

# A Long Way Off

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*Editor's note: The following editorial was published in WMJ, Volume 39, p. 113, February 1940.*

In her weekly column in *The Progressive* of December 30, 1939, Mrs. Philip F. La Follette, wife of our former governor, was discussing unemployment, illness, the federal efforts and expenditures when she said:

"I can't help feeling that Washington is always a long way off, not only by geography but also in thought, from the mass of the people. All too often when I talk to extremely able people down there I get the sense that they are living in a vacuum with their blueprints and plans; that they are sincerely trying very hard to find a solution to our difficulties but somehow they need to get out into the countryside and re-see nature and the mass of their fellow human-beings."

It was the truth of this statement that led our Society two years ago to make a first hand study of health needs in Wisconsin, not from statistical tables but after across-the-table-talks with people from all walks of life and in thirty-nine of Wisconsin's seventy-one counties. Disease occurs in people and not in cartons. The physician must treat disease where it occurs and his efforts in the field of prevention must encompass the whole welfare of the thousands of individuals that go to make up Wisconsin's population.

In all of our health plans and planning, if we for one moment lose sight of the individual physician and his individual patient, we are not apt to think that if we just do this or just do that, a whole problem will be solved. And, in that type of plan, too frequently there is failure on the part of those who are removed from the day-by-day experience with life itself to realize that education has a great role to play, now and forever in the future.

In the field of health, too often the ignorance of a person or parent,

the unreasoned or illogical fear of a surgical procedure, the upkeep of the car but neglect of the human machine, the unwillingness to admit that something is probably "out-of-gear," the acceptance of health and reluctance to think of disease except when something happens, superstition itself, these and many other factors are all basic facts that charts fail to reveal. And plans and blueprints made without the basis of medical knowledge and experience are even more apt to lead to failure and actual retreat than battle-maps made without knowledge of the terrain.

Mrs. La Follette has put her finger upon the reason why medicine constantly emphasizes that plans must be made to meet existing local conditions; why funds must be administered under local direction by those who know the local needs and problems.

The writer's father once made the point in a different fashion when he pointed out that complaints as to a local condition could be voiced by the complainant in person to the official in charge; that complaints as to a condition governed by state officers too often required aid from an attorney at Madison, and complaints as to conditions governed by federal authorities had best be forgotten if the official in charge did not act upon the basis of the first letter.

Funds are needed oftentimes in the battle to improve health conditions of our people who were described by the Surgeon General of the U.S. Public Health Service on January 1 as the healthiest generation in the healthiest country in the world. But, if we are not to enter upon a state of confusion resulting in retreat or disaster, those funds must be applied in the amount required to meet local conditions and administered under plans made by those who understand the health terrain on which the battle is to be fought. We cannot afford to have the plans made by sincere people who live in a vacuum of unrealities.

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