

HISTORY OF PUBLIC HEALTH IN TEXAS

ACKNOWLEDGEMENT

The material in this publication has been collected and compiled by a long-time staff member of the Texas State Department of Health, Dr. Howard E. Smith.

JAMES E. PEAVY, M.D., Commissioner
Texas State Department of Health
1974

James E. Peavy, M.D.
1959 -

Dr. James E. Peavy is a native of Lufkin, Texas. He received his pre-medical education at Baylor University and his M.D. from Baylor College of Medicine in 1935. After an internship in Kansas City, Kansas, he was in private practice in Poteet, Texas for three and one-half years. He joined the Texas State Department of Health in 1939 and attended Vanderbilt University School of Public Health for an orientation course in Public Health. He was a local health unit director until he entered the Medical Corps of the Army in 1942, and returned to Sweetwater, Texas as health unit director in 1946. In 1947, he became a Medical Field Consultant with the Division of Local Health Services. From 1954 to 1955, he attended Harvard School of Public Health and received a Master of Public Health degree. He served as Director of the Communicable Disease Division of the State Health Department from 1955 to 1959. He is certified by the American Board of Preventive Medicine for Proficiency and Specialization in Public Health. In 1959, Dr. Peavy was appointed Commissioner of Health by the Texas Board of Health.

Under the leadership and guidance of Dr. Peavy, the Texas State Health Department has experienced a most remarkable and unprecedented expansion in the provision of comprehensive public health services. He has been responsible for reorganization into sections, each headed by a Section Chief. Later further organizational changes produced six deputy commissioners to facilitate staff services. He was responsible for creating the Office of Program *Planning* with the



development and activation of the Region system of public health districts. The State Meat Inspection Program emerged under his direction.

Expansion occurred in a number of existing divisions, Civil Defense and Traffic Safety, Vector Control, Wastewater Technology and Surveillance, Marine Resources. The three Tuberculosis Hospitals were placed in the State Health Department. New divisions created included Nutrition Services, Kidney Health Care, Data Processing and Medical Care Administration. Through an interagency contract, the Health Department provides the Medical and Dental Screening under Title XIX for the State Department of Welfare.



Henry A. Holle, M.D.
1954-1959

Dr. Henry A. Holle was born in Brenham, Texas February 27, 1904. He received his early education in Brenham Public Schools and graduated from Blinn Memorial College in Brenham. He took his pre-medical work at Texas A&M and later entered the University of Texas Medical School where he received his medical degree in 1927.



After an internship at Herman Hospital in Houston, he engaged in private practice of medicine and surgery in Brenham for six and a half years. He was one of the founders of

the Sarah B. Melroy Hospital in Brenham. Dr. Holle was commissioned in 1934 as a Medical Officer of the U.S. Public Health Service. He held numerous positions in the Continental U.S. and many foreign assignments. He became a diplomat of the American Board of Preventive Medicine and Public Health in 1949, while acting as Regional Director for U.S. Public Health Service Region II. He was appointed and became Health Officer for Texas May 1, 1954. The title of Health Officer was changed to Commissioner of Health, in which office he served until April 8, 1959.

Best known among many noteworthy triumphs achieved during Dr. Holle's tenure of office were:

- 1) Administration of a complex polio vaccine distribution system.
- 2) Construction of a new State Health Department Laboratory and Administration Building.
- 3) The broadened scope of Texas' public health program by the addition of five new divisions within the framework of the State Health Department.

New divisions formed after Dr. Holle took office in 1954 were Veterinary Public Health Division, charged with controlling animal diseases transmissible to man, Occupational Health Division, dedicated to alleviating some of the health problems associated with increasing industrialization, Communicable Disease Division, expanded from an epidemiology section, Water Pollution Control Division, which seeks to maintain Texas high quality surface and sub-surface water supplies, and the Emergency Medical Service Division, which fulfills the Department's role in the State program of defense and disaster relief.



Geo. W. Cox, M.D.
1937-1954

A native Texan was born and reared on a typical Texas farm in Gonzales County, where during his early life he experienced all of the obligations and implications of a Guadalupe Valley farmer. He obtained and completed his preliminary education in the common school system of his State.

His father being a practicing physician, left to him the incentive and objective to follow in his foot steps and therefore his continuing education was directed in preparation for the study of medicine. He completed three years work in Pharmacy and Chemistry with considerable time spent in the practice of Pharmacy. After spending two years in the University of Texas, one year at Vanderbilt, one year in Chicago, he received his degree in medicine from Tulane University.

His original and subsequent interest was in Public Health. After serving a period of apprenticeship with Dr. Wm. Brumby, who was State Health Officer at that time, and several years as County Health Officer, he promised himself that some day he would be the State Health Officer of Texas with two objectives in view: i.e., that trained Public Health personnel would be employed and serve on a Merit System basis. Thus a competent, efficient State Health Department would be built to serve all the people of Texas.

Dr. Cox was elected State Health Officer of Texas in December 1936.

Prior to his election, he was appointed to membership on the State Board of Health by



Governor Allred and served up to the time when he resigned to be appointed State Health Officer.

At the time of his appointment as State Health Officer, he had been in private practice of medicine in Del Rio, Texas.

During Dr. Cox's tenure as State Health Officer, he saw marked decreases in the communicable diseases and many of the acute diseases. Infant mortality and maternal deaths were decreasing, life expectancy was increasing, and a marked expansion of the State Health Department was occurring. New health units and State branch laboratories were established, and he experienced the benefit of the development of modern public health and saw its impact upon many disease conditions.

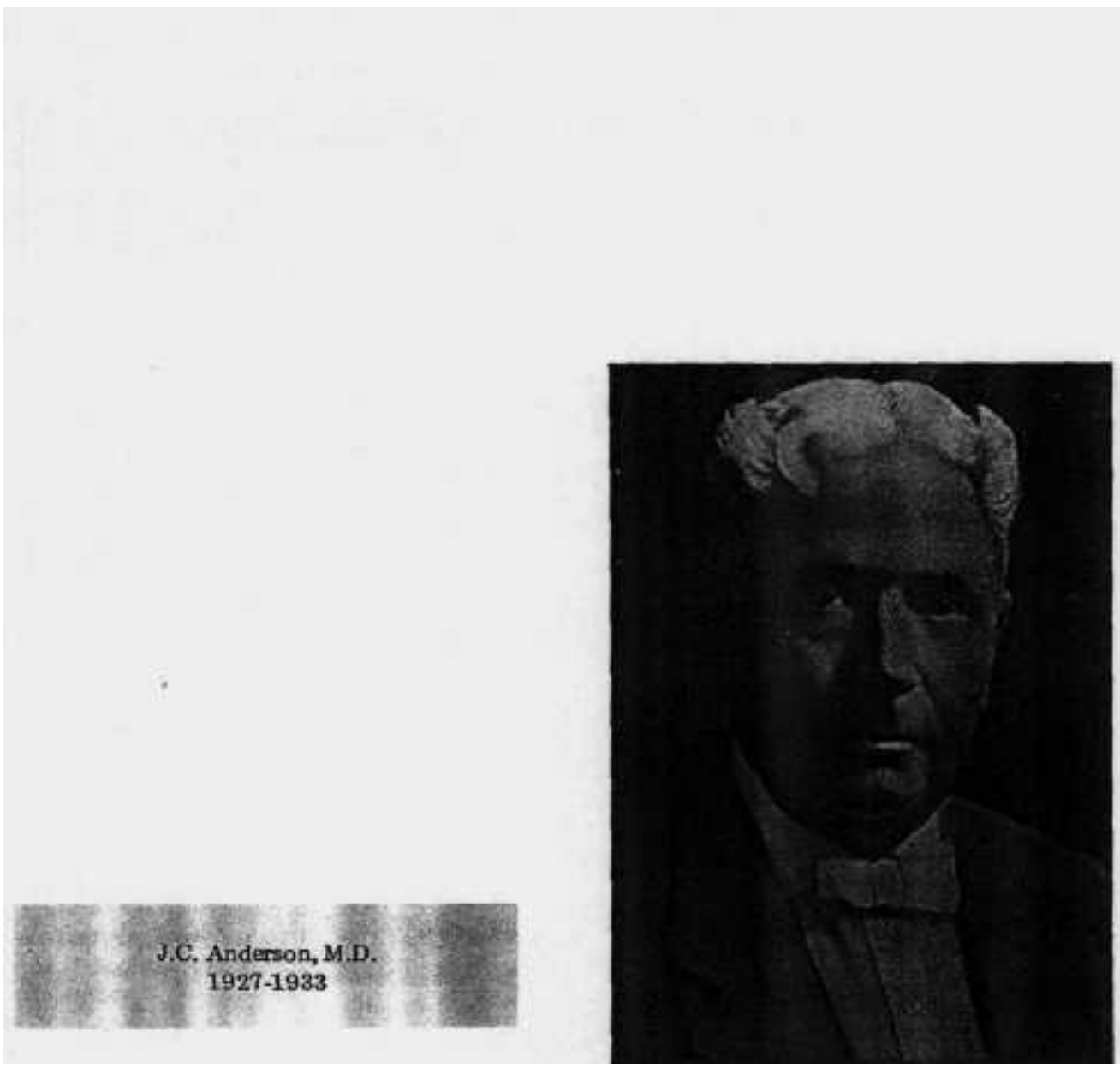


John W. Brown, M.D.
1933-1937

Completing his preliminary education at Coronal Institute in San Marcos, Dr. John W. Brown took medical training in Baylor University, the University of Nashville, and in Vanderbilt University, graduating from the latter institute in 1910. He interned at Providence Sanitarium in Waco and went into private practice of general medicine in El Paso where he remained until 1917. At this time the Army interrupted his civilian career and he served as a medical officer until 1920, when he returned to El Paso. Five years were

spent there as city health officer, during which time he took a course at Johns Hopkins University and received a certificate of public health; upon resigning in 1926, Dr. Brown once again resumed private practice in the city of Marfa.

Dr. Brown served as state health officer from 1933 to 1937 after which he went to Houston to act as city health officer.



Having graduated from the Missouri Medical College in 1887, Dr. J.C. Anderson came to Granger, Texas, and entered private practice. He remained in that location until 1910 at which time he removed to Plainview, Texas.

One remarkable record was established by Dr. Anderson in that he formed a partnership with Dr. Charles C. Gidney which has lasted almost forty years. This is the longest uninterrupted partnership of this sort in the State of Texas.

Dr. Anderson has for many years been a member of the State Medical Association and

from the first was a member on whom great dependence was placed. He has served in many capacities in county, State, and National Medical organizations.

An active man of science, Dr. Anderson has visited many of the clinics of our country and the leading ones in Europe. He has always taken an active interest in politics and in 1904 he served as a delegate from Texas to the National Democratic Convention in St. Louis. Dr. Anderson served as State Health Officer from 1927 to 1933 and did much for broadening the scope of the public health program in Texas.

H.O. Sappington, M.D.
1925-1927



Dr. **Sappington** was born November 15, 1860, at Otterville, Jersey County, Illinois, the son of Rev. Mark T. and Samantha Slaten Sappington. He came to Texas in 1885 as a civil engineer in the employment of the Houston and Texas Central Railway Company on a land survey on the North Plains of Texas, where he remained until 1889. In 1890 he served as county surveyor of Foard County, and from 1891 to October 1, 1895, as a draftsman in the general land office at Austin.

Deciding upon the profession of medicine as a vocation, he entered the University of

Texas School of Medicine at this time, and was graduated with an M.D. degree on May 14, 1898. After an internship of one year in the John Sealy Hospital, he accepted employment with mining companies in the then Indian Territory and Old Mexico. In 1901 he returned to Galveston and accepted the position as house surgeon of John Sealy Hospital, serving in this capacity from November 1, 1901, to June 1903. From June, 1903 to 1913, Dr. Sappington was assistant to the late Dr. J.F.Y. Paine, professor of obstetrics and gynecology of the State Medical College. He also engaged in the general practice of medicine and surgery in Galveston from 1903 to the time of his death, with the exception of a period of practice in the city of Houston in 1928, and the period of time that he served as State Health Officer during the first administration of Governor Miriam Ferguson in 1925. In April 1929, he was made director of the Out-patient Department of the United State Public Health Service in Galveston.

Apart from his professional activities. Dr. Sappington took a prominent place in the civic life of Galveston. He was elected a member of the board of civic commissioners in 1913 and served until 1917. He was elected mayor of the city of Galveston in 1919 and served one term of two years.

Dr. Sappington was throughout his years of practice in Texas, a member of the Galveston County Medical Society, president in 1931, a member of State Medical Association of Texas and American Medical Association. In 1911 he served the Section of Cynecology and Obstetrics as secretary, and was chairman of the Section on Public Health in 1926.

Dr. H.O. Sappington, aged 72, died January 27, 1933, at his home in Galveston, after a brief illness.



Malone Duggan, M.D.
1924

The Texas State Health Officer in 1924 was Dr. Malone Duggan, native Texan, widely and favorably-known to the medical profession and public health workers.

Dr. Duggan's primary education was secured in the public schools of his home town, San Marcos, Texas. The degree, doctor of medicine, which he earned from the University of Texas was bestowed in 1894. He went into private practice and at various times was located in San Saba, Eagle Pass, San Antonio, and Harlingen.

Much of Dr. Duggan's career was spent in the Army medical corps; but by far the greater part of his civil life was spent in San Antonio which was his home for a period of almost 20 years. It was in 1921 that he left San Antonio to make his home on his farm in the lower Rio Grande Valley because of ill health.

Having somewhat recovered from his long illness, Dr. Duggan accepted an appointment as State Health Officer in 1923 to fill an unexpired term. He held this position for one year, but left it to resume the practice of medicine in Harlingen where he confined his work to internal medicine and diagnosis. Once again his health failed him and he was unable to continue in private practice, and when offered a position as Assistant Surgeon in the State Soldiers' Home in Lafayette, Indiana, he accepted it. He was assistant surgeon in the National Military Service at Danville, Illinois, at the time of his death in January, 1930.

Dr. Duggan was affiliated with county, state, and national medical associations and was a recognized writer and speaker of great talent. He gave freely of his time and efforts, speaking before civic groups and similar organizations whenever requested. He did much to further the cause of public health in Texas.



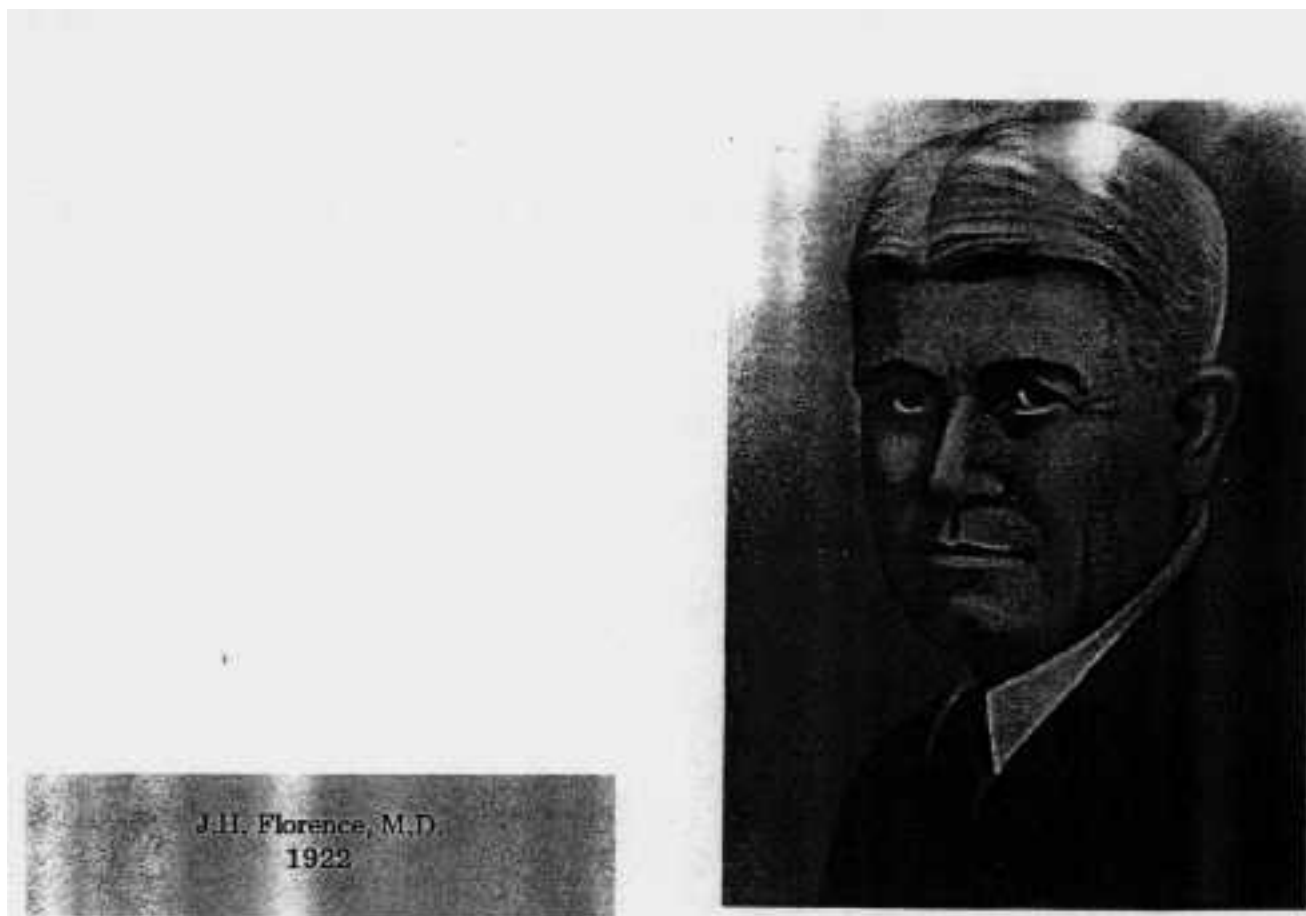
Leaving his home in La Porte, Texas, at the age of 16, W.H. Beasley, although the son of a very wealthy farmer, decided to work his way through school and set as his goal a degree in medicine. With only an eighth grade education, he went to the Kentucky School of Pharmacy where he finished in 1910, having supported himself and paid his own way since leaving home. With pharmacy as a start in the right direction, young Beasley next entered the University of Louisville, College of Medicine, and received in 1912 the degree in medicine which had been his sole ambition since boyhood.

Dr. Beasley returned to Texas and entered private practice in Montgomery County. He

practiced medicine in that community for about eleven years when he was appointed State Health Officer 1923-1925, during Governor Pat Neff's administration. Before the completion of his term of office, however, he resigned to re-enter his chosen field of private practice in Houston.

