




2021

Building Public Health in a Rural State: Strategies for Preventing Disease in Kentucky, 1883-1914

Abigail Stephens

University of Kentucky, abi.k.stephens@gmail.com

Author ORCID Identifier:

 <https://orcid.org/0000-0002-4972-3352>

Digital Object Identifier: <https://doi.org/10.13023/etd.2021.178>

[Right click to open a feedback form in a new tab to let us know how this document benefits you.](#)

Recommended Citation

Stephens, Abigail, "Building Public Health in a Rural State: Strategies for Preventing Disease in Kentucky, 1883-1914" (2021). *Theses and Dissertations--History*. 68.
https://uknowledge.uky.edu/history_etds/68

This Master's Thesis is brought to you for free and open access by the History at UKnowledge. It has been accepted for inclusion in Theses and Dissertations--History by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.

STUDENT AGREEMENT:

I represent that my thesis or dissertation and abstract are my original work. Proper attribution has been given to all outside sources. I understand that I am solely responsible for obtaining any needed copyright permissions. I have obtained needed written permission statement(s) from the owner(s) of each third-party copyrighted matter to be included in my work, allowing electronic distribution (if such use is not permitted by the fair use doctrine) which will be submitted to UKnowledge as Additional File.

I hereby grant to The University of Kentucky and its agents the irrevocable, non-exclusive, and royalty-free license to archive and make accessible my work in whole or in part in all forms of media, now or hereafter known. I agree that the document mentioned above may be made available immediately for worldwide access unless an embargo applies.

I retain all other ownership rights to the copyright of my work. I also retain the right to use in future works (such as articles or books) all or part of my work. I understand that I am free to register the copyright to my work.

REVIEW, APPROVAL AND ACCEPTANCE

The document mentioned above has been reviewed and accepted by the student's advisor, on behalf of the advisory committee, and by the Director of Graduate Studies (DGS), on behalf of the program; we verify that this is the final, approved version of the student's thesis including all changes required by the advisory committee. The undersigned agree to abide by the statements above.

Abigail Stephens, Student

Dr. Kathryn Newfont, Major Professor

Dr. Amy Murrell Taylor, Director of Graduate Studies

BUILDING PUBLIC HEALTH IN A RURAL STATE: STRATEGIES FOR
PREVENTING DISEASE IN KENTUCKY, 1883-1914

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Arts in the
College of Arts and Sciences
at the University of Kentucky

By

Abigail Katharine Stephens

Lexington, Kentucky

Director: Dr. Kathryn Newfont, Professor of History

Lexington, Kentucky

2021

Copyright © Abigail Katharine Stephens 2021
<https://orcid.org/0000-0002-4972-3352>

ABSTRACT OF THESIS

BUILDING PUBLIC HEALTH IN A RURAL STATE: STRATEGIES FOR PREVENTING DISEASE IN KENTUCKY, 1883-1914

During the period from 1883-1914, the Kentucky State Board of Health developed strategies for preventing disease in the state by enforcing hard power measures of vaccination, quarantine, and isolation of disease suspects, and through the soft power measures of written and spoken communication. Throughout this period their efforts to prevent and contain disease were limited by inadequate funding as well as opposition from the public, local authorities, and the state legislature, demonstrating that while hard power measures can be effective in combating disease, they cannot be fully successful without support from the people they aim to protect.

KEYWORDS: Public Health, Disease Prevention, Hard Power, Soft Power, Kentucky, Funding

Abigail Katharine Stephens

4/27/2021

Date

BUILDING PUBLIC HEALTH IN A RURAL STATE: STRATEGIES FOR
PREVENTING DISEASE IN KENTUCKY, 1883-1914

By

Abigail Katharine Stephens

Dr. Kathryn Newfont

Director of Thesis

Dr. Amy Murrell Taylor

Director of Graduate Studies

4/27/2021

Date

DEDICATION

To Tim, thank you for supporting me in working to get my M.A. Graduate school is not easy at the best of times, and it has been even more challenging during this pandemic. Your kindness, encouragement, and cooking has helped make this thesis possible. I love you.

ACKNOWLEDGMENTS

This thesis, while an individual work, benefited from the help of a number of people. Dr. Kathryn Newfont, my advisor, has encouraged me throughout this process, and has offered comments on every draft, from my first interest in writing about the life of Dr. McCormack to the investigation of the Kentucky State Board of Health's strategies and shortcomings in preventing disease at the turn of the twentieth century. Dr. Claire Clark and Dr. Tracy Campbell, the other members of my thesis committee, have offered insightful comments that have pushed my analysis further. Dr. Amy Taylor's feedback on the early drafts helped shape my thinking about discrimination and state-building in the context of public health. I also want to thank Mary K. Marlatt at the University of Louisville Kornhauser Library for her ongoing research assistance and help navigating the archives.

Finally, I would like to thank my family and friends. To the members of the University of Kentucky Ferns, your advice and encouragement has kept me motivated throughout this work. Writing is so much easier when I know we are all working through this process together. To my parents and sister, I cannot express how much you mean to me. You have given me the love and kindness I needed through extremely difficult times. I miss you and I love you. Finally, to Tim, I am so glad to have you here to keep me going. Your love and friendship have made this possible.

