



PUBLIC HEALTH MUSEUM
IN MASSACHUSETTS

<http://www.publichealthmuseum.org/>

Remembering and Preserving Our History

Alfred DeMaria, Jr., M.D.

**Massachusetts Department of Public Health
The Public Health Museum in Massachusetts**

Disclosures

The speaker discloses he is not a historian, but rather an amateur with an interest.

This presentation represents the opinions of the speaker and does not represent any official positions of the Massachusetts Department of Public Health, other organizations with which the speaker is affiliated.



Epidemics of Smallpox in Pre-Colonial and Colonial Massachusetts

Pre-Colonial

- ❖ Infectious diseases introduced by Europeans killed large numbers of native peoples prior to the arrival of the Pilgrims
- ❖ Smallpox epidemics of 1617-19
- ❖ In 1619, Captain Derner reports deserted villages, with a few sick people remaining
- ❖ Epidemic in 1633-34 estimated to have killed 1/3 to 1/2 of all surviving natives of Massachusetts

❖ 1617-19

❖ 1633

❖ 1648

❖ 1666

❖ 1677

❖ 1689

❖ 1692

❖ 1702

❖ 1721-22

❖ 1731

❖ 1751

❖ 1755-56

❖ 1764

❖ 1775

- ❖ Leading to frequent moves of the Great and General Court
- ❖ Enactment of isolation and quarantine laws

Smallpox, Massachusetts, 1721

- ❖ On April 22, 1721, the passenger ship *HMS Seahorse* arrived at Boston from Barbados and cases of smallpox emerged while the ship was in quarantine at Spectacle Island and spread to the city
- ❖ Widespread transmission started by the end of May
- ❖ Control efforts were inadequate
- ❖ In June, Cotton Mather, pastor of the Second Church, proposes inoculation to control smallpox



Cotton Mather and Smallpox Inoculation



- ❖ Prior to 1716, Mather had asked his enslaved servant, Onesimus whether he had smallpox: *“he answered, both yes and no; and then told me that he had undergone an operation, which had given him something of the smallpox and would forever preserve him from it; adding that it was often used among the Guramantese”*
- ❖ He read Timonius’ paper on inoculation published in the Philosophical Transactions of the Royal Society in 1716
- ❖ In June 1721, Mather informs Boston physicians about inoculation, only Zabdiel Boylston uses the technique
- ❖ Rest of medical profession and the establishment are against inoculation

Huge Controversy Ensues

- ❖ **New England Courant (James Franklin, editor) publishes multiple articles attacking inoculation, Boylston and Mather**
- ❖ **Dr. William Douglass publishes *The Abuses and Scandals of Some Late Pamphlets in Favour of Inoculation of the Small Pox* attacking the credentials of inoculation supporters**
- ❖ **Religious opposition based on thwarting God's will**
- ❖ **Boston selectmen pass ordinance against inoculation**
- ❖ **In November, grenade thrown in Mather's house, with a note :
*"Cotton Mather, you dog, damn you! I'll inoculate you with this, with a pox to you!"***



BOSTON MATHER (SON OF INCREASE) USING HIS POWERFUL INFLUENCE TO OVERCOME THE PREJUDICE AGAINST INOCULATION FOR SMALLPOX IN BOSTON, 1721

Smallpox and the Revolutionary War

"Our misfortunes in Canada are enough to melt a heart of stone. The small-pox is ten times more terrible than Britons, Canadians, and Indians together. This was the cause of our precipitate retreat from Quebec [sic]; this is the cause of our disgraces at the Cedars." - John Adams to Abigail Adams, June 26, 1776

"Finding the smallpox to be spreading much and fearing that no precaution can prevent it from running thro' the whole of our Army, I have determined that the Troops shall be inoculated. This Expedient may be attended with some inconveniences and some disadvantages, but yet I trust, in its consequences will have the most happy effects." - George Washington to William Shippen, February 6, 1777



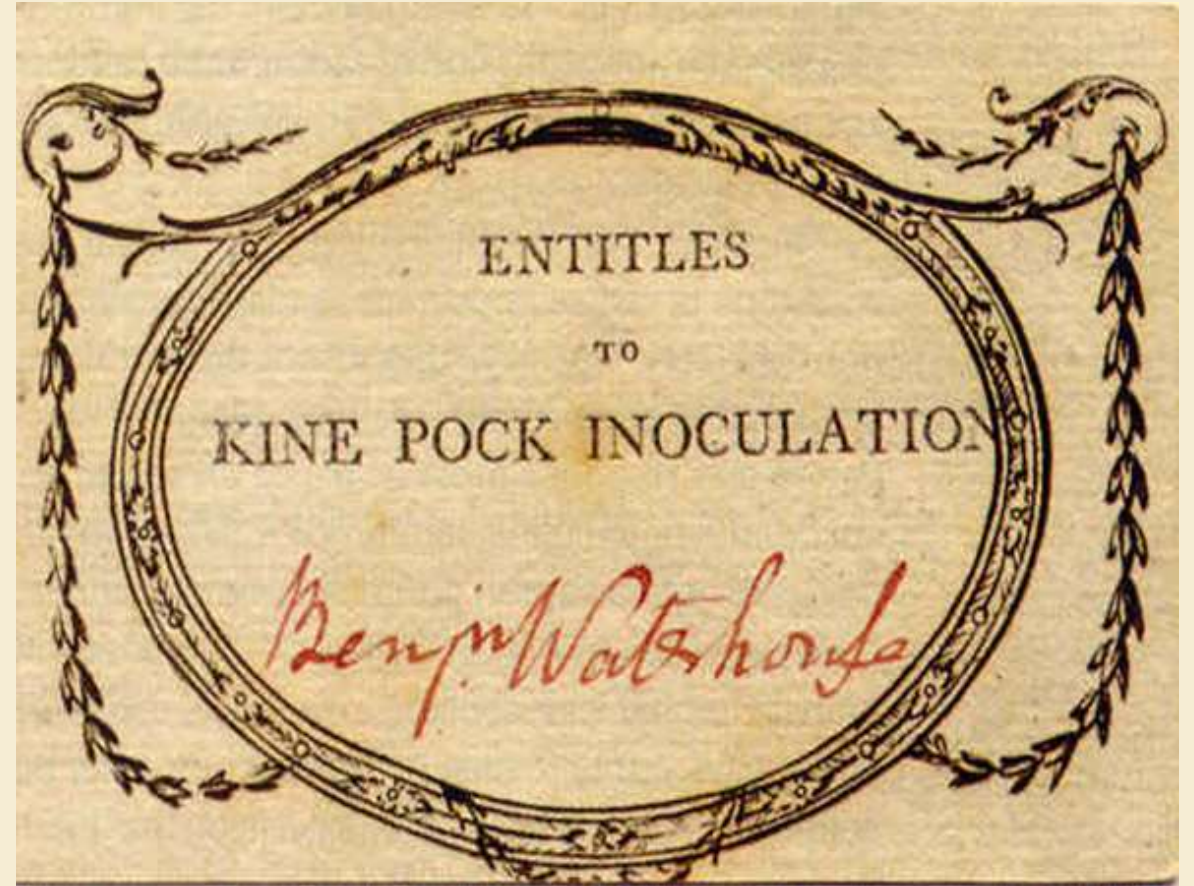
AN
INQUIRY
INTO
THE CAUSES AND EFFECTS
OF
THE VARIOLE VACCINÆ,
A DISEASE
DISCOVERED IN SOME OF THE WESTERN COUNTIES OF ENGLAND,
PARTICULARLY
GLOUCESTERSHIRE,
AND KNOWN BY THE NAME OF
THE COW POX.

BY EDWARD JENNER, M.D. F.R.S. &c.

— QUID MODIS CERTIUS IPSIS
SERVARE BERE POTEST, QUO VERA AC FALSA NOTEMUS. —
LUCRETIVS.

LONDON:
PRINTED, FOR THE AUTHOR,
BY SAMSON LOW, N^o. 7, BEAUVILLE STREET, BOMBAY:
AND SOLD BY LAW, ADE-MARIA LANE; AND MURRAY AND HIGGLEY, FLEET STREET.

1800

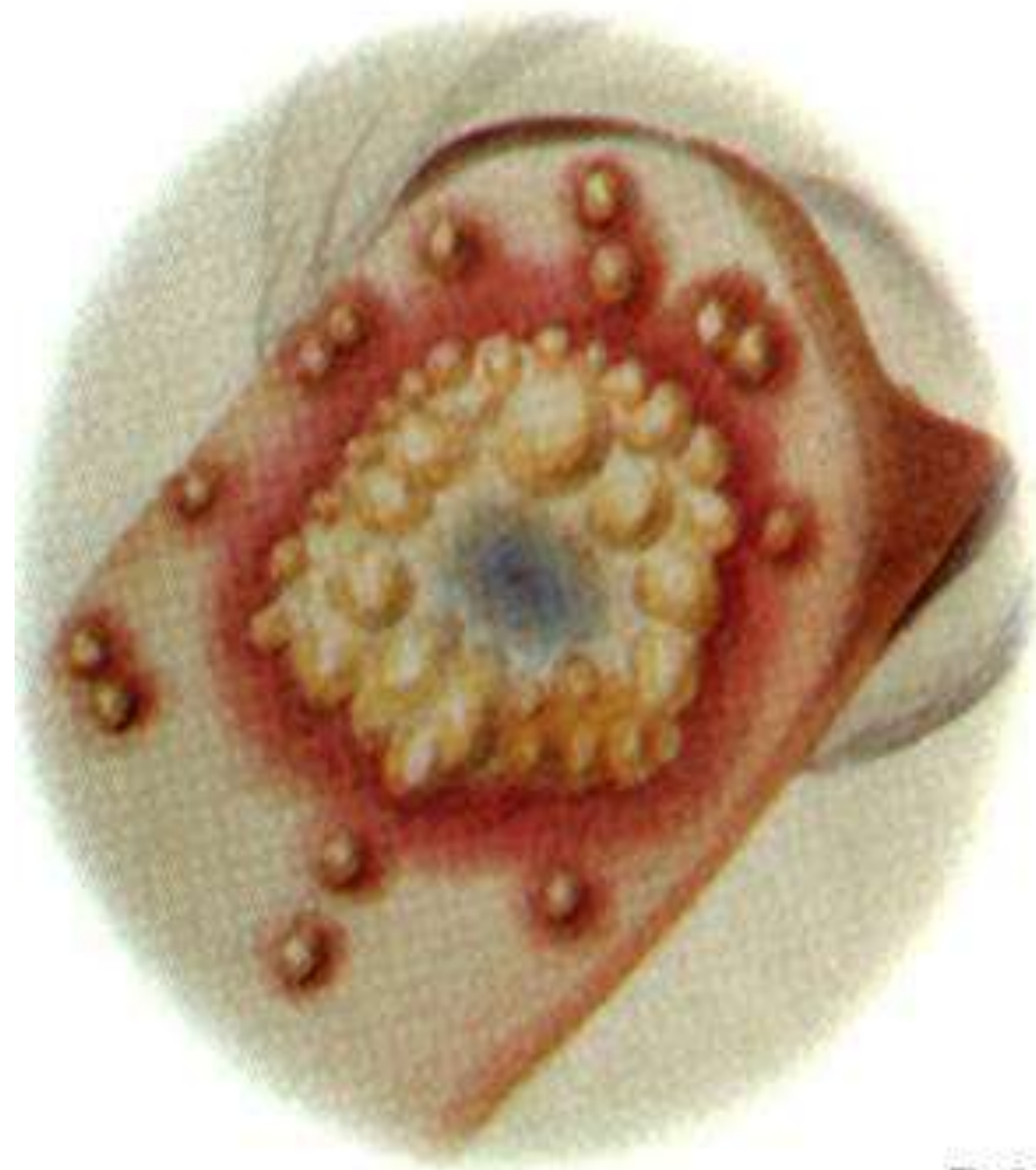


“This is no sham. As a man of humanity I rejoice in it though it will take from me a handsome annual income.”