It was while living in Texas that his only child, a son, was killed by lightning and after the boy's death, Dr. Beasley left Houston to make his home in Silsbee.

Dr. Beasley is a thirty-second degree Mason, Shriner, Knight of Pythias, and is past president of the Tyler-Hardin County Medical Society.



A native-born Texan, Dr. John H. Florence was State Health Officer of Texas in 1922.

A graduate of the Louisville Medical College, Dr. Florence took several postgraduate courses at various clinical centers.

Prominently identified with public health work throughout his professional career, Dr. Florence served as health officer of Dallas County for two years and as city health officer of Dallas for four years. He served two terms as State Health Officer during the administrations of Governor Pat Neff and Miriam A. Ferguson, and was a member of the Thirty-ninth legislature. At various times he also served as quarantine officer at Brownsville, Sabine Pass, Aransas Pass, and Galveston. From 1909 to 1919 he was

actively engaged as medical director for two insurance companies but he maintained at all times an interest in public health work.

Dr. Florence was a member of the State Medical Association, American Medical Association, and the County Medical Societies in his various places of residence. He served the State Medical Association as chairman of the Section on Life Insurance in 1914. He was elected an honorary member of the State Medical Association in 1936 which status continued during the remainder of his life. Dr. Florence was a member of the Methodist Church, a Mason, and a member of the Scottish Rite and Shrine bodies.

Death from heart disease at the age of 70 terminated the unusually brilliant and inspiring career of Dr. John H. Florence.

Manton M. Carrick, M.D.
1921

Although born in Louisiana, Dr. Manton M. Carrick came to Texas as a very small boy and was reared in Waxahachie. His early academic education was obtained in the old Dallas Academy from which he was graduated in 1897. His medical training was in the Medical Department of the Fort Worth University where he took a degree in medicine in 1901. Immediately following his graduation he accepted a place as Assistant house Surgeon at the Texas and Pacific Railway Company Hospital at Marshall, and later was house physician at Parkland Hospital in Dallas.

Dr. Carrick had extensive study in Chicago, New York, Boston, Philadelphia, and Baltimore, and was a graduate of the Army



School of Sanitation. He attended the school of preventive medicine of Johns Hopkins University for a period of 20 months. With such splendid training in public health work he was at various times sanitary inspector for the State Health Department, assistant quarantine officer at Galveston, State Health Officer during Governor Neff's administration in 1921, and later director of Public Health and Welfare of the city of Dallas. At one time early in his professional career he was superintendent of the State Epileptic Colony at Abilene.

During the World War Dr. Carrick entered the medical corps of the army with the rank of Captain and was promoted to the rank of Major. He had a commission as surgeon in the United States Public Health Service but was retired from that service in 1921 to enable him to accept the position of State Health Officer.

A prolific writer on health subjects, Dr. Carrick with his background of public health training and his zeal for teaching, was a regular contributor to such publications as *Hygeia*, *Pictorial Review*, *Ladies Home Journal*, *Holland's Magazine*, and many daily newspapers. One editor in a posthumous tribute says that Dr. Carrick "did more for the cause of public health in Texas than anyone else ever did. The doctor had a flair for publicity and knew how to get it. He could write, and what he wrote was readable and helpful. For his service to the state and in his service as health officer of the city of Dallas, Dr. Carrick should be gratefully remembered."

Dr. Carrick was affiliated with practically all state, county, and national medical associations, and was a Mason of high degree. He was a member of the American Legion and active in its affairs.

Dr. Carrick died at his home in Dallas, September 11, 1932.

Few representatives of the medical profession are more faithful in the performance of their duty than was Dr. Oscar Davis, well-known physician of Texas for more than twenty years and State Health Officer in 1920 to 1921.

Dr. Davis was born in Georgia in 1869. When only a few months old his parents removed to Arkansas and he spent his boyhood in Marion County attending the schools near his home. His later education included work at Yellville Academy and a commercial course at Fort Smith which he finished in 1893. Shortly thereafter he came to Texas and decided to set about realizing his ambition to become a doctor. Young Davis did not have sufficient funds to pay for a medical education, but by taking part-time employment, he was able to enter the medical department of the old Fort Worth University and took his degree of medicine in April 1898. In view of the fact that he had been self-sustaining during his entire training in this University, his high scholastic record, and the fact that he was valedictorian of his class appear especially laudable.

Four years later young Dr. Davis went to Chicago and completed a post-graduate course in the medical school in the University of Chicago and again in 1906 he took another post-graduate course in the medical school of the University of the City of New York, after which he went to Fayette County and entered private practice where he remained for ten years. Ten more years of private practice were spent in Grimes County and it was while practicing in that community that Dr. Davis enrolled in the McKinley University of Chicago for a law course by correspondence.

In 1916 he was elected to the State Legislature from the Twenty-second district

and while serving a second term in this office he resigned to accept the position of Assistant State Health Officer where he felt there was a greater field for service. It was in 1920 that Dr. Davis was appointed State Health Officer to fill an unexpired term.

Dr. Davis' death in May, 1921, closed the career of unselfish service to humanity which had distinguished his entire life.



C.W. Goddard, M.D.
1919

Dr. Charles Walter Goddard, the eighth State Health Officer of Texas, was born in Fayetteville, Arkansas, March 14, 1869, and on March 14, 1927, Dr. Goddard passed away in Austin, Texas.

After completing his primary education in the country schools of Arkansas, he took his pre-medical training at the University of Arkansas. Dr. Goddard took his degree of medicine from the University of Louisville in 1894 and returning to Texas, he began the practice of medicine in DeSoto, in 1895. Later he moved to Holland, Texas and continued the practice of his profession until he accepted the appointment of State Health Officer from Governor Hobby, at which time he brought his family to Austin and established a home in the capital city.

Dr. Goddard remained in the State Health Department as State Health Officer until 1920 at which time he accepted the position of Medical Director of the University of Texas Health Service. The record he made in organizing the medical work in so large a medical institution attracted nation wide attention. As a result of his endeavors in this connection, he became prominently identified with the national organization of university health service and placed his plan before that organization in a paper which received wide circulation.

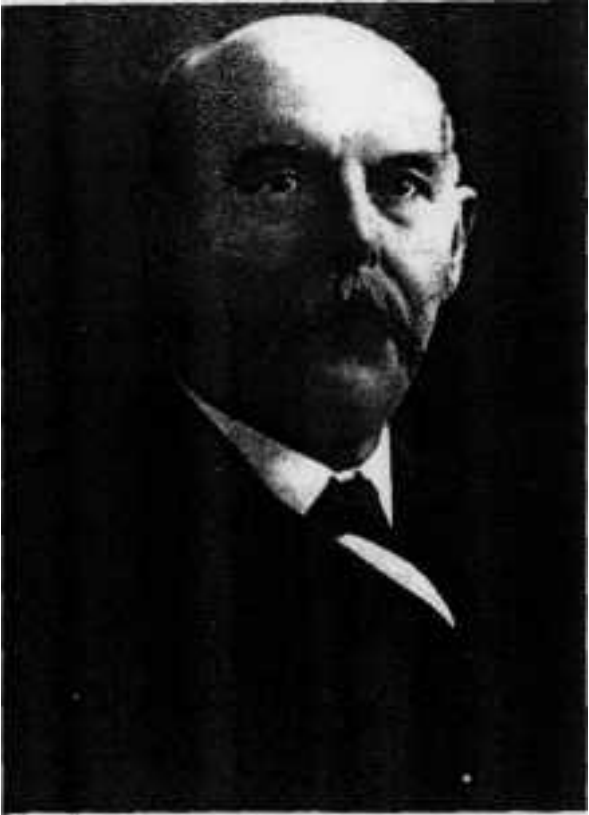
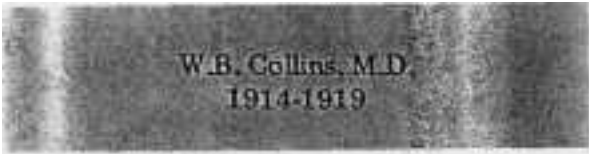
Dr. Goddard continued as medical director of the University of Texas for six years before taking a leave of absence for the purpose of reorganizing a health department



for the city of Austin under the newly adopted city manager plan of government. He was still acting in this capacity at the time of his death.

One of the outstanding achievements of Dr. Goddard's lifetime was the result of an effort he made immediately following the close of World War I to organize the "Benevolent War Risk Society." This work was eventually taken over by the American Legion and resulted in the establishment of that splendid institution the American Legion Sanitarium at Kerrville.

Dr. Goddard held membership in all of the established medical associations including a fellowship in the American Medical Association.



Dr. W. B. Collins, physician and surgeon of Houston County, was the seventh State Health Officer of Texas. His reputation as a doctor of skill and exceptional kindness was state-wide, manifested in his unselfish devotion to causes and movements as well as the welfare of individual patients.

Dr. Collins was born in Houston County in 1862, the oldest son of Dr. S.J. Collins and Lucy Bell Collins. After completing the work of Crockett high school, he entered the Kentucky School of Medicine and was the first honor man of the 1881 graduating class. It was in that year young Dr. Collins won for the Kentucky School of Medicine a medal awarded by Professor Edward Miller in recognition of the work he did in a contest between several hundred students demonstrating skill in surgery. After taking his degree in medicine, Dr. Collins returned to Houston County, Texas, and served as a pioneer physician in the Lovelady community for over forty years until his death.

Dr. Collins' attainments were not only recognized in his immediate community; he was a member of the State Board of Medical Examiners appointed by Governor Colquitt for four years; he was reappointed for a second term by Governor Campbell and served part of the time as president of the Board. He resigned from this office to accept the position of State Health Officer under Governor Ferguson. A member of the Houston County, The Texas State, and the American Medical Associations, Dr. Collins was also a business man of ability and was one of the founders and directors of the First National Bank of Lovelady. As vice-president of this bank he invested his money in land and at the time of his death was one of the largest land owners in Houston County.

Dr. W.B. Collins died April 21, 1927.

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Ralph Steiner, M.D.
1911-1914

Dr. Ralph Steiner, for many years the best known otolaryngologist in Texas, was a native of this born in Austin, February 5, 1859, the son of a doctor. His early education was obtained in the public schools of Austin and the University of the South at Sewanee, Tennessee. His medical degree was received from the University of Maryland, March, 1883.

During the Cleveland administration, Dr. Steiner served as United States Consul at Munich for four years. Here an opportunity was given to him to attend clinics and lectures and perfect himself in his chosen speciality—diseases of the ear, nose, throat, and chest. He returned to Texas and for many years was most successful in this field of work.

During the administration of Governor O. B. Colquitt, Dr. Steiner served as the sixth State Health Officer of Texas, from 1911 to 1914.

As aurist of the State School for the Deaf, Dr. Steiner contributed his splendid talents most acceptably. He was a valued member of the staff of the Seton Infirmary and the Austin Infirmary. He always maintained membership in the County, State, and National Medical Associations.

Dr. Steiner possessed a thorough knowledge of medicine and sanitation and had a large amount of experience as a physician as well as a specialist. He died May 2, 1926, survived by his wife and two children.



W.M. Brumby, M.D.
1907-1911

from 1907 to 1911 Dr. William M. Brumby held office as the fifth state health officer in Texas.

Dr. Brumby was born in Delhi, Louisiana, in 1866. He took his pre-medical training in the University of Mississippi and later studied medicine at Tulane University, graduating in 1889. Returning to Delhi, Louisiana, he became associated with his father in the practice of medicine until he moved to Houston in 1895.

Dr. Brumby became assistant city health officer in Houston in 1889 under Dr. J.B.

Massie, and upon Dr. Massie's death was appointed to succeed him; at the next election he was elected to serve his first full term in this office and was re-elected in 1904. At the end of this second term he retired to private practice.

Dr. Brumby was instrumental in the organization of the Texas Tuberculosis Association, but has been in private practice in Houston since leaving the State Health Department in 1911. He was a member of the outstanding medical societies in the State and nation and a leader in many civic organizations.



George R. Tabor, M.D.
1901-1907

Dr. George R. Tabor, the fourth state health officer of Texas, was born in Caldwell County, August 20, 1864.

After completing a liberal arts course in Texas A. and M. College, he read medicine at Bryan under Dr. D. Port Smyth. Later he attended lectures at Louisville (Kentucky) Medical College and was graduated from that school in 1888. Dr. Tabor returned to Bryan, Texas, to practice medicine and became a member of the Texas State and Brazos Valley Medical Associations and the State Health Officers Association. He served as president of

the Brazos Valley Medical Association and was a member of its Judiciary council.

Dr. Tabor has contributed numerous papers of value to medical literature. He made special study of the isolation and treatment of contagious diseases, sanitation and quarantine.

Dr. Tabor was married in 1892 to Miss Virginia Williams of Denton, Texas. He served as State Health Officer in Texas from 1901 to 1907.



Dr. Walter Fraser Blunt was born on the Belmont estate in Brunswick County, Virginia, April 28, 1836. He was married twice, the first wife, Freddie Peete, of Virginia, died in 1866. In 1876 he married Dora Huff of Luling, Texas.

Dr. Blunt began his study of medicine prior to the war between the states, but like all Southern men of that time felt the Confederacy needed him and left his studies and served all four years of the war. He had progressed far enough in his medical study though to serve better in the capacity of surgeon, than in that of carrying a musket.

In 1867 Dr. Blunt left Virginia and went to Galveston where he again resumed his study of medicine receiving his diploma from the Texas Medical College at that place. For

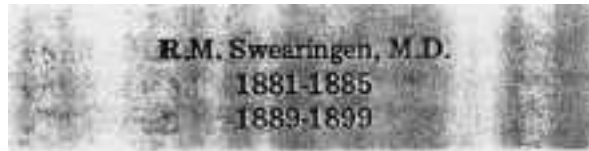
several years after receiving his medical degree he remained at John Sealy Hospital at Galveston as house surgeon under the late Dr. Ganahl, who will be remembered as the efficient French surgeon at this hospital.

Dr. Blunt's son, Willie, and father-in-law, Dr. George Peete, State Quarantine Officer, were drowned in the storm at Galveston in 1875. This left a vacancy in the state quarantine station, and Dr. Blunt was appointed to fill the position. He continued there until 1878 when he went to Lockhart and entered the general practice of medicine. Dr. Blunt always maintained his home in Lockhart but his services in the field of public health were again sought. After four years he returned to Galveston and accepted the position for the second time as State Quarantine Officer, holding this position continuously until he was appointed State Health Officer to fill the unexpired term of the late Dr. R.M. Swearingen. This office Dr. Blunt held until 1901 when ill health caused him to resign and June 25, 1903, he died at his home in Lockhart.

Having witnessed an epidemic of both cholera and yellow fever during his student days in Virginia, Dr. Blunt was active in preventing the outbreak of any such epidemics in this State. His experience and training led to his being considered an authority in epidemic disease control and his ability was easily recognized in the success he achieved in handling smallpox and yellow fever in this State.

Dr. Blunt was asked to accompany Dr. Gorgas, United States Surgeon, on his trip to California to investigate the placing of a suitable quarantine at the different ports of the United State to prevent that dreaded disease, bubonia plague, entering our country. Cases of this disease were already in Chinatown in San Francisco, and two trips were made out there in this interest.

Dr. Walter Fraser Blunt served as the third State Health Officer of Texas from 1899 to 1901.



Serving as the second state health officer of Texas, Dr. Richard Montgomery Swearingen, who was born in Noxubee County, Mississippi, in 1838, was educated in Chapel Hill College, Chapel Hill, Texas, Centenary College, Jackson, Louisiana, and New Orleans Medical College. The beginning of the Civil War interrupted his scholastic work and in 1861 he joined Capt. Ed Waller's Company at Galveston. An exciting army career which led to his promotion from lieutenant to captain, marriage to Miss Jennie Jessee, daughter of a man who had sheltered him while ill, and *his* imprisonment at the hands of the Federal Army finally terminated in his return to the New Orleans Medical College at the conclusion of hostilities. He completed his medical work in that school in 1867.

The professional skill of young Dr. Swearingen was immediately put to test by the outbreak of yellow fever in the Chapel Hill community where he had returned to practice medicine. Throwing himself in the fight to control this disease, Dr. Swearingen and his wife, as well as their baby daughter, became ill with this killing disease, and although he and his wife recovered, they lost their child.

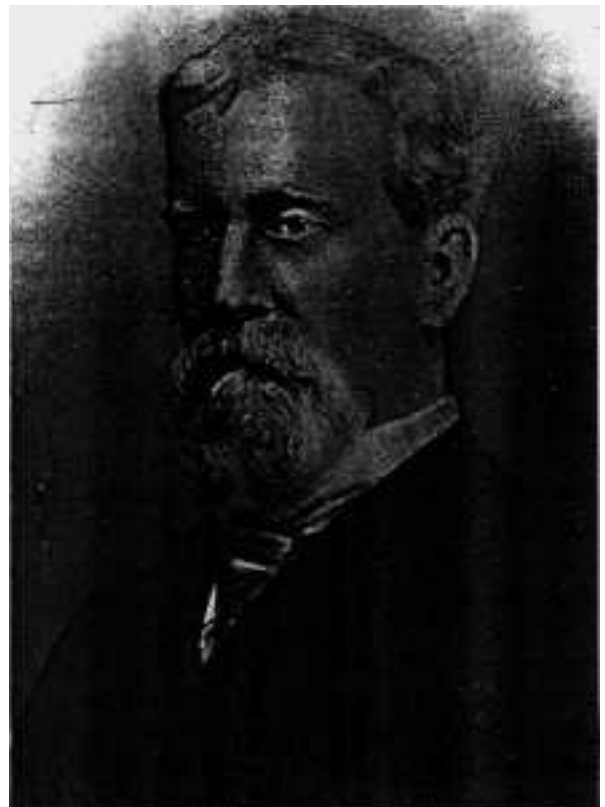
It was in 1875 that Dr. Swearingen moved to Austin and in 1878 an epidemic of yellow fever made its appearance in Memphis and in Holly Springs, Mississippi, and upon a call being issued for medical assistance, he immediately volunteered to help in this emergency. The need at Holly Springs appeared greatest and Dr. Swearingen went to that city. Dr. T.D. Manning of Austin accompanied him and 17 days from the time that they left Austin, Dr. Manning died of the fever. Dr. Swearingen continued at his position until the plague was over. His service in Holly Springs excited the citizen's appreciation to the extent that the local

paper, in an editorial said that while not intending to single out as pre-eminent for service and self-sacrifice any one man among those who had come to help the town, "a common sense of justice impels us to give to the world the name of Dr. R.M. Swearingen, who for measureless energy and conspicuous devotion to his sick is *facile princeps*."

