In some respects this was the approach of the Committee on Environmental Health Problems headed by Dr. Paul Gross in November, 1961. This report did a good job of defining the problems and of suggesting solutions. Since that time, however, principal recommendations of the Gross Committee relative to the establishment of the Environmental Health Center have been modified so it appears that the center will be an Environmental Health Sciences Research Center.

The Congress has removed water pollution control from the U. S. Public Health Service by establishing a new agency which will report directly to the secretary of Health, Education, and Welfare. Other bills are moving toward enactment to place the responsibilities for air pollution control and solid waste research at the level of the secretary rather than at the level of the Public Health Service. With this evolution, in so far as we know, there is no publicly known plan to redefine environmental health in the light of these changes. The public health agencies, to maintain a proper role in environmental health, must develop a plan in the light of these contingencies. Without a plan for public discussion can public health agencies hope to relate to business, industry, and professional circles in a way that will enable them to develop a more satisfactory position from the standpoint of the public at large?

What can be learned from this recent history? Looking back on the Gross Committee Report one must conclude that both the committee and the leadership in the Public Health Service, while looking to the future, should have given a higher priority to those elements of environmental health which form the basis for its existence in the public eye, namely, the control, correction, or suppression of detrimental environmental conditions. Although the public is properly interested in research into cause-effect relationships, as many of us should have known, they are also interested in seeing that their environment is better protected with the tools presently available. This approach has been emphasized again and again in the public hearings that have taken place in connection with the air and water pollution control legislation. It is hoped that health agencies not only at the national level, but at the state, local, and regional level, will continue to do environmental health planning. While they should also emphasize research, they must concurrently either select ways to incorporate the operational and enforcement activities of the public health agencies into their plan, or encourage other governmental groups to carry out these operational and enforcement activities to meet the public need.

The challenge to us is whether public health agencies can meet this problem, or will the public administrators or the political scientists have to do the planning as well as make the final decisions as to how the plans are implemented. The answer to this is important to us as public health professionals. It is even more important to the quality of health protection which our communities, our states and our country will achieve.

(The Journal is indebted to Dwight F. Metzler, C.E., executive secretary, State Water Resources Board, Topeka, Kans., for the above editorial which is based on a paper presented before the Engineering and Sanitation Section of the American Public Health Association at the Ninety-Third Annual Meeting in Chicago, Ill., October 19, 1965.)

**Health Museums and Health Education**

Proper health education can save lives, improve health, prevent illness and deformity, and postpone death just as well as the provision of medical and hospital care, or the control of the environ-
ment. Health education has made great strides in the United States, more so than in any other country of the world, but in recent years there has been a relative lack of experimentation with new approaches. Nevertheless, there have been exceptions to this general situation, among them the development of programed instruction, educational television, and the continuing spread of health museums.

Two dozen museums in the United States are now exclusively concerned with "Health," as for example, in Cleveland; Dallas; Hinsdale (Illinois); and since August, 1964, in Halstead (Kansas). Two health museums are integral parts of medical care units, one at the Lankenau Hospital in Philadelphia, the other at the Reading Hospital, also in Pennsylvania. Other permanent health exhibits are located in science museums, examples of which are to be found in Boston; Buffalo; Chicago; Lincoln (Nebraska); St. Louis; and Portland (Oregon). Even historical societies, often the only and the oldest cultural organization in a county, have become sponsors of permanent health exhibits. This is the case with the Franklin County Historical Society (Columbus, Ohio) which has a modern Center of Science and Industry. The same step was taken by the Stark County Historical Society (Canton, Ohio).

Children's museums, realizing the need for a stepped-up program of education in biology, including human reproduction, are taking up "Health" as a new subject. A leader in this trend is the Fort Worth Children's Museum which has benefited by a grant of $500,000 from the Amos Carter Foundation for a Hall of Health.

Recently, two of our national museums, the American Museum of Natural History and the Smithsonian Institution, discarded their outdated displays concerned with communicable diseases and sanitation, and made "Man and His Health" the theme of new installations.

The first permanent health museum in this country, in Cleveland, Ohio, looks back on 25 years of operational experience. Its steady growth is perhaps best documented by its more than 8,000 dues-paying members and contributors. Moreover, its activities have been well integrated with a seven-county-school program and with numerous community projects.* All over the country, from Houston to Providence, from San Francisco to Long Island, working parties of community leaders and medical men are discussing projects for health museums. Plans are on the drawing boards for a health museum at Hauppauge, Long Island, a project of the Suffolk County Academy of Medicine.

As early as 1930, the American Public Health Association adopted a resolution "that the Association regards with favor the development in one or more cities in America of Museums of Hygiene or Health, which will emphasize the unity of Man and the interrelations of the several aspects of Hygiene." Nevertheless, in the intervening period public health groups, official and voluntary, have been reluctant to originate or to sponsor local or state-wide health museums. Leadership has come chiefly from medical societies and lay individuals. Legislative bodies have discussed such proposals, and in California $750,000 has been allocated for a Hall of Health in the Museum of Science and Industry in Los Angeles.

Our English colleagues, the Central Council for Health Education in particular, are studying the feasibility of health museums in Great Britain. A symposium on this subject will be held this spring in London with representative medical officers of health and participants from the United States and

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West Germany, as well as the United Kingdom.

"Health museums are too expensive" is an argument often used against them, but it is certainly not valid. Health museums operate at the same per capita cost as public libraries, and often below this level. A basic health museum costs less than two newly constructed hospital beds. Moreover, the cost of an additional bed would provide a full-time health educator plus an assistant and maintenance. "Lack of funds" is another argument one often hears. Yet there never has been so much money available for health and medical care projects as at present.

Perhaps more significant is a psychological factor, the connotation of the word "museum." To many a museum is simply a repository of dull and dusty objects. The word museum is, perhaps, too limited and stuffy to indicate the vast change in modern up-to-date museums. The modern museum, whether in art or science, is an educational center as well as a repository with a wide scope of operations and a broad range of activities. Perhaps a better name is needed, but the fact remains that health museums as presently conceived can provide important educational foci and facilities required for current and future community health activities. Exploration and action, in terms of health museums, could add a new dimension to health education.

(The Journal is indebted to Bruno Gebhard, M.D., director emeritus, Cleveland (Ohio) Health Museum, for the above editorial.)

Sanitation Fellowships

Applications for graduate study in Environmental and Food Sanitation are now being accepted for the 1966-1967 academic year by the Department of Environmental Sciences and Engineering, University of North Carolina School of Public Health. Courses of instruction and research activities have been expanded and new faculty added to provide a comprehensive education in the identification and control of problems of the urban and institutional environment, and in food protection. The Master of Science in Public Health degree is offered to those preparing for professional careers in these areas; the Doctor of Philosophy degree is intended for applicants with emphasis on research.

An advanced curriculum is also being offered in the planning, administration, and management of environmental health programs, designed for persons with an extensive background in the field of environmental health and leading to a Master of Public Health degree.

Fellowships are available which provide for tuition, fees, and a stipend. The amount of the stipend will be in accordance with current Public Health Service regulations and university policy.

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