (the general practicioner) is doomed; that he will disappear because he cannot compete with the specialist on the one hand and with preventive and social medicine on the other.

Such an outcome is to be viewed with concern. The well-trained, properly equipped, experienced general practitioner of ability, character, and personality is a fundamentally valuable person. He is a good diagnostician. He sees his patient as a whole. He knows his peculiarities and circumstances. He can decide when to refer him to a specialist and when to protect him against the very real danger which is threatened by a narrowly specialist point of view.

Yellow fever, amlaria, hookworm

But the control of hookworm disease does more than give relieffrom one malady. Itisan object lesson in public health. It shows a community what organized, concerted effort under trained leadership can accomplish. It is in a real sense an advance agent of preventive, medicine, an educator of the public. . P 39

The Board has purposely co-operated in the control of hookworm disease as a way of helping local and central governments to establish or extend their general health organizations.

Better Health for the Countryside p 41

The idea that rural life is inherently whole- some and healthful has all the vitality of a popular legend. An examination of a half million school children proved that physical defects occur more frequently in rural pupils than in urban.

"It is a well-known fact," says a United States health official, "that the natural advantages which the rural districts possess are more than offset by the better health protection afforded the city dweller."

To hasten the extension of these safeguards to the small town, village, and countryside is one of the aims of the International Health Board.

International Team-Work in Health Service p 43

Municipal and rural or county health organiza- tions are the units of state or provincial machin- ery which in turn forms part of a national service. The leading countries have organized their systems of public hygiene with varying degrees of efficiency. The gradual movement toward a closer world- wide team-work of these national systems is significant.

The Health Section of the League gathers and distributes vital statistics, organizes interna- tional interchanges of health officers, seeks to improve methods of reporting births, deaths, and the presence of communicable diseases,aids in standardizing sera and vaccines, and renders m a n y other forms of health service, p 44

Study Tours for Health Officials p 44

Eight Hundred and Fifty Fellows from Thirty- Three Countries p 46

hese Foun- dation fellowships are an organic part of the institution's policy; they are a means of carrying out plans in health and education, not an end in themselves. There is no hard and fast system of fellowships, no fixed apportionment to different countries, no commitment for the future except to fulfil promises made to individuals. The Foundation does not publicly solicit applications, but selects, with the advice of governments and university departments, younger officials and graduate students of promise for w h o m positions of significance in their own countries are assured on the completion of professional studies abroad or at home. It cannot be too emphatically stated that it is no part of the Foundation's purpose to induce or m a k e it easy for persons to settle permanently in countries other than their own. The aim is to pre- pare them for better service in their homelands.

Working Through Other Agencies p 51

It is a policy of the Rockefeller Foundation not to set up unnecessary machinery but to work with and through certain agencies which are equipped to do work in public health, medical education, and related fields. There follows a list of the organizations to which the Rockefeller Foundation made payments in 1924:

Servant of a Common Cause p 54

someone has asked whether such aid from without does not imply a kind of conde- scension; whether the Foundation does not seem to covet the role of a corporate Maecenas of medicine. The answer is that the very nature of the work precludes a feeling of Chauvinism and of patronage.

to have a share in allthese things is to realize that scientific progress, the development of education, the fostering of the fine arts, are not the work of one country or race but of continuous international intercourse. The Rockefeller Foun- dation within its chosen field seeks to share in this common task as a means of realizing the purpose of its charter, "the well-being of mankind throughout the world."

Finances 1924

$8 millions gains from investments

Departmental Organization p 64

The programs of the Foundation are carried out by two Boards and two Divisions created by resolution of the Board of Trustees, the International Health Board in 1913, the China Medical Board in 1914, the Division of Medical Education in 1919, and the Division of Studies in 1923. Each of these agencies is devoted to special functions and depends upon the Foun- dation for funds.

Division of studies 342

The Division of Studies was created January 1, 1924, for the purposes of administering work not included in existing units of the Foundation and of making studies of lines of work which the Foundation might wish to undertake from time to time. While for the present, medical education and public health are regarded as the major fields for Foundation effort, the existence of the new division insures a certain flexibility ofprogram and provides an agency for studying and for carrying out other activities.

The Division of Studies assumed a number of items which had heretofore been carried by the Foundation's officers of central administra- tion. In addition it gave careful study to other fields of work and began to make recommenda- tions for some concentration of effort in subjects included in human biology.

Nursing education, hospital and dispensary studies, human biology