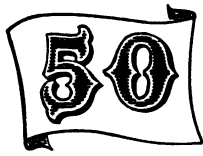


see overleaf



years ago

in Public Health Reports

Public Health Reports of 1903 reported an important milestone in the history of public health administration: the first conference of State and Territorial health officers with the Surgeon General. In the report of the 1953 conference—the 52d such conference—references will be found to prophetic remarks by Dr. Wyman (p. 61 and pp. 84–87).

The problems of 1903 in the field of Federal-State relations were, quite obviously, elementary insofar as public health administration was concerned, but not so elementary insofar as disease control and investigation and relations with the public. “Signs of the times” of the past half-century are pictorially suggested by the frontispiece, and the following are random selections of items from volume 18 of *Public Health Reports* and its supplements published in 1903, reflecting some of the domestic public health activities of that day.

“The presence of plague in California is established beyond debate . . . The presence of plague in any community where proper restrictions are not taken to prevent its spread is an injury to the best interests of that community. Such injury is in any case avoidable by the proper cooperation of all interest[s] involved, commercial, professional, and governmental. This conference regards the habitual publication of the actual facts relative to infectious disease and preventive procedures as the surest route to popular confidence, and is one of the means best adapted to minimize the injury liable to result from the presence of such diseases.”

—Plague Conference, PHR Supplement No. 4, of January 23, and No. 6, of February 6, 1903.

Resolutions adopted unanimously by the First General International Sanitary Convention of the American Republics (Washington, December 2–4, 1902) included one “That measures of prophylaxis against yellow fever shall be based upon the fact that up to the present time the bite of certain mosquitoes is the only proven natural means of propagation of yellow fever.”

—PHR for February 20, 1903, p. 233.

“After consulting with Dr. C. D. Smith, president of the State Board of Health, I proceeded to Augusta [Maine] on the 15th ultimo [February], discussed with Dr. A. G. Young the matter of assisting the State board in its work of checking smallpox in the northern part of the State, and made recommendations by telegraph for the establishment of a detention camp at Glazier Lake, and the employment of inspectors. . . .”

“My appointment as county health officer [Rock Springs, Wyoming] took effect December 26, 1902. At this time I am pleased to report to you that we have but one case of smallpox, which belongs to the ‘nonvaccine’ and ‘not afraid’ class, and is now serving his sentence in the pest house. . . .”

—Reports of officers to the Surgeon General, PHR for March 13, 1903.

“The monthly bulletin of the Indiana State board of health for June [1903] says: Better health existed in June than in the preceding month, but no improvement appears in comparison with June of 1902. Rheumatism was the most prevalent disease, as it was also in the two preceding months. Tonsillitis and bronchitis were, respectively, second and third in prevalence. Typhoid fever was fourth, having moved up from seventh place in the preceding month. Smallpox was sixth, having fallen from third place. Diarrhea, as was to be expected, increased in June over May, yet dysentery and inflammation of the bowels show no increase. Diphtheria, pneumonia, and influenza were very much less in June than in May.”

—PHR for July 24, 1903.

“1. In the case of smallpox, *vaccinate, isolate, and disinfect.*

“2. In the case of scarlet fever, *isolate and disinfect.*

“3. In the case of diphtheria, *isolate, administer antitoxin, and disinfect.*”

—PHR Supplement No. 38 of September 18, 1903, from a paper by Assistant Surgeon-General H. D. Geddings before health officers in Vermont and Indiana.

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