William Aspinwall, Proprietor of the Brookline Inoculation Hospital, 1800

“Every friend of humanity must look with pleasure on this discovery, by which one evil more is withdrawn from the condition of man; and must contemplate the possibility that future improvements and discoveries may still more and more lessen the catalogue of evils”

Thomas Jefferson on Smallpox Vaccination, 1800



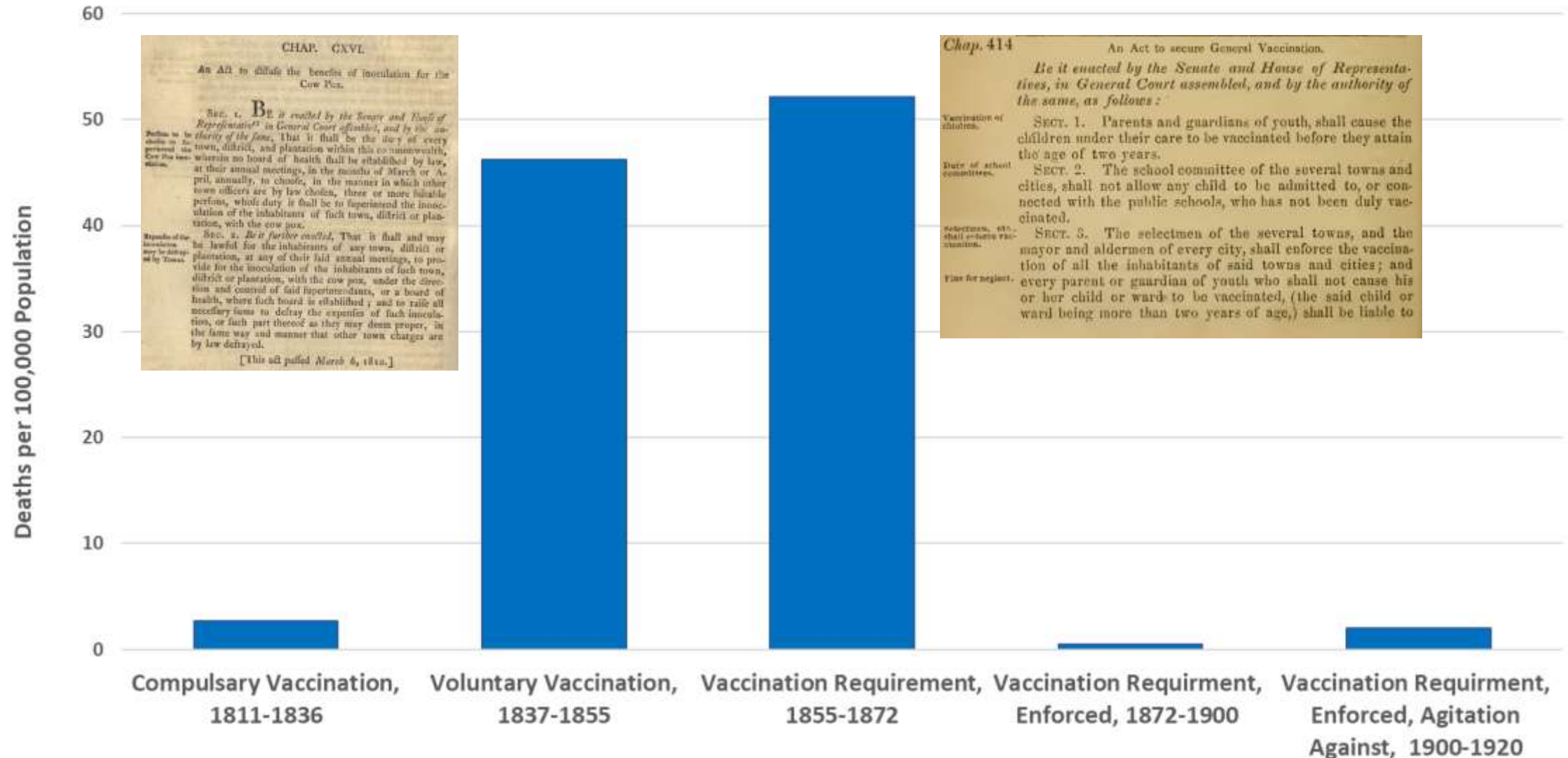
VARIOLATION

DAY 14



VACCINATION

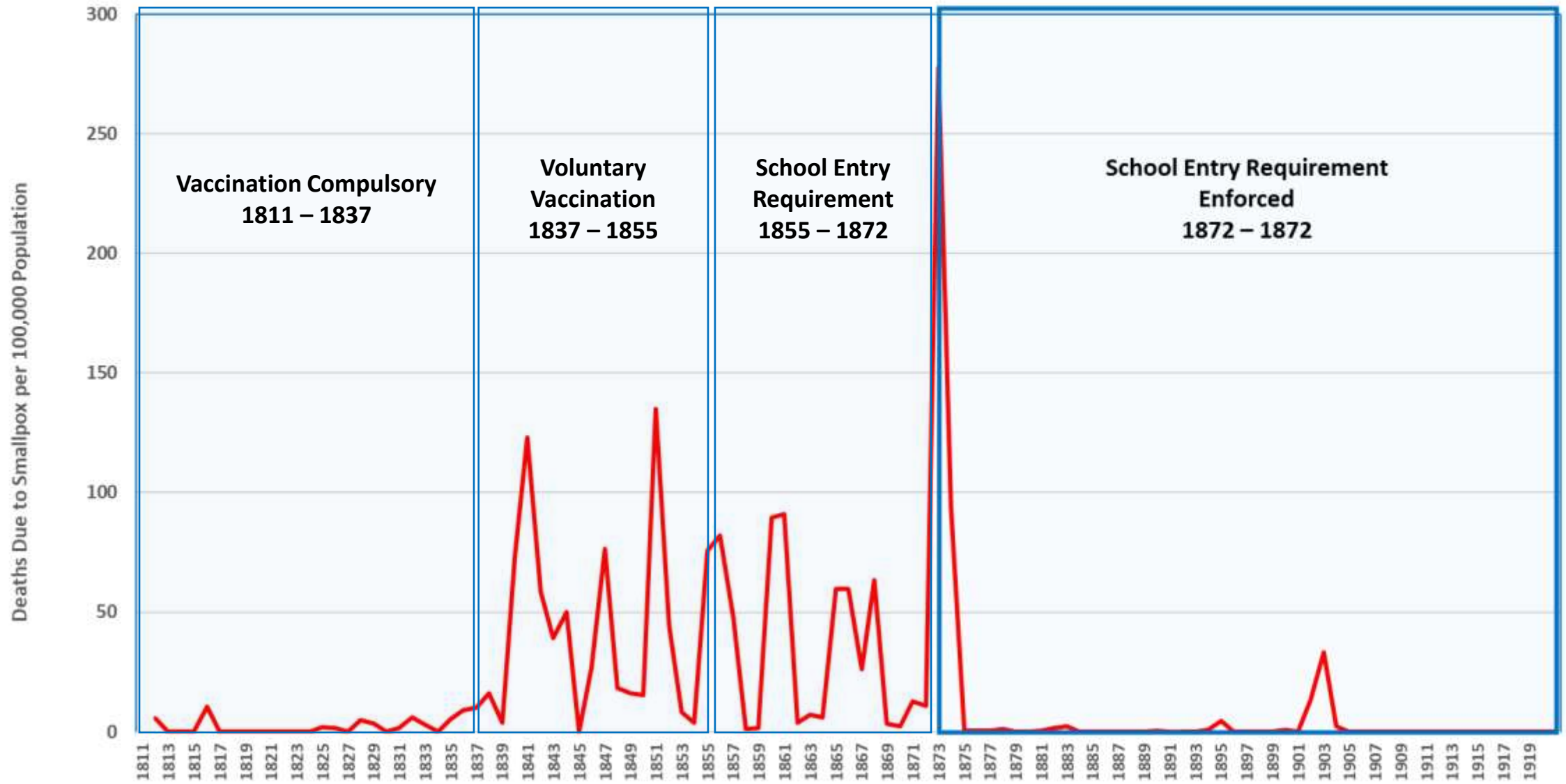
Deaths Due to Smallpox per 100,000 in Boston for Periods of Vaccination Requirement and Enforcement



From: Henry JE. Experience in Massachusetts and a Few Other Places with Smallpox and Vaccination, Boston Med Surg J 1921; 185:221-228

Deaths in Boston Due to Smallpox per 100,000 Population, 1811 to 1920

Rate in 1721 Boston was 7,730 per 100,000

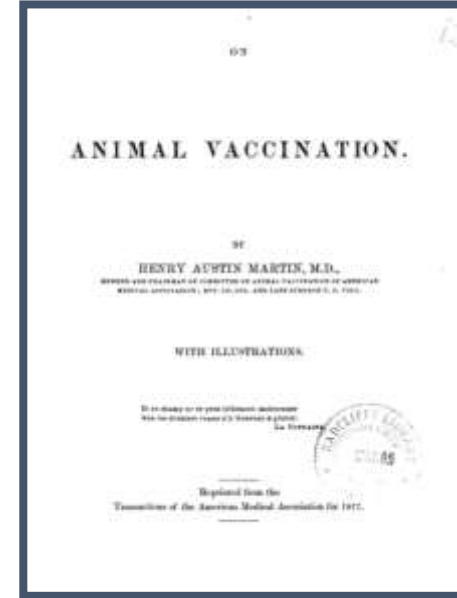


From: Henry JE. Experience in Massachusetts and a Few Other Places with Smallpox and Vaccination, Boston Med Surg J 1921; 185:221-228



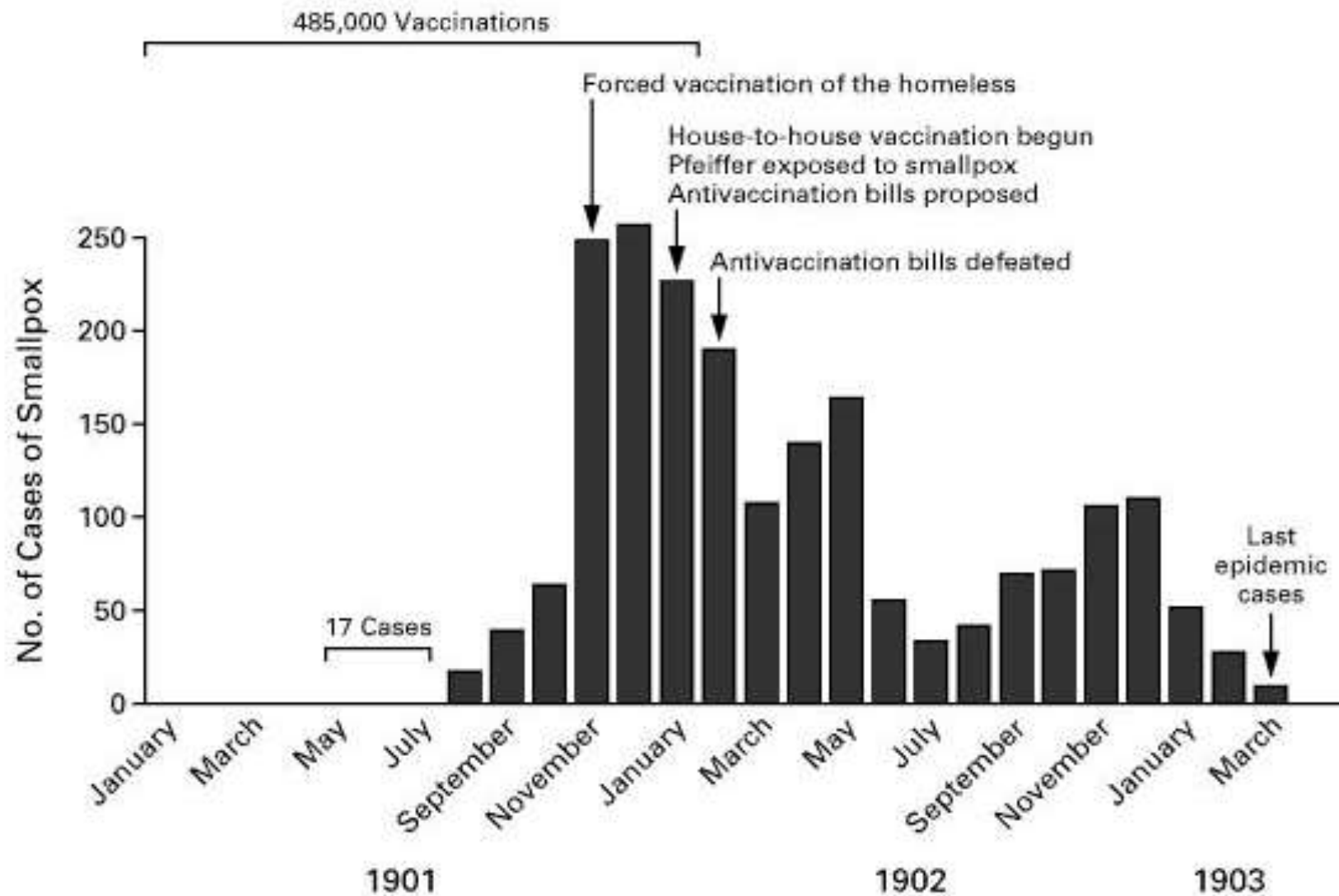
Henry Austin Martin (1824-1884)

- ❖ Boston physician
- ❖ Chair of the AMA Vaccination Committee
- ❖ Introduced calf lymph vaccine production to America in 1870
- ❖ Produced vaccine in a barn in back of his house in Roxbury
- ❖ Product used widely in the epidemic of 1873
- ❖ Major influence on the acceptance of calf lymph vaccine in the U.S



Source: John Buder

Distribution of Smallpox Cases in Boston during the Epidemic of 1901 through 1903





Theobald Smith, 1905

(Director of the Massachusetts Biologic Laboratories)



“...the production of animal vaccine by the State is a logical necessity. Furthermore, it is the only way to bring the physician who performs vaccination in close touch with the producing laboratory.”



FOUR PROSECUTIONS BY BOARD OF HEALTH.

Judge McDaniel Imposes a Fine of \$5.00 Upon Those Who Refuse To Be Vaccin- ated—One Pays, the Others Appeal.

Refusal to be vaccinated is going to be a costly proceeding in Cambridge if the board of health has its way. The board is determined that citizens shall submit to its ordinances or take the consequences, and to emphasize its determination it had four citizens before the third district court Wednesday morning, charged with refusal to be vaccinated. Each one of the four was fined \$5 by Associate Justice McDaniel, who occupied the bench in the place of Judge Almy. The court did not make much on the operation, however, since none of the fined ones paid on the spot and three of them



The NEW ENGLAND
JOURNAL of MEDICINE

Upon the principle of self-defense, of paramount necessity, a community has the right to protect itself against an epidemic of disease which threatens the safety of its members.