1881 Dr. Swearingen was appointed state health officer of Texas and with the exception of the four years 1887-1891 he held that position until his death. In the discharge of his official duties, his courage, tact, and patience were often severely taxed, but he was always equal to the occasion.

Not the least of Dr. Swearingen's public services was his activity in organizing the public schools in the city of Austin. He was for many years an active and capable member of the Board of Public School Trustees, and served for the greater part of the time as its president.

Dr. Swearingen passed away in Austin on August 9, 1898.





Robert Rutherford, M.D.
1879-1881
1885-1889

Dr. Robert Rutherford, the first state health officer of Texas, was born in Columbus, Georgia, the son of Colonel Vivian Rutherford. His early education was in the old-field-schools of that state until such time as he was ready to enter college when he completed what was then known as a "collegiate course" in the University of Georgia.

Selecting the profession of medicine as his life work, Robert Rutherford read the necessary text books and later went to Nashville where he pursued the study of medicine in that city and still later completed his training in the Medical Department of the University of New York.

At the outbreak of the Civil War, Dr. Rutherford, although a very young man,

promptly enlisted as a soldier in the Confederate Army and was an outstandingly good soldier in the defense of his native Southland. One of "Nelson's Rangers," a famous troop in the 2nd Georgia Regiment, he was taken prisoner early in the war and imprisoned for 12 months in Fort Delaware in Alton, Illinois.

At the termination of the Civil War, and upon his release from prison, Dr. Rutherford returned to his home in the South and decided not to remain in Georgia. He started to Mexico but upon arriving in Texas he was so impressed with the possibilities in the development of Texas resources that he decided to make his home in this state and so began his practice of medicine in Wharton. Later he removed to Brazoria where he practiced medicine until 1871 at which time he decided that he could be of more service to his fellowmen in a larger city. Houston, of course, was the logical city of his choice. It was in 1878 while serving as health officer at Houston that an outbreak of yellow fever occurred in New Orleans. At the request of Dr. J.M. Ross of Brenham who feared that the epidemic would spread to Texas, Dr. Rutherford suggested a conference of health authorities, and various municipalities of the State sent representatives to Houston and an emergency conference was held. It was at this conference the suggestion was made and adopted that one man should be placed in charge of the quarantine enforcement.

Upon the passing of an act in 1879 creating the position of a State Health Officer in Texas, Governor Roberts appointed Dr. Rutherford the first state health officer for a term of two years. He was reappointed in 1885 and again in 1887 to serve the third and fourth terms in this same position.

Dr. Rutherford was a member of the Texas State Medical Association, and in 1885 was elected its first vice-president. He was a member of the Judicial Council and represented the Association as a delegate to the National Medical Association on several occasions.

a comprehensive public health program. The Board of Health has been blessed continuously with members who were highly intellectual, dedicated to their responsibility, and being cultured gentlemen, bring experience and respect in the guidelines for the operation of the State Health Department.

The Board of Health has followed a policy throughout its life of delegating to the Commissioner of Health the responsibility for the administration and operation of the State Health Department. The Board of Health has functioned as a true board — in the determining of policy, formulation of rules, and budgeting the available funds. Many boards find themselves involved in the

operation and personalities.

Reminiscence of the past and the study of history have gainful advantages. The time has come to about face and try to look into the future. To gaze at the problem of over-population, pollution, nutrition, alcoholism, drug abuse, chronic inflation economy, chronic degenerative diseases, and mental health to name a few, leaves us bewildered. The technological, biological, and scientific achievements and victories of man has been stupendous. The application, utilization, and acceptability by the population remains to be seen. The decision maker and health disciplinarian have their work cut out for them. The challenges have never been greater.

Below is a sequential list of Administrative Officers of the State Health Department. Pictures and biographical sketches of each officer follow on succeeding pages.

ROBERT RUTHERFORD
1879 - 1881
1885 - 1889

R. M. SWEARINGEN
1881 - 1885
1889 - 1899

W. F. BLUNT
1899 - 1901

GEORGE R. TABOR
1901 - 1907

W. M. BRUMBY
1907 - 1911

RALPH STEINER
1911 - 1914

W. B. COLLINS
1914 - 1919

C. W. GODDARD
1919

OSCAR DAVIS
1920

MANTON M. CARRICK
1921

J. H. FLORENCE
1922

W. H. BEASLEY
1923

MALONE DUGGAN
1924

H. O. SAPPINGTON
1925 - 1927

J. C. ANDERSON
1927 - **1933**

JOHN W. BROWN
1933 - 1937

GEORGE W. COX
1937 - 1954

HENRY A. HOLLE
1954 - 1959

JAMES E. PEAVY
1959 -

SECTION IV

Looking Back

Organized public health made its debut in Texas in a tottering insecure and infantile fashion during the fading years of the 18th century. The early concern for public health hinged upon the devastating epidemics, which periodically decimated the population. Much of the early concepts of disease were clouded by witchcrafts, folklore, magic and divine influences. The thrust of the stabilizing efforts aimed at limiting the ravages of these communicable diseases, made use of isolation and quarantine techniques. It was not until the early part of the 19th century that interest shifted to the provision of services conducive to the improvement of the quality and quantity of health for the population. The significance of the interrelationship between the host, the vector and the environment became more obvious. The birth of the Sanitary Code was the first of these innovative measures.

Public health then began to assume a more copulant and mature position. In the late 30's and 40's an atmosphere was created for scientific study. After the second World War the dams holding back research funds were loosened. The vast reservoir of knowledge which was unearthed in the biological, social, and therapeutic advances permitted a more knowledgeable comprehension of many diseases. In fact, the avalanche of scientific information far outstrips our ability to apply and utilize these advances for the betterment of mankind. This gap between the people and this world of science has always existed. The need is to keep the gap as short as possible through better and more effective educational processes.

The abatement and decline in the acute diseases, the increases in life expectancy, and a vast therapeutic armamentarium for the control of infections has produced a steady increase in the population 65 years and over. This population group is particularly vulnerable to the degenerative diseases and the associated disability. This shifting from the acute to the chronic diseases has been a

slow but needful process in public health planning. Research has provided information as how a number of chronic diseases can be prevented and in many other the progression halted reducing dependency and invalidism.

The tremendous population increase, the development of agriculture, industrialization, expanding economy, lately urbanization, transportation and its proneness to accidents, improved environmental conditions, medical and scientific facts, has forced the State Health Department to provide increasing services to meet the needs. The expansion of the health department during the last three decades has been unprecedented. In the beginning, the Health Department started from a handful of employees. Today, there is a staff army of 4000 employees with approximately 400 additional unfilled positions. As the State Health Department approaches its centennial birthday, the actual budget pushes the 60 million mark and coupled with various interagency contracts for services by the State Health Department, the total monies involved reaches near the 80 million level. The State Health Department is now big business. It has come a long way.

One outstanding characteristic of the last two decades of public health has been the rapidity of change. Through effective planning and the use of accumulated data, health practices can be evaluated and changed if need be. The escalating cost of illness has pointed forcefully to the need for prevention of illness and disability. Preventive medicine is now in the spotlight. Recognition of early disease becomes important and sets the stage for multiphasic screening for disease detection and health maintenance. Public health will take on a new profile; changes will be frequent in our life style. Public health has a brilliant future.

The Board of Health, over the years, through their keen insight, vision and wisdom has provided an umbrella of leadership that gave the health department staff the cohesion, balance and incentive for the development of

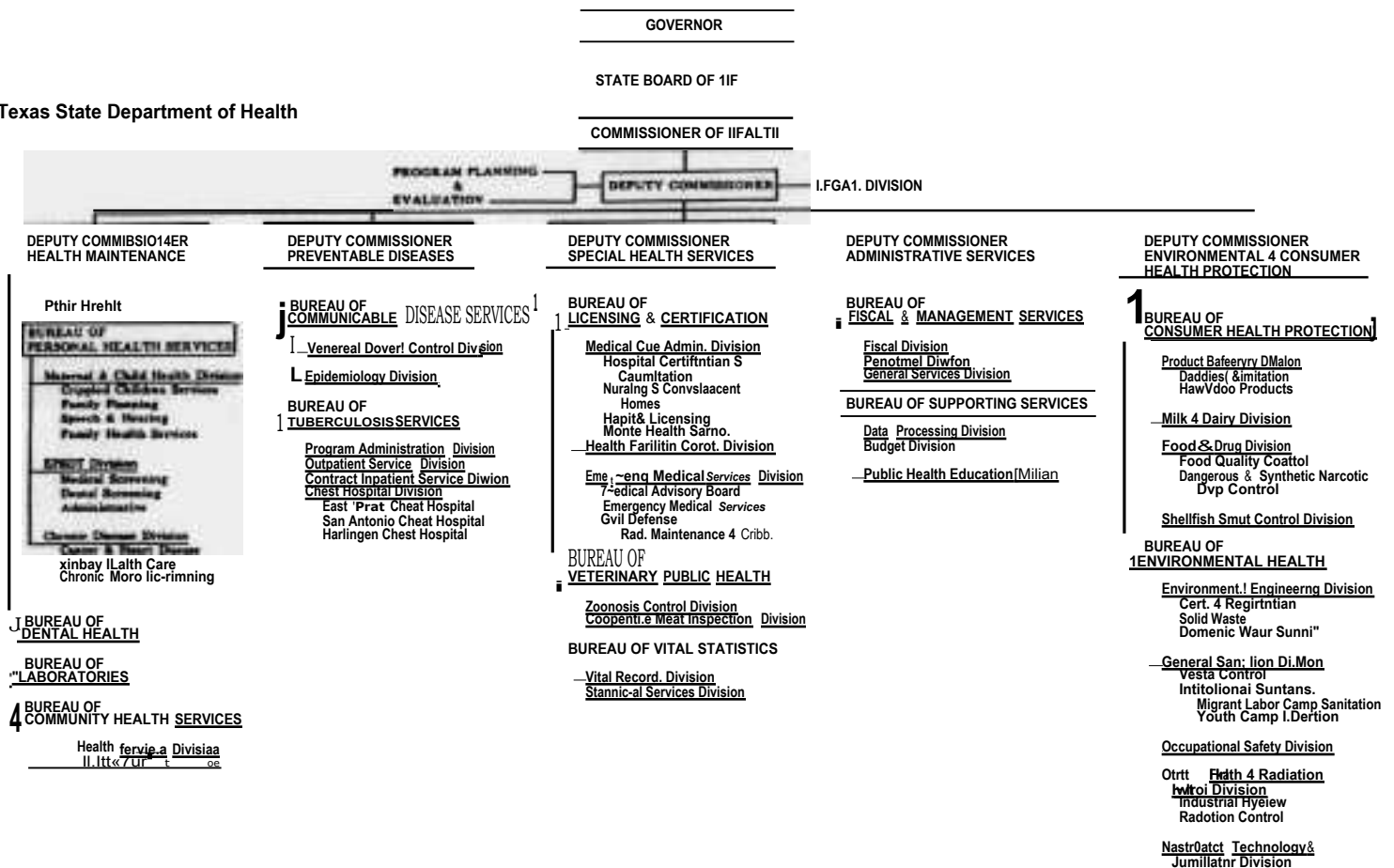
Galveston County-Mainland Cities Health Department Laboratory, LaMarque
 Laredo-Webb County Health Department Laboratory, Laredo
 Lubbock City-County Health Department Laboratory, Lubbock
 Midland-Ector-Howard County Health Department Laboratory, Midland
 Paris-Lamar County Health Department Laboratory, Paris
 Port Arthur City Health Department Laboratory, Port Arthur
 San Angelo-Tom Green County Health Department Laboratory, San Angelo

San Antonio Metropolitan Health District Laboratory, San Antonio
 Cameron County Health Department Laboratory, San Benito
 Sweetwater-Nolan County Health Department Laboratory, Sweetwater
 Texarkana-Bowie County Health Department Laboratory, Texarkana
 Tyler-Smith County Health Department Laboratory, Tyler
 Waco-McLennan County Health Department Laboratory, Waco
 Wichita Falls-Wichita County Health Department Laboratory, Wichita Falls

Following the latest reorganization of the State Health Department, in March 1974, which had been approved by the State Board

of Health, the following chart reflects the new titles, organizational pattern, and distribution of services.

Texas State Department of Health



LABORATORY SECTION

The Laboratory Section is not a new section but the services can be divided into divisions with a marked increase in personnel and services. The main divisions may be listed as follows:

1) Chemistry and Radiological — This division processes samples in the following areas: diabetes screening, PKU confirmation, radiological testing, food including meat, pesticide detection, potable water analysis, water development Board work, water quality Board work, waste water analysis, and miscellaneous tests.

2) Biologics Production — The following products are produced under Federal license, diphtheria-pertussis-tetanus vaccine, adult tetanus-diphtheria toxoid, tetanus vaccine, typhoid vaccine, diphtheria-tetanus regular vaccine, pertussis vaccine, diphtheria plain toxoid, smallpox vaccine, and silver nitrate solution.

3) Diagnosis and General Microbiology — The scope of the activities is reflected in gonorrheal diagnostic work, PKU tests, throat cultures, stool specimens, sputum specimens, and bacteriophages susceptibility typing. The Microbiology unit examines for pathogenic fungi.

4) Entomology and Ecology — In this division, mosquitos are identified, tick collections, spiders, fleas, mites, head lice, gnats, scorpions and other insects are sent in for identification and control measures; occasional bats, rats, and snakes need identification. Laboratory support for plague surveillance program is provided.

5) Parasitology — Microscopic examination for intestinal parasites are performed on stool specimens. Serological testing for the detection of antibodies to several diseases is a routine service.

6) Virology — Specimens from suspected viral disease cases are tested for serological

and cultural identification. The more frequent diseases are influenza, polio viruses, meningitis, encephalites, equine encephalites, measles, mumps and herpes. Brain specimens are examined for rabies. In addition, coral snake antivenin is stored in various local health departments scattered over the State.

The State Laboratory is involved in a statewide laboratory improvement program which involves two hundred and fifty public health medical laboratories or hospitals throughout Texas.

REGIONAL LABORATORIES

The 24 laboratories in local health departments that serve as regional laboratories as a group receive assistance and support, through loans of equipment and through supplies of laboratory reagents, in recruitment and training of personnel, and in some instances through provision of salaries. Several of these laboratories are small and have limited capabilities, but their operation relieve the Laboratory Section of a large volume of routine work. More than a million laboratory specimens are processed each year by the regional laboratories. Laboratories are located at these places:

Abilene-Taylor County Health Department
Laboratory, Abilene
Amarillo Bi-City-County Health Department
Laboratory, Amarillo
Brownwood-Brown County Health
Department Laboratory, Brownwood
Brazos County Health Department
Laboratory, Bryan
Corpus Christi-Nueces County Health
Department Laboratory, Corpus Christi
Dallas City Health Department Laboratory,
Dallas
El Paso City-County Health Department
Laboratory, El Paso
Fort Worth City Health Department
Laboratory, Fort Worth
Greenville-Hunt County Health Department
Laboratory, Greenville
Houston City Health Department Laboratory,
Houston

computer system with magnetic tape and magnetic disk storage, and including a teleprocessing network serving the Chest Hospitals, the Tuberculosis Case Register Central Office, and the Office of Civil Defense and Traffic Safety.

- 4) Establishing production schedules, priorities, and quality controls for the operation of a computer system.
- 5) Processing data contained in public health records and accounting records through the medium of punched cards, magnetic tape, and magnetic disk, and the preparing of required reports on a computer.

A, computer system permits effective utilization of health data through statistical reports, case registers, health indices, and information systems. The Department can more effectively manage health programs, determine the effectiveness of disease eradication and control efforts, and improve the utilization of health personnel and resources.

Various types of data processing using mechanical equipment were used in the Bureau of Vital Statistics from 1947 on, but it was not until January 1, 1969 that this program was transferred to the central office and the more complicated equipment was placed into operation.

NUTRITION SERVICES DIVISION

The authority for the responsibility of the Division of Nutrition Services is derived through the Commissioner of Health from Vernon's Civil Statutes (Article 4418d). The Nutrition Services Division was activated in September 1970. Efforts and activities have been directed toward initiating the nutrition program as an integral part of the comprehensive public health program. Staff development programs in local and regional health departments emphasize normal and therapeutic nutrition. Surveys and evaluations of existing nutrition programs in local health departments and the chest hospitals are

provided at regular periods. Nutrition consultations and resources are available to the various divisions of the Department. At the end of the 1970-72 biennium, the nutrition staff became a part of the Office of Program Planning for regional services.

TITLE XIX SCREENING SERVICES

The State Department of Welfare on October 18, 1972 negotiated a contract with the State Health Department to provide early screening, diagnosis, and treatment for children under six years of age, and after June 30, 1973, to all individuals under the age of 21 years who are eligible for medical assistance. In addition to the medical screening, the program has a dental component involving the relief of pain and infection and the restoration of teeth and the maintenance of dental health. The Health Department has reporting and referral responsibilities. This screening program operates under the direction of the Deputy Commissioner.

KIDNEY HEALTH CARE DIVISION

Statutory authority for the establishment of this division within the State Department of Health was provided by the Texas Kidney Health Care Act which was passed by the 63rd Legislature, and is codified in Vernon's Annotated Civil Statutes as Article 4477-20. Primary functions of this division include the processing of patient applications, provide funds, and administer expenditures to pay for the care and treatment of persons suffering from chronic kidney failure. Basic operational policies and procedures are formulated from the recommendations of an Advisory Committee. Payment guidelines follow those established by the Medicare Chronic Renal Disease Program.

AIR POLLUTION CONTROL

Through Legislative action, the office of Air Pollution Control was separated from the State Health Department and became an independent agency on September 1, 1973.

population or 2,239,000 citizens do not have available to them services from organized health units.

In June 1968, at the direction of the Commissioner of Health, a study for the development and implementation of a standard Public Health Region system was undertaken by the Office of Program Planning of the State Health Department. Through the consolidation and coordination of the various programs and governmental units, the State was divided into 10 regions (see Map).

The Public Health Regions are an extension of the Texas State Department of Health; therefore, will include all programs necessary to provide comprehensive services. Each Region has the mission to:

- A) Make available comprehensive health services to all people residing in Region.
- B) Assist in the development and operation of comprehensive public health service programs in those counties of the Region that do not have organized health units.
- C) **To provide assistance and consultation, as required to establish health departments, within the Region.**
- D) To provide assistance and consultation to all governmental and private agencies in the planning of health programs.
- E) To conduct continuous surveys to determine health problems and requirements throughout the Region.
- F) Coordinate and integrate into the comprehensive health programs all Texas State Department of Health programs operating within the Region.
- G) Develop, coordinate, and implement active health education programs in all areas of Health.
- H) Establish and maintain liaisons with all appropriate local officials regarding health programs in their political jurisdictions.