TABLE OF CONTENTS

ACKNOWLEDGMENTS	iii
CHAPTER 1. INTRODUCTION.....	1
CHAPTER 2. EARLY PUBLIC HEALTH STRATEGIES, OR MAKING DO ON \$2,500 PER YEAR.....	6
2.1 Early Public Health Communication	11
2.2 Early Public Health Legislation.....	14
2.3 Preventing Yellow Fever in 1897	17
2.4 Containing Smallpox.....	20
CHAPTER 3. FIVE THOUSAND DOLLARS FOR A NEW CENTURY	33
3.1 Eradicating Smallpox.....	35
3.2 Preventing Yellow Fever in 1905	51
3.3 Preventing Routine Illnesses	56
3.4 Education for a New Era	61
CHAPTER 4. VITAL LEGISLATION AND THE PRICE OF A \$30,000 APPROPRIATION.....	65
4.1 Expanding the State Board of Health.....	66
4.2 Questioning the Machinery of Public Health	75
CHAPTER 5. CONCLUSION.....	97
BIBLIOGRAPHY	100

VITA.....106

CHAPTER 1. INTRODUCTION

In 1911, nearing the end of his thirty-three-year tenure as secretary of Kentucky's State Board of Health, Dr. Joseph N. McCormack mused that "government is only a great partnership formed to do those things which the individual cannot do, or cannot do so well or cheaply, for himself."¹ To his mind, the most important of these purposes was the protection of the public health, a project which required government resources to be successful. McCormack believed that the lives of the men, women, and children under his jurisdiction were "more valuable than all other interests combined."²

Unfortunately, the state legislature disagreed. Throughout McCormack's tenure, meager appropriations from the state's lawmakers stymied the board's efforts to protect the public health. In addition, they struggled to secure the cooperation of county fiscal officials and the support of the public necessary to prevent disease and contain epidemics. This work analyzes the board's efforts to overcome these challenges and create a viable public health infrastructure in the largely rural state of Kentucky.

Public health, as many scholars have demonstrated, represents the dual nature of government intervention in citizens' lives by aiding and invading, sometimes in the same action. Barbara Rosenkrantz's work on Massachusetts illustrates the pattern. "With a large proportion of the population unable or unwilling to take on personal responsibility to conduct their lives in accord with recommended sanitary principles," she argues, "the state

¹ State Board of Health of Kentucky, "General Summary by the Secretary," *Biennial Report of the State Board of Health of Kentucky, 1910-1911* in the *Bulletin of the State Board of Health of Kentucky* 2 no. 2 (Frankfort, Ky.: Press of the Kentucky State Journal Pub. Co., 1912), 17.

² State Board of Health of Kentucky, "General Summary by the Secretary," *Biennial Report of the State Board of Health of Kentucky, 1908-1909* (Louisville, Ky.: The Continental Printing Company, 1909), 16.

could properly play the role of guardian to society and policeman to the uninitiated.”³ Judith Walzer Leavitt expands on this premise, highlighting that the actions taken by public health authorities could impinge on the political freedoms of their constituents, especially in cases such as vaccination which directly impacted their bodies.⁴ Similarly, Michael Willrich argues that in the late nineteenth century, “public health was still an explicitly coercive form of social regulation, or ‘police power.’”⁵ I aim to add to these analyses by delineating two forms of power available to public health officials in accomplishing their aims: soft and hard power. In military usage, soft power refers to the persuasion of one’s enemies, while hard power refers to the use or threat of military force.⁶ In terms of soft power, officials like Joseph McCormack and his fellows on the State Board of Health could use health bulletins and newspaper editorials to persuade the public of the necessity of health measures. Hard power measures included the passage of public health laws, quarantines, vaccination, and the destruction of property in service of the public health.

There are many excellent studies of public health in the United States. However, most tend to focus on urban areas due to their population density, diversity, and status as major commercial centers; or address the country as a whole.⁷ One notable exception is

³ Barbara Rosenkrantz, *Public Health and the State: Changing Views in Massachusetts, 1842-1936* (Cambridge: Harvard University Press, 1996), 31.

⁴ Judith Walzer Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform* (Madison: The University of Wisconsin Press, 1996), 104.

⁵ Michael Willrich, *Pox: An American History* (New York: The Penguin Press, 2011), 77.

⁶ Colin S. Gray, “Summary,” in *Hard Power and Soft Power: The Use of Military Force as an Instrument of Policy in the 21st Century* (Carlisle, PA: Strategic Studies Institute, 2011), v.

⁷ For studies of public health in cities, see Charles Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: University of Chicago Press, 1962); Leavitt; Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown* (Berkeley: University of California Press, 2001); Keith Wailoo, *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health* (Chapel Hill: University of North Carolina Press, 2001); Samuel Kelton Roberts Jr., *Infectious Fear: Politics, Disease and the Health Effects of Segregation* (Chapel Hill: University of North Carolina, 2009); David France, *How to Survive a Plague: The Story of How Activists and Scientists Tamed AIDS* (New York: Alfred A. Knopf, 2016). For histories of public health in the United States, see John C. Burnham’s *Health Care in America: A History* (Baltimore: Johns Hopkins University Press, 2015); W. Michael Byrd and Linda A. Clayton, *An*

Barbara Rosenkrantz's 1996 study of the creation of Massachusetts's State Board of Health, which, beginning in 1869, was the first in the country.⁸ However, as we will see, that Board of Health was better planned and resourced than Kentucky's, although the latter was established nine years later.⁹ Kentucky was a rural state with limited resources and the State Board of Health found it necessary to accomplish its goals with little institutional support.