Supreme Court of the United States
Jacobson v. Massachusetts, 197 U.S. 11 (1905)

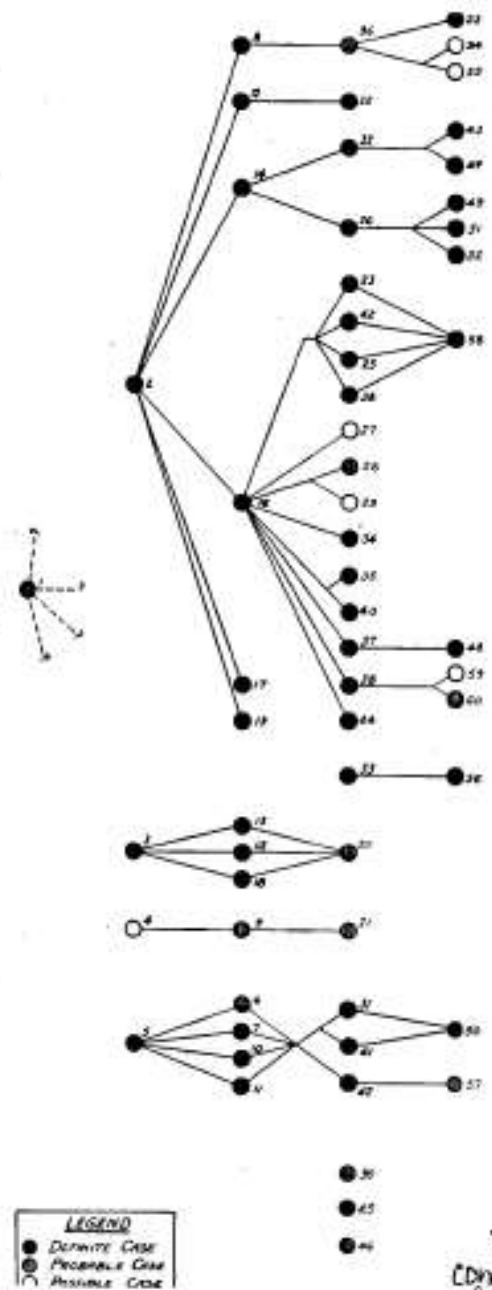
Jacobson: Key Holdings

- ❖ **Police power upheld**
- ❖ **No absolute right to be wholly free from restraint, restraints necessary for the common good**
- ❖ **Deference to legislature**
- ❖ **Public health intervention depended on:**
 - ❖ **Public health necessity**
 - ❖ **Reasonable means**
 - ❖ **Proportionality**
 - ❖ **Harm avoidance**

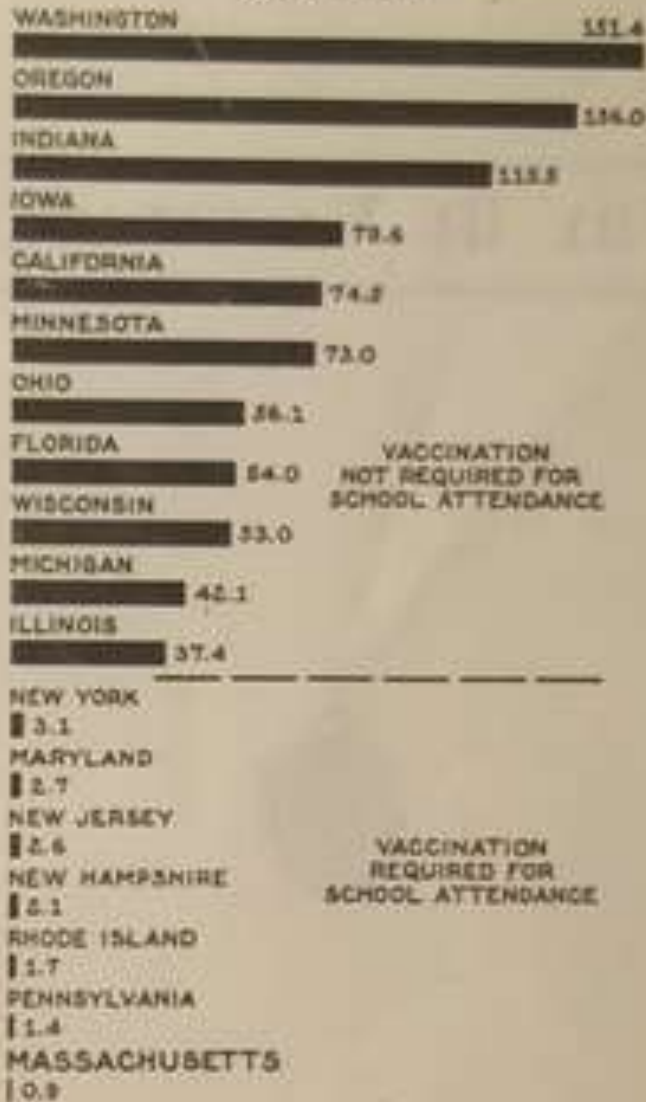
THE RECENT SMALLPOX OUTBREAK IN FITCHBURG*

BY ROY F. FEEMSTER, M.D.,
GAYLORD W. ANDERSON, M.D.,
ROBERT F. BURNS, M.D., AND
HENRY M. DE WOLFE, M.D.

SMALLPOX in Massachusetts has fortunately become rare due to the enforcement of the law requiring vaccination as a prerequisite to public school attendance. In some instances private school authorities have insisted upon the same protection for the children under their supervision, thus increasing to a higher level the protection of the community. Occasionally, however, smallpox is introduced into a small group among whom a large per cent, due to various circumstances, have escaped vaccination. Such an instance occurred in Fitchburg early in 1932. Smallpox appeared among a group of foreign born residents living in a section separated from the rest of the city. The adults, immigrants from New Brunswick and other Canadian Provinces, had come to this country after school age, thus escaping the vaccination law, which applies only to public school children. For this reason there existed a large number of susceptible adults in addition to the usual group of pre-school children.

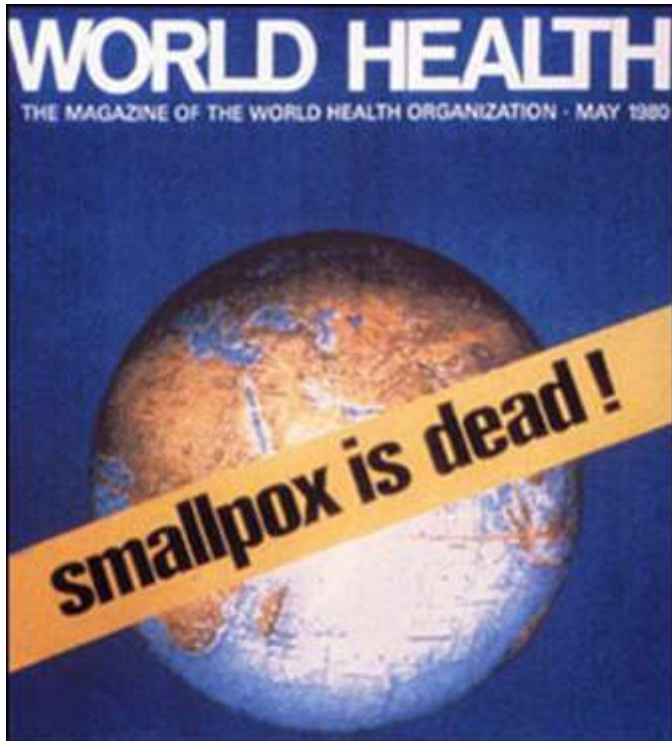


**CASES OF SMALLPOX
PER 100,000 POPULATION
1921-1930.**



In 1972, the Massachusetts Legislature passed “An Act Eliminating the Requirement of a Smallpox Vaccination for School Attendance,” which amended section 15 of chapter 76 of the General Laws. Smallpox vaccine was removed from the list of required vaccinations for students in the Commonwealth of Massachusetts. After nearly three hundred years of smallpox affecting Massachusetts life, death, and politics, the disease was gone.

Smallpox Vaccination



- ❖ **1972 - Routine childhood vaccination discontinued**
- ❖ **1976 - Vaccination of HCWs discontinued**
- ❖ **1983 - Distribution to civilian population discontinued**
- ❖ **1990 - Vaccination of military discontinued**
- ❖ **2003 – Military and civilian vaccination program**



Everybody Loves A Quitter...
CALL 1-800-TRY-TO-STOP
You can quit smoking!

This message brought to you by the Tobacco Free Partnership, a program of Spectrum Health Systems, Inc.
Funding provided by the Massachusetts Department of Public Health



everybody on the bus:

www.TheRTA.com



Colonial Tobacco Control

Proceedings of the General Court

October 3, 1632

It is further ordered, that noe pson shall take any **tobacco** publiquely, vnder paine of punishm^t; also that eūy one shall pay j^d for every time hee is convicted for takeing tobacco in any place, & that any Assistant shall haue power to receave evidence & giue order for the levyeing of it, as also to giue order for the levyeing of the officers charge; this order to begin the 10th of Novemb^r nexte./

September 3, 1634

Further, it is ordered, that noe pson shall take tobacco publiquely, vnder the penalty of ij^s vj^d, nor privately, in his owne howse, or in the howse of another, before strangers, & that two or more shall not take it together, any where, vnder the aforesaid penalty for eūy offence./

Likewise, that victulars, or keeps of an ordinary, shall not suffer any **tobacco** to be taken in their howses, vnder the penalty of v^s for eūy offence, to be payde by the victuler, & xij^d by the pty that takes it./

March 4, 1635

It is further ordered, that noe pson w^hsoever shall either buy or sell any tobacco within this iurisdicōn after y^e last of Septemb^r nexte, vnder the penalty of x^s a pound, & soe pporcōnably for more or lesse to be payde by buyer & seller, & that in the meane tyme noe pson shall buy or sell any tobacco att a higher price then it shalbe valued att by the Goūn^r for the tyme being, & two other, whome hee shall please to chuse, vnder the penalty aforesaid./

September 26, 1637

THE law against buying & selling **tobacco** is repealed./
M^r John Greene, of Newe P^rvidence, is referd to the magistrates at

November 2, 1637

All former lawes against **tobacco** are repealed, & tobacco is set at liberty./ 312.

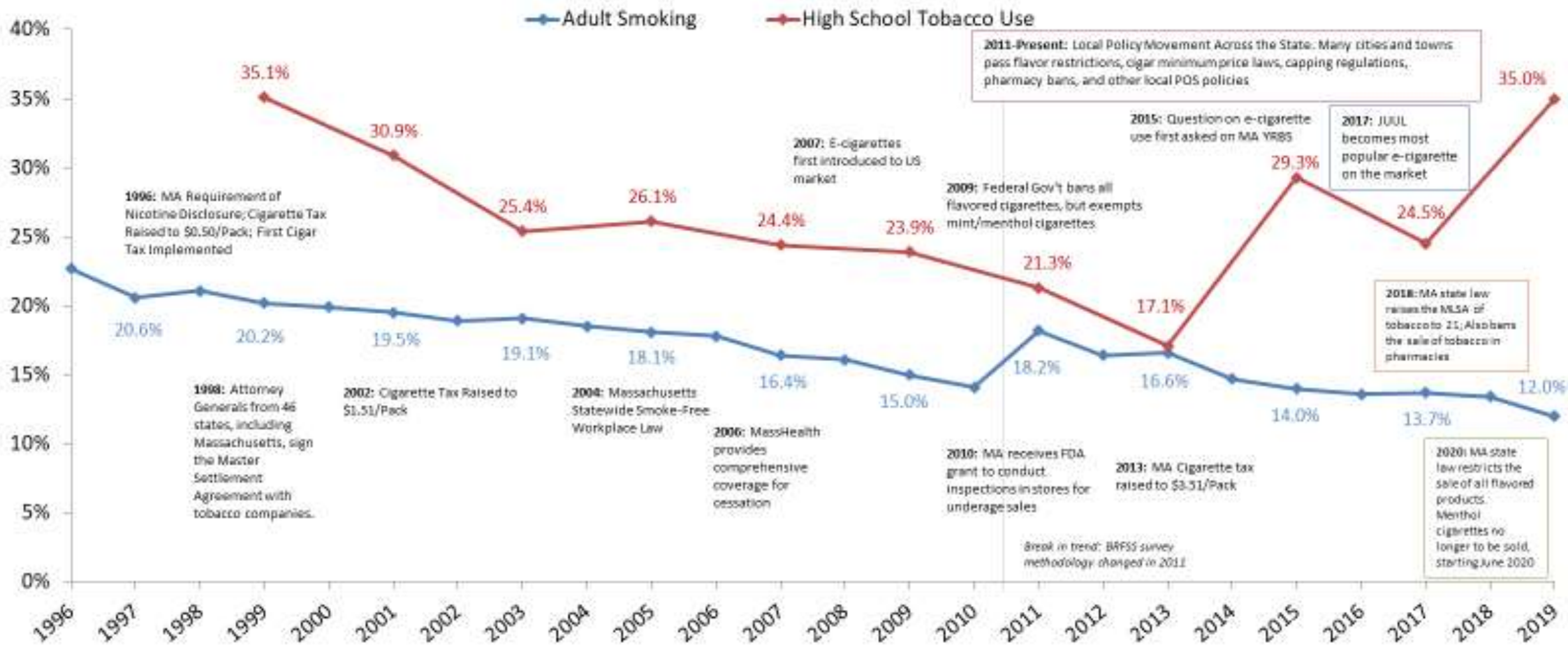
September 6, 1638

This Court, finding that since the repealing of the former laws against tobacco, the same is more abused then before, it hath therefore ordered, that no man shall take any tobacco in the feilds, except in his iourney, or at meale times, vpon paine of 12^d * for every offence; nor shall take any tobacco in (or so near) any dwelling house, barne, corne, or hay rick, as may likely indanger the firing thereof, vpon paine of x^s for every offence; nor shall take any tobacco in any inne, or comōn victualing house, except in a private roome there, so as neither the master of the same house, nor any other guests there, shall take offence thereat; w^{ch} if they do, then such pson is fourthwth to forbear, vpon paine of 2^s 6^d for every offence./