REGIONAL STAFF

The following listed types of health personnel are necessary to provide professional and technical capabilities in the region:

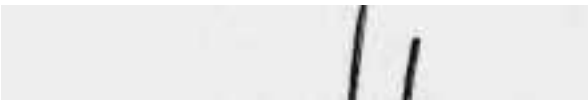
- Public Health Physicians
- Administrators
- Public Health Nurses
- Public Health Dentists
- Public Health Engineers
- Public Health Veterinarians
- Public Health Inspectors
- Sanitarians
- Clerks and Secretaries

Through funds appropriated by the Legislature on May 1, 1970 Public Health Region 7 was activated. Regions 3 and 10 soon followed. The 62nd Legislature provided funds for the activation of these regions designated by the Board of Health. Regions 9 and 4 have been funded and are in the process of staffing.

DATA PROCESSING

The Office of Data Processing is responsible for providing data processing services for 25 divisions and offices of the Department, for the Chest Hospitals and Tuberculosis Control Regions, and for other State agencies through interagency contracts. These services include:

- 1) Providing consultation and assistance in studying existing and anticipated requirements to determine the feasibility of computer processing.
- 2) Analyzing and designing systems and procedures for the computer processing of data including the design of input forms, punch card forms and report forms, and the development of necessary codes for the transfer of data from source records to punch cards or magnetic tape.
- 3) Writing, testing, debugging and maintaining computer programs for a



domestic wastewater collection, treatment, and disposal facility and in or on the issuance of waste discharge orders : the Texas Water Quality Board. Other activities include visitations to sewerage facility projects under construction for which plans and specifications have been reviewed, review of engineering reports, and individual conferences concerning specific wastewater projects and recently developed processes, equipment, etc. used or proposed in the field of water quality management.

The field activities program conducts surveillance type surveys of public surface water supply sources, recreation areas and marine resource areas for the protection of public health. The coastal water surveillance surveys of the various bays classifying those being acceptable for shell fish harvesting for the Division of Marine Resources.

DIVISION OF MARINE RESOURCES

The Division created in the biennium 1968-70 was established to comply with the Texas Shell Fish Law codified as Article 4050(f) of Vernon's Revised Civil Statutes of Texas, and the Crab Meat Processing Regulations, also codified in Vernon's Revised Civil Statutes of Texas as Article 4476-8. Briefly, the staff has the responsibility for the collection and evaluation of samples and sanitary survey information, the maintenance of up-to-date **bacteriological** records of the producing waters as well as the processed product, the certification of all shell fish plants, the licensing of all crab plants, and the establishment by order of the shell fish producing areas which are polluted and unacceptable for shell fish harvesting. Sampling of the bay waters were made for the presence of mercury and other heavy metals.

VETERINARY PUBLIC HEALTH DIVISION

Although the Veterinary Public Health Division had been in operation for many years in the surveillance of control of Zoonotic diseases, the passage of Senate Bill 28 by the

61st Legislature R.S. created major responsibilities for the Division. The Bill assigned to the Texas Department of Health the responsibility for inspection and regulation of all meat and poultry produced in the State for the interstate commerce. This Bill which became law and is published as Article 4476-7 V.A.C.S. became effective on September 2, 1969, appropriated the monies to carry out the State-Federal Cooperative Meat Inspection Program and abolish the Packer Fee System. A rapid expansion of the staff and responsibilities took place.

PROGRAM PLANNING

The Office of Program Planning is responsible for the development of plans for public health services carried out or assisted by the Texas State Department of Health with special reference to the plan for comprehensive health services prepared under P.L. 89-749. The Office of Program Planning provides input into other plans for services and functions as a central point of coordination between the Department's health programs and the fiscal section. The office is also responsible for coordination of department plans for the Governor, who is the Chief Planning Officer for the State, and with local and area-wide health planning groups. This office was established on January 1, 1968.

REGIONAL PUBLIC HEALTH SERVICES

Public Health Services provided by the Texas State Health Department has been greatly expanded over the past three decades and the accomplishments of these programs have been outstanding. The 12 county health units that provided local public health in 1937 has been expanded to the present 70. The organized health units receive assistance by the payment of local unit personnel salaries through State and Federal funds allocated to the units by the State Health Department. No such assistance is now provided to the 178 counties not having organized health departments. In the State of Texas today, approximately 20% of the

Home Health Services — On February 11, 1966, a plan and budget was approved by the United States Public Health Service for the disbursement of Special Grant Funds. On January 1, 1967, the extended care facilities began to participate under the Medicare program. This responsibility entails consultations, planning and professional assistance to local health groups toward certification as providers of home health service. Short term in-service training programs were developed to cover all phases of home nursing services.

VECTOR CONTROL DIVISION

The Sanitary Engineering Division has as its normal function general sanitation and vector control. Services are reflected in mosquito control, typhus and rodent control, domestic fly control, refuse sanitation, rendering plant sanitation, migrant labor problems, epidemics and disaster aid, abattoir plans, Mexican border environmental sanitation and research, investigations and special studies involving aedes aegypti, typhus fever and encephalitis.

The Vector Control Division was authorized in 1964 by the State Board of Health. The Texas Sanitation and Health Protection Law enacted by the 49th Legislature, 1945, Sections 2 and 21, specifically refer to the control of vectors. The Vector Control Division offers advice and training in vector control activities to municipalities, local health departments and individuals. Mosquito, rat and fly surveys are conducted upon request. Training activities are handled cooperatively by the Public Health Education Division. Assistance and advice are given following disasters.

From 1964 through August 31, 1968 the Texas Aedes Aegypti Erradication was the principal operating program of the Vector Control Program. Funding was wholly from Federal funds. The funds and operation of the erradication program ceased September 30, 1968. In October 1968, a contract for a surveillance program terminated May 31,

1968. With the elimination of these programs, the Vector Control activities were curtailed due to the drastic reduction in personnel, however, a shift was soon made to general vector control activities. In April 1970 the Vector Control Division was rebudgeted and a graduate entomologist was transferred to the Division, thus increasing the capabilities of the Division.

The Texas Youth Camp Safety and Health Act was enacted by the 63rd Legislature, 1973, and was codified in Vernon's Texas Civil Statutes as Article 4447-1 with amendments. This Act placed the responsibility for its administration with the Texas State Department of Health and was assigned to the Vector Control Division. This Act is, in effect, a licensing law for camps and becomes effective May 1, 1974.

DIVISION OF WASTEWATER TECHNOLOGY AND SURVEILLANCE

The Division of Wastewater Technology and Surveillance began operating under this title March 1, 1968 and is composed of two major programs, Plans and Specification Review and Field Activities. These services had previously been provided under the program of the Division of Water Pollution Control.

The staff of the Plans and Specifications Program is charged primarily with fulfilling the Health Department's responsibility as defined in Section 12(a) of the Texas Sanitation and Health Protection Law, Article 4477-1, Vernon's Texas Civil Statutes. This Statute prescribes that prior to the establishment of sewerage systems for public use, plans and specifications for such facilities shall be submitted to the Texas State Health Department for review. This Department's approval, based upon compliance with water safety, stream pollution laws and the design criteria adopted by the Texas State Board of Health, is required prior to the beginning of construction. Approval of plans and specifications is also a prerequisite for any Federal Construction Grant Program for

Medical Advisory Board for Driver Licensing. The Medical Advisory Board as a new program also formed under authority of the Texas Traffic Act of 1967. It is a principle requirement for compliance with Standard 305 of the Federal Safety Act. Following appointment by the State Commissioner of Health of physician members, it began functioning April 23, 1970. The responsibility of the Board is to issue an opinion, based on their evaluation of an individual's medical history, as to whether or not the individual has a medical limitation and if so, its relation to safe operation of a motor vehicle. The Board opinion is followed by the Department of Public Safety in making the driver license determination.

Radiological Defense Program. The effort here relates to the development of a Statewide Civil Defense operational radiological monitoring network from local monitoring stations. The overall program emphasizes the promotion of training of key personnel as radiological monitors, and their assignment to local stations.

MENTAL HEALTH

The Mental Health Division which had been in operation in the Health Department since 1947 was transferred at the end of August 1964 to the Board for Texas State Hospitals and Special Schools.

TUBERCULOSIS

During the first year of the biennium, Tuberculosis Control activities were under the direction of the Division of Tuberculosis and Chronic Diseases. Senate Bill No. 130 passed by the 59th Texas State Legislature in 1965 unifies and consolidates in the State Health Department the responsibility, powers, duty, authority and functions of case finding, follow-up, treatment, cure, prevention, eradication, and control of tuberculosis in the State of Texas effective September 1, 1965. A new division of Tuberculosis Control was formed in the Texas State Department of Health. At the same time, the four Tuberculosis Hospitals were transferred to the

State Department of Health from the Texas State Hospitals and Special Schools. These are McKnight State Tuberculosis Hospital, Carlsbad, Texas; East Texas State Tuberculosis Hospital, Tyler, Texas; San Antonio State Tuberculosis Hospital, San Antonio, Texas; and Harlingen State Tuberculosis Hospital, Harlingen, Texas. To conduct the comprehensive control program, the State was divided into regions in order to conduct the child-centered tuberculosis testing program in the public school system, a state-wide case register, and to continue the special tuberculosis projects.

MEDICAL CARE ADMINISTRATIVE SERVICES

The contractual agreement between the State of Texas and the Social Security Administration places the responsibility of Title XVIII of the Social Security Act under the Texas State Health Department. This contract was signed November 10, 1965 and on December 1, 1965 a new section was created within the State Department of Health called the Medical Care Administrative Services Section. This new section (Medicare) was given responsibility of working with the providers of care for Medicare beneficiaries. To carry out these duties, the section was divided into two divisions, the Division of Certification and Consultation and the Division of Home Health Services.

Certification and Consultation — The purpose and responsibility of the Certification and Consultation Division is to carry out the provisions of Title XVIII, Section 1864 and Section 1861(s) of the Social Security Act. This act provides for the recommending of certification to the Secretary of Health, Education and Welfare by the Texas State Department of Health as to whether an institution is a hospital, an extended care facility, or whether an agency is a home health agency, or whether a laboratory meets requirements of Section 1861(s) of the Act. This Act also provides for the consultation services by the Division to institutions and facilities, to assist them to comply with the provisions of Title XVIII of the Act.

State Health Department Organization During Period of 1960-74

EMERGENCY MEDICAL AND HEALTH SERVICES

At the beginning of this period Emergency Medical and Health Services were consolidated as a direct ancillary function of the State Commissioner of Health. Procedures under which Texas conducts its affairs during an emergency are outlined in the State Survival Plan. This department and the Texas Medical Association are responsible for conceiving plans and setting up an organization to assure the best medical care and health services under emergency conditions.

To cope with a disaster of major proportions, the State has been divided into 17 disaster districts through which State-wide government and assistance to local areas can be handled. Each district is administered by a district council, composed of representatives from State agencies playing major roles in survival and *recovery* efforts. The district medical director is the representative of this department on each district council.

The most pressing administrative problem confronting the emergency medical service program was related to the development of district organizations into well oriented teams thoroughly familiar with the personnel and facilities necessary for adequate performance of emergency medical and health services.

During the biennium 1962-64, this service was renamed Disaster Health and Medical Services. The responsibility for the civil defense emergency hospital program and the medical self-help training program was transferred back to the Central Administration Section. The medical self-help training program provided training to civilian employees, military dependents, and some trainees at most of the military installations in

Texas, and its incorporation into the health curriculum of a large percentage of Texas high schools.

In the biennium of 1968-70 the Disaster Health and Medical Services Division was entitled Civil Defense and Traffic Safety Division and was placed under the direction of the Deputy Commissioner of Health. Statutory authority for the activities of the Division is provided by the Texas Protection Act of 1951, National Highway Safety Act of 1966, Texas Traffic Safety Act of 1967, and Article 4590(b) of Vernon's Civil Statutes. The components of the program are as follows:

Emergency Medical Resource Planning. These activities relate to State Survival Plan, Master Hospital Disaster Plan, placement of National Disaster Hospitals, a packaged Disaster Hospital training program, and Medical Self-Help contracts.

Local Emergency Medical Service Improvement. This program deals with the evaluation and improving of emergency medical services, emergency rooms, ambulance services, and the communications between these facilities.

Ambulance Services. Ambulance inspection and licensing is provided as part of the highway safety program to improve emergency medical care. Information and help is supplied cities on the problems of securing ambulance service. Training programs for ambulance personnel and emergency care is available.

Emergency Medical Communications. This service involves the development of communication capabilities from ambulance to the hospital.

Crippled Children's Services
Division
M & CH Division/Migrant Health

DEPUTY COMMISSIONER,
TUBERCULOSIS CONTROL
Tuberculosis Hospitals
Tuberculosis Casefinding

REORGANIZATION

At the Board Meeting, March 9, 1974, a reorganization plan of the State Health Department was submitted for consideration. The need for reorganization followed two lines of thinking. First, to organize the Department and its services on a more functional basis and secondly, the need for reorganization in order to better portray new types of budgeting procedures that were

described by the Legislature. The Board of Health approved an entirely new organizational format which involved the changing of titles of the Deputy Commissioners and their areas of responsibility to more effectively reflect the program activities. These new titles include the Deputy Commissioner Health Maintenance, Deputy Commissioner Preventable Diseases, Deputy Commissioner Special Health Services, Deputy Commissioner Administrative Services, and Deputy Commissioner Environmental & Consumer Health Protection.

The various sectional titles previously in operation were deleted and adopted were bureau titled and divisions with a regrouping of program to more logically fit the program pictures. The following chart represents this reorganization.



SECTION III

State Health Department from 1960 to 1974

BOARD OF HEALTH

There were no changes in the number, composition, or operation of the Board of Health during this period.

COMMISSIONER OF HEALTH

Dr. James E. Peavy served as Commissioner during this entire period.

REORGANIZATION

The Board of Health authorized June 10, 1963 the creation of the Office of Deputy Commissioner to become effective September 1, 1963. A Deputy Commissioner of Environmental Health was created September 1, 1967. On September 1, 1969, Deputy Commissioners for Finance, Tuberculosis and Program Planning were established. On September 1, 1970 the office of Deputy Commissioner of Air Pollution Control was placed in operation.

The regrouping of the divisions under the various Deputy Commissioners' responsibility assumed this picture:

OFFICE OF THE COMMISSIONER

Health Facilities Construction Section
Grants Management Office
Milk & Dairy Products Division

DEPUTY COMMISSIONER

Medical Care Administration Section
Certification and Consultation
Division
Home Health Services Division
Hospital Licensing Division
Civil Defense and Traffic Safety
Division
Preventive Medical Services Section
Chronic Disease Control Division
Dental Health Division
Nutrition Services

Veterinary Public Health Division
Nursing and Convalescent Homes
Division

DEPUTY COMMISSIONER, FINANCE

Administrative Services Section
Fiscal Office
General Services
Personnel Office
Legal Office
Public Health Education Division

DEPUTY COMMISSIONER, AIR POLLUTION CONTROL

DEPUTY COMMISSIONER, ENVIRONMENTAL HEALTH

Bedding Division
Food & Drugs Division
Marine Resources Division
Occupational Health/ Radiation
Control
Occupational Safety Division
Sanitary Engineering Division
Vector Control Division
Wastewater Technology and
Surveillance Division

DEPUTY COMMISSIONER, PROGRAM PLANNING

Planning Coordination
Data Processing
Local Health Services Section
Local Health Services Division
Public Health Nursing Division
Records and Statistics Section
Laboratories Section
Communicable Disease Services
Section
Epidemiological Surveillance
Leprosy Program and Zoonoses
Control
Pesticides Control Project
Immunization Program
Venereal Disease Control
Special Health Services Section
Cancer and Heart Disease Control
Division

Sanitary Engineering
Water Pollution Control

LABORATORIES

LOCAL HEALTH SERVICES

Local Health Services
Public Health Nursing

PREVENTIVE MEDICAL SERVICES

Communicable Diseases
Dental Health
Mental Health
Tuberculosis and Chronic Diseases
Veterinary Public Health

RECORDS AND STATISTICS

SPECIAL HEALTH SERVICES

Cancer and Heart Disease
Crippled Children's Services
Hos^Pital Licensure
Hos^Pital Services
Maternal and Child Health
Nursing and Convalescent Homes

individuals in the application of public health laws which the State Health Department is charged in enforcing. Another broad area of service is the preparation of requests for opinions from the Attorney General's Office for better interpretation of laws administered by this Department. Similarly, inter-agency contracts with other state agencies are an important and valuable service.

MERIT SYSTEM COUNCIL

The Merit System Council reports appear in the Texas State Health Department Biennial Reports in the period from August 1, 1942 through 1958. The Merit System Council is composed of three members. Members serve six year terms, overlapping each two years. The Council develops the policies and practices for the Director or Personnel Officer and his staff in the operation of the Merit System within the State Health Department. The Merit System operates under the authority of the approved Rule, as amended. The Rule is agreed upon by the State Department of Health, the U.S. Public Health Service, and the U.S. Childrens Bureau, as a part of the Annual Plan. The Council maintains personnel records of all State Health Department employees under the Merit System and employees working in applicable local health units. Personnel changes are submitted by the Personnel Officer for approval as to conformity with the Rule. Positions are allocated according to an approved classification plan and pay is regulated by an approved compensation plan. Figures from the Legislature appropriation are used as a basis for determining the compensation ranges for each classification where applicable. New and revised classes of positions are added to the Plan when justifiable, and changes in compensation are likewise made. The Council conducts recruitment activities and examinations for positions according to the classification plan. Eligibles who make passing scores are placed on registers and certified according to vacancies as provided in the Rule. In order to provide for complete assurance of conformity to the Rule, payrolls were certified each month by the supervisor.

When the State set up a Department of its own covering all State employees with a system of job classification and a compensation scale, the function of the Merit System Council rests mainly on recruitment, examination, and certifying eligibles for employment. When the Merit System Council extended this service to several other State agencies, the Council became independent of the State Health Department.

OFFICE OF GENERAL SERVICES

The Office of General Services was created on February 5, 1958 as a part of the Office of the Commissioner of Health. The Director of General Services serves in a staff capacity to the Commissioner and is responsible for administrative supervision of general departmental services which cut across divisional lines. The main functions for which the office is responsible are maintenance and operation of all buildings and grounds and associated personnel, departmental purchasing, warehousing, receiving and shipping, multilith and reproductions, central library services, control and management of all equipment, postal services, telephone services, and coordination of all new construction activities.