While this study examines the work of the Kentucky State Board of Health as a whole, it will focus on Dr. Joseph McCormack's work as its Secretary, as he served for over thirty years and was the driving force behind its policies. Over the course of McCormack's tenure as secretary, the board's work to protect the public health was limited by a paltry annual appropriation which rose gradually, beginning in 1878 at \$2,500, rising to \$5,000 in 1900, and was raised to \$30,000 at the beginning of 1911.¹⁰ At the same time, it faced opposition from both fiscal officials in the government and large portions of its populace which refused to be vaccinated. The board's journey to effectiveness involved

American Health Dilemma: A Medical History of African Americans and the Problem of Race, Beginnings to 1900 (New York: Routledge, 2000) and *An American Health Dilemma: Race, Medicine and Health Care in the United States, 1900-2000* (New York: Routledge, 2002); Martin V. Melosi, *The Sanitary City: Urban Infrastructure in America from Colonial Times to the Present* (Baltimore: Johns Hopkins University Press, 2000); Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982).

⁸ Rosenkrantz, 55.

⁹ Rosenkrantz, 1, 55; "Acts 1878, Chapter 494, Page 59," in *Material Pertaining to the History of the State Board of Health of Kentucky*, March 16, 1878, McCormack, Record Group 131, Box 16, KY State Board of Health; Folder McCormack, Material Pertaining to State Board of Health of Kentucky, Ky State Board of Health, Kornhauser Health Sciences Library Historical Collections, University of Louisville, 1; "Dr. Joseph N. McCormack," Biographical Sketches of Doctors of Kentucky by Counties, by Woman's Auxiliary, Kentucky Medical Society, Filson Club, July 1936, 9.

¹⁰ State Board of Health of Kentucky, "Table of Appropriations for Public Health by State," *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99* (Louisville, Ky.: Courier-Journal Job Printing Co., 1899), 19-20; "Probers Rile Dr. McCormack," *The Courier-Journal* (Louisville, KY), January 25, 1912; State Board of Health of Kentucky, *Biennial Report of the State Board of Health of Kentucky, 1900-1901* (Louisville, Ky.: Geo. G. Fetter Printing Co., 1901), 13; State Board of Health of Kentucky, *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 7, 89.

attempting to use a combination of hard and soft power measures to convince and coerce Kentucky's citizens into compliance while fighting to expand its access to the resources necessary to achieve its public health goals.

The first chapter of this thesis will examine the period from 1878 to the end of 1899, in which the board had \$2,500 to spend on all public health measures annually. It will cover the board's early attempts at communicating the necessity for public health measures to Kentucky's citizens, the public health legislation it passed in this era, with mixed success, and finally the hard power measures it used to cope with yellow fever and smallpox epidemics. The second chapter highlights the board's evolving strategies to combat illnesses in the state from 1900 to the end of 1910, using its increased resources under the \$5,000 appropriation, the experience gained from successive epidemics of smallpox, and new scientific information on the spread of yellow fever to combat diseases directly and to educate the public on how to prevent them. The third and final chapter covers the short period from 1911 to the end of McCormack's tenure as secretary, in which the board was able to use its new \$30,000 operation to vastly expand its programs, which it used to create a department of vital statistics, a department of sanitary engineering, and a department of bacteriology. These allowed the board to gather crucial information to create better targeted programs and diagnose diseases more accurately, finally approaching the scope of their original mission to prevent diseases in the state. This increased appropriation, however, drew scrutiny from the state legislature, which accused but eventually exonerated Dr. McCormack of operating a political machine using the state's medical societies. Over the course of McCormack's tenure as its secretary, the Kentucky State Board of Health built a strong public health infrastructure while operating with limited funding and facing

opposition from fiscal officials and members of the public. Their experience demonstrates that while hard power measures can be expedient in protecting the public health, a sustainable public health infrastructure also requires adequate funding and the soft power use of effective communication to gain the cooperation of the public in order to prevent and contain disease.

CHAPTER 2. EARLY PUBLIC HEALTH STRATEGIES, OR MAKING DO ON \$2,500 PER YEAR

Dr. Joseph McCormack made his career in a dynamic period of American medicine, in which both the science available to physicians and the public's attitude towards them was changing. Barbara Rosenkrantz notes that the medical profession had a poor reputation dating from earlier eras, as medical education was not standardized, allowing many strains of nonorthodox practitioners to operate with impunity.¹¹ She argues that in the early nineteenth century, "Physicians did not yet... enjoy an esteem that would have permitted them a decisive role in either the prevention or treatment of disease."¹² Rather than relying on medical advice, the public believed that the best defense against illness was to maintain a physically and morally upstanding life and to remove filth from their environment as far as possible.¹³

In the late nineteenth century, these attitudes began to change. Scientific discoveries imported from Britain and Europe allowed American physicians to diagnose diseases which had previously resisted treatment. Nancy Tomes argues in her *Gospel of Germs* that during the latter decades of the nineteenth century, the new science of germ theory benefited from earlier theories of sanitary science, so that hygiene and sanitation were emphasized in order to promote a healthier populace and were more fully embraced by the public.¹⁴ Public health historian George Rosen credits German scientist Jacob Henle with developing the germ theory of disease, which gained support from his student Robert

¹¹ Rosenkrantz, 12.

¹² Ibid.

¹³ Ibid, 13.

