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BY FRANKLIN STAPLES, M.D.
WINONA, MINN.

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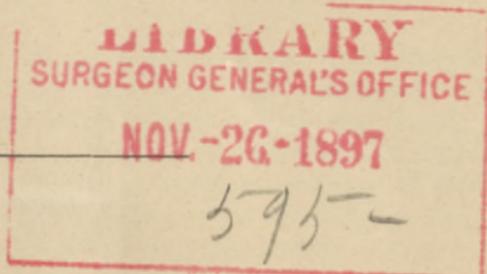
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CONCERNING THE PRESENT CONDITION OF STATE MEDICINE IN THE UNITED STATES.

State medicine as now understood belongs entirely to modern times. It began in England just before the middle of the present century, when Edwin Chadwick, a barrister, made what has been called his "Epoch-making report" to parliament on the health of towns. By his investigations and report he secured the attention of the government and the interest of the people; laws were passed, and English sanitary work and control were inaugurated. More than fifty years have passed, and England's system of sanitary control, both inland and marine, is a strong feature of her government. The statistics in the Register General's office show that the annual death rate for England and Wales for the ten years 1871-1880, averaged 21.27 per 1,000; while for the period 1881-1890 it was 19.8, a decrease of more than 11 per cent. The former death rate in England was given at 32 per 1,000. The present annual death rate in the United States varies slightly in different States and cities from 16 to 18 per 1000. In some favored cities and towns it is less.

The beginning of State medicine in the United States was in this wise: In 1849 the Governor of Massachusetts, by authority of an act of the Legislature, appointed a commission consisting of three citizens to prepare a plan for a sanitary survey of the State. Lemuel Shattuck, Nathaniel P. Banks and Jehiel Abbott were made to constitute this commission. The work of investigation began, but delays were inevitable, and the Massachusetts State Board of Health was not formed until the year 1869. Dr.

Henry I. Bowditch was properly placed at its head. The names of Shattuck, Banks, Abbott and Bowditch of the old Bay State are well remembered.

Because of the frequent invasions of yellow fever in New Orleans the Legislature of Louisiana established a State Board of Health in 1885, whose duty was to maintain a quarantine and have some control of the sanitation of that city. This, then, was the first named as a State Board of Health in the country. The powers of this Board were enlarged in 1867. Its service was valuable for the purpose at the time, but it had not at first the means and general power of control that have since been given to State boards of health.

A little more in the line of history is best given in an account of the work of Dr. Bowditch. In the centennial year of 1876, an International Medical Congress was held in Philadelphia. The president of the Massachusetts State Board made the address on "Hygiene and Preventive Medicine." The discourse was historical, showing much of the condition of things at the time, and the work of pioneer sanitarians. He said: "I have been requested to speak to you on public Hygiene and its great resultant, State preventive medicine, as it appears to an observer looking back upon the centennial period now just closing."

"As a matter of vital importance to the well-being of any community, and, as such, worthy to be cheerfully and amply sustained by great cities and States, public hygiene, as we now understand that term, has, till within a short time, been woefully neglected, save when, under the stimulus of some great and terrible epidemic, frantic but temporary efforts have been made to stay the plague by hygiene or by other means. Of late, however, a new and better era seems opening to our view, and State preventive medicine affords us higher hopes for all coming time."

Farther on in this address Dr. Bowditch spoke of the work immediately preceding, viz., from 1869 to 1876, as that "which is destined to continue and pro-

gress while the nation itself lives, the noblest and most beneficent of all, viz., that in which the profession, joining heartily with the laity and aided by the material and intellectual resources of great States, will study to unravel the primal causes of all disease with the object of preventing it. It is the epoch of State preventive medicine.¹ As it now seems, this was a true representation of the condition and spirit of the times and was correctly prophetic.

As shown above, the organization of State boards of health in this country began in Massachusetts in 1869. Time was required to bring the country to a general understanding and appreciation of the advantage of State sanitary laws and management. Eight years were required for the establishment of the first ten boards. A little more than a quarter of a century has passed, and in the forty-six States there are thirty-eight State boards of health, which are operating under laws of uniform general requirements.

The following figures represent the sanitary machinery of a single State; 1,804 local boards of health; 40 in cities, 355 in villages, and 1409 in townships. These report vital statistics and anything notable in disease-prevalence to the State board monthly, and receive its directions (Minnesota).

