

MARYLAND PUBLIC HEALTH ASSOCIATION
1897-1902

The Success That Failed

By H. Barton McCauley, DDS
1967 President, Maryland Public Health Association

In 1975, the Maryland Public Health Association received an inquiry from Norman R Ingraham, MD, retired Philadelphia Health Commissioner about the roots of the Association.¹ His letter contained an intriguing reference to a printed reproduction in the minutes of the 5th (1858) annual meeting of the Associated Health Authorities of Pennsylvania, of what is said to be the constitution of the Maryland Public Health Association. The Maryland society is included in the records of the Pennsylvania meeting as an example of forward thinking to be followed there. Ingraham, engaged in a study of state public health associations, was interested in Maryland's organization because of provisions in its constitution that permitted any citizen of Maryland to be a member and encouraged the establishment of local chapters. Inasmuch as the present MPHA did not exist prior to 1955 and not one of the elders among its membership could be found able to recall an earlier organization of the same name, Ingraham's reference to such an entity engendered an investigation of which this is a report.

According to Ingraham² most state public health associations were not organized until after 1920, and movements to include lay persons interested in public health in addition to health professionals in such an organization, and to decentralize it by the formation of local chapters throughout the state, were in 1898 indeed visionary. The late 19th century MPHA constitution is apparently the earliest record of this type of public health organization to come to light.

Reference to this pioneering document appears identically in the minutes of the Associated Health Authorities³ and in the periodic literature of the time.⁴ On May 18, 1898, the Executive Committee of that organization reported:

“In this connection the committee would suggest the consideration of the expediency of increasing our associate membership by allowing all persons who take an interest sanitary reform to join us. This would lead to a large increase in our revenues and also aid in enlightening

¹Ingraham, Norman R.: Communication to Esther S. Vines, Secretary, Maryland Public Health Association, March 18, 1975.

²Ingraham, R.: personal communication.

³Fifth Annual Meeting of the Associated Health Authorities of Pennsylvania. (1898). Commonwealth of Pennsylvania, 14th Annual Report of the State Board of Health, 1899.

⁴Public Health; a Quarterly Journal of Sanitation 3: No.5, p 151, (July) 1898.

the public on such subjects. This plan has been adopted by the State of Maryland and appears to be working admirably. The constitution of the Maryland Public health Association is herewith presented with the idea that some of its features might with advantage be engrafted on our own.

“Constitution of the Maryland Public Health Association.

Name.

This Society shall be known as the Maryland Public Health Association

“Purpose.

The general aim of the Maryland Public Health Association shall be to promote the sanitary welfare of Maryland by uniting the influences of all citizens professing interest in sanitation, by cooperation with the State and local boards of health and with other sanitary organizations; by encouraging the study and practice of preventive medicine; by propagating the knowledge of hygiene through public meetings, lectures and public actions.

“Membership.

Any citizen of Maryland whose interest in hygiene is vouched for by an active member shall be eligible for membership. Applications shall be made to the Executive Committee, and upon their favorable report shall be submitted to vote at any regular meeting of the Association. Five negative votes shall reject a candidate for membership.

“Honorary Membership.

Persons who have rendered distinguished services to the cause of sanitation may, upon nomination by the Executive Committee, be elected to honorary membership.

“Officers.

The Officers of the Association shall be a president, five vice presidents, a secretary and a treasurer. These officers shall be elected at the regular annual meeting, and shall serve for one year, or until their successors qualify. Vacancies occurring during the interval between regular meetings shall be filled by the Executive Committee.

“Committees.

The President, vice presidents, secretary and treasurer shall constitute the Executive Committee. This committee shall have general charge of the affairs of the Association, and shall perform such other duties as may be assigned to it. There shall be a committee consisting of one member from each of the counties of Maryland and one from each legislative district of Baltimore city, to be appointed annually by the president, and to be known as the Committee on Organization. The duty of this committee shall be to

effect organization of local branches of this Association, and to perform such other duties as shall be assigned.