¹⁴ Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge: Harvard University Press, 1998), 46.

Koch's work to prove Henle's postulates, as well as from Louis Pasteur's 1868 achievement in controlling diseases plaguing the French silkworm industry.¹⁵ Following Pasteur's work, the Scottish surgeon Joseph Lister applied the lessons of germ theory to surgery by sterilizing wounds with carbolic acid in order to prevent inflammation.¹⁶ These techniques were quickly adopted by American surgeons, who began to sterilize not only wounds, but surgical instruments, operating room staff, and their clothing with heat and antiseptic chemicals.¹⁷ By the 1880s, most medical journals assumed that their audience would be familiar with the germ theory of disease.¹⁸ Over the last decades of the nineteenth century, the ability to accurately diagnose and treat diseases gave physicians enough credibility to earn the public's trust.

Kentucky's State Board of Health was one of the earliest in the country, established in 1878 under the tenure of Governor James B. McCreary, a former Confederate from Madison County.¹⁹ Kentucky's Legislature created the State Board of Health in response to an epidemic of yellow fever, and in 1879 Governor Luke P. Blackburn appointed Dr. McCormack as a member.²⁰ He served on the board for thirty-three years, playing a pivotal role throughout.²¹ His experience as a physician building Kentucky's public health system allows us to witness the specific challenges facing rural public health officials. The establishment of the Kentucky's board took place only nine years after Massachusetts's

¹⁵ George Rosen, *A History of Public Health* (New York: MD Publications, Inc., 1958), 299, 308.

¹⁶ Burnham, 147.

¹⁷ *Ibid*, 150.

¹⁸ *Ibid*, 162.

¹⁹ Lowell H. Harrison and James C. Klotter, *A New History of Kentucky* (Lexington: University Press of Kentucky, 1997), 259, 257; "Acts 1878, Chapter 494, Page 59," in *Material Pertaining to the History of the State Board of Health of Kentucky*, March 16, 1878, McCormack, Record Group 131, Box 16, KY State Board of Health: Folder McCormack, Material Pertaining to State Board of Health of Kentucky, Ky State Board of Health, 1.

²⁰ McMurtry, 2.

²¹ "Dr. J.N. McCormack, 45 Years on State Health Board Dies," 4, 6.

board, which, according to Rosenkrantz, was “the first in the United States to be based on a comprehensive program to prevent unnecessary mortality from all causes.”²² In contrast to Massachusetts’s comprehensive program, the members of the Kentucky State Board of Health was tasked with achieving ambitious goals which they were expected to accomplish using limited funds.²³ In the Middlesboro smallpox epidemic of 1898, as well as epidemics across the state, this scarce funding inhibited the board’s ability to respond effectively to epidemic disease.

The law establishing the State Board of Health gave its members several duties. In addition to being responsible for “the general supervision of the interests of the health and life of the citizens of this State,” they were to use the vital statistics of the state to make intelligent decisions for the people on health matters as well as investigating the causes of diseases and the effects of the environment on Kentuckians.²⁴ They were also expected to advise the government on how to keep public buildings healthy and well-ventilated, and recommend works of hygiene for state schools.²⁵ Despite these expansive duties, for the first twenty-two years of its existence, the state of Kentucky gave the Board just \$2,500 to pay the Secretary’s salary of one hundred dollars a month, as well as the office space, supplies, and travel expenses of the Board.²⁶ McCormack complained about this parsimony frequently during his tenure, especially in years marked by costly epidemics.²⁷

²² McMurtry, 2; State Board of Health of Massachusetts, *State Board of Health of Massachusetts: A Brief History of the Organization and Its Work, 1869-1912* (Boston: Wright & Potter Printing Co., 1912), 1; Rosenkrantz, 1.

²³ “Acts 1878, Chapter 494, Page 59,” 1; “Dr. Joseph N. McCormack,” 9.

²⁴ “Acts 1878, Chapter 494, Page 59,” 1.

²⁵ *Ibid.*

²⁶ “Probers Rile Dr. McCormack,” *The Courier-Journal* (Louisville, Kentucky), January 25, 1912.

²⁷ “Acts 1878, Chapter 494, Page 59,” 1.

When the board was established, Kentuckians were beset by cholera, yellow fever, typhoid, and smallpox. There were few sanitary measures present in the state, medical education was unregulated, and the alleged medicines available frequently had no effect or spurred addiction through their incorporation of cocaine, morphine, and opium.²⁸ When Governor Luke Blackburn was elected in 1879, as a doctor himself, he heartily endorsed the Board's mission.²⁹ In his first address to the Legislature, he explained that the state had been untouched by disease for so long that many of its citizens believed that it was immune.³⁰ This assumption, he emphasized, was incorrect. He referenced the epidemics of 1875 and '78, lamenting that the previous governor had been unable to act in response to these plagues due to the lack of legislation allowing him to appropriate "four or five thousand dollars" to establish a quarantine. If he had been able to do so, Blackburn said, "hundreds of lives and tens of thousands of dollars would have been saved."³¹ The establishment of a Board of Health in Kentucky was essential to ameliorate these threats, yet for many years the board continued to face the problem of limited funding which Blackburn had critiqued.

Blackburn appointed McCormack to the State Board of Health on the same day he gave this address, and four years later, in 1883, McCormack's fellows on the State Board of Health elected him their Secretary for the first time.³² While J. M. Mathews was the

²⁸ Ibid.