Tobacco Control Milestones in Massachusetts

1632	Tobacco prohibited
1637	Tobacco allowed
1783	State excise tax on tobacco
1886	Sale of tobacco products to those under 16 years of age prohibited
1909	Sale of cigarettes to those under 18 years old prohibited (for snuff and other tobacco products the age is 16 years)
1945	Excise tax on tobacco products
1949	Excise tax of 10% retail price of tobacco products to go to old age assistance (Repealed in 1950)
1975	Smoking prohibited in elevators and supermarkets, designated areas required in other public places
1980	Greg Connolly joins MDPH
1985	No tobacco product may be sold to anyone under 18 years of age. Oral snuff classified as a hazardous substance, with warning required
1986	Excise tax on smokeless tobacco
1987	Law limited smoking in some public places, non-smoking areas defined. Use of tobacco prohibited in public schools.
1991	The Coalition for a Healthy Future (Tobacco Free Mass) forms
1992	Ballot initiative passes, new \$.25 tax per pack on cigarettes (Excise tax from \$0.26 to \$0.51) for tobacco education and control programs
1993	Massachusetts Tobacco Control Program
1995	Sports stadiums and shopping malls ban smoking
1996	Tobacco Product Disclosure Law. First cigar tax. Cigarette tax goes from \$0.51 to \$0.76 to fund health care needs.
1997	First statewide training program in tobacco treatment
1998	Tobacco Master Settlement Agreement. Public pension funds divest tobacco stock.
1999	Attorney General requires warning labels on cigars and enacts regulations to restrict underage access and advertising near schools and playgrounds
2002	Cigarette tax goes from \$0.76 to \$1.51
2004	Statewide ban on smoking in all workplaces, including restaurants and bars
2008	Cigarette tax goes from \$1.51 to \$2.51
2013	Cigarette tax goes from \$2.51 to \$3.51
2018	Omnibus Tobacco Act
2019	Act to Modernize Tobacco Control

Policy and Tobacco Trends in Massachusetts

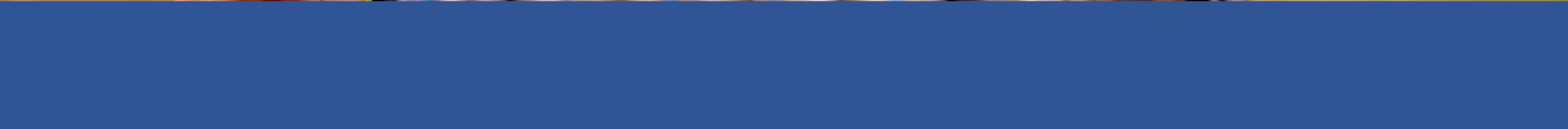


Note: From 1999-2013 high school tobacco use includes current (past-30-day) use of any cigarettes, cigars, smokeless. From 2013-2019, the definition was expanded to include e-cigarettes.

Data Sources: Adult smoking: Behavioral Risk Factor Surveillance System; Youth Tobacco Use 1997-2017: MYRBS; 2019: HS MYRBS



Make Smoking History.
1-800-QUIT-NOW



GET **OUT** RAGED!

Get facts and tips at GetOutraged.org

Big Tobacco targets **kids.**

The more they're exposed, the more likely they are to smoke.



It's a fact: Research shows that kids who shop at stores with tobacco two or more times a week are **64% more likely** to start smoking than their peers who don't.

GET THE FACTS



1=20

Vape Pod Cigarettes

mass.gov/vaping
@GetTheVapeFacts

Massachusetts Department of Public Health

TC3483 04/19



If you are pregnant and want to quit smoking or vaping, **1-800-QUIT-NOW** has a **FREE** program for you.



No lectures.
No judgments.
Just support.



You *can* quit smoking!

Talk with your doctor.

QUITWORKS can help!

BEFORE YOU LIGHT UP, LOOK DOWN.

Children exposed to secondhand smoke are more likely to suffer from ear infections and asthma. **Secondhand smoke hurts.**



What you need to know about tobacco retail sales

Free, anonymous online training for store personnel about tobacco sales. Entrenimiento online y gratuito en línea sobre la venta de tabaco para el personal de la tienda.

Available in English and Spanish

English/Spanish



Smoking and vaping are prohibited in restrooms.



MGL Chapter 27B, Section 22

To report a violation, contact the Massachusetts Department of Public Health at 1-800-992-1895.

00007 / 0119

ADULT ONLY

RETAIL TOBACCO ESTABLISHMENT OR SMOKING BAR

Persons under the age of 21 are not permitted to enter these premises at any time.



This is a smoke-free area



WARNING: Cigars Are Not A Safe Alternative To Cigarettes Or Smokeless Tobacco Products.

WARNING

SECONDHAND SMOKE OR AEROSOL from a cigarette may be present in this establishment.

Secondhand smoke and aerosol from a cigarette may be present in this establishment. No smoking or vaping is permitted in this establishment.

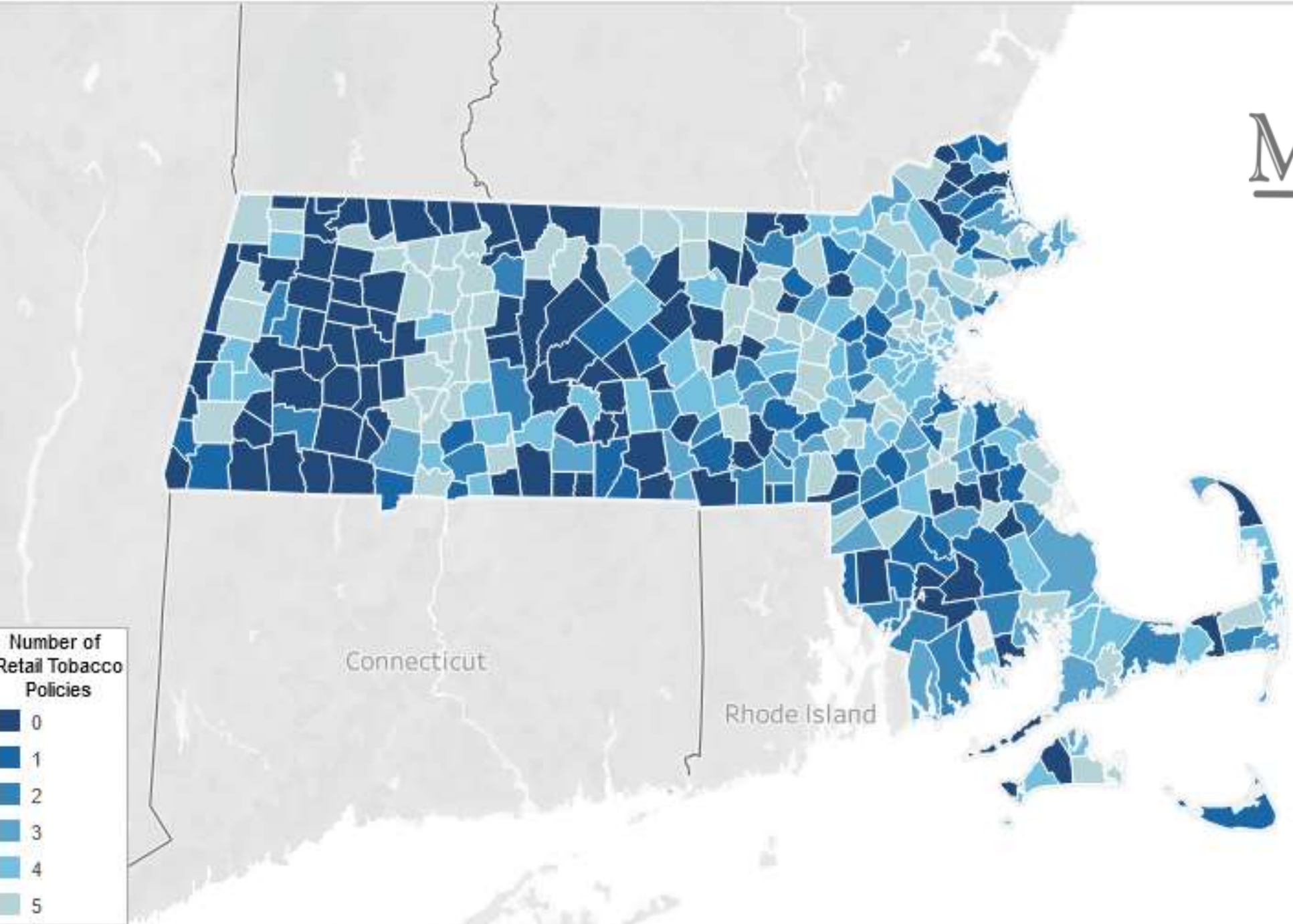




view

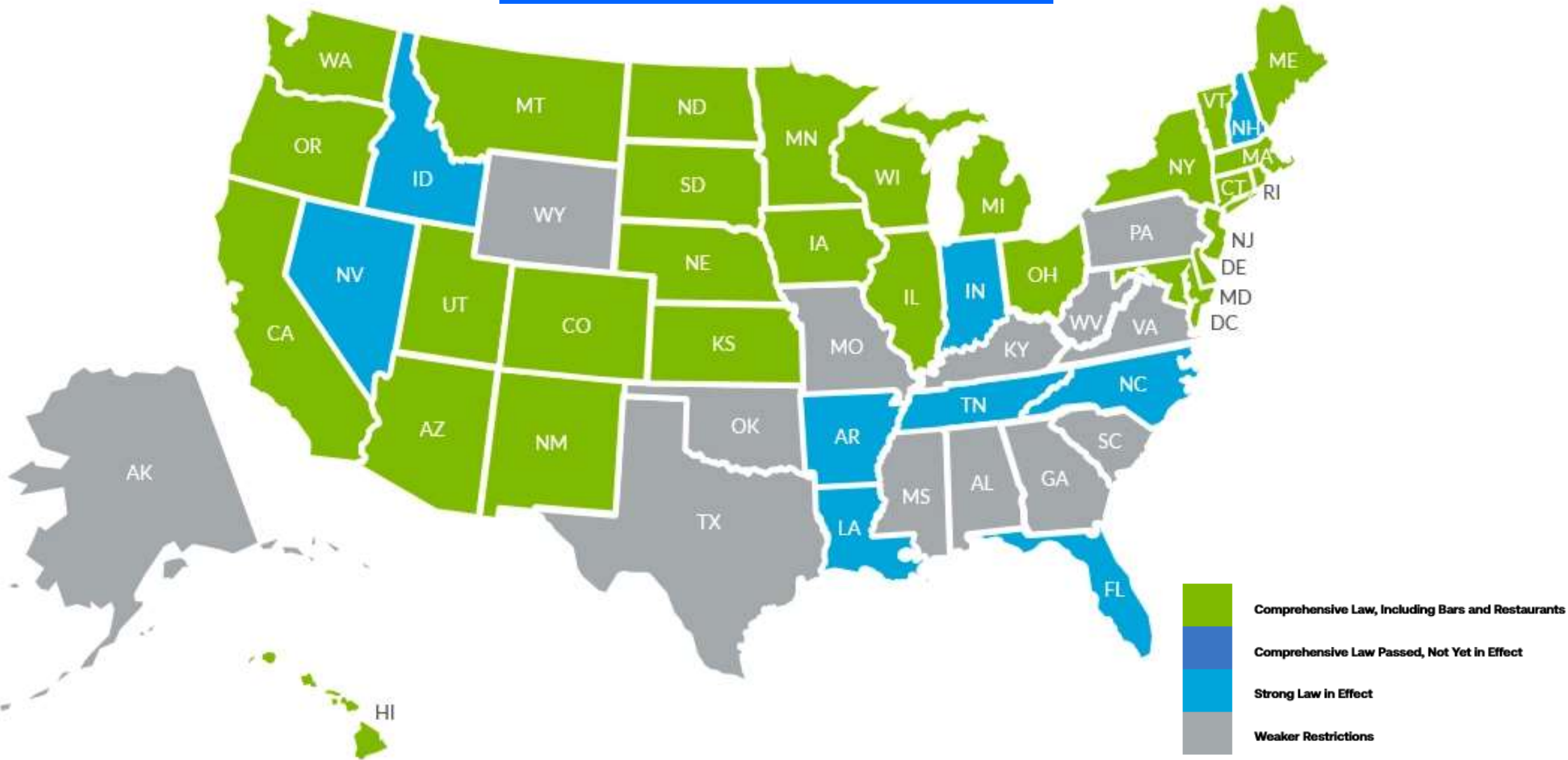
WARNING:
Pam Laffin died from smoking
at 31. How old will you be?

The light against tobacco is far from over.



as of March 2019

Smokefree Air Laws



Local Efforts

❖ Smoke-free

- ❖ In 2001, 85% of the state population lived in a municipality with smoking regulations (up from 22% in 1993)

- ❖ 2004 – state became smoke-free

❖ Enforcement, compliance checks

- ❖ Advertising

- ❖ Youth access

❖ Tobacco sales in pharmacies

Cumberland Farms

VS.