“Local Chapters

Local boards of health and sanitary societies desiring to affiliate with this Association may do so upon the payment of five (\$5.00) dollars per annum, and the assumption of a title or subtitle as a local chapter of the Maryland Public Health Association. Each local chapter may elect five persons annually, who shall be entitled to all the privileges of active membership in the Maryland Public Health Association for one year without the payment of dues.

“Annual dues

The annual dues of active members of this Association shall be one (\$1.00) dollar, payable to the treasurer within thirty days after the regular meeting.

“Meeting.

The Association shall meet twice annually, the time and place of meeting to be determined by the Executive Committee. The first meeting in the year shall be called the regular annual meeting. The President may call a special meeting at any time upon request of any five active members.”

(End MPHA Constitution)

From all available information it would appear that the Maryland Public Health Association of the 1890's is the first state public health association to be designated in these words. Ingraham, who studied the origins of state public health associations, encountered none which named itself in such terms prior to 1900 other than that of Maryland. The New Jersey Public Health Association, perhaps the oldest modern affiliate of the American Public Health Association, was founded in 1875 as the New Jersey Sanitary Association but did not receive its present name until after 1950. The Massachusetts Public Health Association, founded in 1890 as the Massachusetts Association of Board of health, was still called by its original name when it became affiliated with APHA in 1924. The Pennsylvania Public Health Association evolved from the Associated Health Authorities of that commonwealth but was not referred to in terms of a public health association until about 1919 and not even organized as an association until 1925. The terminology of state public health associations, now so generally used, seems to have been virtually unused until just prior to World War I - except, of course, in Maryland.

The Dawning

Circumstances of the origin of Maryland's pioneer public health association are revealed in minutes of a two day Conference of Health Officers in February 1897, conducted under joint auspices of the

Medical and Chirurgical Faculty of the State of Maryland and the State Board of Health.⁵ Chairman of the Conference was Edward M. Schaeffer, MD, of Baltimore, chairman also of a Faculty Committee on General Sanitation. The presiding officer was the Chief Executive of the State of Maryland, the Honorable Lloyd Lowndes. The keynoter was William Osler, MD, president at the time of the Medical and Chirurgical Faculty and member of the Big Four who established Johns Hopkins' famed institutions of medicine on Broadway. At the call to order. 11:20 A.M. Wednesday February 17, sixty-two of the eighty-two members of the Conference were present, representing Baltimore City and twenty counties; their avowed purpose to effect a "permanent organization among the local health boards of the State."

Osler reviewed the one hundred year record of the ancient and honorable Faculty of Maryland as the trusted advisor of the people of this State in all matters of health and in times of peril, and held that "an organization should be fostered which will be recognized in all the different counties as the highest authority upon Vital Statistics and health." the public, he said should be guided in three or four things:

"The first is the reorganization of the State Board of Health; an organization on a basis that shall have the county as the essential element, so that in each county there shall be a paid official of the State Board of Health, an officer, not of the county only but of the State, and who should be paid by the State to take charge in his district of everything relating to Vital Statistics and to public health. An organization of that kind is really the ideal plan towards which we should work, but we cannot get it without first educating the public. It is useless to go to the Legislature unless we shall have first gone to the people, and the people throughout the State must see that their representatives fully realize the importance of the whole subject and of its chief details.

"The second relates to the lunacy laws. When I say that there are nearly five hundred insane people in the almshouses and jails of this State, I add that it is a reflection upon the intelligence of the people of Maryland. I make this unflattering assertion because it is recognized the world over, that insane people must be cared for by specialists, and must not be herded together in jails and almshouses. They are the children of the State and should not be left to the care of the ordinary physician, who may be able to treat typhoid fever or pneumonia well enough, but has no sort of skill in the management of special diseases of the brain. I make no reflection upon the almshouses of this State, but I say that no physician who has not had special training is capable of treating lunacy properly. I might say also that thousands of dollars would be saved to the State if all the insane were treated by specialists.

