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schistose. A medium texture prevails, a more or less vertical position is assumed and they strike N. 10° E. as a rule. The prevailing color of these schists is green, that of the leading constituent. In the midst of these green schists which are very close to the chloritic and sericitic schists of the Lake Superior region in nearly all their characters are lenses of hematite ore. On Section 7, Town 29, Range 8 E., considerable exploration has already been done. While ore has been found in masses of many inches in thickness at the lowest depth reached in these explorations, still the prospects of a sufficient yield to authorize mining operations on an ordinary and commercial scale are not encouraging.

Other modifications of these schists were noted in several places as on the hill between Mosinee and Knowlton and between Knowlton and Junction City. Their general aspect is that of more or less weathered schists having strike and dip nearly like those above Wausau.

November 13, 1888.

[*Paper CC.*]

WHAT OUGHT THE PEOPLE OF A COMMUNITY TO DO TO HELP THEIR LOCAL BOARD OF HEALTH?—*By Charles N. Hewitt, M. D., Secretary of the State Board of Health of Minnesota, ex-President of the American Public Health Association, etc.*

The work of public health has come to such proportions in our state that I am sure if our people knew more about it they would more generally "bear a hand" in the doing of it. The commonest complaint from our best health officers is "We need more popular support." I have the feeling that no better subject presents itself for my essay of to-night and I venture to begin with a little sketch of the history of sanitary effort in Minnesota since I have known it.

In 1872 there were but two local boards of health in the state, making any pretense of being alive. All over our country there was an increasing interest in public health, and Massachusetts with California, had given practical expression to the professional and popular demand, by organizing state boards of health. Minnesota, moved by the same impulse, established our state board, and Governor Austin signed the bill March 4th, 1872. The old law

relating to local boards of health, was left untouched. That law we brought from New England, and it is a curious evidence of the opinion our forefathers had of the duties of such boards, that though giving them the most arbitrary power, they do not seem to have thought of them as needed except in emergency, like the old bucket brigade, or militia company. Like them the board of health, very likely, had the watch-word "Semper paratus," which being interpreted must have meant "always prepared to get ready," but doing little or nothing, except in the presence of an actual outbreak of infectious disease. This is the very reverse of what is needed, as our experience has repeatedly proved, yet the old notion persists, and is difficult to eradicate because so many people are content with a traditional faith in sanitary matters, and apparently blind, or indifferent, to the facts of to-day. In the awakening which began all over the country in 1868, or thereabouts, it is notable that the organization began with the highest form, The State Board of Health, as if a long popular education would have to precede the re-organization of the local boards. So it proved, at any rate. The state board was at first an advisory body chiefly, though it was intended to give it the same power as local boards, for the state at large. It soon found enough to do in assisting local organizations, or oftener acting for them in doubt or difficulty. In its own special work it was guided by the needs of the time. A special investigation of the character and extent of the abuse of stimulants—drunkenness—was made, and the secretary visited and reported on inebriate asylums. The result was a plan for an inebriate asylum which, if the advice of the board had been followed, would have been a useful institution to-day. The first study of leprosy in this country was begun by your state board and has been regularly continued since. It was the first state board to study systematically the water supply of its population, and the work is going on regularly in the analysis of suspected, and other waters, still. This by the way: In 1872, the first year of our organization, an epidemic of small-pox, with over 1,000 cases and 250 deaths, proved the weakness of our local board of health organizations, and there was no difficulty in getting legislation to better it, for in 1874 we had nine boards representing 100,000 of the population. So the work went slowly on, the state board doing all it could, by personal inspection, office and laboratory work, and in other ways, to hasten the advance.

In 1881 it was evident that the delay was rather in the unwillingness of local authorities to incur expense or responsibility than anything else. The township boards, officered by farmers, mostly, with occasional help from health officers, or the secretary of the state board have been doing better work every year. In 1883 we secured the sanitary code which is the basis of all subsequent growth (Chapter 132, Laws of 1883). This act consolidated the sanitary forces of the state, enforced compulsory notification of infectious diseases of men, and defined not only the powers of boards of health, but inflicted penalties for their neglect to perform their duties. But increased responsibilities discovered other defects in the laws, and in 1885 the legislature still further enlarged the duties and completed the organization of the local boards. The terms of members' service was so arranged as to keep the organization perpetual, with at least two old members always on duty, so that the experience of the board was continuous. The care of infectious diseases of domestic animals was given to them, with compulsory notification by owners and others; the control of offensive trades and the duty of regular sanitary inspection of their respective localities, with power to deal promptly with "nuisances, sources of filth or causes of sickness." In no other state has this unification of duty and authority been so thoroughly effected. The result of the legislation of 1885 was to increase local activity wonderfully. In the country districts the interest in infectious diseases of domestic animals drew to the support of the local boards many whose pecuniary interests had suffered in that way, hitherto without help. It has resulted not only in the very large reduction of death from these diseases, but has enabled us to strengthen the work for the reduction of the prevalence of the infectious diseases of men, in country districts where before not an effort was made. The number of local boards in direct relation with the state board were soon more than 1,000 in number, and some means must be found to keep up regular communication between them. The secretary of the state board asked permission to issue a monthly journal for that purpose. It was granted and "Public Health in Minnesota" has ever since proved a very great help to the common work. It has made that work known all over the country and abroad, and set an example which has been followed by most of the other state boards. In 1887 legislation put the collection of the returns of births and deaths