Board of Health



*Flavored
Tobacco*



**Black
& Mild**



Massachusetts Appeals Court dismisses Cumberland Farms, Inc.'s argument that "Jazz" cigars are not flavored tobacco products, and affirms the Yarmouth Board of Health's suspension of the store's tobacco sales permit

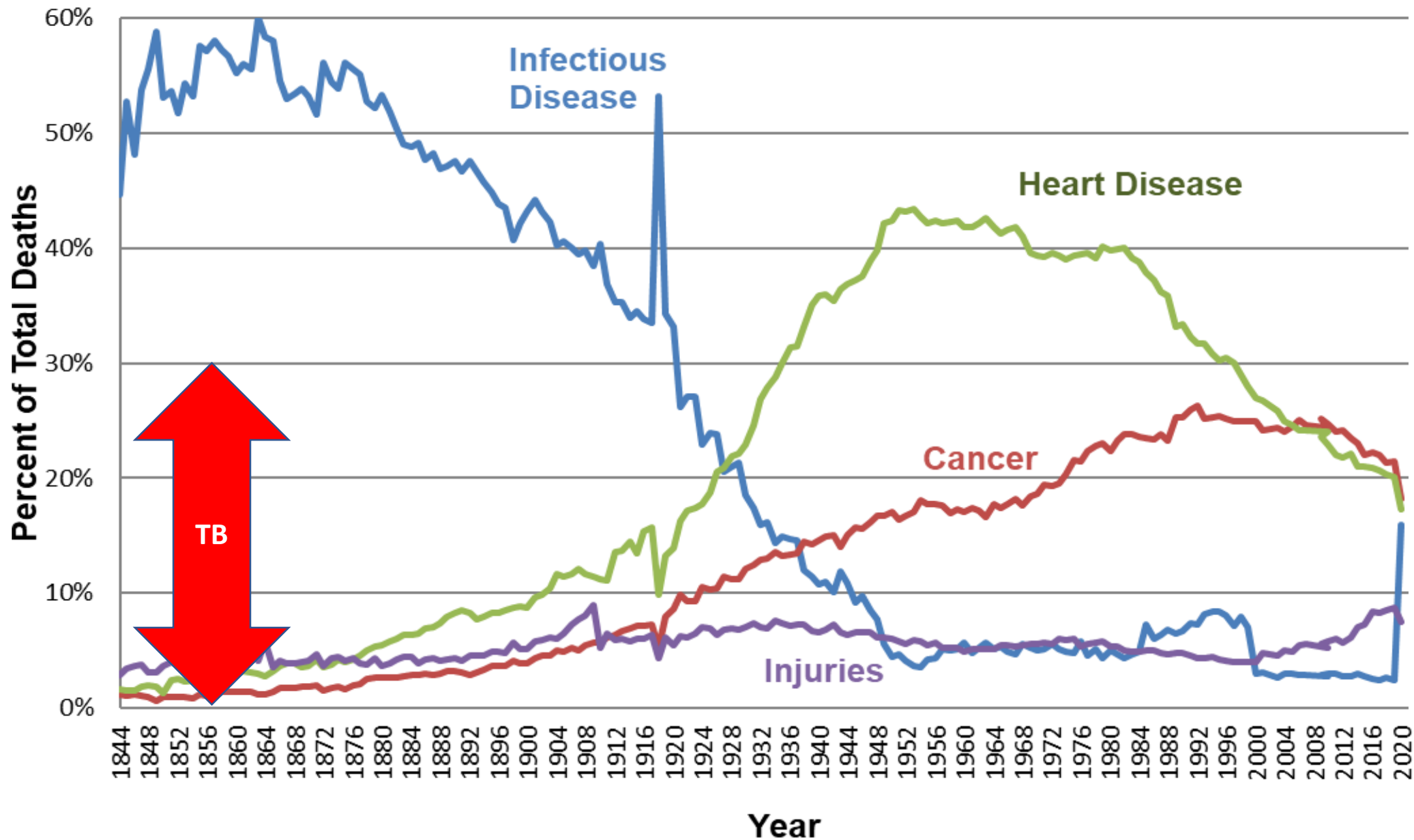
Massachusetts Law

❖ Omnibus Tobacco Act of 2018

- ❖ Raises age of purchase to 21 with exemption
- ❖ Prohibits sale of tobacco in pharmacies
- ❖ Requires smoking cessation service information at point of sale
- ❖ Includes e-cigarettes in definition of tobacco product
- ❖ Includes e-cigarettes in smoke-free workplace law

❖ Act to Modernize Tobacco Control 2019

- ❖ Restricts the sale of all flavored tobacco products, including menthol cigarettes and e-cigarettes, to Adult Only Smoking Bars for on-site consumption only
- ❖ Restricts the sale of electronic nicotine products with nicotine content greater than 35 mg/ml to Adult Only Tobacco Retail Stores and Smoking Bars
- ❖ Requires a state license to sell electronic nicotine delivery products
- ❖ Taxes electronic nicotine delivery systems products at 75% of wholesale price



Abraham and Mary Todd Lincoln



**Robert, survived
childhood**



**Edward ("Eddy"),
age 3, TB**



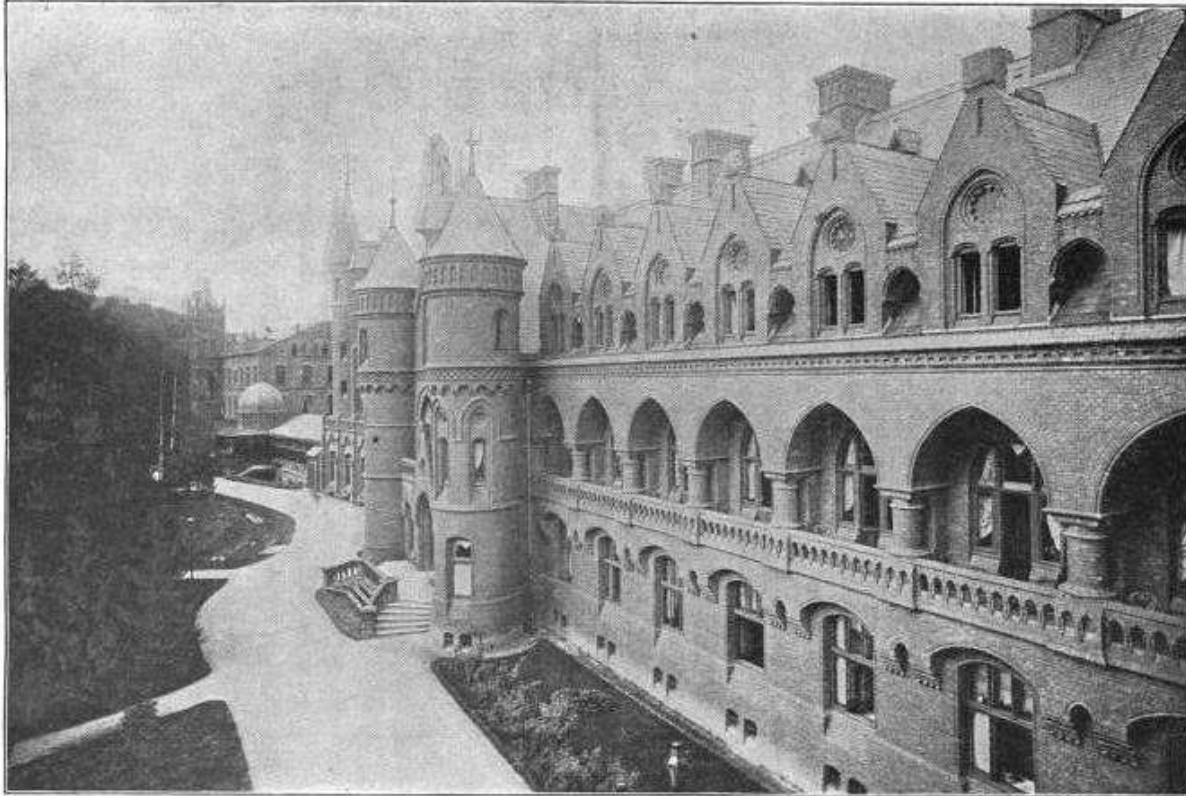
**William ("Willie"),
age 11, typhoid**



**Thomas ("Tad"),
age 18, TB**

Sanatoria, 19th Century

1859



The Brehmer Sanatorium at Goerbersdorf.
Brehmersche Heilanstalt für Lungenkranke

1885



Adirondack Cottage Sanitarium, New York
founded in 1885 by Edward Livingston Trudeau
(later the Trudeau Sanatorium)



Trudeau's original one-room cottage

The Cause of Tuberculosis



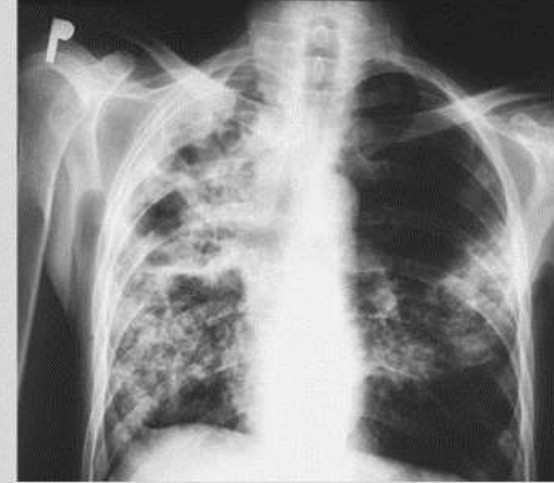
On March 24, 1882, Robert Koch published a paper describing the tuberculosis bacillus as the cause of tuberculosis (consumption)



X-Rays Allow the Visualization of TB



Wilhelm Conrad Röntgen



Tuberculin

An extract of TB bacilli first prepared by Koch as a vaccine/cure for TB in 1890, but it did not work in that way. It was then adapted as early as 1906 as a skin test for TB infection leading to the skin test still in use today. A bump and inflammation occurs if you have infection, but does not mean you have active disease



Bacillus Calmette–Guérin (BCG) vaccine



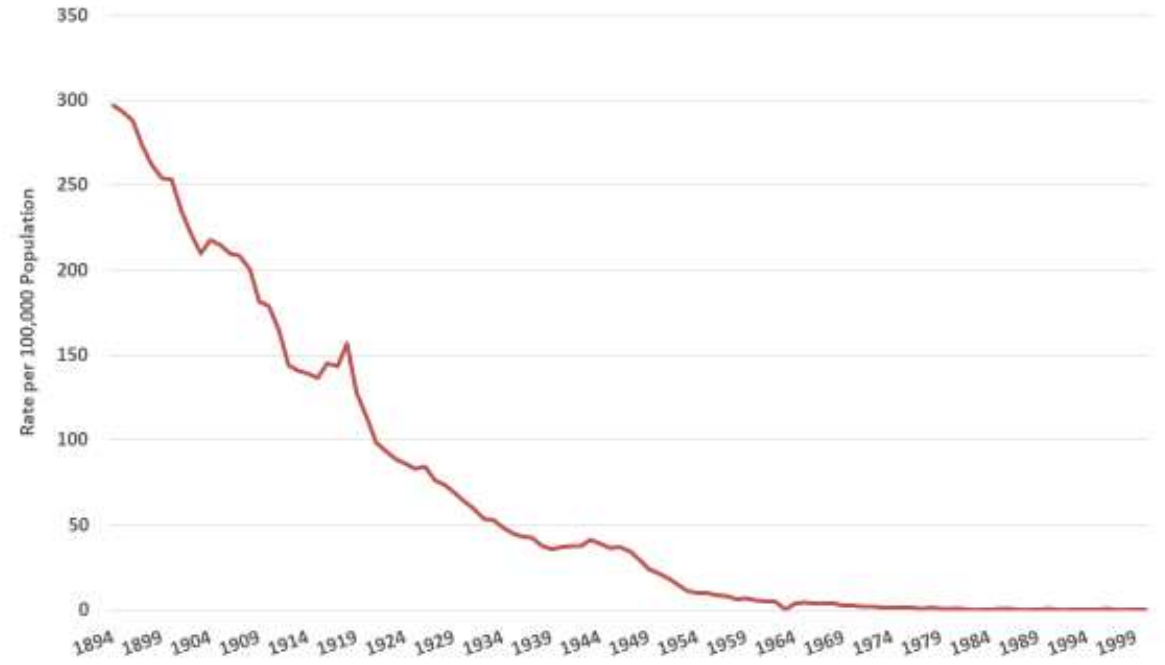
Vaccine against TB introduced in 1921

- ❖ Strain of bovine TB organism
- ❖ Efficacy variable among studies
- ❖ Works best to prevent serious childhood disease
- ❖ Part of routine childhood immunization in many countries
 - ❖ Leaves scar as record of immunization
- ❖ Not generally used in low incidence countries
 - ❖ Low risk, interferes with interpretation of skin test

Tuberculosis Incidence in Massachusetts, per 100,000, 1910-2018



Rate of Tuberculosis Deaths in Massachusetts, per 100,000, 1894-2000



Post-WWII Drugs Cure TB



Mobilization Against Tuberculosis in Massachusetts

❖ Rutland State Sanitorium, 1898

❖ Massachusetts Medical Society Districts form Associations for the Relief and Control of Tuberculosis

❖ Boston, Cambridge, Springfield and Worcester in 1905

❖ 1906-07 associations in other cities

❖ 1904-05 – TB facilities authorized for state hospitals

❖ TB exhibition in Horticultural Hall, 12/05-1/06, 26,000 attend →

❖ Governor's Commission 1906

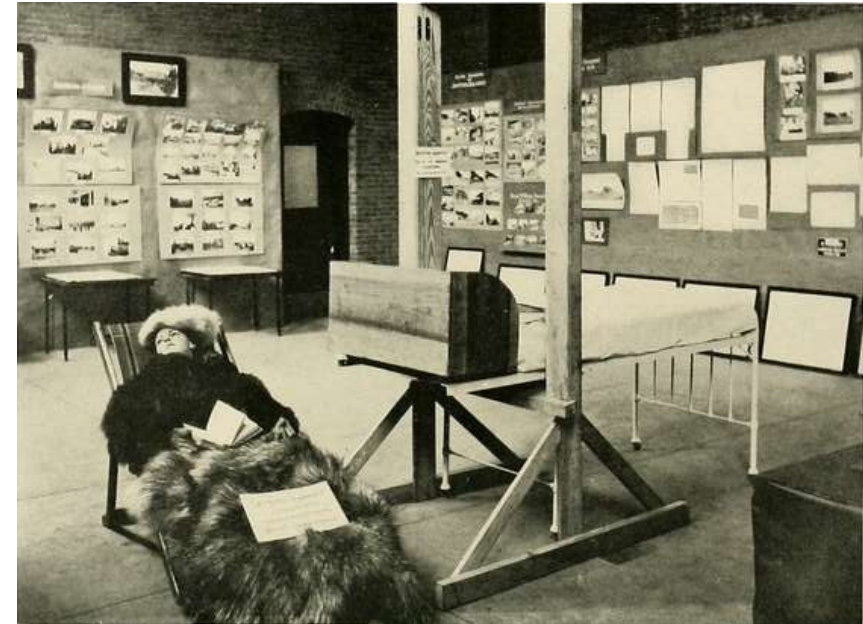
1. Reporting of cases and perfecting registration system
2. Thorough application of disinfections, no spitting
3. Formation of anti-TB associations at the local level
4. Hospitals for advanced cases