"The third point relates particularly to the health of Baltimore. Baltimore needs many things, but it needs first proper milk inspection. In this city of half a million people we have no control over the milk supply. It is essential to the health of this city that the State and City Health Boards should have sanitary control of every dairy that sends milk to Baltimore.

⁵ Proceedings of the Public health Conference Held at the Hall of the Medical and Chirurgical Faculty of Maryland, 847 N. Eutaw Street, Baltimore, Wednesday and Thursday, February 17th and 18th, 1897.

“Another important thing is a hospital for infectious diseases. That is recognized as a necessity in every city, and it will come here in the course of time.

“A more important matter is the supervision and control of water supply, and that must be had at the earliest possible moment. These questions will be discussed here, and they will engage the attention of the Faculty for the next few years.”

Responding to Osler's remarks, S. Chase de Kraft, MD, member of the State Board of Health from Cambridge, indicated that the medical profession of Maryland were not obtuse to the necessities of the hour, and realized the importance of the work that faced them; but in terms so familiar today:

“I assure you, gentlemen, that the members of the State Board of Health have the will and the energy to do their duty to the people of this State, but unfortunately through imperfect legislation and want of sufficient funds, we find ourselves almost powerless in the presence of most serious problems.”

The Organization

Near the close of the second day of the conference, February 18, 1897, James F. Mc Shane, MD, Health Commissioner of Baltimore, in the capacity of chairman, entertained a motion offered by L. Gibbons Smart, MD of Roland Park:

“That a committee of seven be appointed as a nominating committee to select permanent officers for the organization.”

The motion was seconded by M. Royal Stokes, MD, of Easton, and adopted. The chairman appointed the following to membership in the committee: doctors Smart and Stokes, A.W. Clement, DVM, of the State Livestock Sanitary Board, William M. Lewis, MD, of Kensington, Doctor Osler, Philip Briscoe, MD, of Island Creek, and George H Rohe, MD, Superintendent at Spring Grove asylum in Sykesville. At this juncture, Schaeffer offered a resolution in which “the Health Officers of the State of Maryland in open conference.....extend their moral support and best wishes to the Burgess and Commissioners of New Windsor, Maryland, in their battle for municipal cleanliness”, which was succeeded by motions of thanks to the Faculty for use of its Hall, to the faculties of the Baltimore Medical College and the College of Physicians and Surgeons for their contributions, and to the local Press. Then the Committee on Organization of the Conference submitted its recommendations:

“First, that the Association be called the Maryland Public Health Association.

“Second, that it will hold two meetings a year.

“Third, that the following officers be elected for a service of one year.

“President, Dr. H.W. Welch, Baltimore; Vice Presidents: Hon. Charles T. Westcott, Chestertown; Mr H.G Weimer, Cumberland; Mr Charles Hartshorne Brighton; Dr Phillip Briscoe, Island Creek; and Mr Henry Brauns, Baltimore; Secretary, Dr John S Fulton, Baltimore; Treasurer; Dr L G Smart, Roland Park.

The report was adopted as a whole, and Maryland had a public health association.

The Business at Hand

Immediately following the election of officers, the conferees heard the report of a Committee on Resolutions from its chairman, J Mc Pherson Scott, MD, of Hagerstown, to wit:

“Resolved, That this conference shall, through its committee on legislation, petition the next Legislature to place the supervision and control of the water supply in the hands of the State Board of Health, and that an appropriation of a sufficient sum of money be asked for the equipment and maintenance of a State chemical and bacteriological laboratory.

“Resolved, That the President of this Conference shall appoint a committee on legislation, consisting of one from each county and one from each legislative district of Baltimore City, who shall prepare and present to the next Legislature a bill for the collection and registration of vital statistics, a burial law, and an infectious disease notification act.

“Resolved, That the committee on legislation be instructed to formulate a plan by which (the)organization of sanitary authorities throughout the State may be best secured (to effect centralization of authority in sanitary matters).

