Dedicated to the memory of Henry E. Sigerist, world-famous medical historian and student of international health problems, this symposium surveys medical care programs in Europe, Latin America, and two areas of Southeast Asia.

MEDICAL CARE PROGRAMS IN OTHER COUNTRIES

HENRY SIGERIST AND INTERNATIONAL MEDICINE

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SINCE THE last APHA convention, Henry Ernest Sigerist, one of the world's most inspiring figures in social medicine, died in the little Swiss village of Pura on the 17th of March, 1957. In dedicating this session to Dr. Sigerist, the Council of the Medical Care Section wished to pay tribute to a man who opened vistas of understanding concerning the social role of medicine to many members of our Section and to thousands of health workers around the world. It was felt particularly appropriate to dedicate a discussion of "Medical Care in Other Countries" to Dr. Sigerist, for he was the very embodiment of internationalism in health work. His personal life, his teaching, and his service to mankind were all international.

Born in Paris in 1891, Henry Sigerist received his early schooling in France and Switzerland and later studied in England and Germany. He began his academic career in Leipzig, Germany, and continued it in the United States. When he returned to Europe it was to the Ticino in Switzerland where the language spoken is Italian.

With such a background it was natural that Sigerist spoke the main Western European languages: French, German, Italian, Spanish, and English. But his interest in other cultures was so great that in his younger years he studied Arabic and Sanskrit and later learned Russian and Chinese. Latin and Greek, of course, were part of his early schooling and in his work as a medical historian he was never satisfied unless he read the texts in the original.

During his student days and later while professor at Leipzig, Sigerist traveled through Europe. He was especially fond of Greece and Italy where the remnants of the ancient world are still to be seen. But even after he came to America in 1932, as professor of the History of Medicine at Johns Hopkins Medical School, he lost no opportunity to see, study, and spread knowledge of other nations.

During the summers of 1935, 1936, and 1938 he visited the Soviet Union and his writings about health and medical care in that country became accepted references on Soviet medicine. In 1939 Sigerist went to the Union of South

Africa where he lectured at several universities. During the war years, of course, foreign civilian travel was impossible, so he went through the United States studying various programs of medical care. Because of his knowledge of both Eastern and Western European medicine, he was in these years a chief consultant to the U. S. Board of Economic Warfare.

In the summer of 1944 Sigerist went to Saskatchewan, Canada, where he recommended the program of organized health services for which that province has now become widely known in public health circles. Later that year, along with Joseph W. Mountin, he was called by the Bhore Commission to India where he participated in the long-range medical and public health planning of that great country.

After he returned to Switzerland in 1947 to write his magnum opus—a world history of medicine—even his dedication to this enormous task could not keep him at home. He lectured in England, Italy, and Denmark. I do not believe that Sigerist ever visited Latin America, but he wrote about it. When I was editor of the Journal of the Association of Medical Students in 1939 and solicited an article from him, the subject on which he wrote was health insurance in Chile. The only other part of the world he did not visit was the Far East, but in 1953 Sigerist told me of his intention to act upon an invitation to make a medical survey of China. But soon after the illness, which later led to his death, intervened.

Sigerist's international outlook was recognized by the World Health Organization, which placed him on two of its Expert Committees—the one on Medical Education and the one on Medical Aspects of Social Security.

In 1956 Sigerist was made an Honorary Member of the American Public Health Association. His role in American public health was a unique one. While his primary field was medical history and his position was in a medical school, his influence on practical health affairs was deep and real—for he inspired a whole generation of young physicians and other health workers to see the social dimensions of their work.

In dedicating this meeting of the APHA Medical Care Section to Henry Ernest Sigerist, I wish to close with a quotation from a paper that Sigerist presented in May, 1946, to the Medico-Chirurgical Society of the District of Columbia entitled "Nationalism and Inter-Nationalism in Medicine." He opened with a reference to William Osler's statement that "Nationalism has been the great curse of humanity" and then traced medical knowledge from its international character in the ancient and medieval worlds to its nationalist tendencies today. He points out incidentally:

> "In one field of medicine international cooperation was imperative and could not be suppressed even in the most nationalistic periods of our modern history, namely in the field of public health."

Then, in closing this address to America's oldest medical society of Negro physicians he said:

> "We in America are not exempt from nationalistic prejudices. We may be justly proud of the great progress achieved since the beginning of this century and the many and great contributions that American scientists have made to medicine, but we should remember that the sulfa drugs came to us from Germany, penicillin from England and D.D.T. from Switzerland. . . . We should also remember that while we are ahead of other countries technically we are behind many of them socially, so that in this field we could learn a great deal from foreign experience. . . . We still have to learn how medical science can be applied to all the people, irrespective of race, color or creed, irrespective of whether people are rich or poor and whether they live in cities or rural districts. . . . Physicians, therefore, should be ambassadors of good will. In the medical field nationals of different

countries meet on neutral ground where understanding is easier. It is the duty of physicians to help in the promotion of understanding between nations and to combat nationalistic prejudices."

And so, with Henry Sigerist's own words, it is a privilege to open this discussion of "Medical Care Programs in Other Countries."

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MEDICAL CARE IN EUROPE

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As USED here the term "medical care" includes: medical attendance by general practitioners and practicing specialists in hospitals with outpatient departments, laboratory services for diagnostic and therapeutic purposes, maternity care, provision of drugs, physical therapy, prostheses, transportation, and cash allowances. In this sense medical care in Europe today presents a most varied picture. Europe comprises 27 sovereign states, split up in seven language groups: seven predominantly Slavic, four predominantly French speaking, four Nordic, four with various Mediterranean languages, two English speaking, two German speaking, and four with other or several languages. Even within each of these groups the languages are not always reciprocally understood. Corresponding differences exist in political and economic systems, culture, social outlook, and human approach. Therefore, in Europe one can in fact find as many systems for medical care as there are countries.

Two main types, however, may be distinguished. On the one side is the well defined system of the peoples' democracies in Eastern Europe where medical care generally forms an integrated part of the amalgamated structure of health services, built according to a rather simple plan over the last 30 years. Originally, in the USSR, for example, 100 per cent of the population were members of the sickness insurance system, but as all doctors working in the medical care program are on fixed salaries (not those working scientifically) and all expenses are covered through government funds (federal, provincial, and local) the sickness insurance organization was superfluous and has now been abolished. Everyone is entitled to the available services. Centralization, originally very strong in several of these countries, has gradually been modified, and some years ago Yugoslavia even introduced complete decentralization.

In the Western European countries, on the other hand, one can find extremes