1960 HEALTH DEPARTMENT PROFILE

During the biennium 1958-60 the Commissioner of Health, with approval of the Board of Health, created seven sections with divisional components as follows, and headed by a Section Chief:

Sections :

CENTRAL ADMINISTRATION

- Fiscal Office
- General Services
- Legal Counsel
- Personnel
- Public Health Education

ENVIRONMENTAL SANITATION

- Bedding
- Food and Drugs
- Occupational Health

EMERGENCY MEDICAL SERVICES

The Division of Emergency Medical Services was established by the Commissioner of Health on July 1, 1956. Early activities were related to the acquisition of 200 bed civil defense hospitals and their planned usage in the event of a disaster and with parallel survival plans.

TRAINING

On July 1, 1956, a Division of Training was activated to help various public health personnel secure training which would enable them to serve the people of Texas in a more effective manner. It will also act as a center for arranging training visits from health workers from out of state to the various State and local offices. The plan was to supplement and to reinforce the training already being done through existing divisions, training which is considerable both in quality and in quantity.

The general program involved orientation courses for new employees, early phases of the public health training of nurses and sanitarians, training for secretaries and typists, regional refresher courses for public health nurses and sanitarians, a film on activities of the State Health Department, extension courses on teaching techniques, communication, human relations, stipends for students on long term training, training for psychological social workers, courses by employees leading to a bachelors degree. Additional training plans included short term training in public health subjects provided for individual and for groups. Funds were not provided for the continuation of the training program beyond 1958.

PERSONNEL OFFICE

The personnel office was established on September 1, 1956. The service functions of the personnel office render guidance, assistance, and information to the operating divisions of the Department. These objectives

are accomplished through current status personnel files and annual leave records, reference to the employment status of each employee, entrance procedures for new employees, with consolidations of paperwork, interviewing new employees and informing them concerning insurance, retirement, leave and other fringe benefits, conducting exit interviews, establishing working relationships with operating divisions regarding personnel policies, class specifications, personnel practices of the Department, cooperating with Merit System Council in recruitment, and establishing departmental policies in relation to allocation of positions and job requirements.

CANCER AND HEART DISEASE

The Division of Cancer Control was activated August 1947. The immediate program involved providing professional education through post-graduate tumor courses and financial support in the publication of a cancer journal, "The Texas Cancer Bulletin." Likewise, funds were used to build a Tumor Clinic Service and a Tissue Diagnostic Service. In September 1954 a program for the control of heart disease activities through heart symposia, professional education was extended to the physicians. Funds were used to support the publication of the "Heart Bulletin", a professional journal. Various other media are used in the educational program.

LEGAL COUNSEL

Although an attorney has been employed by the State Health Department for many years, it was not until September 1958 that a Legal Counsel Office was created. This office supplies legal advice to the Commissioner, administrators, and division directors wherever the Department has been charged with enforcement of any public laws. The office also assists in preparing regulations, rules and opinions as required under the provisions of these laws, and works with other attorneys and officials in State and official agencies, and with various organizations and

In 1946 the industrial hygiene engineers were put under the administrative supervision of the District Sanitary Engineers, thus decentralizing the industrial hygiene program.

The Commissioner of Health, as approved by the Texas State Board of Health, March 12, 1956 (under provisions of Article 4418d) (Acts 1927, 40th Legislature, 1st C.S., P. 131, Chapter 42 s8) established the Division of Occupational Health September 1, 1956. The personnel of the industrial hygiene section, Division of Sanitary Engineering, which was concurrently inactivated, were transferred to the new division.

The division duties were thus related to industrial hygiene, radiation, air pollution, and industrial nursing. The Occupational Health Nursing Services existed for only two years.

Current practices of Occupational Health and Radiation Control within the Texas State Department are outgrowths of an industrial hygiene unit which formerly operated within the Division of Sanitary Engineering. The program was concerned with health hazards of industrial plants. On September 1, 1956, the field engineers were transferred to the central office and the Industrial Hygiene Section became the Division of Occupational Health. Then, in April 1960 pursuant to legislative directive, the Department assumed responsibility for management of radiation control activities and assigned the task to Division of Occupational Health and changed the division name to Occupational Health and Radiation Control.

WATER POLLUTION CONTROL

The Bureau of Sanitary Engineering has always been involved in water supplies, sanitation aspects and its sanitary distribution. Its use in tourist camps State parks, flood and disaster relief, shell fish sanitation, abattoirs, stream pollution, sewage disposal, and swimming pools, have been some of the facets of their programs. This division was created as a separate entity from the Division of Sanitary Engineering in

September 1956. Water Pollution or Water Quality Control continues to be major objectives of their program. Operations within the Water Pollution Control Division are divided into program areas of "Plans and Grants" relating to Public Law 660 Sewage Construction Grants; field investigations relating to special field studies, the State wide water quality survey, shell fish surveillance and data processing analysis; and "industrial wastes" relating to collecting, compiling, and disseminating data concerning the vast complexities of industrial wastes.

During the biennium (1960-62), Article 7621d of the Civil Statutes created the Water Pollution Control Board as a separate State agency and which absorbed most of the personnel of the old division.

HOSPITAL LICENSURE

The hospital licensure law, passed by the 56th Texas Legislature, became effective January 1, 1960. Administered by this division, it provides that hospitals cannot legally be operated without first being properly inspected and licensed for compliance with certain standards relating to fire prevention, safety and sanitation. Although exempted in the beginning, on September 1, 1961, the responsibility of licensing the private mental hospitals was transferred to this division.

CHRONIC DISEASE

Funds were made available in July 1957 for the development of a Chronic Disease program. The initial program efforts were directed toward the nursing and convalescent home area. The staff made inspections and proceeded through an educational approach to the development of increased standards in nursing care, better nutrition, improved safety protection, and added sanitation for the benefit of patients in the nursing homes. Later the services were extended to the local health department staffs. Educational materials, diabetes screening and rehabilitation nursing services were included.

SECTION II

Texas State Health Department from 1948 to 1960

BOARD OF HEALTH - 1948 - 1960

There was no change in the composition and number of members of the Board of Health during the period in spite of numerous efforts to enlarge the membership and add other health disciplines. Osteopaths had been appointed periodically since 1925. The Board of Health consists of nine members—6 physicians, 1 engineer, 1 pharmacist, and 1 dentist.

STATE HEALTH OFFICER - 1948 - 1960

Dr. George W. Cox was appointed State Health Officer December 14, 1936 and served until May 1, 1954. Dr. Henry A. Holley was appointed State Health Officer by the Board January 24, 1954 effective March 1, 1954. He was not able to assume this post until May 1, 1954 and served until April 8, 1959. The title of the position was changed to State Commissioner of Health by action of the 54th Texas Legislature, and became effective September 1, 1954.

Dr. James E. Peavy was appointed Commissioner of Health April 8, 1959 and has continued to serve until the present time.

New Divisions and Services

NURSING AND CONVALESCENT HOMES

The functions of this Division are authorized under Article 4442-C, Vernon's Revised Civil Statutes of Texas. Enforcement of the licensing statute was put into effect on July 1, 1953. Effective January 1, 1955 the Nursing Home Licensure Section and the

Hospital Construction program were placed under the title of Hospital Services. The services rendered included licensing policies, interpretation of standards, and acceptable techniques in operating licensed facilities. Physical facilities surveys and inspections were compiled into data for a State plan of the Division of Hospital Services. Revision of the standards for Nursing Homes and Nursing Homes providing Custodial or Attendant Care. A record manual served as a vehicle for use in the inspection and licensing program.

In time these functions included review and approval of plans covering the construction of new homes and also when major alterations are contemplated for existing buildings.

An added function of the section was the issuance of emergency ambulance permits as required by Senate Bill 230, Acts of the 43rd Legislature.

OCCUPATIONAL HEALTH AND RADIATION CONTROL

The new Division of Industrial Hygiene was created in 1936 through funds made available in the spring of 1936 by the Social Security Act. The division at this time was headed by a physician director. The division became a part of the Division of Sanitary Engineering in 1942.

In addition to the more common recognized industrial hygiene engineering responsibilities, the new division was assigned certain specific program responsibilities for meeting air pollution, radiation, civil defense against chemical and radiation hazards and the recognized appropriate medical and nursing phases of occupational health.

Health Service, District Office. The division consists of eight persons including a director, architect, structural engineer, field consultant, accountant and three secretarial and clerical **workers.**

MENTAL HEALTH DIVISION

The Division of Mental Health was organized shortly after Federal funds were appropriated July 1947, to implement the National Mental Health Act. This Act was passed by the National Congress the preceding year. A full time director for the Division was appointed September 1, 1947.

The Division has two main interests: the promotion of good mental health and the prevention of ill mental health. Its services are of two types, both of them limited by virtue of shortage of professional personnel. These services are training of professional personnel and clinical service to individuals with mental health problems.

Training, both accredited and non-accredited, is available for psychiatrists, psychiatric social workers, clinical psychologists, and public health nurses in mental hygiene. Non-accredited training has also been planned for physicians other than psychiatrists.

On request, consultant and educational service as well as teaching materials for all professional groups, important in a program of mental hygiene, are available in limited quantity. These teaching materials include pamphlets, leaflets, bibliographies, and films concerned with general and special problems in mental health.

The second type of service, that of clinical service consists of financial support to mental hygiene clinics. It is being initiated only in clinics already established, or in communities where training or experience under qualified supervision is available or can be made available for specialized mental hygiene personnel. Therefore, even though the clinic gives services to individuals, it is also a

training center. It also acts in a consultant and educational capacity to organizations of the community in which it is located.

Thus—The establishment of good health in Texas has been similar to a small stream traversing the landscape, beginning as a trickle in the early part of the 19th century to become a surging rivulet in its scene of activities in the 20th century. The river's mouth and its emptying into the bay have yet to be reached. Since public health has been made one of the basic factors in cooperative effort for continental solidarity and international relations, the optimist thinks this stage of progress will inevitably occur in post war reconstruction and adjustment.



CANCER CONTROL DIVISION

The Cancer Control Division was activated August 1, 1947, when funds were made available for Cancer control activities. The personnel of the division at that time consisted of one medical director, a health education consultant and a clerk-typist. A month later when state funds were appropriated a secretary was added to the staff. The present staff of the division is the same except for the health education consultant position which has been deleted.

During the first year the program and activities of this division have been directed along the following lines:

Education of physicians in the early diagnosis and treatment of precancerous and cancerous lesions. A distinct effort has been made to make every physician in Texas realize that his office should be a "clinic" for the early detection of malignant lesions. This is being accomplished by a series of graduate tumor conferences held in cooperation with the University of Texas School of Medicine in Galveston. Three conferences have already been held concerning tumors of the gastro-intestinal system, male and female genito-urinary systems and breast cancers.

Three hundred and eighty physicians from all parts of the state have attended these conferences to date.

This division is cooperating with the American Cancer Society, the M. D. Anderson Hospital and the State Medical Association in the publication of a new type of cancer journal designed to attract the interest of the general practitioners. This *Texas Cancer Bulletin* is published six times a year and is sent to every Texas physician free of charge.

Another service of the division is being performed through free tissue diagnosis for medically indigent patients. The primary purpose of this service is to help the general physician do more biopsies of suspicious

lesions in all of his patients regardless of their ability to pay for the tissue pathological examination.

Three cancer diagnostic and treatment clinics in the state are being aided by grants-in-aid funds through this division. Two of these clinics are in San Antonio and the other in Wichita Falls. These clinics are sponsored and operated either by the local medical society or hospital staff.

Other direct services of this division include the preparation of cancer morbidity and mortality statistics, education of public health personnel in the control of cancer, and education of the public in general about the cancer problem.

HOSPITAL SURVEY AND CONSTRUCTION DIVISION

Under authority of the Governor the State Health Officer set up the Hospital Survey and Construction Division in January, 1946, prior to the passage of the Hospital Survey and Construction Act (Public Law 725 of the 79th Congress). The state's enabling act, House Bill 503, was passed by our 50th Legislature, designating the State Board of Health as the sole state agency for administering the Federal Act in Texas and to allocate the authorized Federal Grants-in-aid for the construction of hospitals and public health centers in the state.

The work of the division consists of surveying the state to determine the need for additional hospital and public health facilities and to set up priorities for areas based on the need of each hospital and public health area. It is the duty of the division to process applications for Federal aid from sponsors and to assist communities in their planning. Technical personnel in the division review all applications as well as plans and specifications for construction work and make periodic inspections of all projects under construction prior to the actual payment of Federal Funds to sponsors. In all phases of the division's work there is close cooperation with the Hospital Facilities Section of the U.S. Public

The Tuberculosis Division acts as a clearing house for various agencies. The principal contributors of known tuberculosis cases are the Veterans Bureau, United States Public Health Service, other State Health Departments and local health departments of the United States, the Selective Service System, the State Sanatoria, cases found by positive sputum reports of the State Health Department laboratories, case-finding clinics conducted by the State Health Department and cases of tuberculosis provided by private physicians. A central registry of all known cases is maintained in the main office.

For a number of years the Tuberculosis Division operated a portable 14 x 17 x-ray unit for case finding purposes. During the last three years photofluorographic equipment has been available for mass case finding and county wide survey purposes. Since the use of the photofluorographic equipment for mass surveys has been placed into operation, approximately three-fourths of a million people have been x-rayed. Five units are now kept in continuous operation in county wide surveys.

MATERNAL AND CHILD HEALTH DIVISION

The Maternal and Child Health Division is concerned with developing an integrated program for protecting the health and well-being of mothers and children throughout the State. The Division provides consultatn services in obstetrics, pediatrics, nursing, nutrition and child care to local health departments and communities for planning and executing maternal and child health programs.

Specific services are rendered through prenatal and child health conferences. In Prenatal conferences expectant mothers are given health supervision during pregnancy in an effort to eliminate difficulties and promote maximum well-being of the mother and baby. Child Health conferences provide for health supervision of children from birth to school age by assisting the parent in recognizing and providing for the health and developmental needs of their children.

Close cooperation is maintained with all divisions of the Health Department as well as related state departments and agencies rendering services to mothers and children.

The present staff consists of a director, field consultant, negro medical consultant, nutritionist, health education consultant and administrative assistant.

DIVISION OF SCHOOL HEALTH SERVICES

The Division of School Health Services promotes, throughout the State of Texas, healthful school environment and sanitation, a basic health program for the school child, child care and parental health education, and conducts demonstration centers and experimental programs in child development and health education.

This division program includes seven major phases in health education; prevention of spread of communicable disease by daily observation, prevention and recognition of non-communicable difficulties by periodic teacher observation, provision of minimum essentials in class room environment, provision of individualized activity for children to promote their physical fitness, provision for health education in the public schools in promote insight into personal hygiene and local health hazards, inclusion of adequate nutrition supervision and instruction in the public schools, integration of the school health program to provide continuity in health education from the pre-school period through the entire school life of each child.

This division maintains working relationships with the public schools and educational institutions of the State and acts as the executive agency of the Texas Interprofessional Commission on Child Development. The division is now supervising twelve demonstration centers sponsored by nine urban and rural school districts and three teachers colleges.

rate, immunization programs in the pre-school and school age groups, and environmental sanitation.

BEDDING DIVISION

The Bedding Division was added to the Texas State Department of Health as a Sub-Division of the Bureau of Sanitary Engineering on July 3, 1939. The Bedding Division was authorized by the passage of the State Bedding Act, Senate Bill Number 200 of the 46th Legislature (V.A.C.S.4476).

In general, the activities of the Bedding Division are as follows:

- (a) To require the germicidal treatment of all secondhand bedding and secondhand materials used in the manufacture of bedding, for the purpose of providing sanitary bedding for the purchasing public.
- (b) To require that all bedding manufacturing plants shall be operated in a sanitary manner, for the purpose of providing sanitary working conditions.
- (c) To require the labeling of all bedding, showing whether new materials or secondhand materials have *been* used in filling, and the type and grade of cotton and all other materials used in filling when new materials are used. This labeling requirement is for the purpose of providing the purchasing public with knowledge of the type and grade of material used in filling articles of bedding, which is designed to eliminate fraud in the bedding industry.

The Bedding Division has as its financial support annual bedding permit fees and one-cent tax fees on each article of bedding manufactured. These fees are paid to the Bedding Division by the various bedding manufacturers who carry on business in **Texas.**

DIVISION OF VENEREAL DISEASE CONTROL

In 1936 a separate Division of Venereal Disease was created. Through funds made available from the La Follette-Bulwinkle Bill, money was provided for assistance in Venereal Disease Control.

The program, in brief, includes giving assistance to any *city* or county operating venereal disease clinics for treating underprivileged patients; distribution of drugs to physicians through the local county medical society, postgraduate instruction to practicing physicians, evaluation of serological diagnostic tests for both the State and local laboratories, education of public health personnel in over all aspects of Venereal Disease Control, and maintaining trained personnel for case-finding.

The Venereal Disease Division maintains 96 clinics in the State. In October, 1943 the first of six rapid treatment centers began operation in Texas. By July 1, 1947, 14,860 cases had been treated in three hospitals. During the biennium, over 175,017 diagnostic observations were completed. Forty individuals are required in the central office.

The Venereal Disease Division operates mobile blood surveys with 79,223 bloods drawn for examination. 89,305 cases were investigated by the Division.

DIVISION OF TUBERCULOSIS CONTROL

The Tuberculosis- Division complements the educational program on tuberculosis in the State. The major responsibility for education is assumed by the State Tuberculosis Association and its local affiliates. The Tuberculosis Division does supply lectures, small amounts of literature and statistical reports in an endeavor to acquaint the public with the tuberculosis needs.

At the discretion of the State Department of Health, transportation, appliances, braces and material necessary in the proper handling of crippled children may be in part or entirely provided.

Section 4. That no child shall be entitled to the care and treatment provided in this Act unless the county judge of the county in which the child resides shall certify to the State Department of Health upon sworn petition of the parents of said child, or persons standing in loco parentis, proven to the satisfaction of said judge, that the parents of said child, or persons standing in loco parentis, are financially unable to provide for said care and treatment.

That children whose parents, or those in loco parentis, are financially able to pay in part for such treatment and care may be provided for by the State Department of Health under such rules and regulations as may be prescribed by the Department of Health.

In more definite terms, the State Department of Health may provide care for children needing treatment for the following conditions: Infantile paralysis, spastic paralysis, osteomyelitis, club feet, harelip and cleft palate, burns, curvature of the spine, arthritis, bow legs, rickets, tuberculosis of the bone, flat feet, congenitally dislocated hips, muscular dystrophy, supernumerary fingers and toes, torticollis, elephantiasis, spina bifida, Pott's disease, brachial palsy, congenital anomalies, spondylolisthesis, amputations, webbed fingers, epiphysitis and sarcoma.

The Crippled Children's Division received funds from the Children's Bureau, United States Department of Labor, through the Social Security Act, Title 5, Part 2, for extending and improving service for crippled children. It is believed that the Department will receive from this source an amount approximately equal to the amount appropriated by the State for carrying on the program.