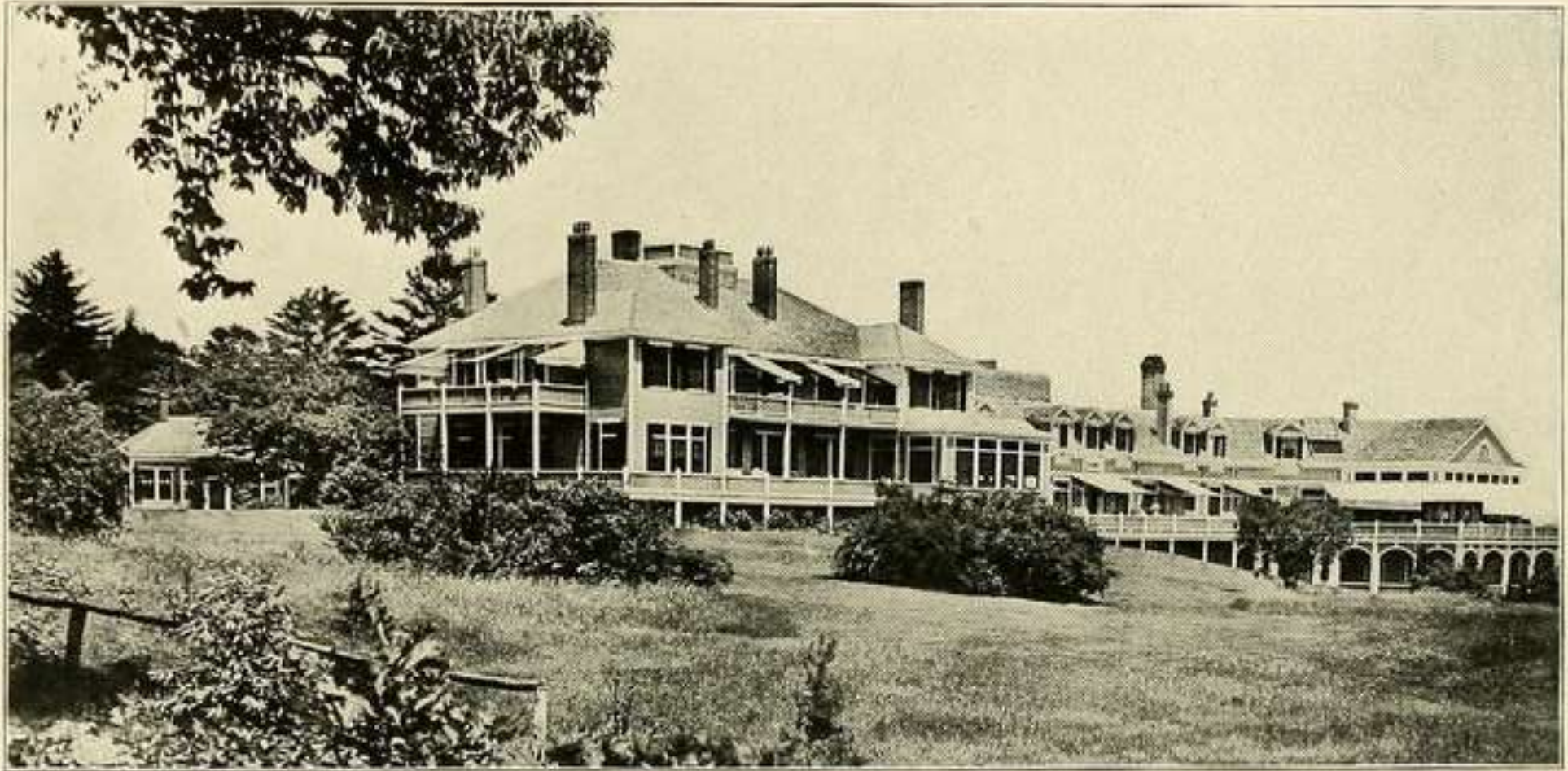
❖ Ch.165, Acts of 1906, prohibition of expectoration; creation of three hospitals

❖ Day camps for TB cases in the community

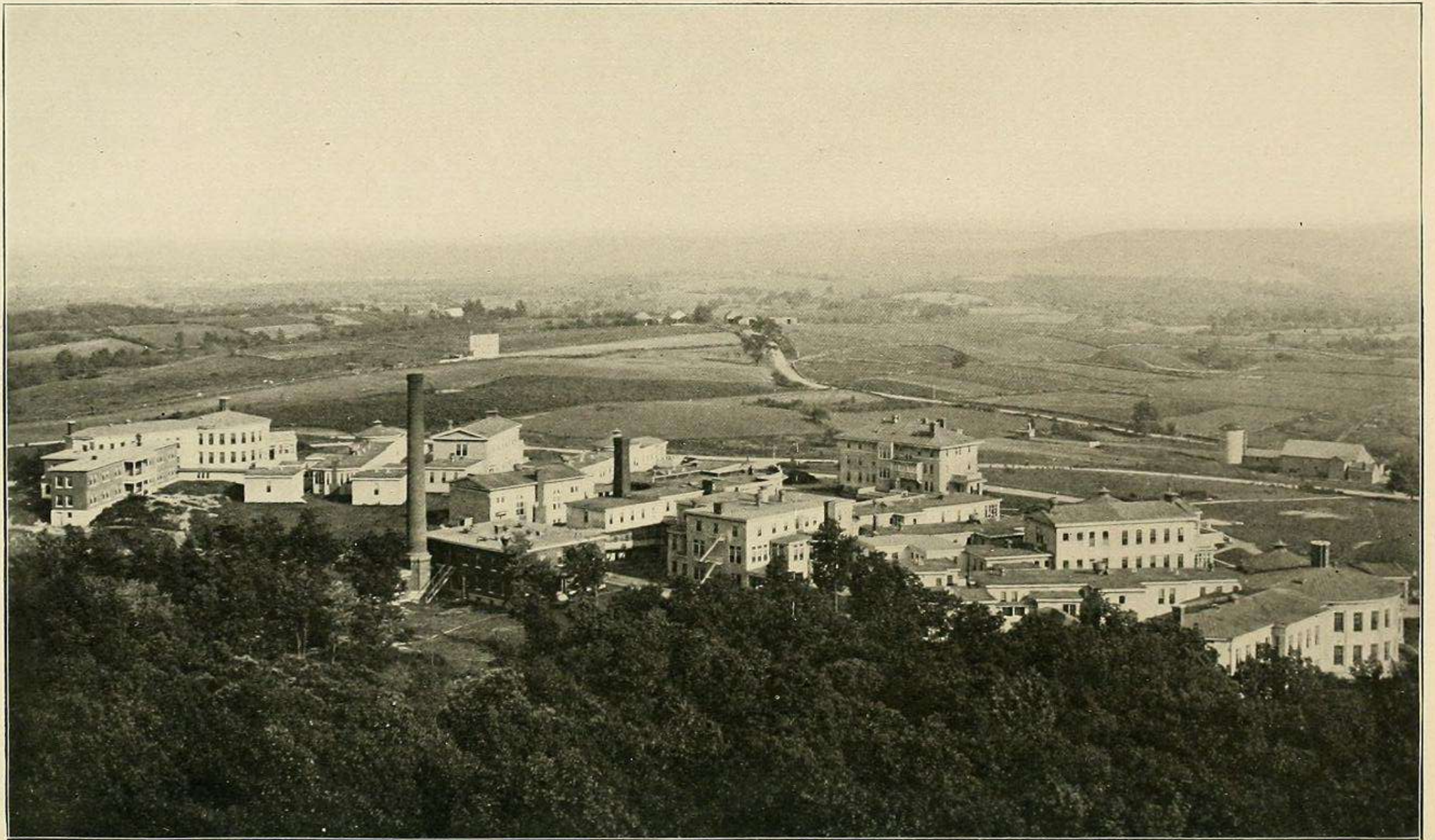
❖ Massachusetts Federation of Women's Clubs

❖ State commission to provide for an investigation and report upon a system of caring for tubercular patients by state and local authorities in 1910





SHARON SANATORIUM AT SHARON. — From the Southwest.



STATE SANATORIUM AT RUTLAND.

Massachusetts. Committee for the 6th International Congress on Tuberculosis, Washington, 1908.