²⁹ Harrison and Klotter, 259.

³⁰ Luke P. Blackburn, "State Board of Health," in *Governor Luke Blackburn Executive Journal Total*, December 31, 1879, Kentucky State Digital Archives, accessed April 2, 2020, https://kdla.access.preservica.com/uncategorized/IO_c599c892-3233-4e55-9bcd-0b9f08b2f928/, 166.

³¹ Blackburn, 166. He was likely referring to epidemics of yellow fever, but did not specify in his address.

³² Luke P. Blackburn, "Officers of State and Miscellaneous," *Governor Luke Blackburn - Index to Executive Journal, 1879-1883*, accessed April 2, 2020, https://kdla.access.preservica.com/uncategorized/IO_0b49b4bc-8562-4673-b4af-a41c1742e792/, 56; "Probers Rile Dr. McCormack."

President of the Board, this was primarily a political appointment. In practice Secretary McCormack became responsible for the board's policies and methods of enforcement, particularly in terms of education, legislation, and containing epidemic disease.³³ Soon after his election as Secretary, McCormack wrote a treatise entitled "Powers and Duties of Local Boards of Health," which gave a good indication of his views on how public health should be administered. He wrote that "Under our present laws the powers of health boards in making and enforcing regulations for the public health and safety are practically unlimited... their authority in some respects being greater than that of any other body known to law." Hard power authority allowed them to enter buildings by force, destroy property, order people to self-isolate, and "enforce any regulation which may be necessary to prevent the spread of disease and secure the public safety." These capacities would be combined with soft power measures, as McCormack advised that education on sanitary practices should be used to persuade the public of their necessity. That is, "The daily press, the pulpit, and every other legitimate means should be used to inform the public and to impress them that sanitation is a benevolent work of our profession, undertaken solely for the general good." The enforcement powers of local boards were expansive, but McCormack believed their use could be avoided if the population supported the measures and were active in reporting sanitary violations. He saw the State Board of Health primarily as a facilitator, which could be "easily dispensed with or used only as a center of communication if a model board existed in each city and county." However, a model board was not always available, as McCormack would discover when he confronted smallpox epidemics throughout Kentucky. In many cases, especially in such epidemics, it would

³³ This is apparent in the fact that McCormack composed every report on the activities of the State Board of Health, while Mathews's name appears only occasionally in such documents.

prove necessary to use the powers of the state government to combat the spread of illnesses across the state.³⁴

2.1 Early Public Health Communication

Health education served the vital function of informing the public about the most current understandings of disease, both as a preventive measure and one which might save lives during an epidemic. However, as historian Michael Willrich notes, it was often disregarded or refused by a population which did not necessarily trust their government, whether this government was local, state, or federal. Willrich argues that in this era, “public health was still an explicitly coercive form of social regulation, or “police power.””³⁵ At least some of the people who opposed public health legislation understood it as such, although McCormack contended that the use of power in the service of public health was justified by its ability to save lives.³⁶

Preventive education often took the form of a booklet or pamphlet to be distributed to the populace. For instance, in “Soil Drainage as a Health Measure,” McCormack not only advised his readers on the best places to build a house, namely on the south or southwest slope of a farm, but railed against the attention given to certain diseases when

³⁴ J. N. McCormack, “Powers and Duties of Local Boards of Health,” *American Practitioner* 27, no. 5, (1883), McCormack, Joseph N., Record Group 127, WPA Research Material – Medicine in Kentucky, Kornhauser Health Sciences Library Historical Collections, University of Louisville, 269-70, 271, 269.

³⁵ Michael Willrich, *Pox: An American History* (New York: The Penguin Press, 2011), 77.

³⁶ J. N. McCormack, “Secretary McCormack, of the State Board of Health, writes a Bad-tempered Letter on the Legislation wanted. Apparently Harmless Bills,” in the *Louisville Courier-Journal*, April 14, 1884, McCormack, Joseph N., Record Group 127, WPA Research Material – Medicine in Kentucky, Kornhauser Health Sciences Library Historical Collections, University of Louisville, 2.

far more people were killed each year by less charismatic maladies.³⁷ He argued that preventive medicine was far more effective than trying to cure diseases after the fact.³⁸ In his history of the disease in the United States, *The Cholera Years*, Charles Rosenberg asserted that while far more people died of diseases such as malaria and tuberculosis, cholera was “novel and terrifying, a crisis demanding response in every area of American life and thought.”³⁹ This was also true of yellow fever and smallpox, two epidemics which McCormack later faced. Although they killed fewer people than routine diseases, their symptoms were terrifying enough to inspire panic at the prospect of contracting them.

When challenged on his medical authority and faced with what he perceived as ignorance, McCormack could be harsh. One of the articles published upon his death in the *Louisville Times* gave the opinion that while he was generally courteous and friendly, it was also possible for him to “smile while sinking the steel deep into an adversary who stood in his way.”⁴⁰ This tendency is apparent in his reply to a man identified only as “Mr. Marcum,” who apparently denied the efficacy of vaccination after the events of a recent epidemic of smallpox, likely the one which spread throughout Kentucky’s mountain counties in 1898.⁴¹ McCormack explained to Marcum that “Kentucky has had 11,338 cases of smallpox during the present epidemic, with 166 deaths. There have been reported

³⁷ J. N. McCormack, “Soil Drainage as a Health Measure,” State Board of Health, 1881, Record Group 104, Eugene H. Conner, MD Papers, Kornhauser Health Sciences Library Historical Collections, University of Louisville, 14-15.