And from Dr William J Todd, presumably an educator:

“That the State Board of Health be requested to secure the proper legislation granting the several boards of county commissioners power to appoint one regular physician in each electoral district, whose duty will be to have charge of the general health and sanitation of the different schools of the district.

“That he vaccinate all children and teachers in such schools as may, in judgement require vaccination, and that the necessary vaccine matter be considered a part of and be supplied as now are the usual school supplies.

“That no child suffering from a contagious disease be readmitted to the public schools until thirty days have elapsed after convalescence; that this rule applies to all children in each household where a contagious disease has manifested itself, the certificate to be given by the attending physician.

“That a special appropriation be made by the county commissioners to defray the necessary expenses of this act.....

From James H. McCormick, MD, of Gathersburg:

“That the State Board of Health appoint a health officer...who shall be ex-officio president of the county board of health.

“That the town councils of corporate commissioners shall nominate a local health officer, who shall be the local representative of said board and shall be a member of the county board of health.

“A county board of health shall consist of the local health officer of every corporate town in a county, and shall have charge of the sanitary conditions of said town and the adjacent territory, which shall be plotted off agreeably to such plans as the county board may deem advisable.

“These officers shall act in conjunction with the town councils and State Board.

“That every physician shall be required to isolate infections and contagious patients and quarantine the premises.

“That water-tight boxes be substituted for privies, cesspools, and earth closets.

“That hog pens be prohibited in the corporate limits of towns, or placed in a sanitary condition, made water tight, and elevated eighteen inches above the ground.

“That all contents of privies be removed at stated periods by a public scavenger and made into fertilizer.

“That whenever a town council is incompetent to act by reason of lack of authority granted by its charter, or for any other reason, the State Board can authorize and empower its local representative or local health officer to act in the premises.”

The conference then adjourned sine die.

Success

It is apparent that the initial or “charter” membership of the Maryland Public Health Association were the 82 registered for the February 1897 Conference of Health Officers held in the Hall of the Medical and Chirurgical Faculty of Maryland at 847, Eutaw Street, Baltimore (list appended). This conference was the first of five MPHA annual meetings in Baltimore of which there is evidence. The departure from custom considered innovative at the time and to which the success of the Association itself was attributed, was the involvement of delegates representing not only medical interests from the various

political subdivisions of the State, but those of such diverse organizations as to Johns Hopkins University, the State Board of Health, the Baltimore City Health Department, school boards “old” and “new”, teachers’ institutes in the counties, the Arundell Club of Baltimore, the Children’s Summer Playground Association, and the United Women of Maryland. The impact of the first MPHA meeting was such that the Governor Lowndes arranged for the printing at State expense of an edition of 2,000 copies of the proceedings, recorded by an expert stenographer.

Beginning with the initial 82 members, MPHA grew in a matter of weeks to a membership in excess of 300, with only Garrett County unrepresented.. At the first semi-annual meeting, November 18-19, 1897, conducted also in the Eutaw Street Hall of the Medical and Chirurgical Faculty, John S. Fulton, MD, secretary of MPHA and the State Board of Health, happily noted the existence of “ a most intelligent and powerful ally” of the Board with “about 400 members.”⁶

As early as 1894 Eugene Levering was associated with a program in which \$500 was appropriated by the City of Baltimore to keep boys out of the harbor (and the lock-up) by providing “bathing shore” at Canton, Winans Beach and Gwynns Falls. That year these facilities were used by 24,000 people. Citing the dearth of private bathing facilities for working people, James N. McShane, MD, Commissioner of health, recommended a program of free public baths in his 1895 report to the Mayor and City Council of Baltimore. On May 9, 1900, Mayor Thomas G. Hayes approved Ordinance No. 54, establishing the Free Public Bath Commission of Baltimore City, of which Levering was appointed chairman to administer the program. The first bath was Walters No,1 after Henry Walters, Baltimore’s noted benefactor, at 131-133 South High street, opened in 1900. As late as 1954, numerous public baths throughout the City, largely in school buildings, recorded more than 2,000,000 users annually. The program was abolished by elimination of funding in the 1960 Ordinance of Estimates.