The Division is at present using approximately thirty (30) hospitals throughout the State, and an equal number of specialists who are qualified by experience and training to care for crippled children.

It is believed that the Division will care for approximately 2,500 children each year. These will be given medical care and hospitalization in addition to the many who have been accepted during the past years who are in need of further care.

The director of the Maternal and Child Health Division is responsible for the administration of the Crippled Children's Program. The program at present has a total of twenty-one employees.

DIVISION OF LOCAL HEALTH SERVICES

The Division of Local Health Services is responsible for advisory and supervisory activities in 48 city, county, and city-county health units.

The Division of Local Health Services is composed of physicians, sanitarians, and trained clerical consultants. This group of trained public health workers act as constructive critics of local programs. The field consultants of the Division of Local Health Services promote and organize new health units. Scientific appraisals of the activities of these units are made annually.

A local health unit is composed of a physician, a sanitarian, and a nurse. This is the basic personnel. The size of the health unit varies markedly. While some of the smaller units have only the basic personnel, the larger units often have as many as 150 health workers. There are approximately 1,263 individuals working in health units throughout the State of Texas.

One of the most important functions of the local health unit is the control of communicable diseases. Other major projects of the public health program include efforts to reduce the maternal and infant mortality

TEXAS BUREAU OF VITAL STATISTICS

Since 1909 the original records for the entire State have been centralized in the Bureau of Vital Statistics, State Department of Health. By the end of 1948 approximately 7,825,000 records had been filed in the State Bureau. More than 311,929 records were received during that year, including 265,002 current birth and death certificates and 46,927 filed through the probate courts of Texas. These records and requests involved the handling of nearly 800,000 pieces of mail.

Vital statistic records indicate that the general death rate for Texas during the years 1946-48 averaged 8.8. The 1947 birth rate of 27.7 is the highest on record. Significant downward trends have continued in the stillbirth, infant mortality, and maternal mortality rates with the 1947 rates being all-time lows. Typhoid fever, diphtheria and tuberculosis death rates in 1947 were also below those of any previous year. Although certain normal phases of work done in the Bureau were either stopped or seriously curtailed during the war emergency, these activities have been resumed as rapidly as possible.

DIVISION OF PUBLIC HEALTH NURSING

The public health nursing division has 268 nurses employed who provide nursing services through local health units. The Division provides nursing consultation to the general health program and to those of the special divisions using nursing service. It provides professional direction and supervision, as well as general and special technical consultation for the public health nurses of the State. It has the responsibility for designating satisfactory qualifications for various positions, selection and assignment, supervision for maintenance of high standards of performance, continuous inservice education, and providing leaves of absence for further study.

CRIPPLED CHILDREN'S DIVISION

In 1933 the Texas Legislature created a physical restoration service for crippled children under twenty-one (21) years of age and placed it in the Vocational Rehabilitation Division of the State Department of Education. The State Department of Education administered the program from 1933 until May 16, 1945. House Bill No. 754, Forty-ninth Legislature, transferred the program to the Department of Health on May 16, 1945.

Sections 1, 2, 3, and 4 of House Bill No. 754 determine what type children may be accepted for treatment. These read in part:

Section 1. That there is hereby created in the State Department of Health a physical restoration service for crippled children under twenty-one (21) years of age.

Section 2. A crippled child is defined as any person of normal mentality, under twenty-one (21) years of age, whose physical functions or movements are impaired by reason of a joint, bone, or muscle defect or deformity, to the extent that the child is or may be expected to be totally or partially incapacitated for education or remunerative occupation.

Section 3. The Crippled Children's Division of the State Department of Health is empowered to take census, make surveys and establish permanent records of crippled children; to procure medical and surgical service for crippled children, provided that only physicians legally qualified to practice medicine and surgery in Texas be employed for purposes of diagnosis and treatment, that no more than the customary minimum fees be paid for such services, and that physicians or surgeons so employed shall be approved by the State Board of Health as qualified to render such service; to select and designate hospitals for the care of crippled children contemplated by this Act, and to take such other steps as may be necessary in order to accomplish the purposes of this act.

Brownwood-Brown County Health Unit
Laboratory
Brownwood, Texas

Cameron County Health Unit Laboratory
San Benito, Texas

Corpus Christi-Nueces County Health
Unit Laboratory
Corpus Christi, Texas

Dallas City Health Department
Laboratory
Dallas, Texas

El Paso City-County Health Unit
Laboratory
El Paso, Texas

Fort Worth City Health Department
Laboratory
Fort Worth, Texas

Greenville-Hunt County Health Unit
Laboratory
Greenville, Texas

Houston City Health Department
Laboratory
Houston, Texas

Midland-Ector-Howard County Health
Unit Laboratory
Midland, Texas

Port Arthur City Health Unit Laboratory
Port Neches, Texas

San Antonio City Health Department
Laboratory
San Antonio, Texas

Texarkana-Bowie County Health Unit
Laboratory
Texarkana, Texas

Tyler-Smith County Health Unit
Laboratory
Tyler, Texas

Waco-McLennan County Health Unit
Laboratory
Waco, Texas

Wichita Health Unit Laboratory
Wichita Falls, Texas

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During the year of 1948 the regional laboratories performed 1,731,307 tests on 1,052,969 specimens. The central laboratory provides special courses for laboratory workers. The central laboratory performed 767,310 tests on 399,650 specimens.

CENTRAL ADMINISTRATION

The work of this division includes the activities of the State Health Officer and the Business Officer. Each local health unit has been visited by the Business Officer to consult with the local appropriating bodies on fund raising, and to review with the director of the unit and his staff the preparation of the budget, procedures for routine matters, and planning and review of the health program. This division has immediate supervision of budgets, Federal financial reports, Merit System personnel actions and records, pay rolls, pay roll tax deduction, checking and payment of expense accounts, payment of all invoices and bills, encumbrances, requisitions and property records. They also supervise the use of State cars, their repair, rationing of gas and tires, and assignment to personnel. The multilith division which duplicates most of the forms for the department, the filing department, warehouse, mailing room, telephone operators, and janitors are under the direction of this division. It maintains the physical properties of the department, plans with the director of divisions and other officials concerned, the type and scope of their programs, sets up budgets to provide **personnel and funds for their accomplishment**, and generally handles the business details of the department so that the various divisions, bureaus, and local units will be free of such detail to devote their time and energies to the health program under their immediate supervision.

There are fifty-four individuals employed in the central administration.

industrial hygiene, malaria control, typhus control, shell fish sanitation, water certification, education of water and sewage plant operators, licensing of water and sewage operating personnel, rural and urban sanitation, sanitary problems of health units, tourist camps, recreational areas.

DIVISION OF DENTAL HEALTH

Funds were made available in 1936 for the establishment of a dental division to be operated under the Maternal and Child Health Bureau. In September, 1945, the Dental Division began operation independently of the bureau. The functions of the Dental Division involve education and prevention. Free clinical service is provided for under-privileged children. Various demonstrations are conducted and research studies are made. One phase of education which is provided for school children is the Itinerant Dental Health Puppet Show. Educational work is extended to the adult groups including teachers, nurses, and dentists.

BUREAU OF COMMUNITY SANITATION AND MALARIA CONTROL

In 1933 a large sanitation program was started with the drainage of swamps, lining of ditches with concrete and masonry to take care of impounding waters in and around cities throughout the malaria belt. This general program was assisted by the cooperation of the Works Projects Administration. With the outbreak of World War II this program was enlarged and with the discovery of newer and more effective insecticides the program was complemented through the actual spraying of houses with DDT. Special emphasis was devoted to the recognition of breeding places of mosquitoes in areas adjacent to military, naval, and industrial areas.

BUREAU OF LABORATORIES

The functions of this bureau are not specifically stated in any statute but its policies and activities are approved by the

State Health Officer and the State Board of Health. Bacteriological examinations are made of sputum, blood, feces, body fluids and exudates. Water and milk samples are examined. Tissue specimens are submitted by pathologists for early diagnosis of cancer. Special studies are made of tissue for the presence of rabies. Various sero-diagnostic tests of blood specimens are made for the presence of venereal diseases.

Many types of vaccine are prepared and distributed over the State. Vaccines which are manufactured include typhoid, diphtheria toxoid, smallpox, rabies, tetanus, and pertussis. The material for several diagnostic tests are also prepared. These include the Schick and the tuberculin tests. Distilled water for venereal disease clinics and ampules of silver nitrate are prepared. Bacteriological antigens and serological antigens are distributed to laboratories and to regional laboratories for diagnostic purposes.

The chemistry section does chemical analysis to determine if adulterants are present in samples submitted by the Bureau of Food and Drugs. Samples of water and sewage submitted through the Bureau of Sanitary Engineering are examined. Chemical content of various samples provided from industrial hygiene problems are carefully studied.

Sources and agents for the spread of epidemics in certain sections of the state are regularly studied. Included are special studies involving various insects and parasites. Specially trained laboratory workers assist in the diagnosis and study of rabies, encephalitis, smallpox, equine encephalomyelitis, typhus, Rocky Mountain Spotted Fever, and other diseases which are caused by virus and rickettsiae. The Bureau of Laboratories has assisted local health departments in the establishment and maintenance of sixteen regional laboratories. The names and locations of these regional laboratories are as follows:

Abilene—Taylor County Health Laboratory
Abilene, Texas

recommendation of the board and relocated the Dairy and Food Commission in the State capitol. The responsibility for the examination of food was assumed by the State Board of Health in 1921, although it retained its separate laboratory until consolidated with the Bureau of Laboratories in 1928.

In 1912 a Bacteriological Laboratory was established under the State Board of Health. The reports at this time indicated 1,082 diagnostic tests were made chiefly for diphtheria, typhoid, malaria, on blood, water, and feces. The Bacteriological Laboratory in 1914 was examining drinking water for use on railway trains and towns, and doing sputum studies, primarily for tuberculosis, hookworm examinations, and spinal fluid. The laboratory report of 1922 shows they were examining blood by Wassermann tests, urinalysis, and were distributing diphtheria anti-toxin, anti meningitis serum, and typhoid vaccine. By 1925 the Laboratory was, in addition, supplying silver nitrate drops for use in maternity work. Through a consolidation effected in 1928, the Pasteur Institute, the Laboratory of the Pure Food Commission, and the Bacteriological Laboratory became the Bureau of Laboratories. With the availability of funds through the Social Security Act, 1935, and assistance from the United State Public Health Service, the Bureau of Laboratories was able to expand markedly. With the inauguration of the Defense Program, further demands were made upon the Laboratory, and its services have had to be extended.

The 1948 Pattern

The Texas State Health Department has made long strides in progress since official agencies assumed responsibility for health conditions in the beginning of the quarantine era. The best measure of the progress made can be reflected by a study of present disease and mortality incidence. With morbidity and mortality rates at the lowest level in history the Health Department can take pride in pointing to the effectiveness of control measures.

Although Texas citizens enjoy the best health and living conditions of any time, there remain health problems to be solved. Health activities have always been operated upon a poverty of finances. Through funds obtained as result of Social Security Act in 1935, the La Follette-Bulwinkle Bill in 1938, United State Public Health Service, the Children's Bureau and WPA Projects, huge expansion of the activities of the Health Department have resulted. The pattern of the present Health Department is woven around the following Divisions and their functions.

DIVISION OF PUBLIC HEALTH EDUCATION

The duty of the Division of Public Health Education, as approved by the State Health Officer, is to provide the dissemination of newer knowledge and techniques of medicine to those whose health, welfare, and happiness will be served to individual and common advantage. The numerous channels of approach to this consists of news releases, magazine articles, spot news stories, regular weekly radio broadcasts, supervision of the Visual Education Program, construction and display of the public health exhibits, preparation and dissemination of booklets and posters on disease prevention, written material on various public health subjects, and an intensive program of public health education, to those whose occupation affects the public health. The Division is held responsible for the issuance of all publications of the State Department of Public Health, quarterly and annual and biennial reports and compiled and organized by the Division for publication.

BUREAU OF SANITARY ENGINEERING

The Bureau of Sanitary Engineering has as its particular functions the administration of public health activities in so far as these activities are concerned with the principles of sanitation or sanitary engineering. The staff of the engineering division now includes special personnel on water supplies, sewers, sewage treatment, industrial wastes, stream pollution,

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which a quarantinable disease existed were also barred from school until given a certificate by the attending physician, countersigned by the local health officer, that there was no longer danger of contagion.

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Tuberculosis was one of the first of the communicable diseases to receive the attention of the Texas State Board of Health.

At the beginning of the twentieth century Texas was confronted with the problem of migration to this State of many persons with tuberculosis and other chronic diseases in the belief that Texas climate would cure them.

The Texas Anti-Tuberculosis Association was organized in 1906. In 1912 the Registrar of Vital Statistics estimated that there were 43,208 cases of Tuberculosis in Texas. To deal with this serious and mounting problem the Legislature created an Anti-Tuberculosis Commission in 1911 and authorized this Commission, which included Governor O. B. Colquitt, the State Health Officer, as Chairman, and three citizen members, to establish a tuberculosis sanatorium. As a result of this action the Texas Sanatorium for the treatment of incipient pulmonary tuberculosis at Carlsbad, Texas, was opened on July 4, 1912. The Anti-Tuberculosis Commission was succeeded after the establishment of the Sanatorium by a Board of Commissioners for the Sanatorium.

The original Anti-Tuberculosis Commission served a two-fold function, educational and executive. In its educational work it was an auxiliary service of the State Board of Health. In its executive function it was an independent commission of which the State Health Officer was chairman, and which was charged with the responsibility of establishing the State Tuberculosis Sanatorium. When the Anti-Tuberculosis Commission went out of existence, the educational work which it carried on was largely dropped. The responsibility for the State Sanatorium was placed under the Board of Control in 1920.

With the creation of a Bureau of Communicable Diseases in 1922 the educational work seems to have been primary activity. The Bureau also registered beauty parlors and barber shops and supplied them with the sanitary regulations governing such shops. In 1924 the Bureau began making epidemiological studies as part of its program. By 1925 the venereal disease program and tuberculosis control work had been delegated to the Bureau of Communicable Disease. The Bureau retained this title until the biennial reports of 1935 and 1936 when it was called the Communicable Disease Control and Epidemiology, while in the 1939-1940 reports it is called the Division of Epidemiology. Health activities have always been directed toward the control of contagious diseases such as cholera, yellow fever, plague, anthrax, smallpox, typhoid, malaria, diphtheria, etc. The earlier efforts were not directed toward their prevention, for remedial measures were not instituted until the actual epidemic had occurred. As time progressed more and more attention was focused on prevention.

BUREAU OF LABORATORIES

The present Bureau of Laboratories resulted from the fusion of three separate laboratory divisions in 1928. The Pasteur Institute was started in 1903 as a branch of the Austin State Hospital, then known as the Austin Lunatic Asylum. The Pasteur Institute at one time was a very important institution for the State because patients who were bitten by rabid animals from all sections of Texas came to Austin for the anti-rabies prophylactic treatment. Rabies vaccine continues to be produced by the Bureau of Laboratories and is distributed through local health officers, thus allowing patients to remain at home and take treatment locally.

In 1906 the creation of the Pure Food Commission led to the establishment of a laboratory for food analysis. The act provided the Dairy and Food Commissioner should be an analytical chemist and bacteriologist. At that time the Commission was located at the College of Industrial Arts at Denton, Texas. In 1911 the Legislature followed the

not directed toward anthrax. During the biennium ending in 1916, Dr. P. W. Covington became first Director of Rural Sanitation in the State Board of Health. Under his supervision a program was started to eradicate soil-born diseases and to control soil pollution. It is noted in 1918 that the Bureau was now called the Bureau of Rural Sanitation and Intensive Health Work. One of the recommendations of the legislative subcommittee which investigated the work of the State Board of Health in 1917-1918 was the "State Health Department devote all of its energies to rural health work in all parts of the State." Forty-five thousand dollars was appropriated for such work in intensive rural health work and rural sanitation leading to the prevention and eradication of malaria, hook-worm infection, typhoid and other contagious diseases. The Bureau was assisted by funds from the International Health Board of the Rockefeller Foundation. Five field units were set up to carry out the program. Again in 1924 the Bureau of Rural Sanitation and Intensive Health Work was re-called the Bureau of Rural Sanitation. In 1925 the Bureau of sanitation was replaced by the Bureau of city and county health officers. The first fulltime county health work began in 1919 and the responsibility for the promotion of full time county health units was given to the Bureau of Rural Sanitation in 1924. In the biennial reports of 1927-1928 no mention is made of rural sanitation except that carried on through the Engineering Division. From 1931-1934 the biennial reports show a Division or Bureau of Rural Health Administration. In 1934 this service was known as the Health Unit Service which in 1937 became the Local Health Service.

(7) Venereal Disease.

In 1916 the State Board of Health established a Bureau of Venereal Disease conformative to the request of the National War Department. Under the Kahn-Chamberlain Law \$42,000 was allotted to Texas to be used by the Bureau in stamping out venereal disease. The State Legislature in 1919 appropriated \$30,000 for this work. As a separate Division it was

continued until 1924 when venereal disease was placed under the Bureau of Communicable Disease. The work in this field apparently remained dormant in this Division until August 1, 1936, when again a separate Division of Venereal Disease Control was organized.

(8) Communicable Disease.

The Bureau of Communicable Disease was not created by the Texas State Board of Health until some time during the years of 1918-1922 when publication of biennial reports was suspended. The Sanitary Code adopted in 1910 made mandatory the reporting by physicians of all contagious and infectious diseases, and included the following diseases in this category: Asiatic cholera, bubonic plague, typhus fever, yellow fever, leprosy, smallpox, scarlet fever (scarlatina), diphtheria (membranous croup), epidemic cerebrospinal meningitis, dengue, typhoid fever, epidemic dysentery, trachoma, tuberculosis and anthrax. Reports concerning tuberculosis were to be kept "privately," and to be considered confidential. The records of no other disease were placed under this restriction.

Persons with the "pestilential" diseases, cholera, plague, typhus fever, or yellow fever, were to be placed in "absolute isolation" and the premises in "absolute quarantine." Persons with the "dangerous contagious diseases," leprosy, smallpox, scarlet fever (scarlatina), diphtheria (membranous croup), and dengue, were to be placed in "modified isolation," and the premises in "modified quarantine." Persons with "non-quarantinable contagious diseases," typhoid fever, cerebrospinal meningitis (epidemic), epidemic dysentery, trachoma (acute catarrhal conjunctivitis), tuberculosis, and anthrax, were to be placed in limited isolation.