Some ways and means.—Interstate and sea-coast notification is now an important means of protection from the importation of contagious diseases. This is possible only by coöperation between sea-board quarantine and State organization. To illustrate: A steamer arrives with immigrants, is inspected and passes quarantine at New York. No cases of contagious disease are found on board, but the vessel is from an infected port, and certain passengers are supposed to have been exposed to contagion. The New York quarantine telegraphs the secretary of the State of Minnesota, for instance, that suspected immigrants have left ship and are on their way to such a town in

¹ Address.—Transactions International Medical Congress, Philadelphia, 1876.

the State. The health officer of this town is notified and his inspector is on the lookout. The same arrangement for notification to the State holds with the United States ports and with the Canadian quarantine in the St. Lawrence River; this much for complete organization, interstate and international reciprocity and governmental control.

The great discoveries and advances in bacteriology made in late years have laid a foundation for practical work in preventive medicine not before known. Laboratories are provided for by State and municipal authorities, and expert bacteriologists and chemists are employed not only in the analysis of water and food products, but in furnishing the means of diagnosis of disease, and, of late especially, in developing the various means for rendering the human body immune to the poison of infection. Physicians and scientists make the discoveries and improvements, and the State may well aid in supporting the same and extending the advantages in the public service.

The department of diseases of animals in the work of State boards of health is an important one. The flesh of animals as a food product, and the liability of the communication of disease from animals to man through milk products and in other ways, make this an essential part of State sanitary management and control.

The influence of State medicine in the United States on the advancement of the standard of medical education has been notable. The position and work first of the Illinois State Board of Health, then of other States by their examining boards, in fixing a lawful standard of requirements for admission to the practice of medicine in the States, has given character to medical practice in this country not before possible. Competing medical colleges of the lower grade have been allowed the choice of elevating their courses and standard of instruction or of retiring from business. The condition of the few States which have not fully advanced to the enactment of wholesome

laws has been pitiable. The quacks of the country, being refused admittance to or driven out of the better States, have sought refuge here, and are doing their work in communities whose State governments have not yet advanced. Time is required to advance a whole people by education, but the higher civilization lies in this direction.

The great American Public Health Association has for its territory the United States, the Dominion of Canada, and the Republic of Mexico. Its membership includes the leading sanitarians of these countries, and its published literature covers the field of modern public hygiene and State medicine. Prof. Stephen Smith of New York City was the founder of this Association and its first president (1872, 1873 and 1874). Dr. Irving A. Watson, Concord, N. H. is the secretary.

The National Association of State Boards of Health maintains an active existence, and holds annual sessions for the discussion of matters pertaining to sanitation and for promoting unity of action.

The economic advantage of public sanitation has been shown as an argument in favor of the public support of State medicine; that to prolong the average time of active human life by the suppression of preventable disease, is of much greater advantage to the State than is the cost of the means employed. Moreover, it is agreed that to ward off the calamity of disease and to prevent the coming of pestilence, is to increase the sum of human happiness and to elevate the race. The standard of what is done in this way now indicates the degree of intelligence and the virtue of a people.

Attempts have been made from time to time to establish a National Board of Health, and at one time with temporary or partial success. Different plans have been proposed with reference to having the different States and State boards represented in the National Board; also to having this a Department of State, with its chief officer a member of the cabinet.

The national control is now in the hands of the Marine Hospital Service in the Department of the Treasury. All matters of quarantine are in charge of this office. Reports, foreign and domestic, are made to it, including vital statistics, disease prevalence, and weather reports. A weekly bulletin of Public Health Reports is issued and distributed regularly to health officers throughout the country.

At the first Pan-American Congress held in Washington, D. C. in 1893, a Committee on Department of Public Health was appointed, which committee when complete consisted of Dr. Henry L. E. Johnson of Washington, D. C.; Dr. William Pepper of Philadelphia, Pa., and Dr. Charles A. L. Reed of Cincinnati, Ohio. This committee reported to the second Pan-American Congress, held in the City of Mexico in November, 1896, the draft of a bill to be presented to the Congress of the United States which, becoming a law, would create a National Department of Public Health and provide for its support. This bill specifies the duties of the Secretary at length, showing the extent and importance of this department. This report was accepted by the Congress and the bill has been presented to the U. S. Senate. (SEE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, March 6, 1897).

A committee of the AMERICAN MEDICAL ASSOCIATION, of which Dr. U. O. B. Wingate, Secretary of the Wisconsin State Board of Health, is chairman, is also engaged in the preparation of a bill for the establishment of a National Department of Public Health.

It remains for the American people to understand the case, take a lively interest therein, and help the action that shall be for the greatest good.

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