³⁸ *Ibid*, 3.

³⁹ Rosenberg, 4.

⁴⁰ Keltenbacher, 3.

⁴¹ J. N. McCormack, “A Voice from the State Board of Health--Dr. Browne on Smallpox,” in the *Jackson Hustler*, December 17, 1901, from the research of Margaret F. Bishop for “J.N. McCormack, M.D., Autobiography,” McCormack, Jos. N AT WPA-Bio-Ser.2, Kornhauser Health Sciences Library Historical Collections, University of Louisville, 1. I have been unable to find Marcum’s original letter from the *Jackson Hustler*, so McCormack’s voice is all that is available as a source in this dispute.

815,926 vaccinations without a single death, loss of limb, or even serious sickness.”⁴² He defended the work and character of three Breathitt County health officials who Marcum had maligned, and perhaps the attacks on his colleagues provoked his cutting reply. After laying out the relevant statistics on smallpox, McCormack wrote of Marcum that he “ought to be ashamed of himself,” but that “Many good men make mistakes in times of excitement, and smallpox times are always exciting. But if Mr. Marcum is a real manly man, which no doubt he is, he will apologize to the community and especially to the Board of Health, and at once have the one he abused the most to vaccinate in three places on his arm.”⁴³ There is no way to know Marcum’s reaction for certain, but it is reasonable to assume that this reply from the preeminent health official in the state exposed him to the ridicule of his community.

In another, more serious instance, McCormack wrote what the newspaper described as a “Bad-tempered Letter” to a constituent who had been haranguing the Legislature for some time to stop passing bills related to the State Board of Health.⁴⁴ He castigated the man for writing editorials on a subject that he knew nothing about, and informed him that “Prating about the rights of man in this connection may be well enough for idle dreamers and sentimentalists, but [not] in this practical age, when we know that each case of preventable disease and death, to say nothing of the suffering and sorrow it occasions, represents the loss of so much of the capitalized wealth of the State.”⁴⁵ He considered it his duty to protect the health of the state, and had little patience for people who feared that

⁴² McCormack, “A Bad-tempered Letter,” 2.

⁴³ *Ibid*, 3.

⁴⁴ McCormack, “A Bad-tempered Letter,” 1.

⁴⁵ *Ibid*, 2.

the powers the Board was given went too far. Nonetheless, upon learning that this man objected, the Board held hearings to gauge public opposition, and found that after hearing the facts of the case, they were “[endorsed] without a dissenting voice.”⁴⁶ This episode demonstrates that by letting the public air their grievances and explaining the reasons behind the board’s actions, they could gain more support than by dismissing them as ignorant.

2.2 Early Public Health Legislation

Beyond his communications with the public, Dr. McCormack’s reach and priorities can be seen most clearly through the legislation he wrote and lobbied to pass. However, the fact that a law passed and was listed in the state’s statutes did not necessarily mean that it was effective or enforced. McCormack recognized that some counties in Kentucky opposed the State Board of Health and its imposition of authority through the creation of local boards of health.⁴⁷ He explained that “Much has been said and will be said about the need of new legislation and increased powers, but the difficulty in this States so far has been that the laws already in existence have not been enforced, and the powers already granted have not be exercised.”⁴⁸ In fact, he added, there were a number of counties which had not even attempted to organize a local board of health.⁴⁹ McCormack often lobbied lawmakers personally on health issues, and was considered a convincing speaker. One of his contemporaries remarked that “He often said that the only means he ever used to gain his

⁴⁶ Ibid, 7.

⁴⁷ J. N. McCormack, “Powers and Duties of Local Boards of Health,” 2.

⁴⁸ Ibid.

⁴⁹ Ibid.

point [with legislators] was persuasion for, not using either whiskey or tobacco, he could offer neither one to pave his way to their good will.”⁵⁰ While in many cases it was possible to convince the legislature of a bill’s necessity by appealing to them personally or directing their constituents and especially physicians to contact them on the matter, this did not automatically translate to its acceptance by counties and citizens who were distant from the centers of power.

One of McCormack’s newspaper eulogizers credited him with an impressive list of legislative achievements. He noted that Dr. McCormack had written:

The present State Health Law, passed in 1883, the law of 1885 for the prevention of livestock disease; the Medical Practice Law of 1888; the law licensing oste[o]paths in 1898; the one requiring the examining of applicants to practice medicine, passed in 1904; the law of 1892 relicensing all doctors in the state to eliminate quacks “The Vital Statistics Law in 1908, and the law passed in 1918 consolidating all agencies having to do with public health.⁵¹

Although these laws represent the culmination not only of McCormack’s but many other health reformers’ ambitions, their practical effect was mixed.⁵² The State Health Law referenced above was temporarily withdrawn before passing in 1883, as it was endangered by resistance to a law which aimed to create a State Board of Medical Examiners at the behest of the Hart County Medico Chirurgical Society in order to set an examination for every person who wished to practice medicine in Kentucky.⁵³ The latter type of measures

⁵⁰ “Dr. Joseph N. McCormack,”

⁵¹ “Dr. J.N. McCormack, 45 Years on State Health Board Dies,” 7. Original spelling retained. The law on pleuropneumonia in cattle was actually passed on January 14, 1886, according to the *Journal of the Senate of the Commonwealth of Kentucky, December 30, 1885 - May 18, 1886*, Kentucky, General Assembly, Senate, accessed April 9, 2020, https://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1106&context=ky_state_journals, 125.