Persons with measles, whooping cough, mumps, German measles (rotheln), and chickenpox, were to be barred from school twenty-one days or longer from the onset of the disease, at the discretion of the local health officer. Children residing in a house in

Spanish, and German, containing useful information for the protection of the individual and the public health. The State Health Department shall send a public health exhibit in a railway car or cars over the lines of railroads in the State of Texas and shall cause the exhibit to be displayed in the cities and towns on railway lines. With the display of the exhibit there shall be given free lectures and talks to the people, illustrated, where possible, with stereopticon and moving pictures, and printed matter containing useful information pertaining to the protection of health and prevention of disease shall be distributed.

Two thousand dollars was appropriated for putting the program into operation. Another health exhibit car toured the State during the latter part of 1914. Public Health education work of the State Board of Health included semi-weekly press releases to the Associated Press, hook-worm lectures, and the use of lantern slides. The staff of the State Board of Health in 1923-24 included a secretary of public health education. In 1925 this position was placed under the Bureau of Child **Hygiene** and Public Health Education apparently became the responsibility of this department. Weekly letters and monthly bulletins were issued which apparently was the extent of education until the time a Bureau of **Public Health Education** was set up in **1927**. The work expanded at this time when the departmental re-organization took place.

(5) Maternal and Child Hygiene.

The State Health Officer in 1918 recommended an appropriation by the Legislature of \$25,000 for adding a Bureau "in the interest of child welfare" in an effort to engage in a fight against the high infant mortality in Texas. A Bureau of Child Hygiene was established by the State Board of Health during the Biennium ending in 1922. A maternity home inspector and seven public health nurses completed the staff of the Department. One of the public health nurses employed at this time was colored, and

worked largely with expectant mothers of her race. A maternity home inspector surveyed maternity homes, lying-in hospitals and baby farms. By the end of the year three of the public health nurses on the Bureau staff were stationed in counties carrying on health education, prenatal care of the mother and care of the baby and pre-school child. Child health conferences were held in communities. A nursing staff at this time was augmented by 58 county health nurses working under the supervision of the Red Cross.

Through provision of the Act of Congress in 1921 known as the Sheppard Towner Act, the maternity and infancy program of the Bureau of Child Hygiene was expanded. Twenty-four counties now had county public health nurses' services. A survey of midwives in Texas was started in May, 1924, by the Bureau of Child Hygiene; and two months later the American Child Health Association provided the Bureau with a doctor and a public health nurse to assist in the work. Both the State and local public health nurses were required to be registered nurses who had had three months training in public health nursing. Responsibility for licensing lying-in hospitals and orphanages rested with the Bureau of Child Hygiene in 1925, but there were no provisions for licensing midwives. In 1935, with the reorganization of the Department, the Bureau of Child Hygiene became the Division of Maternal and Child Health.

(6) Rural Health Sanitation.

Public health organization for attacking the major public health problems in the rural areas and counties of Texas began in 1912 with the creation of the Hook-worm Commission. The Anti Plague Commission was created in 1913 but the life of this was short. Anthrax Commission was added to the State Board of Health in 1915. An appropriation of \$4,000 was made for work on anthrax in 1913 and 1915. The Anthrax Commissioner was Dr. Davis, already secretary of the Board and Registrar of Vital Statistics. After 1916 special attention was

...it shall be unlawful for any person, firm or corporation, private or municipal, to pollute any water course or other public body of water, from which water is taken for the use of farm live stock and for drinking and domestic purposes, in the State of Texas, by the discharge, directly or indirectly, of any sewage or unclean water or unclean or polluting water or thing therein, or in such proximity thereto as that it will probably reach and pollute the waters of such course or other public body of water from which water is taken for the uses of farm live stock and **for drinking and domestic purposes.** . . . Provided, the provision of this Act shall not apply to any place or premises located within the limits of an incorporated town or city, nor to manufacturing plants whose affluents contain no organic matter that will putrify, or any poisonous compounds, or any bacteria dangerous to public health or destructive of the fish life of streams or other public bodies of water.

This Act was ammended in 1915.

In 1915 the first Sanitary Inspector was added to the staff of the State Health Department. In 1917 the Bureau of Sanitary Engineering was established under the State Board of Health. Attention was now directed toward the treatment of sewage, and disposal plants were established in Texas. The first municipal abattoir began operation in Paris, Texas, in December, 1909, but by the end of 1918 there were several in the State and inspection of these were the responsibility of the Bureau of Sanitary Engineering. Likewise the supervision of water supplies became its responsibility. Mosquito control programs were inaugurated in the early twenties. By 1925 the Bureau of Engineering was known as the Bureau of Water Waste Control and Inspection, and lists as its functions analyzing water supplies, inspecting purification plants, advice and supervision in the construction and maintenance of public water supply and sewage disposal systems, inspecting food and slaughter houses, enforcing milk laws, consultation service to ice plants, swimming

pools, tourist parks, sanitation in schools and public buildings, plumbing and oyster regulations. Since 1927 the Bureau has been known as the Bureau of Sanitary Engineering.

(4) Public Health Education.

Through the efforts of Dr. W. M. Brumby, State Health Officer in 1907, in the publication of a monthly bulletin of materials relating to public health and vital statistics, he was instrumental in introducing formal public **health education.** The Texas Anti-Tuberculosis Association was organized by him in 1908 as a "quasi-official auxiliary" of the State Board of Health to utilize the educational work of the American Tuberculosis Exhibition. In September 1908, at the State Fair in Dallas, the first tuberculosis exhibit in the State was shown with material borrowed from New York, the Army, Navy, United States Public Health Service, and Marine Hospital Service. The exhibits were shown in Ft. Worth, San Angelo, Brownwood, Waco and Houston. In 1909 the first traveling educational exhibit against all communicable diseases was organized in Texas. The exhibits remained in a town for several days and consisted of lectures, slides on specific diseases, tuberculosis, hook-worm, pellagra, etc. The discussion of local conditions was made with local citizens regarding adoption of the sanitary code, municipal incorporation, spitting **ordinances, sanitary** sewage disposal, food inspections, **and** a clean-up campaign.

The **Legislature in 1913** outlined in detail a public health education program for which it made an appropriation to the State Board of Health. A portion of the Act reads as follows:

The State Health Department shall disseminate information concerning the cause, nature, extent and prevention of communicable disease and shall arrange for free lectures and health exhibits, and shall cause to be printed and distributed free of cost to the people, bulletins, pamphlets, circulars, leaflets, cards, and other printed matter, printed in English,

5. **Violation of** the Act will be a misdemeanor punishable by fine of not less than \$50 nor more than \$500.

This Act was inoperative and declared unenforceable.

An Act of 1899 was passed requiring all manufacturers of flour, meal, and feed from such products, to mark contents and net weight on each package before offering it for sale.

Prior to 1907 the Legislature had never appropriated any money except in 1883, for assuring pure food and drugs to the State. During the year following the passage of the Federal Food and Drug Act on June 30, 1906, the first comprehensive federal legislation in this field, the Legislature enacted a pure food and drug statute; and created a new agency, the Dairy and Food Commissioner, to enforce the State's pure food and drug laws. The Act provided that the Dairy and Food Commissioner should be "a practical analytical chemist and **bacteriologist**, that he should receive a salary of \$2,000 a year, that he should hold office for two years, and that he should be **appointed by** the Governor. **A deputy commissioner and a stenographer were authorized to assist the Commissioner.** Provision was made that the office of the Commissioner was **to be located in the College of Industrial Arts at Denton.** The **administration of pure food and drug legislation** in Texas created in 1907 remained **under the Dairy and Food Commissioner until 1921.**

In 1911 the Legislature, following the recommendation of the Board, relocated the Dairy and Food Commissioner in the State Capitol. The responsibility for pure food and drugs in the State was not assumed by the State Board of Health until 1921. The Food and Drug Commission had its own laboratory as provided by the Pure Food and Drug Law. In 1928 the food and drug laboratory became a part of the general laboratory of the State Health Department.

During the legislative investigation of the State government of Texas in 1917-1918, a subcommittee of the Central Investigating Committees investigated the work of the Dairy and Food Commissioner, and then recommended that a Bureau be created within the State Health Department to take over the functions of the Dairy and Food Commissioner, and that the two laboratories be combined. The Legislature abolished the office of the Dairy and Food Commissioner and transferred it to the State Health Department, investing all the powers and authority in the State Health Officer previously conferred by law upon the Dairy and Food Commissioner and the Dairy and Food Department.

(3) Sanitation.

In the Act of 1879 authorization was given for the first time for the appointment of a State Health Officer, specifying that the person appointed to that position should be "pledged to the importance of both quarantine and sanitation." The latter function was given little attention for a number of years. The Legislature in 1903 made it compulsory for the disinfection of public buildings, railway coaches, and sleeping cars, according to regulations to be prescribed by the State Health Officer. The primary object of this law was to prevent the spread of tuberculosis.

In 1908 the State Health Officer prepared a model sanitary code which he called "A Proposed Uniform Municipal Sanitary Code for Texas Cities and Towns." He also published and distributed a sanitary code styled "Duties of County Health Officers," which contained the State laws relating to sanitation, quarantine, vital statistics, and pure food, and all rules and regulations which had been issued by the State Health Officers. Although on a limited scale, examination for sanitary analysis of community water supplies was started.

In 1913 an anti-stream pollution Act was passed with these major provisions:

knew name **of** the Department of **Health** and Vital Statistics. The Bureau of Vital Statistics **was** created; but as no appropriations were made for operating such a Bureau, it was inactive.

The Act which created the Department of Public Health and Vital Statistics, made it mandatory under penalty, that all physicians, surgeons or accoucheurs, or that either parent of the child, if no medical person was in attendance, report the birth of the child to the clerk of the county court within 30 days. Nothing was said about reporting the legitimacy of the child. Similarly, all physicians, surgeons, accoucheurs, and coroners cognizant of a death were required under penalty to report it within 30 days, to the clerk of the county court. The clerk of the court was also under penalty to report all vital statistics to the Department of Public Health and Vital Statistics.

In 1907 the State Health Officer tried to collect vital statistics despite the continued failure of the Legislature to make an **appropriation** for this work. He first asked the **county medical societies to contribute one** dollar a month but the plan was abandoned. The work of collecting vital statistics was next given to the quarantine officers at Galveston and Pass Cavallo. After about a year's endeavor to arouse interest in compliance with a law that had been inoperative since its **enactment**, the Department of **Public Health** succeeded in getting a report for October, 1907. In August, 1908, a complete report was made of deaths which were estimated to represent 40 per cent of the total deaths. With the increased work involved in collecting the vital statistics, the State Health Officer asked that his Department be given a Registrar. Soon thereafter this was done when the State Board of Health was created.

The sanitary code which began operation on February 1, 1910, included a vital statistics law. Many modifications have been made from time to time to improve the efficiency of reporting. Unsatisfactory reporting continued to be the rule until 1933

when Texas was admitted to the United State registration area. With the ensuing improved reporting, the accumulation of records and the demands resulting from the National Defense program, the Bureau has required further expansion.

(2) The Dairy and Food Commission.

In 1836 while Texas was still a Republic the following law was passed:

Punishing Crimes and Misdemeanors: FOODS: The selling of flesh of animals not slaughtered, or slaughtered when diseases; or any baker, brewer, or distiller selling unwholesome food or drink shall be fined in such sum adjudged by court, and for the second offense, shall be fined and given 29 lashes on the bare back.

It was not until 1883 that the State Legislature passed a pure food statute. The text of the Act reads:

1. No person shall . . . manufacture, offer for sale, or sell any article of food, wines, beers, fermented or distilled liquors or drugs, which is by him known to be adulterated, within the meaning of this Act.
2. Drugs will be deemed adulterated if different from those in strength, quality, and purity, as given in the U. S. Pharmacopoeia.
3. Foods are adulterated if strength or quality is lowered by mixture; if imitation, inferior or cheap; or if they consist of any part of diseases, decomposed, putrid, or rotten animal or vegetable matter.
4. The State Health Officer shall fix limits and variations of food or drugs not covered by the Pharmacopoeia; appoint chemists, etc., to enforce the Act; and be allowed \$2,000 expenses for appointing inspectors and enforcing Act.

State Board of Health, which body was to be "the sole medical advisor of the State on all questions involving the protection of the public health within its limits." The bill also provided that it should be the duty of the State Medical Association to appoint the several Boards of Medical Examiners provided for in the "Act to Regulate the Practice of Medicine," passed in May 1873; and that the Boards of Medical Examiners so appointed should be ex-officio County Boards of Health for their respective counties and the sole medical advisors of the government of the several counties. This bill was rejected by the Legislature in 1875. Advocation of the State Board of Health was continued by the Texas State Medical Association during the long period before one was finally established. Most of the succeeding health officers recommended, during their period of office, the formation of a State Board of Health. In 1909 the Legislature passed an Act which read as follows:

"...the Department of Public Health and Vital Statistics as now exists under the laws of this State is hereby abolished, and ... (there is) created and established in its stead a State Board of Health, to be officially designated as Texas State Board of Health"

The first meeting occurred in Austin on May 25 of that year. The Board was composed of Dr. W. M. Brumby, President and State Health Officer; Dr. T. H. Burnet, of Seymour; Dr. John W. Burns, of Cuero; Dr. Boyd Cornick, of San Angelo; Dr. H. W. Cummings, of Hearne; Dr. J. E. Gilcrest, of Gainesville; and Dr. M. H. E. Whitesides, of Timpson.

Until 1927 the State Health Officer was appointed by the Governor. At this time the selection became the duty of the State Board of Health. In **1929** the law was amended and the State **Board of Health** now consists of nine members; six physicians, one dentist, one pharmacist and one engineer. This was the first step toward divorcing health work from politics.

The Texas State Health Department

Following the creation of a State Board of Health, the State Health Officer and his administrative organization were called the Texas State Health Department. Before 1918 some of the reports speak of the "State Board of Health," and in other places "Texas State Health Department." Since that time, however, the administrative organization has been continually referred to under its proper title.

DIVISIONAL DEVELOPMENT

(1) Vital Statistics.

Although the Colonization Laws of Coahuila and Texas required the registration of each person entering the colony or settlement, giving name of the person, and family; where born, whence from, age, marital status and occupation the foundation for Vital Statistics was laid in Section 29 of the Texas Constitution in 1869 which reads as follows: "Provision shall be made, under adequate penalties, for the complete registration of all births, deaths, and marriages, in every organized county of this State." As is known, the Constitution was of short life and bore no fruit.

The Legislature in 1873 made it **mandatory that** fathers, mothers, or guardians, report the birth of children within six months of their birth; and that clerks of the District Courts keep a record of the births, including the name of the child and the parents, the sex and color of the child, and the date of birth. The clerks of the District Courts were **authorized** to charge ten cents for each birth registered, and a fine of \$5.00 was to be imposed for each month beyond six that the registration was delayed.

Efforts were made by the succeeding Health Officers to obtain reports which in general were unsuccessful until 1903 when the Quarantine Department, as the Department under the State Health Officer had long been known, was given that year the

audit the accounts of the coastal quarantine established by local authorities and to authorize payment of expenses of these stations from the small annual appropriations made by the Legislature.

In the Act of April 10, 1879, the Governor was authorized to select and appoint, by and with the advice of the Senate "from the most skilled regular physicians of the State, one physician who was known as the State Medical Officer." The physician, in order that he may qualify for this berth, was required to be "from previous practice familiar with yellow fever, and there-by as competent as possible of discriminating it and other diseases and pledged to the importance of both quarantine and sanitation."

The general feeling of the State officials, as well as the public, for the need of a State Health Officer, was apparently precipitated through a fear of what is mentioned in this Act as the near approach of the "sickly season" as current publications at that time disclose the prevalence of yellow fever and smallpox raging in Mexico and bordering states which threatened an epidemic of these diseases in Texas, unless every possible effort was put forth to prevent their spread into **Texas through a more close inspection of the in-coming traffic.**

The first State Health Officer appointed in 1879 was Dr. Robert **Rutherford**. The **following** table shows the subsequent Health Officers and their tenure of office:

1879-1881	Robert Rutherford
-1881-1885	R. M. Swearingen
1885-1889	Robert Rutherford
1889-1899	R. M. Swearingen
1899-1901	W. F. Blunt
1901-1907	George R. Tabor
1907-1911	W. M. Brumby
1911-1914	Ralph Steiner
1914-1919	W. B. Collins
1919	C. W. Goddard
1920	Oscar Davis
1921	Manton M. Carrick
1922	J. H. Florence
1923	W. H. Beasley

1924	Malone Duggan
1925-1927	H. O. Sappington
1927-1933	J. C. Anderson
1933-1937	John W. Brown
1937-	Geo. W. Cox

In 1879 the Legislature appropriated \$12,000 for building purposes. Many quarantine stations were constructed along the Texas coast and borders. During the next few years many changes and modifications were made in the original Quarantine Act. In 1891 the original organization was called the Texas Quarantine Department with two branches, Quarantine and Internal Sanitation, both administered by a State Health Officer who was also ex-officio Surgeon-General. With a staff of ten quarantine officers the duties of this Department consisted of guarding the State against epidemics of smallpox, cholera, and yellow fever. During that year a smallpox epidemic occurred. Because of the inadequate staff, a law was passed providing for the appointment of city and county physicians to cope with the situation.

(4) DEPARTMENT OF PUBLIC HEALTH AND VITAL STATISTICS.

In 1903 the Legislature renamed the Department, calling it the Department of Public Health and Vital Statistics, but no appropriation was made for the latter. Provisions also were made for a chemist to analyze foods and medicines for adulteration, but no appropriation was forthcoming.

(5) STATE BOARD OF HEALTH.

Organized agitation for a State Board of Health in Texas was begun by the Texas State Medical Association soon after its organization in 1869. At its meeting in 1874 a Committee was appointed which sought to secure passage of a bill by the Legislature providing for a State Board of Health- The bill, drawn up by the Committee, provided for the incorporation of the Texas State Medical Association and its designation as the

Fourth, It is a matter of interest to distant relatives who have not kept up a regular epistolary correspondence. Fifth, It is a well-known fact one of the highest tests of the salubrity of any climate is the number of children born and raised in that county." Besides these five reasons, the editor elaborates on the fact the newspapers in two continents have been announcing the births of sons and daughters to Queen Victoria and he considers "The Texian ladies as virtuous, as honorable and as deserving as Her Royal Highness."

(2) QUARANTINE ERA.

From all available authentic data it appears that the first interest in public health work in the State of Texas was precipitated in Galveston on March 31, 1850, as the result of several epidemics of yellow fever which had visited the Island prior to that time. Records show that on this date the people of Galveston voted the first quarantine regulations ever passed within the domain of Texas. Three years later, on August 13, 1853, the people of this same city passed still more stringent quarantine regulations, and at the same time appropriated City Bonds in the sum of \$3,000.00 to cover the expense of this work, and as a result, the first quarantine station built in Texas was erected on the "Point," the east end of the Island.