State TB Sanitoria

Rutland – 1898



Westfield - 1908



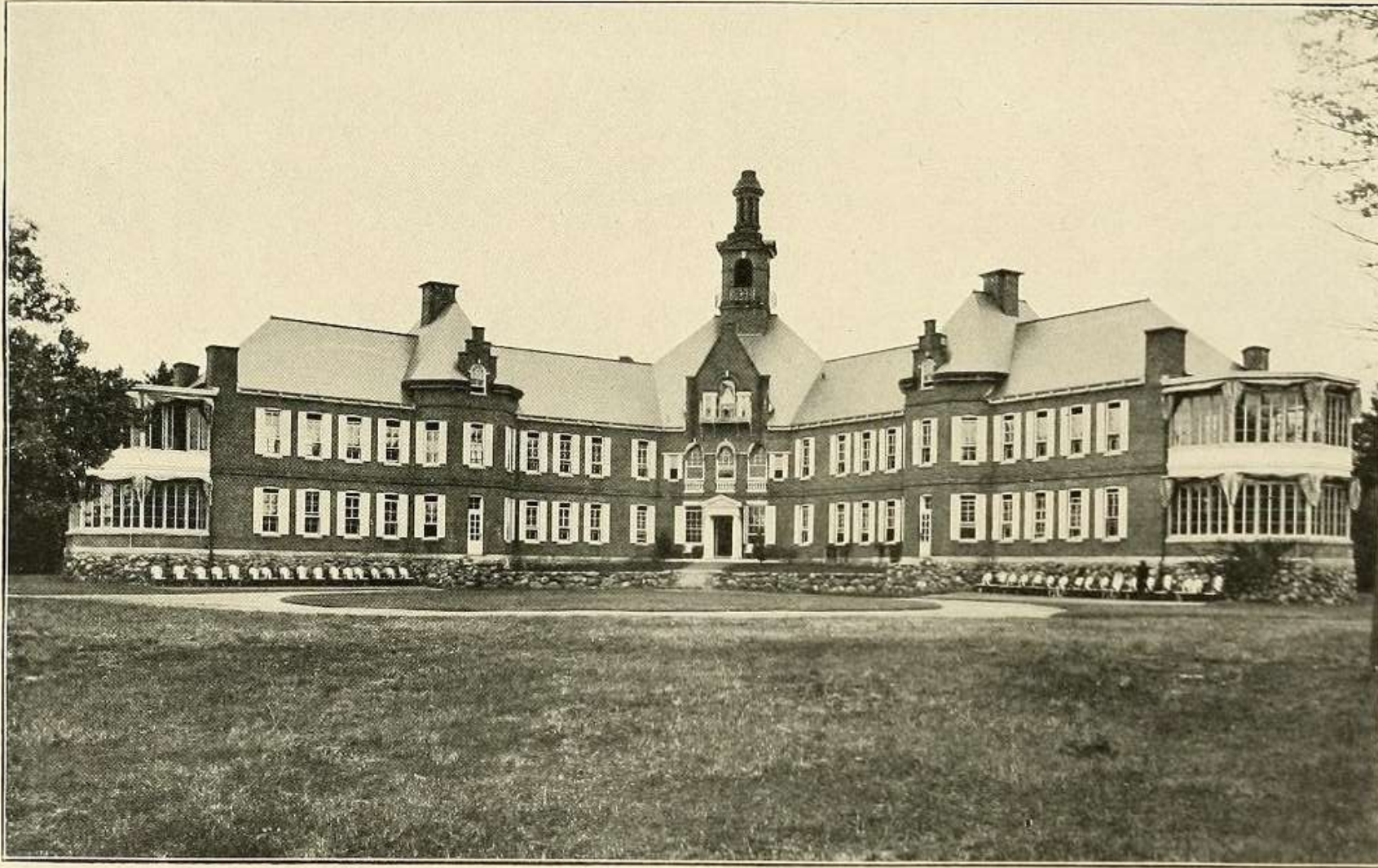
North Reading - 1909



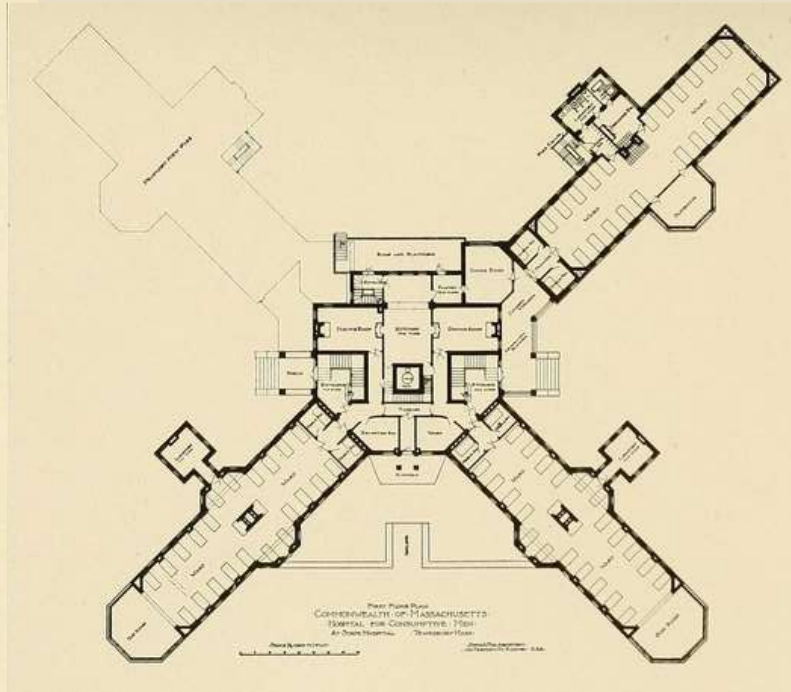
Lakeville - 1910

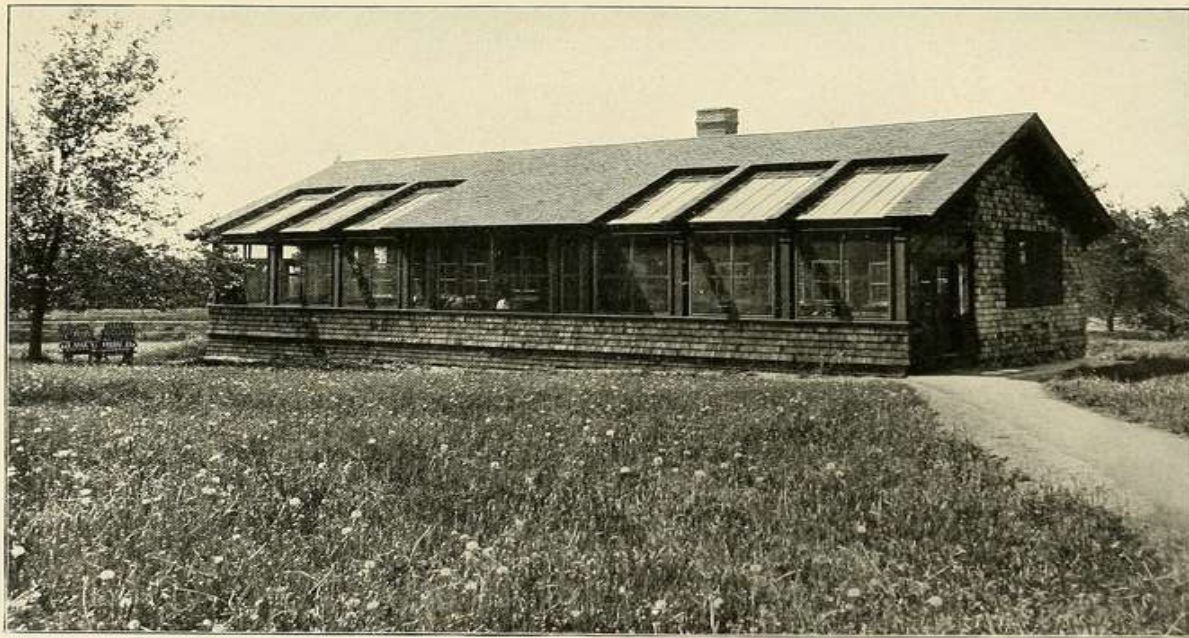


**Tewksbury Hospital
Bancroft Male Tuberculosis Hospital
Opened in September 1900
Camp (below) added in 1904**



STATE HOSPITAL AT TEWKSBURY.—Hospital for Consumptives.





DANVERS INSANE HOSPITAL AT HATHORNE. — Special Ward Building for Tuberculous Patients.



DANVERS INSANE HOSPITAL AT HATHORNE. — Special Ward Building for Tuberculous Patients, showing Interior of Ward.



DANVERS INSANE HOSPITAL AT HATHORNE. — Special Ward Building for Tuberculous Patients, showing Veranda.

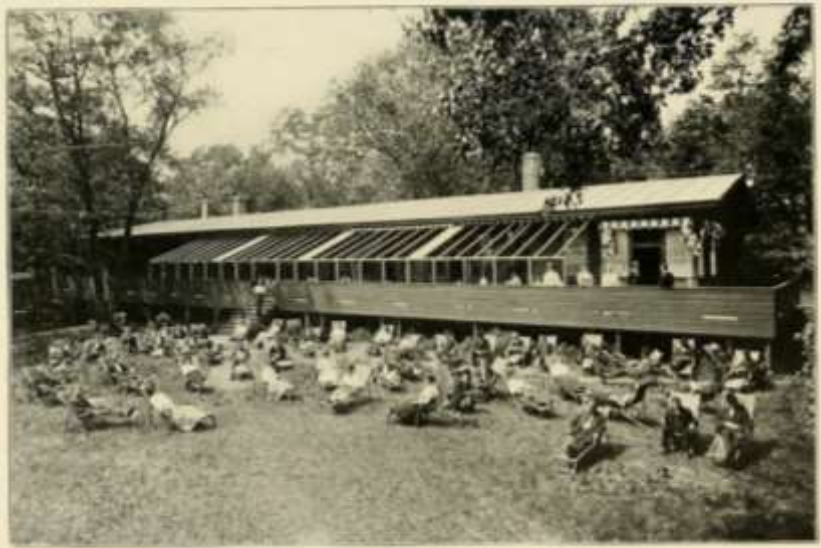
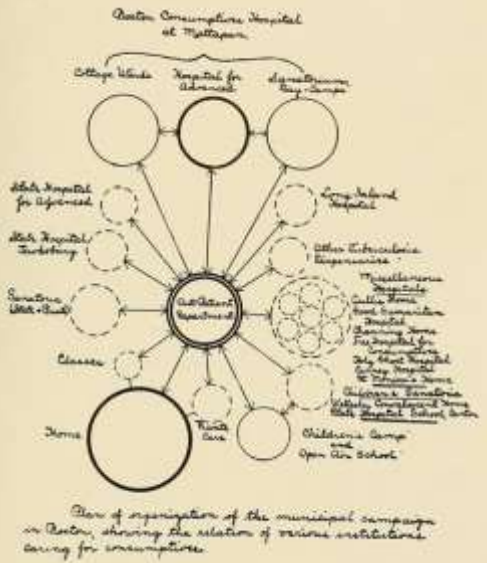


CITY OF BOSTON
WARD BUILDING FOR
NEW CONSUMPTIVES HOSPITAL
MATTAPAN - MASSACHUSETTS
PLANNED BY WALTER DODD AND
DESIGNED BY LEO LINCOLN - 1908

BOSTON CONSUMPTIVES' HOSPITAL AT MATTAPAN.—Elevation Plan of Ward Building.

<p>CONSUMPTION IS CAUSED by the GERMS present in the Respiratory SECT</p> <p>The Persons who SPIT SEEDS and give to EVERY one other people's lungs.</p> <p>DON'T SPREAD THE DISEASE Don't let others spread it. DON'T BE A CARELESS SPITTER</p>	<p>SPITTING ON THE FLOORS</p> <p>IS A HIGHER CLASS and a PERVERSION OF LAW</p> <p>SPITTING is a DANGEROUS PRACTICE. Diseases are spread in that way.</p> <p>Washed premises and other bees cleaned by reporting the CARELESS SPITTER.</p>	<p>TROLLEY OR RAILWAY CARS</p> <p>IT MAKES THE SEED OF THE CARE DANGEROUS</p> <p>SPIT INTO SPITTOONS if this cannot be avoided</p>
<p>CONSUMPTION and other diseases are SPREAD BY CARELESS SPITTING.</p> <p>The SPIT of Consumptives is POISONOUS because it is full of GERMS.</p> <p>The PERSONS who SPIT SEEDS and give to EVERY one other people's LUNGS.</p> <p>If you breathe the dust from Persons who SPIT you are LIABLE to GET DISEASE.</p>	<p>PEOPLE WHO SPIT</p> <p>on the FLOORS of their Homes SPREAD DISEASE.</p> <p>CONSUMPTION especially is spread in that way.</p> <p>Workmen who spit on the floors of their Workshops spread disease.</p> <p>THAT'S WHY SPIT is just as DANGEROUS as any OTHER SPIT.</p>	<p>Don't spit on the floors of your Home or Railway.</p> <p>Don't spit on the floors of Public Places—the spit may be POISONOUS.</p> <p>Don't spit on the floor of a Ship or Boat. Don't spit in the fire of a Stove or KITCHEN.</p> <p>SPIT INTO SPITTOONS</p>

BULLETINS POSTED BY THE BOSTON CONSUMPTIVES' HOSPITAL.



BOSTON CONSUMPTIVES' HOSPITAL AT MATTAPAN - Day-camp.



SLEEPING BALCONY USED BY CLASS PATIENT IN HAVERHILL.



DAY CAMP AT HOLYOKE.

Promotion of the Welfare and Hygiene of Maternity and Infancy Act ("Sheppard-Towner Act")

- ❖ **Bipartisan legislation in 1921**
- ❖ **Established first social security program funding states for maternal and child health programs**
 - ❖ **Some states declined to accept the funding (including Massachusetts)**
- ❖ **Impact**
 - ❖ **3,000 health centers established**
 - ❖ **Reduction of infant mortality by 9-21%, mostly in non-white and impoverished populations**
- ❖ **AMA opposed the act**
 - ❖ **AMA Pediatric Section established the American Academy of Pediatrics in response**
- ❖ **Sunset in 1929**
- ❖ **Support for maternal and child health returned with provisions of the Social Security Act of 1935**

THE INCIDENCE OF TUBERCULOUS INFECTION IN SCHOOL CHILDREN.

BY HENRY D. CHADWICK, M.D., AND DAVID ZACKS, M.D.,
Massachusetts Department of Public Health,

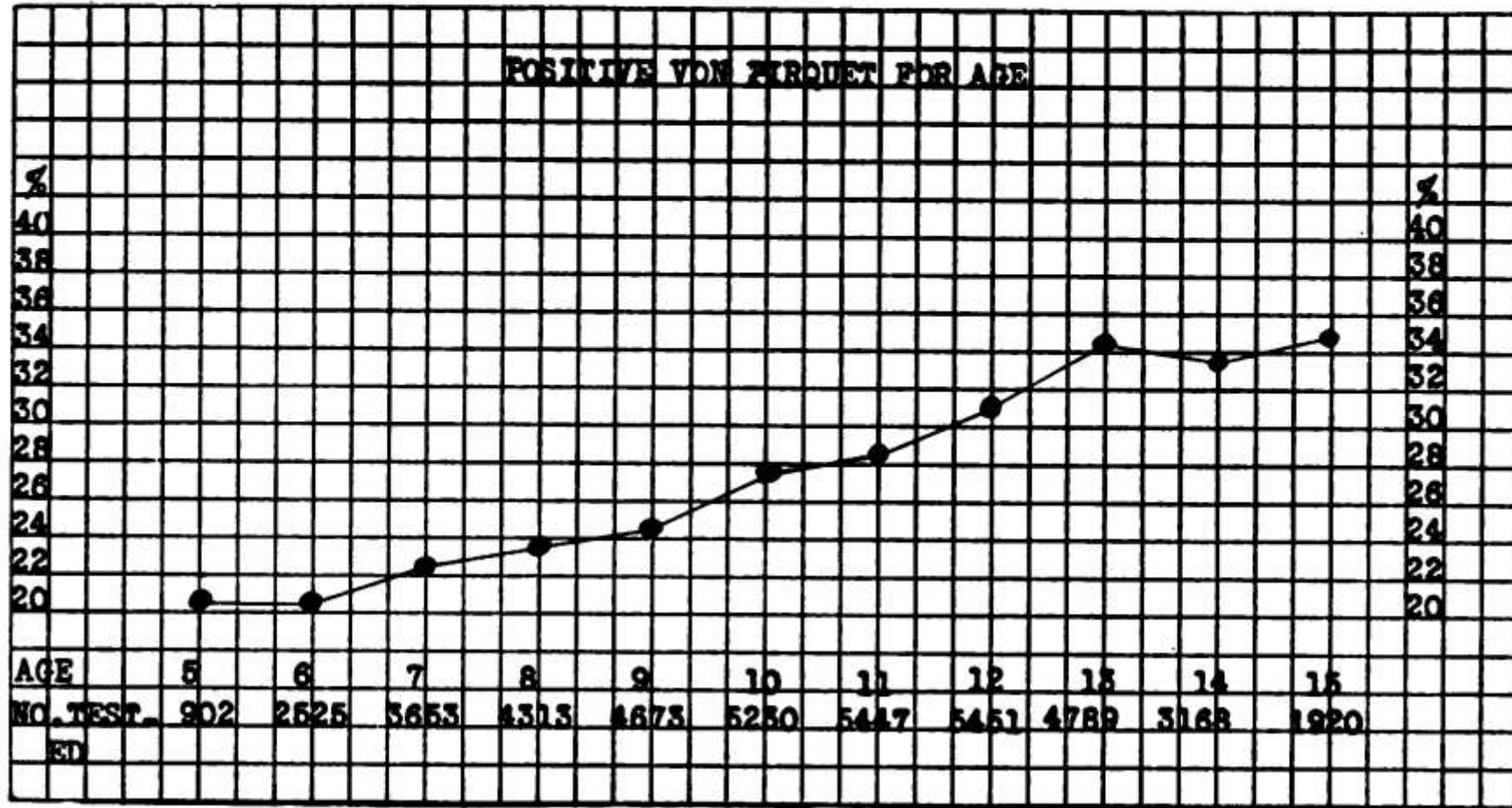
BOSTON, MASS.

The Department of Public Health of Massachusetts began in 1924 a ten-year program for the examination of the school children of the state. The purpose of this work was to find the children who had the primary or juvenile form of tuberculosis, and by treatment and supervision increase their resistance to such an extent that the secondary or pulmonary form would not develop in later years. This study is based on 42,071 children examined and given the Von Pirquet tuberculin test during a period of three years.

THE RELATION OF POSITIVE VON PIRQUET TEST FOR AGE.