upon a useful and practical basis, making them available for the study of disease prevalence, causation and mortality. They are collected monthly by the city clerks of St. Paul and Minneapolis and by all township clerks, as also by the health officers of other cities, and of villages. It is the duty of the secretary of the state board of health to receive, collate and publish them.

I have given, in this little sketch, the general outline of what ought to be, to every citizen of Minnesota, a matter of importance—the efforts of our state to provide the organization to keep pace with her sanitary needs. If, now, you will remember that organization is not work or efficiency, but resembles the “resolve” of an average convention, you will get the gist of what I am aiming at to-night. Boards of health, unless their executive officers and members are exceptional men, soon get to represent the average sentiment of the communities which they serve. The answer to the question with which this paper began will depend then on another. What are the every-day duties of boards of health? In their ultimate analysis they are simply these: To keep the public supply of air, water, soil and food pure; to forefend infectious disease by precautionary measures, vaccination against small pox, compulsory notification and isolation of the sick of infectious diseases, both men and animals; the sanitary control of offensive trades, and the removal of all “nuisances, sources of filth and causes of sickness.” There it is in a nut shell, and I am very sure that you will not dispute my next position, which, though evident, seems as likely to be forgotten here as it is claimed to be by some in England—that these very duties begin naturally in the home, and the house and lot it occupies, that the first responsibility for the sanitary care we have outlined, begins there, belongs to the head of the family, and cannot be shifted. He, or she, is a health officer in the best and highest use of the name. While their responsibility for the sanitary care of the home cannot be shifted, they very soon learn that causes of ill-health and premature death come from outside, and that therefore mutual co-operation is a necessity. Hence comes the local board of health, whose duty it is to administer rules which represent the sanitary needs of neighbourhoods, groups of families, for themselves and for the large class of careless, shiftless, ignorant or criminally negligent.

The duties of such boards increase with populations as a rule. Extend the duty to the larger community, the state, and you learn

the "raison d'etre" of the state board of health. But, underlying all, is the sanitary duty of individual and family, which in the long run, determines that of the community, and the character of its performance. To go into the details of the whys and hows of the duty of the individual and family, though of the utmost importance, is desirable, but impossible now. It would take a course of lectures, illustrated from large experience, and with the aid of the microscope, test tube, lantern and diagrams. It is not needed to clinch my argument of to-night. Appealing to the experience of all who hear me, and in the light of what has been said, I claim it to be proved that the duty of the citizen, as an individual, or as head of a family, is: 1st. To recognize his duty as a health officer, to learn it, and to do it. 2d. That this will compel him to learn his duty, as a citizen, to the local board of health and to the state board. He will take a business interest in their personnel, work, and efficiency, which they need. I think of nothing more, available here, to strengthen my appeal, in the name of the sanitary forces of the whole population. Come up to the duty, every one, and do your share of the work of public health which is to prolong the life and increase the efficiency and happiness of every man, woman and child of our commonwealth.

December 4, 1888.

[Paper DD.]

ANALYSES OF WATER USED IN A BOILER EMPLOYED FOR HEATING A PUBLIC BUILDING IN ST. PETER, MINN.—*J. A. Dodge.*

Two samples of water were sent, one being a sample of the water as supplied to the boiler, the other a sample of water run off from the boiler (circumstances not stated).

1. Analysis of the mineral matter found in the water as supplied to the boiler:

Sulphate of lime, $\text{Ca SO}_4 + 2\text{H}_2\text{O}$,	247.2	parts per million.
Carbonate of lime, Ca CO_3 ,	251.0	" " "
Carbonate of magnesia, Mg CO_3 ,	135.3	" " "
Sulphate of magnesia, Mg SO_4 ,	27.6	" " "
Sulphate of soda, $\text{Na}_2 \text{SO}_4$,	135.0	" " "
Chloride of sodium, Na Cl ,	38.0	" " "
Undetermined,	11.0	" " "

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