By 1856, the prevalence of smallpox **throughout** the inland towns, and the **combination of smallpox and yellow fever** along the coastal towns made the necessity of quarantine felt over the entire state. On **January 24th** of that year, a **general** statute was enacted by the State Legislature conferring authority on county courts, town and city corporate authorities to establish quarantine regulations in localities under their respective jurisdiction. This Act passed by the Legislature gave these named authorities the power to establish quarantine in all or any part of parts of their respective dominion; insofar as such measures used to establish quarantine were not inconsistent with the

laws of the State. What constituted a quarantinable disease or condition as covered by this Act, seems to have been left entirely to the judgement of the local authorities, as there is no special mention in this Act of its purpose being directed toward any particular communicable possibility. From the preceding, it is readily seen that the Quarantine Act of 1856 forms the nucleus which, following many revisions, evolved into the present State Health Department.

June 10, 1870, shows further interest in quarantine regulations in Texas as the State Legislature on this date passed another law which invested in the Governor the authority to issue his proclamation declaring quarantine on the coast of Texas; to establish quarantine stations and appoint a competent physician as health officer at such stations. In addition to this, all vessels coming into port at these stations were assessed a fee of fifty cents per person, on board. This Act marks the origin of the maritime quarantine seem operated by the State until taken over by the Federal Government in 1919. On August 13, 1870, it was found necessary to amend the original law providing more liberty on the part of the authorities of the quarantine services in order to enforce the Quarantine Act.

On April 10, 1879, for reasons not specifically mentioned, "An Act to amend and supplement the existing quarantine law of the State of Texas, Title 83 of the Revised Statute" was passed by the Legislature. This Act revamped the Quarantine Law, and was the first of the State Quarantine Acts to create a berth for a State Health Officer.

(3) REIGN OF THE STATE HEALTH OFFICER

Up to 1879 State organization for quarantine work in Texas consisted of the Governor, with authority limited to declaring **quarantine** only on the coast, and to the **appointment** of health officers during **quarantine** at points on the coast where there were no local authorities to appoint them, and the State Comptroller, with authority to

These figures, taken from medical records, tell the story of yellow fever in one town in Texas.

1853	.....	536 deaths
1854	.....	404 deaths
1858	.....	344 deaths
1859	.....	182 deaths
1864	.....	259 deaths
1867	.....	390 deaths

While Texas was a Republic in 1836 the following act was passed:

Punishing Crimes and Misdemeanors:
 Foods: The selling of flesh of animals not slaughtered when diseased; or any baker, brewer or distiller selling unwholesome food or drink shall be fined in such sum adjudged by court, and for the second offense shall be fined and given 29 lashes on bare back.

In 1837 there was an appropriation of \$1,000.00 for the uses of a hospital at Washington to provide for sick soldiers in said hospital.

In 1837 an Act was passed:

"To create a Board of Medical Censors for Republic of Texas: Providing for one physician from each senatorial district, whose duty is to grant licenses to practice medicine and surgery (20.00 each) upon successful examination and establishment of reputation, etc., granting temporary licenses for a period of one month. No commission in the army or navy for any office on medical staff shall be granted unless each person be duly licensed."

In 1840 a joint resolution was passed for establishing a hospital in the City of Austin. It granted to the Mayor and Council of Austin authority "to erect a hospital for the reception of the sick, and to appoint a physician to attend the same," and "to determine the mode of inspection of all comestibles sold publicly in the market, or in other places; **and** to regulate everything relative to bakers, butchers, tavern keepers or

of grog-shops, and other persons keeping public houses." This was the first Act of incorporation of a municipality in Texas with important public health provisions.

A somewhat similar Act was approved in 1848 for incorporating the town of Jefferson. In 1852 specific authority was granted to the City Council of San Antonio to do the following things:

1. To establish a hospital, and a poor-house, and to make regulations for the government thereof.
2. To make regulations to promote the general health of the inhabitants, and to prevent and remove nuisances.
3. To provide the city with water, fountains, and pumps.
4. To provide for and regulate the inspection of brands of beef, pork, flour, meal, whiskey, and other spiritous liquors.
5. To regulate the inspection of butter, lard and other provisions, as well as the vending of meat, poultry, vegetables, fruit, and all edibles offered at the market or elsewhere.
6. To regulate the weight and **quality** of bread to be sold and used in the city, and generally **everything** relating to bakers, tavern-keepers, restaurants, eating houses and bar-moms, except the price of the articles vended.

The Spanish attempted to keep records of births and deaths, **and** many editorials in the early American newspapers urged the necessity of keeping these records.

Perhaps the most amusing one is in the "Texas Monument", October 8, 1857. The editor says there has been some difference of opinion as to the propriety of announcing births in a public journal; that he "has given the matter due consideration, has endeavored to deliberately weight the merits **and** demerits of the case and has arrived at the following conclusions. First, There is nothing immoral in it. Second, There is nothing irreligious in it. **Third**, There is **nothing immodest** in it.

another case occurred on a vessel anchored only a few yards from her. Both cases were fatal. As others were reported on land at the same time, it is more than likely that these were probably the first in which diagnosis of yellow fever could no longer be withheld. In this epidemic, which lasted less than two months, we are told that there were 250 deaths, which means occurrence of at least twice as many cases among the population of 1000 persons. It is further stated that the epidemic died out because every unacclimated person had either fled from the town or suffered an attack. This was proved by the fact that when the refugees began to return the disease broke out again among the newly arrived, and there were a number of deaths.

"Returning to the subject of Galveston, a few cases are said to have appeared in 1842, but in 1844 a violent outbreak raged for about six weeks, and ceased suddenly from the absence of susceptible persons. Here it was again noticed, however, that non-immunes who visited the town but once for the purpose of shopping, etc., occasionally returned home to be taken ill with yellow fever a few days later. This continued until the appearance of a white frost, which we know benumbs the mosquito and forces it to go into hibernation. This, therefore, affords a rational explanation of the effect of the first sharp frost, which has so long been welcomed as the savior of districts afflicted with yellow fever. During the epidemic just mentioned nearly 400 deaths occurred in a population of **about** 4000.

"Three years later, in 1847, an epidemic was declared to be present in the month of October and there were about 200 deaths in a population of 4800. In 1853, after an immunity of six years, the deaths from yellow fever were **535**; in 1854, **404**; in 1858, 873; and in 1859, 183 in a population of 10,000.

"In September, 1864, the disease was again epidemic, the deaths being 259 and the population 5500. Three years of exemption followed, and again in 1867, a severe epidemic is estimated to have produced 1150

cases and 800 deaths in Galveston in a population of 1500.

"During the same season Indianola is said to have received the infection from Vera Cruz and we are told that "in less than a week the whole business part of the town was struck down as by lightning, there being no less than 125 to 150 cases taken during that time out of a population of less than 1000." The extension of the disease was checked by a rapid depopulation of the town. The number of deaths among the citizens was about seventy-five. From Indianola the disease is said to have been carried to various points throughout the State and even beyond. In 1870 and 1873, a few cases occurred, but the disease did not assume epidemic form. There is reason to believe, also, from the report of Dr_ H.A. West, of this city (Galveston), that there were a few mild cases in 1897. I can find no record of any outbreak in Galveston since that time, although two cases were introduced on December 21, last, but as you well know there were in the State of Texas in 1903, over 1200 cases of yellow fever with nearly 140 deaths. Over 1000 cases and 107 deaths are recorded for Laredo alone, and if it were not for the energetic measures instituted against the mosquito, there would undoubtedly have been another fearful epidemic to record for the United States, similar to that of 1878, during which, **according** to the Board of Experts appointed by Congress, more than 100,000 persons were stricken in their homes, and 20,000 lives were sacrificed in a single season."

On January 8, 1852, the **physicians** of Austin, Texas, issued an invitation to all authorized physicians of the state to attend a meeting in that city. The meeting occurred on January 17, and out of it developed the Texas Medical Association.

Epidemics of smallpox and yellow fever **had taken a terrible** toll of life in the State. Boards of Health had been appointed and were functioning in many parts, but conferences were needed and wanted.

Minutes of the Ayuntamiento of San Felipe de Austin, 18284832. Decree No. 37.

"Art. 109. The ayuntamiento shall promote the establishment of hospitals, poor houses, or houses of charity and benevolence; they shall take care that the streets, markets, public places and prisons are kept clean, and also that the **apothecary shops and other establishments** that have any influence on the public health shall be kept in proper order to prevent deleterious effects.

"Art. 110. They shall not permit physicians or apothecaries to exercise their professions without a previous presentation of their diplomas or certificates from the respective scientific authorities or corporations, accrediting fully their qualifications.

"Art. 111. The ayuntamiento shall have an inspection over the provisions and liquors of all classes that are offered for sale, and see that they are of good quality; they shall also take such timely measures as may be practical for procuring supplies of the common necessities of life in seasons of scarcity, so **that** the inhabitants may not suffer by famine..

"Art. 112. They **shall** provide proper burying grounds beyond the limits of the town.

"Art. 113. They shall take care that the lakes and ponds be drained, so that water shall not stagnate in the towns.

"Art. 114. They shall remove **whatever may jeopardize the health of the inhabitants or stock within the jurisdiction**, when practicable to do so.

"Art. 114. They **shall** take special care **to** establish a **board of health**, even in settlements or towns where there is but one physician.

"Art. 120. The ayuntamiento shall take charge of the administration and regulation of hospitals, poor houses, institutions of learning and other establishments of literary, scientific or benevolent nature that are supported by the **public funds, and in those that** are established **by individuals they** shall see

that nothing contrary to the laws is permitted.

"Art. 121. Every six months they shall form a statistical account of the municipality, and every three months they shall call on the curate of the parish for a note of those born, married, dead, specifying the sexes, ages and both documents shall be transmitted to the chief of partido.

Little is known of the health conditions in Texas for the next few years. However, it is inferred in the State Health Officer's Report that between 1837-1867 there was a yellow fever epidemic nearly every year in some of the coastal towns of Southern Texas. Indianola, near Port Lavaca, was reported to have had an epidemic of cholera in 1846 so severe that the dead were left unburied for a time in the streets.

Probably the best description of one of the current diseases is found in these excerpts of a lecture on yellow fever by James Carroll, M.D., Assistant Surgeon, United State Army, at Galveston, Texas, April 12, 1905*:

"**Your** city was **described thirty years** ago as being built upon an island composed of shingle, and this shingle so saturated with water that the latter could be found at a depth of a few **inches. The mean temperature** is about seventy-four degrees, and the rainfalls are **usually heavy** in April, May, **and** June. Owing to the saturation of the deeper layers of the soil, the rain water lay upon the surface in pools until it disappeared by **evaporation** in the dryer months of the late summer and autumn. The surface pools of fresh water were ideal breeding places for mosquitoes, as also were the receptacles for rain water, which the early inhabitants collected and used after the custom at New Orleans. Yellow fever paid its first notable visit here in 1839, only **a few** years after the establishment of the first settlement. The population was about 1000, and the people were located mostly **along** the Strand, in close proximity to the wharves and vessels. The first case reported occurred late in September on a steamer recently arrived from New Orleans. At about the same time

On November 20, 1780, Domo Cabello writes a personal letter to Governor Cavro de Croix telling him of a terrible scourge of smallpox in the Presidio of Bahia del Espiritu Santo. He says that the deaths among the Lipan Indians were so great that they could not be counted. There was no medicine to be had and no one to properly administer it if they had any.

In September, 1789, there is a Royal Order, sent by the Marquis of Sonora to the Province of Texas telling of the successful isolation of smallpox cases in the adjoining Province of Louisiana and saying that the King of Spain wishes this information carried throughout the Province by parish priests and **doctors.**

There is a document dated January 11, 1806, in which the first disclosure is made of an organized hospital in Texas. There is mention of vaccination for smallpox and names Dr. Zerban of the Provisional Hospital.

It was not long before there was a recognition of health problems, with the advent of Anglo-American colonization in 1821. When Texas was combined with the State of Coahuila in 1824, both states had sparse population and little taxable property. Their financial condition was extremely poor, and prevented any direct effort at engagement in public health activities. There was an awareness of the problems of health as indicated in the following laws:

1825—Art. 3, Colonization Laws of Coahuila and Texas. Requiring the registration of each person entering the colony or settlement, giving the name of the person, and family; where born, whence from, age, marital status, and occupation.

1827—Instructions to the Commissioner appointed by the Legislature of the State:

Art. 14, "He shall, on his own responsibility, cause the streets to be laid off straight, and **that** they are 20 varas wide to promote the health of the town."

Probably the most significant public health legislation applied to Texas during the 15 years it was governed by the State of Mexico was authorization of financial aid to persons with smallpox. A summary of the decree follows:

The Congress of the State of Coahuila and Texas had thought proper to decree:

Art. 1 The executive is hereby authorized to contract a loan of three thousand dollars, at an annual interest of three per cent, with powers to increase it to five; but should greater be asked, he shall consult congress, and during the recess agree thereon with the permanent deputation.

Art. 2 Said loan shall be used to succor persons attacked with smallpox throughout the State.

Art. 3 For the payment thereof the executive shall pledge the product of the colonized lands, by special mortgage.

Art. 4 For said object twelve hundred dollars shall be assigned to the department of Saltillo; one thousand to that of Monclova; and eight hundred to that of Bexar.

Art. 5 The executive shall regulate the manner said succor shall be ministered to the destitute classes in the state.

Art. 6 After the contagion ceases, the executive shall give notice to congress of the persons assisted by virtue of this decree, and the amount they have **received**, causing the **whole to be published through the press.**

Given in the **city** of Leona **Vicario** on the 13th day of April, 1830.

With the formation of the Austin Colony in 1821 there is evidence of the arrival of Anglo-Saxon doctors.

After Austin's colony was established, the following records of the town council or Ayuntamiento demonstrated the fact that the Mexican **Government** made a very creditable effort to regulate the sanitary conditions, to register births, marriages, and deaths, and to regulate the practice of medicine.

SECTION I

The History of Public Health in Texas

The story of Health in Texas can be conveniently divided as follows: (1) The Early Colonization Period, (2) The Quarantine Era, (3) The Reign of the Health Officer, (4) Department of Public Health and Vital Statistics, and (5) The State Board of Health. These are not distinct and separate divisions, and some of the common factors are carried over to subsequent periods. In order to facilitate narration it seems feasible to make these sub-divisions:

(1) THE EARLY COLONIZATION PERIOD.

No doubt exists that the earliest health measures adopted by the inhabitants of Texas were purely individual in character, and many years passed before this function was assumed by official agencies. The first health and amusement centers to be brought to Texas were through the Spanish mission. These frontier institutions were designed to Christianize and civilize the native races. These Spanish Catholic missionaries, known as padres, provided shelter, food, clothing, and in addition medical attention, as well as care for the aged. With secularization of the missions in 1793 the Spanish influence declined in Texas.

In the period between 1528 and 1687 Texas history reveals that the Indian medicine man made extensive use of medicine and medicinal plants. In the notes of the voyage and the adventurers with Cabeza de Vaca printed in 1542 shows interesting side-lights on the practice of medicine by the accompanying physicians and the nature of care provided by the Indian medicine men. Ancient records also show that medical men went along with Coronado on his journey. The next Caucasian doctor on Texas soil of whom there is any record was the French surgeon, Liotot, who was **one of the**

adventurers with La Salle between 1684 and 1687.

After Louis XIV gave to his cousin, the King of Spain, the very magnificent gift of the whole province of Texas and Coahuila, the Spanish attempted to hold possession of Texas through the building of missions. In these enclosures all the activities of a small village were carried on by the priest, many of whom had a good knowledge of medicine and were a great blessing to all of humanity within their reach.

The first mission, San Francisco de las Tejas, was built in 1690 near Nacogdoches, but was abandoned in 1693. The beautiful missions around San Antonio were built in 1731-1732.

The first civil settlement in Texas was called the Villa San Fernando. Its settlers were Canary Islanders. This Villa, the mission of San Antonio de Valero (the Alamo) and the Presidio of San Antonio de Bejar were the original elements of the present city of San Antonio.

From this center radiates the civilization that formed the foundation of the land that was ruled under five flags before it at last became one of the brightest stars in its sixth flag, the Stars and Stripes.

The first Royal Order that has been found concerning the care of the sick or wounded in the Province of Texas was issued in 1777. It was an imitation of one issued in Madrid, Spain, and adopted in Mexico City. It was to the effect that surgeons, before notifying the authorities, were to attend to any person wounded by violence or by accident who might summon them or who might come to their home. Afterwards they were to notify the Royal Judge without loss of time under a **very heavy penalty.**



The History of the Texas State Department of Health

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FOREWORD

The story of the development of the State Department of Health is one intimately connected with the prevailing health conditions in Texas. As a result of recognition of its vast resources, Texas, as an independent Republic and a young State, was struggling with the problem of expansion. The migration of these pioneer settlers was directly associated with the development of the various epidemics. Among the most important contagious diseases with which this embryonic state had to contend were smallpox, yellow fever, and tuberculosis. Although most of these problems are not encountered at the present time, tuberculosis has remained one of the preventable diseases which continues to challenge control methods.

The records and history of health conditions in Texas have largely been lost or are buried in the few existing ancient Health Reports. An effort has been made to collect these incomplete and distant facts so that students of modern Public Health may appreciate the earlier problems and evaluate them to some degree, by comparison with present day standards.

An attempt has been made to maintain the continuity of the story of health conditions in Texas. Many gaps in the history are obvious. Emphasis has been placed on brevity in order not to deviate from the primary theme, and not to lead the reader into the maze of details and side roads that are too frequently embodied in a history. To those few individuals interested in those channels a nucleus has been prepared, and it is hoped adequate stimulation exists for more complete coverage of the special angles.

The Office of the State Health Department

The original office of the State Health Department was located in the State Capitol. At that time, the staff was small and involved only a few people. With the development of the State Laboratory, the building was acquired at 410 East 5th Street and the administrative officers for the State Health Department were moved from the Capitol to the Land Office Building.

When the first major expansion phase of the State Health Department occurred in the late 1930's, office space was rented outside the Land Office Building. The Laboratory Building on East 5th Street was remodeled; additional floor space was added and the administrative offices were moved from the Land Office Building to this structure in the late 1930's. This building contained the main administrative offices although outside space

was rented as programs were initiated or expanded.

With the completion of a new building in 1956-58 at 1100 West 49th Street, the major part of the State Health Department moved to its new quarters. The building at 410 East 5th Street was retained and even at the time of the move into the new building, additional space had to be rented to house the Health Department. With the marked increase in the 1960's and 1970's, in the provision of new services and programs, much outside space had to be rented to relieve the congestion.

Funds were made available by the Legislature September 1, 1973 for the construction and addition to the building at 1100 West 49th Street. At this time, it is in the early phases of construction.