⁶ Fulton, John S.: Biennial Report of the State Board of Health of Maryland, 1896 and 1897, pp 22 and 48.

Success of the Association's early efforts is evident in many subsequent developments in the field of public health that today are considered commonplace and are taken for granted. By the time of the second annual meeting in Levering Hall on the Homewood campus of the Johns Hopkins University, May 11-12, 1898, there had already been enacted a new vital statistics law and the State Board of health was authorized to maintain a biological laboratory. At this meeting William H. Welch of Hopkins medical fame relinquished the presidency to George H. Rohe, MD, of Sykesville. Six vice presidents were elected: Edward Schaeffer, MD, of Baltimore; Mrs. Daniel Miller, Baltimore; Miss Eliza Ridgely, Baltimore; Mr Charles R. Hartshorne, Brighton; Augustus Stabler, MD, Olney; and Howard Bratton, MD, Elkton. Fulton retained the office of secretary and Smart that of treasurer. The meeting was addressed by Colonel George Waring of New York, a sanitary engineer of eminent distinction, on the treatment of water-borne waste, a most timely subject for the City of Baltimore. A committee was appointed "to cooperate with other organizations in a combined effort to establish people's baths in Baltimore."⁷

⁷ Fulton, John S.: Report of the State Board of Health of Maryland, 1898, pp 27 and Appendix pp. 3-74.

The 1898 annual meeting was pronounced “very successful”; so apparently was the semi annual meeting conducted that years in Easton, November 10-11, “where the society met with a hearty welcome, and , it is hoped stimulated a lasting popular interest in sanitation.”⁸ The fall of 1898 was also a occasion for a special MPHA meeting in Baltimore to discuss public baths. This one was addressed by public figures of considerable repute, including the Honorable Mayor of Boston, Josiah Quincy, his Secretary of Baths, Daniel Kearns, secretary of the Public Baths Association of Philadelphia, Franklin Kirkbridge, and chairman of the Mayor’s committee on Free Baths, Eugene Levering. Papers were read by local physicians, Louise Erich and HO Reik. The meeting accomplished much to establish public baths in Baltimore.

As MPHA secretary, Fulton noted particularly the lively interest in the Association manifested by public school authorities. Teachers and school officials comprised a membership in point of numbers second only to medical me, and in attendance preponderant over all other classes of citizens. The Association was called upon to fill unusual demands for talks on hygiene at teachers’ institutes in Calvert, Howard, Harford, Cecil, Carroll, Queen Anne’s, Washington and Allegany counties. A report on the Sanitary Conditions of the Public Schools in Baltimore, presented by the Arundell Club at the first (1897) semi annual meeting, was “believed to have aided in bringing about....reforms which the present Inspector of Buildings in Baltimore City has been unable to accomplish.” County school teachers were motivated to seek advice on the application of sanitary principles to their own restricted conditions and were supplied with a set of drawings for one room school houses prepared by Mr Henry Brauns, a former member of the State Board of Health, and a paper on ventilating Small school Houses by August Stabler, MD, of Montgomery County. At the Easton (1898) semi-annual meeting, Fulton⁹ decried the lack of hygiene instruction of schoolchildren and suggested a Sanitary Day be designated in each year’s school calendar “devote(d) to some such exercise as will impress on the children the value of the sanitary works and official labors which are undertaken for the protection of human health.”

Failure

In his 1899 report Fulton¹⁰ mentioned that MPHA had conducted two more meetings and “witnessed the success of some of the enterprises which it helped to forward.” Association activities “continued to arouse much popular interest...but in one respect it had failed of the purpose for which it was organized-

“(It is not as well attended as it should be by practical working health officers. This is chiefly due to the parsimony of local boards of health. Who will not make the trifling appropriations necessary to enable their executive officers to attend the meetings.

⁸ Fulton, John S.: Biennial Report of the State Board of Health of Maryland, 1898, p. 28 and Appendix pp 75-117.

