PREVENTIVE MEDICINE: AN ATTEMPT AT A DEFINITION

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The relief of pain is an important function of medicine. It is often the physician's first duty to "make the patient comfortable." As soon as clinical medicine gets beyond this palliative stage, however, it becomes preventive medicine. The major function of the physician is to hold disease in check lest disability or death result from it; in other words, to prevent the graver consequences of dysfunction. While it is possible to distinguish between preventive and palliative medicine, it is difficult and generally unprofitable to draw a line between preventive and curative medicine. To cure disease is to cut it short—to prevent its continuance—and so to prevent the consequences of its continuance. Preventive medicine might logically be defined as all medicine that seeks to alter the course of disease or to better the patient's physiological status.

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For practical purposes, however, the term has commonly been restricted to mean the intervention of the physician or his technical allies in a limited range of situations in which specific diseases can be warded off or specific deterioration of the patient's condition can be forestalled. Such service is possible (at the present stage of medical science) at three different levels which will be considered in turn.

The most conspicuous field for the operation of preventive medicine is communicable disease. All disease is the result of a chain of causes, but in infectious diseases a uniformly essential link in this chain is found outside the body and, in varying degree, is accessible to attack. The external cause can be neutralized by destroying the infective agent outside the body (e.g., killing typhoid bacilli in water) or by specifically increasing the body's resistance to a particular invader (as by immunization against diphtheria). If more were known about the internal fac-
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