⁵² Starr, 80.

⁵³ *Journal of the Senate of the Commonwealth of Kentucky*, December 31, 1883 - May 12, 1884, Kentucky, General Assembly, Senate, accessed April 8, 2020, https://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1105&context=ky_state_journals, 1279; “Dr. J.N.

met resistance from practitioners outside the medical establishment such as Thomsonians, who practiced botanic medicine, and homeopaths, who diluted natural substances to treat disease.⁵⁴ These were practitioners who McCormack and his fellow physicians would have considered “quacks.” McCormack himself noted that when the Board had found that “most of the medical colleges of Louisville, which had never been known to agree on anything before, and two of which had spent the past winter in the usual annual attempt to blacken each other’s character, had actually pooled their issues to fight this bill, for fear it would exclude them, we at once withdrew it rather than endanger our Health Bill.”⁵⁵ In cases such as this one, the Board was unpopular because it threatened the livelihoods of physicians and instructors who would have preferred to practice their craft without the Board’s oversight.

Even though the State Health Law had eventually passed, Dr. James W. Holland of Louisville noted in 1885 that “The law on the statute-books in 1883 is still in force. In all but two or three out of a hundred counties it is a dead letter. The State Board of Health made an attempt to get a better law through last winter; it was defeated by prejudice excited by some Louisville medical schools. They will try again at the next Legislature, two years hence.”⁵⁶ Simply getting a law passed was not enough to ensure that it was effective. In many cases, it was necessary to have it enforced.

McCormack, 45 Years on State Health Board Dies,” 7; McCormack, “Bad-tempered Letter,” 4. “Chirurgical” is an outdated form of the word “surgical,” an alternative spelling which was commonly used during this period.

⁵⁴ Starr, 47, 51.

⁵⁵ McCormack, “Bad-tempered Letter,” 4.

⁵⁶ Richard J. Duglison, A.M., M.D., and Henry O. Marcy, A.M., M.D., “State Medicine. Report of the Laws Regulating the Practice of Medicine in the United States and Canada,” *The Journal of the American Medical Association, Containing the Official Record of Its Proceedings, and the Reports and Papers Presented in the Several Sections* 5, (1885) ed. by N. S. Davis, M.D., LL. D., 24.

2.3 Preventing Yellow Fever in 1897

Beyond health communication and legislation, the board frequently had to face epidemic crises which necessitated the use of hard power measures to bring them under control, as it did during the yellow fever epidemic of 1897. Yellow fever is a virus spread by the mosquito *Aedes aegypti* and is endemic to tropical areas in Africa as well as Central and South America. It is most lethal in areas where there is a high density of mosquitoes and a low incidence of vaccination.⁵⁷ Before 1900, when Walter Reed, United States Army Surgeon, demonstrated that mosquitoes were crucial to spreading the disease, there was little understanding of its movements, which complicated public health responses.⁵⁸ The vaccine was not invented until 1937, and its discoverer, Max Theiler, received a Nobel Prize for his achievement.⁵⁹ There is still no cure.⁶⁰

Many people who contract yellow fever do not experience symptoms, which makes it more challenging to identify. Those who do have symptoms often experience fever, muscle pain, backache, headache, loss of appetite, and vomiting. A smaller number of patients have more serious symptoms. These include high fevers and kidney and liver malfunctions. It is during this toxic stage that many patients develop jaundice, a yellowing of the eyes and skin which gives the disease its name. Patients may also experience bleeding from the eyes, nose, mouth, or stomach. According to the World Health Organization, half of the patients who reach this stage die within ten days.⁶¹ At the turn of

⁵⁷ “Yellow Fever,” World Health Organization.

⁵⁸ Walter Reed, Jas. Carroll and Aristides Agramonte, “The Etiology of Yellow Fever: An Additional Note,” *Sanitary Department Havana-Cuba, Series 3*, 1901, 18.

⁵⁹ Erling Norrby, “Yellow Fever and Max Theiler: the only Nobel Prize for a virus vaccine,” *Journal of Experimental Medicine* 204 no. 12 (2007), accessed April 10, 2020, [10.1084/jem.20072290](https://doi.org/10.1084/jem.20072290).

⁶⁰ “Yellow Fever.”

⁶¹ *Ibid.*

the nineteenth century, without a good understanding of its spread and forty years before the advent of the vaccine, yellow fever inspired fear among Kentuckians and provoked a rapid response from the State Board of Health.

In August 1897, yellow fever spread from its first appearance in Ocean Springs, Mississippi to Southern cities such as Mobile, New Orleans, and Jackson. To prevent it from being introduced into Kentucky, the board sent inspectors to all trains from infected areas to curb the spread. According to their records, the inspectors were placed on “all trains from the infected districts in time to meet and examine the first refugees coming into the state,” within forty-eight hours of hearing about the epidemic.⁶² They used the best methods that were available at the time, moving all potentially contaminated baggage and belongings to a separate car, where they were disinfected with formaldehyde gas. More importantly, the inspectors questioned each person from an infected area, gathering their names and destinations and forwarding these to the local health authorities there, enabling an early form of contact tracing. Each person who was questioned promised to notify the local authorities if they changed their destination or address in Kentucky.⁶³

In this case, where the Board was able to preempt the entry of yellow fever into the state, the inspectors were instructed to offer “uniform kindness and courtesy” to “every person fleeing from pestilence coming to our borders.”⁶⁴ McCormack alleged that this was in contrast to the methods of some neighboring states, as “the Board believes, after nineteen years’ experience in this work, that an intelligent inspection service of this kind gives

⁶² State Board of Health of Kentucky, “Epidemic of Yellow Fever,” in the *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99* (1899), 38, and “Yellow Fever,” in the same publication, 20.