Age	5	6	7	8	9	10	11	12	13	14	15
Number examined .	902	2525	3653	4313	4673	5230	5447	5451	4789	3168	1920
Number positive . .	188	511	814	1031	1143	1463	1559	1660	1649	1057	666
Per cent	20.8	20.2	22.2	23.9	24.4	27.9	28.6	30.4	34.4	33.3	34.6

GRAPH NO. I.

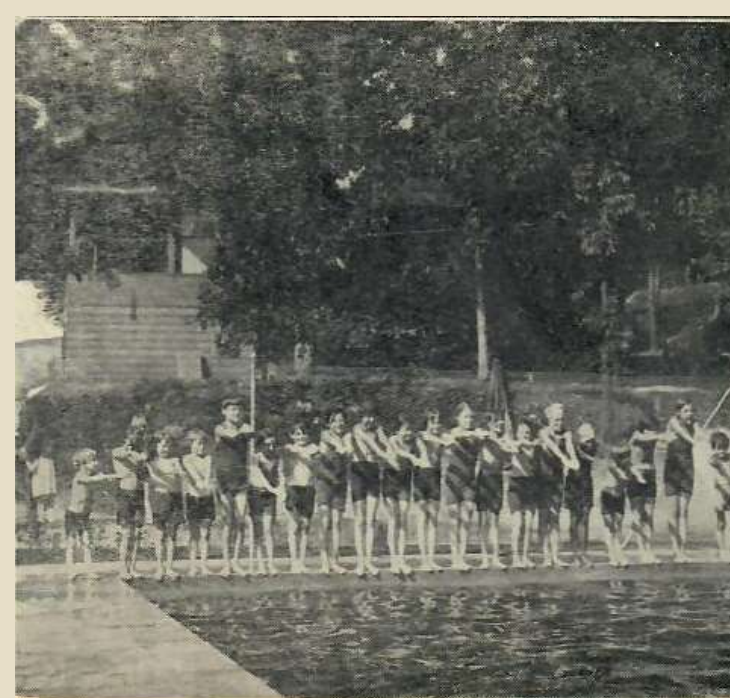




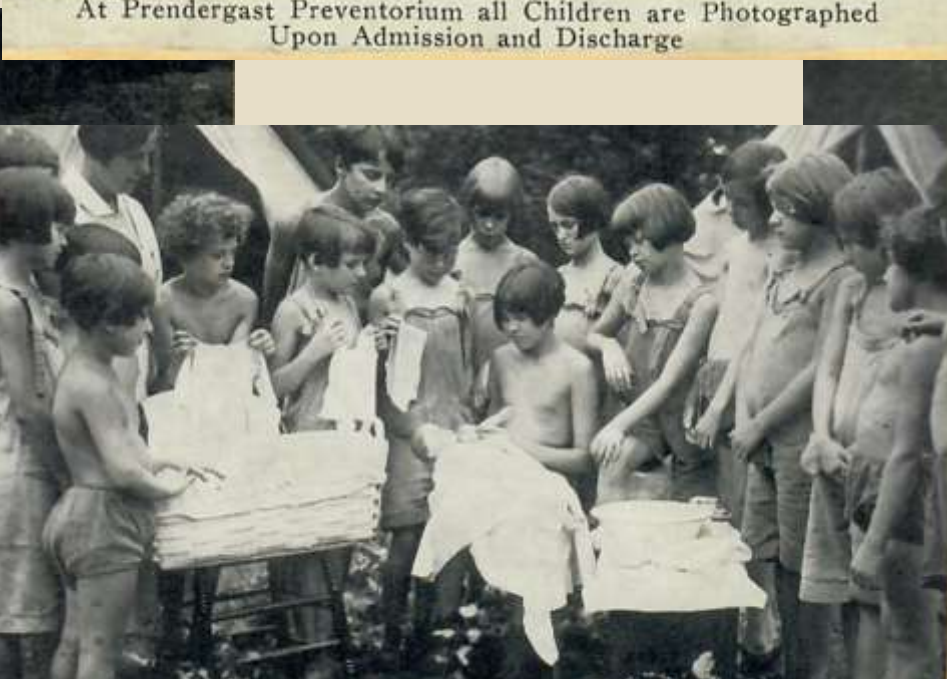
PRENDERGAST PREVENTORIUM FOR CHILDREN
1000 HARVARD STREET, MATTAPAN, MASS.

Management of the Preventorium Child

- 1. Contact with the tuberculous adult, who presumably has infected the child, must be broken. This is done by removing the tuberculous adult to a sanatorium, or by taking the child out of the home. If both of these expedients are impractical, every member of the household must be taught the principles underlying the transmission of tuberculosis.**
- 2. The child must be relieved of all possible strain, which means the avoidance of strenuous exercise and burdensome school work. Rest is the cornerstone on which preventorium care is based.**
- 3. The child's health must be built up, which means that all physical defects must be corrected and the benefits of good food, sunshine and fresh air must be made available.**
- 4. The psychology of the child must be adjusted so that he will not think of himself as being inferior to others with greater margin of resistance, and yet restrain over-ambitious impulses.**



At Prendergast Preventorium all Children are Photographed Upon Admission and Discharge



Rest Hour at Prendergast Preventorium Summer

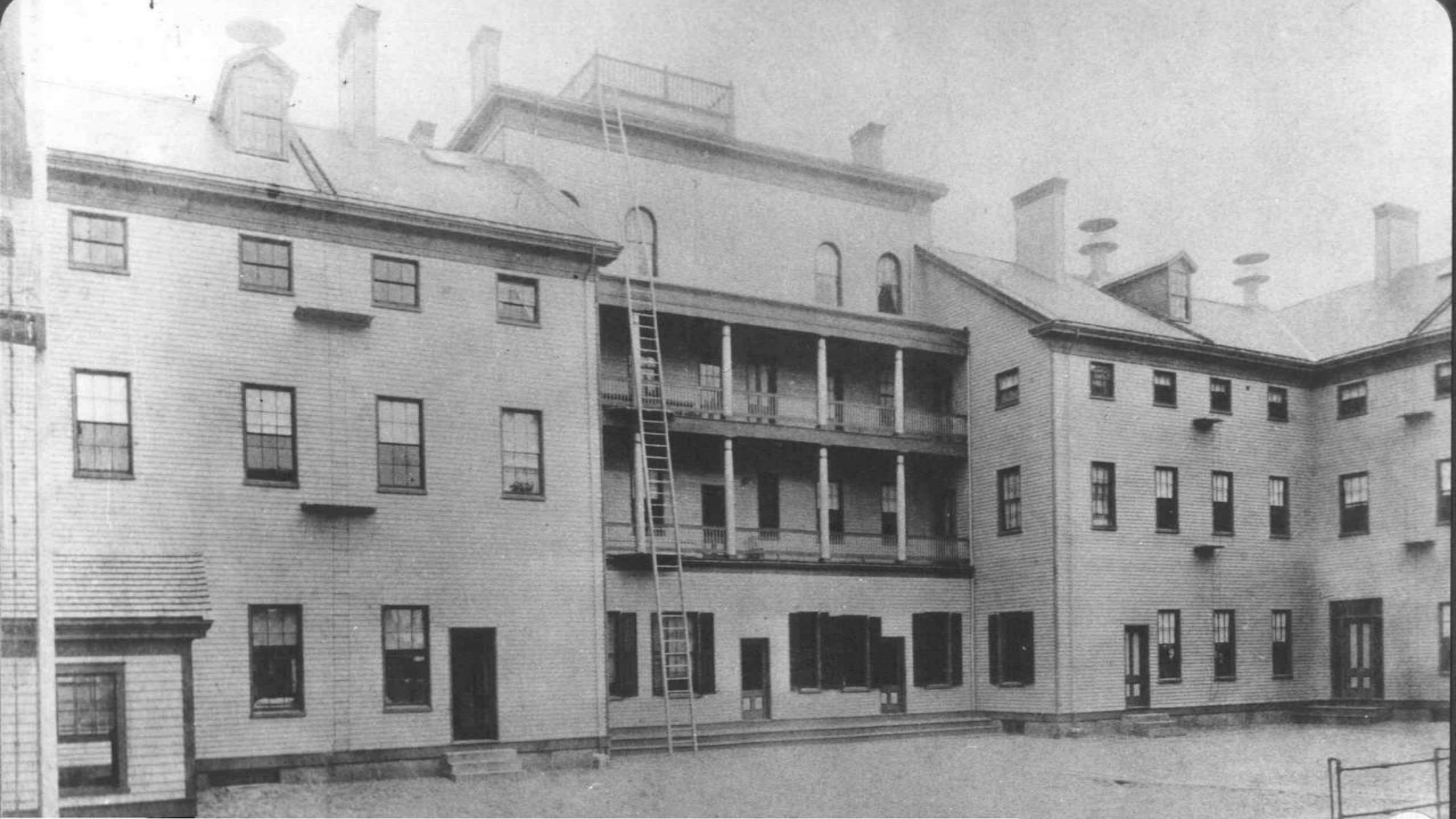


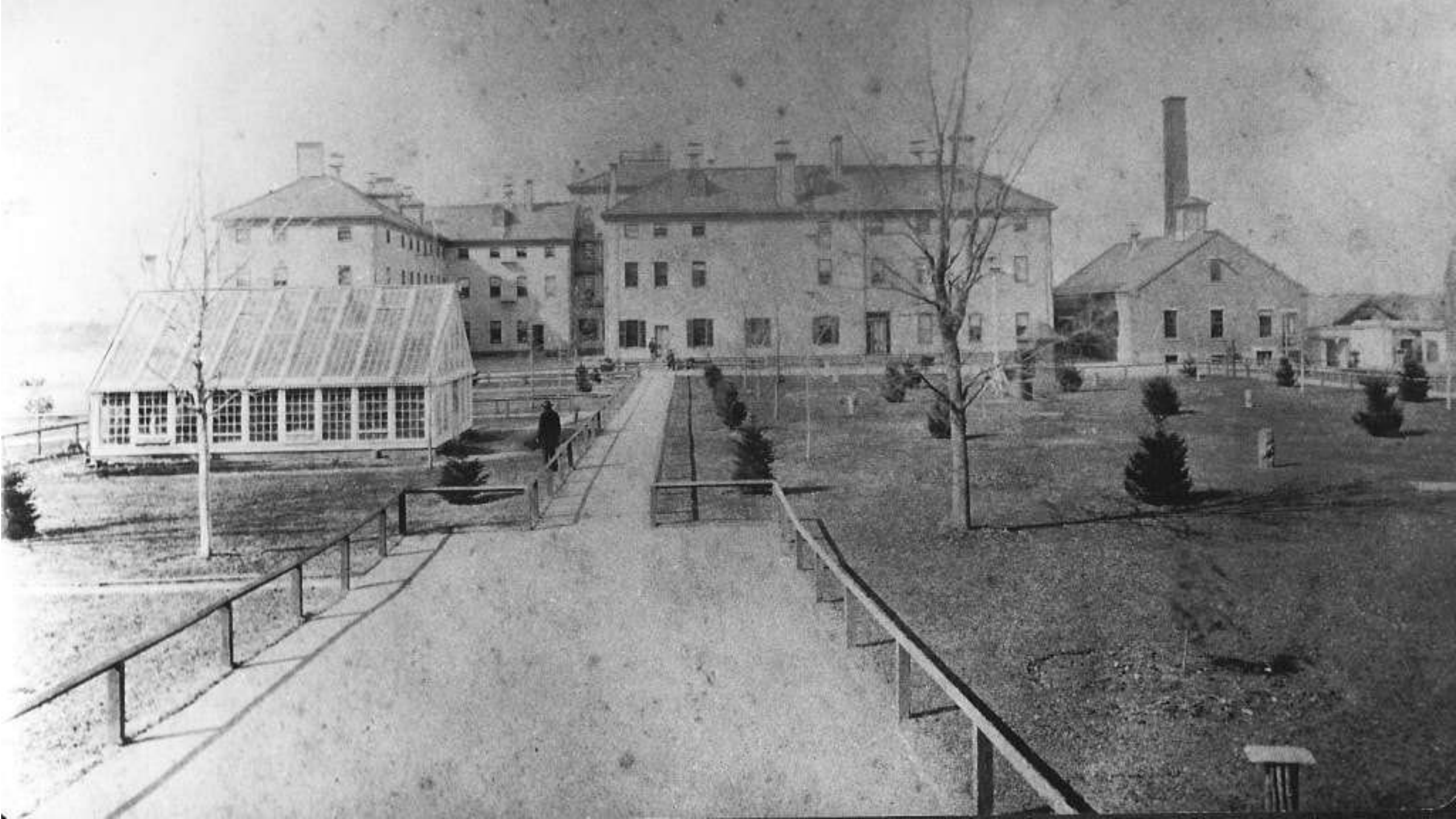
PUBLIC HEALTH MUSEUM

IN MASSACHUSETTS



<http://www.publichealthmuseum.org/>







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MENTAL HEALTH

A CALL FOR REFORM

In the wake of the 1963 deinstitutionalization movement, the federal government passed the Community Mental Health Act of 1963. This act was intended to provide a framework for the development of a national system of community mental health centers. The act was a landmark in the history of mental health care, as it marked the beginning of a shift from institutional care to community-based care.



MENTAL HEALTH

DRUGS AND DEINSTITUTIONALIZATION

The use of psychotropic drugs in the 1950s and 1960s played a significant role in the deinstitutionalization of mental health care. These drugs, such as chlorpromazine and lithium, allowed for the management of mental illness in the community, leading to a dramatic decline in the number of people in psychiatric hospitals. This shift was a major milestone in the history of mental health care.

MENTAL HEALTH

INSULIN COMA THERAPY

Insulin coma therapy was a controversial treatment for mental illness, particularly schizophrenia. It involved the administration of large doses of insulin to induce a coma, which was believed to help alleviate symptoms. However, the treatment was highly risky and often led to complications, including hypoglycemia and death. It was eventually abandoned in favor of safer and more effective treatments.









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