⁹ Fulton, John S.: Report of the State Board of Health of Maryland, 1898, p 29

¹⁰ Fulton, John S.: Report of the State Board of Health of Maryland, 1899, pp.lxx.

“The success of the Maryland Public Health Association, as a body of unofficial sanitarians, has attracted attention in other States. A full report upon our Maryland Association was made to the Conference of Associated Health Officers of Pennsylvania a few months since, and it was determined to engraft upon their own some of the features of our organization. We shall, I suspect have to go to Pennsylvania to learn how the practicing official sanitarians may be induced to come together once or twice a year for mutual improvement.”

Five years later, this shortcoming was the subject of a letter from Fulton¹¹ to His Excellency, the Honorable Edwin Warfield, Governor of Maryland. Under date of August 1 1904, he indicated to the Governor that Maryland had 53 local boards of health, the best “very good”, the poorest “very poor”, acting under town charters “independently of each other, often at variance among themselves, without definite responsibility to any central authority, and practically incapable of coordinated activity upon which the safety of the State depends.” Needed was one in each county “brought up to a respectable standard of effectiveness.” Sanitary government in Maryland was so disorganized that “four Maryland counties have had each in one year more smallpox than the City of Baltimore has had in five...” Health boards were functioning as if they were useful only in towns “for the purpose of suppressing epidemics whereas their true function is to prevent epidemics”. Their “unwise and costly restrictions on personal liberty, disturbance of private business, sometimes the peace and comfort of whole communities” were adding to the burden of inept sanitary government. One “small epidemic” cost over \$500 “which beyond all doubt would never have occurred if the local board, actually in possession of exact and timely information, had spent the one dollar which the emergency called for”. The culprit-ignorance. The cure- a “sanitary institute”, an annual one week assembly in Baltimore with obligatory attendance of all local health officers, specified minimum work requirements, and expenses paid by the State at a cost “within an appropriation of \$2,000”(!).

Finis

The last gatherings of Maryland’s primordial public health association in the available record were those conducted in 1901 and 1902: the fifth annual meeting in The Hall of the Medical and Chirurgical Faculty, May 2-3, 1901; the fifth semi annual meeting in Rockville, December 3-4, 1901; and a joint meeting with the Faculty and the Laennec Society in Mc Coy Hall, on the Homewood campus of the Johns Hopkins University, January 27, 1902.¹² The Association may not have been active after 1902, but if it was, records of its activities have been lost, presumably with the originally prepared reports of the State Board of Health for 1901 and 1902, and much of the information for the 1903 report, all destroyed by the Baltimore fire of February 7, 1904, which consumed the offices of the Board on the fourth floor of the Maryland Life Insurance Building at 10 South Street.¹³

¹¹ Fulton, John S.: Report of the State Board of Health of Maryland, 1903, pp.15-16

¹² Appendix to Report of the State Board of Health of Maryland, 1901

¹³ Fulton, John S.:Report of the State Board of Health of Maryland, 1903, pp 7-9

Seemingly, the last major project of the early MPHA was that which culminated in appointment by Governor John Walter Smith of a Commission on Tuberculosis, created by act of the General assembly in 1902, immediately following the January meeting with the Medical and Chirurgical Faculty and the Laennic Society. Tuberculosis was the leading cause of death, sanatoria were scarce, and the meeting was convened specifically to endorse the governor's recommendation to the legislature that it adopt the suggestion of the State Board of health requesting "a commission be appointed to investigate and report upon the best means of ameliorating the condition of those of our fellow citizens who are suffering from tuberculosis, and to prevent the further propagation of the disease'.

