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UNIVERSITY OF ILLINOIS  
CHICAGO PROFESSIONAL CAMPUS  
HEALTH SERVICE REPORT FOR THE YEAR 1950-1951

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Dr. Andrew C. Ivy  
Vice-President  
Chicago Professional Colleges

Dear Dr. Ivy:

This is the first formal annual report since the Health Service has been made an independent unit upon this campus.

Accordingly, introductory remarks regarding law and policy are included. It is expected that these will not be required in subsequent reports.

Respectfully submitted,

*F. C. Lendrum*  
Frederick C. Lendrum, M.D., Ph.D.  
Director of Health Service

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## I Historical Background of the Health Service

The provision of medical care is not one of the traditional functions of institutions of higher learning. Universities considered their obligations in terms of the Greek aorist tense and the tragedies of Euripides. The bodily health of a student was a mundane matter for which he was left to fend for himself.

Three entirely unconnected events during the nineteenth century forced health services upon reluctant universities. One of these was the invention of the "mass play" in football. The "flying wedge" and the "flying tandem" were tactically logical ways of winning games, but they made it necessary to have a medical corps in connection with any well organized team. A second event was the much opposed development of women's colleges. One of the objections to such colleges was that the health of the "weaker sex" (though apparently adequate for milking cows) could not stand the strain of Virgil and Horace! Women's colleges accordingly went to considerable lengths to provide medical care, in order to protect themselves from this possible criticism. A third event was the occurrence of numerous grave epidemics. The typhoid epidemic at Ithica, New York, in 1902, was responsible for the Health Service at Cornell University, and an epidemic some years later at Urbana brought into being the University of Illinois Health Service.

From such unpromising beginnings college and university health services gradually expanded their functions in response to the obvious needs of out-of-town students. Academic institutions, however, continued to regard health services as illegitimate children who must be supported, but also regretted. As a result in many places they are

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the object of open contempt.

At the University of Illinois, however, the Health Service is not only a student health service but also is an employee and faculty health service. Thus it has the problems which in an industrial plant are the burden of the "company doctor" -- a person who is usually regarded with disrespect, and often with reason. Factories, mines, and department stores, like universities, did not enter the business of supplying medical care with any enthusiasm. The problem was forced upon them (1) by the workmen's Compensation Acts, (2) by laws regarding the health of food-handlers, and (3) by the desire to protect themselves from liability when they contributed to a group sickness insurance plan. These three motives apply also to the University of Illinois.

At the Medical Campus, however, three additional factors are of highest importance. (1) Whereas employees of a wholesale grocery usually understand that the functions of the company medical service are limited to a few legally defined liabilities, our employees feel very differently. Health is our business. Our workers naturally think first of this institution when they need medical care. It is futile to argue legalistically in terms of our formally defined responsibilities; the equality of care which patients receive at a University Medical Center depends directly upon the quality of care which the employees themselves receive.

(2) If the Health Service did not supply medical care to students employees, and faculty members on this campus, the department heads would be harassed incessantly by "hallway-consultations", with much loss of their valuable time. This is a problem, of course, which is

found at a Medical-Dental-Pharmacy campus and not at a Liberal Arts College. (3) A third problem arises from the nature of the Medical Center area. A large number of our students, research fellows, technicians, nurses, residents, and employees live within a radius of six blocks of the Medical Campus. For three years the Health Service has been searching, in cooperation with the County Medical Society, for a competent family doctor in this area. We have especially wished to discover someone who is willing to accept night-calls in this neighborhood. The County Medical Society has made vigorous efforts to help us, but to no avail. Paradoxical as it may seem, what the Medical Center area needs is a doctor!

## II Legal Status and Definition of Policy

The Board of Trustees, meeting in December, 1941, authorized the following section of the University Statutes.

Sec. 20 $\frac{1}{2}$ . (a) The University Health Officer shall be appointed by the Board of Trustees, on the recommendation of the President.

(b) It is his duty to use to the extent practicable the established methods of preventive medicine and sanitation in order to promote the general health and the mental and physical welfare of students, faculty, and staff. He shall have power to go anywhere on the University property that may be necessary in the performance of his duties, and to seek any information from students, university officers, or employees which he may require in order to reduce accidents, prevent the spread of communicable disease, or cooperate with local or state officials in controlling epidemics.

(c) He shall report to the President any conditions which constitute a menace to the Health and well-being of students, faculty members, and employees, and, with his approval, take whatever steps may be necessary to remove such menace.

The University Administration has interpreted the term "Health Officer" as applying equally to the independent Health Services of the

three campuses of the University. We have vigorously urged against any attempts to define the functions more precisely. Sec. 20 $\frac{1}{2}$  is vague enough to limit the duties of the Health Service to that of a sanitary inspector (if narrowly interpreted), or to authorize complete medical care (if broadly interpreted). The University, however, has a "Boarding School Campus" in Urbana, a "Day School Campus" at the Navy Pier, and a "Medical Center Campus" here. The needs, problems, and facilities are very different in each case. A rigorous definition might be appropriate for any one campus. If it were, it would be grossly unworkable for the other two!

Even the relationship of the Health Service to the Retirement System, and to the University Workmen's Compensation Committee, depends upon Administrative Recommendations, and is not even mentioned in the University Statutes. It seems evident, therefore, that the Board of Trustees does not feel that any set of rules and regulations, however elaborate, can take the place of simply honesty and reasonable judgment.

The Health Service Policy, like the Common Law, has grown up as a result of trial and error and of many ad hoc decisions in unusual problems. The fundamental principle guiding the Health Service has been that it should give such service as may be needed in the interest of the efficiency of the University and its students, employees and faculty members. This extremely inclusive interpretation of the duties of the Health Service has worked well because of the very friendly cooperation which we have received from both the County Medical Society and from the private physicians in Chicago. They have never objected to a form of practise which on some university campuses would

be denounced as "Socialized Medicine".

The Health Service on this campus, however, has the precedent in the University of Michigan and the University of Minnesota for the broad policy defined by these principles. It is of interest to quote from an article in The Journal Lancet of July, 1951, 71: 284-287. The article, which describes the University of Minnesota Health Service in very laudatory terms, is written by a vice-president of the Metropolitan Life Insurance Company who presumably is not paid with Moscow gold. He states:

"Gratifying as this new equipment is, it is of no avail without the best of physicians, dentists, nurses, and technicians. And here again the Students' Health Service has a unique advantage. These physicians, dentists, nurses, and other staff members are carefully selected by the Medical Director. She, in consultation with her advisers in the Medical School, is in a much better position to judge the relative competence of these highly trained individuals than is the lay person. In fact, an interesting thesis may be developed indicating that the average layman is rather incompetent to select his medical adviser, having no basis of judgment upon which to make that selection."

Our own Health Service, however, has a vastly higher opinion of the private physician. In the "border line" income group we count it a major victory if we can make possible for a patient to remain under the care of his family doctor by providing the physician needed data and laboratory tests, even when they must be paid for from our own budget. A very large majority of our patients, however, have no family physician, at least within reasonable access.