Establishment of the Tuberculosis Commission represents a very early, if not the first organized community effort to solve the tuberculosis problem. Happily the records of the Commission were spared from the fire. The appointees were Dr William S Thayer, Mr John Glenn, Dr William Welsh, and Mr George Stewart Brown of Baltimore; and Dr Frank W. Hines of Chestertown. The Commission named Marshall L. Price, MD, of Towson to serve as full time health officer of its program, described by the president of the State Board of Health¹⁴ as

"....a plan for restricting tuberculosis by simple and inexpensive operations in the homes of people. A direct attack at the root of the evil in the household has not before been attempted on a large scale, and the Maryland procedure has not only encouraged its sponsors, but has also excited general interest among special students of the subject."

And by the secretary of the Board as

"...one of the most important events in the history of public hygiene in Maryland, and (the Board) looks upon the work already accomplished by this Commission as best of the sort so far done in America. The most conclusive evidence of its value was furnished by the Tuberculosis exhibition, organized and presented by the Commission in Baltimore in the early part of the present year (January 1904). The interest excited by the Exhibition among the people of Maryland was very remarkable, but not more so than the large attendance which it attracted from various parts of the United States and Canada."

John S. Fulton, MD, secretary of the State Board of health and of the pioneer MPHA throughout its span of existence, resigned from the Board on May 1, 1907, to become Secretary-General of the International Congress on Tuberculosis. With him vanished all further reference to the Association in the official record.

Discussion

Clearly, by inviting participation of the citizen at large, the Maryland Public Health Association of the turn of the century successfully combined the forces of public interest with those of preventive medicine

¹⁴ Welch, William H.: Letter to Edwin Warfield, Governor of Maryland, December 20, 1905. In Report of the State Board of health of Maryland, 1904, p.vii.

to advance the cause of sanitation and public health in this state. It provided a forum and source of public enlightenment in a period of rapid development in the science of health protection. Led by influential, dedicated, and prestigious members of the medical profession, it moved Marylanders to correct unhealthful conditions in schools, eliminate sources of infection, prevent contagion, and establish a wholesome environment. Efforts were begun to provide for the proper disposal of waste, construct sewers, and clean up water and food supplies. Health education was promoted in the schools. Even cancer was brought to public attention with mention of meat eating, trauma, and smoking as causative factors, and a prediction “that in ten years there will be more people to die from cancer than from typhoid fever, smallpox and tuberculosis combined.”

Importantly, the body politic was moved in the right direction. The Association was instrumental in the enactment of a state vital statistics law (1898), though Baltimore City had been keeping birth and death records for almost 25 years at the time. A state laboratory was established. And the smallpox vaccination law, which required school children to be duly vaccinated was changed to require successful vaccination. If MPHA failed to upgrade some town and county health boards, at least it set the stage for the present system in which Maryland’s health officers are held responsible to central authority as deputy state health officers. In all certainty, it served to strengthen the official health agency of the state, which was only 23 years old when the first MPHA was organized. Short lived though it may have been, it is patently evident that this organization played a major and effective role in the development of the health protective mechanisms which have increased the average life expectancy of the Maryland citizen at birth from 50 to 70 years in the last three-quarters of a century.

-End-

111 North Calvert Street
Baltimore 21202

Initial Members

Maryland Public Health Association

Founded February 18,1897

Dr Delano Ames, Baltimore
Dr G.T. Atkinson, Crisfield
Mr George R. Ash, Elkton
Dr J.M.H. Bateman, Easton
Dr John R. Benton, Kent Island
Dr E.T. Bishop, Smithsburg
Dr J.H. Billingslea, Westminster
Dr John D. Blake, Baltimore
Dr James Bordley, Centerville
Dr Charles H. Brace, Cumberland
Mr Henry Brauns, Baltimore
Dr Philip Briscoe, Island Creek
Dr Roger Brooke, Oakdale
Dr John O. Bullock, Lonaconing
Dr T.M. Chaney, Dunkirk
Hon. H.M. Clabaugh, Taneytown
Dr T.A. Councill, Easton
Mr W.H. Dashiell, Princess Anne
Dr Robert Dodson, St Michaels
Dr W.F. Elgin, Bethesda
Dr Charles M. Ellis, Elkton
Mr John G. England, Rockville
Dr E.G. Etchison, Gaithersburg