⁶³ State Board of Health, “Epidemic of Yellow Fever,” 38.

⁶⁴ *Ibid.*

greater security to our people than the harsh and inhuman prohibitions of some of our neighbors.”⁶⁵ Despite this claim of inhumanity, Tennessee’s yellow fever regulations for railroads that year were much like Kentucky’s, showing that that state at least was taking safe and humane precautions against the disease.⁶⁶ Indiana’s inspection service was similar, except that the inspector was empowered to remove people suffering from yellow fever to a hospital barge for treatment or observation, and perhaps McCormack objected to this provision as less humane than the service his board operated.⁶⁷ As the other states did, Kentucky’s board opposed the use of quarantines except as a last resort, noting that they were detrimental to business interests in the entirety of the South during the epidemic.⁶⁸ Nonetheless, they acknowledged that in the future such measures might be necessary. As a result of their inspection and disinfection work, this epidemic’s effect in Kentucky was minimal. There were only three cases of yellow fever among the refugees the state admitted, and according to their information not one citizen of Kentucky was infected.⁶⁹

In the case of the 1897 yellow fever epidemic, Kentucky’s health authorities were able to respond successfully for three main reasons. First, they had enough warning of the epidemic’s spread into Kentucky to quickly set up quarantines and prepare an inspection service. Second, in most cases they received the prompt and cheerful cooperation of the train services whose aid was necessary to carry out their work of disinfection and contact

⁶⁵ Ibid.

⁶⁶ “Railway Regulations Relating to Yellow Fever,” *State Board of Health Bulletin*, 7, no. 12, Nashville, Tennessee, July 20, 1897, 184-5. There were no State Health Board records available for 1897 from West Virginia, Virginia, Missouri, Indiana, or Ohio.

⁶⁷ J. A. Egan, “Yellow Fever in 1897: Report of the Secretary to the Board at the Quarterly Meeting, October 5, 1897,” *Twentieth Annual Report of the State Board of Health of Illinois* (Springfield, Ill.: Philips Bros., State Printers, 1898), xiv.

⁶⁸ Ibid.

⁶⁹ “Yellow Fever,” 20.

tracing. Finally, as their work in this case dealt primarily with transportation coming into the state, the board was able to carry out its work without interference from either local or federal governments. This would not be the case during Middlesboro's smallpox epidemic.

2.4 Containing Smallpox

In 1788, James Madison argued that through the federalist system the federal government and the states would “control each other, at the same time each will be controlled by itself,” redoubling the security of the people's rights.⁷⁰ However, the protection of public health in emergencies necessitates broad powers and quick action. These measures are often unpopular and viewed as anti-democratic, yet they are vital to save lives.⁷¹ The 1897-8 smallpox epidemic in Middlesboro, Kentucky, demonstrates how the conflict between federal, state, and local public health powers delayed the steps which could have contained the epidemic, and put public health exigencies in conflict with American federalist principles.

Under the Commonwealth's laws at the time, county courts were responsible for funding the response to epidemic disease.⁷² As Alexis de Tocqueville notes in *Democracy in America*, in the nineteenth century Americans expressed a preference for local authority to the point, as in this case, where it could be a disadvantage.⁷³ Although the epidemic was serious when the Kentucky Board of Health arrived at Jellico, a nearby county which was

⁷⁰ James Madison, *Federalist* 51.

⁷¹ Leavitt, 82-3.

⁷² *Ibid*, 28.

⁷³ Alexis de Tocqueville, “Decentralization in America - Its Effects,” in *Democracy in America*, ed. by Richard D. Heffner, (New York: Signet Classics, 2001), 67.

infected soon after Middlesboro, that county was able to secure its own funding and bring the disease under control.⁷⁴ Middlesboro, at least initially, was not able to raise the funds.⁷⁵ In counties throughout the state, the availability of local funding was a major factor determining whether health authorities were able to respond effectively to the threat of smallpox.

Smallpox, or *Variola major*, had historically been one of the most gruesome threats known to humanity. In her account of the smallpox epidemic of 1775-82, Elizabeth Fenn describes the horror of this disease in detail. It began with flu-like symptoms, including headaches, backaches, fever and vomiting. After these symptoms disappeared, smallpox would spread around the body, starting with the nose and mouth. Over the course of the fourth day, smallpox “extends itself from the mucous membranes to the surface of the skin. On some, it turns inward, hemorrhaging subcutaneously... In most cases, however, the rash turns outward, covering the victim in raised pustules that concentrate in precisely the places where they will cause the most physical pain and psychological anguish: the soles of the feet, the palms of the hands,” and the “face, forearms, neck and back.”⁷⁶ Even if a victim survived the disease, smallpox could be disfiguring.

However, by the 1890s, the rise of a less serious variant known as *Variola minor* decreased the threat that smallpox posed.⁷⁷ Over the five years from 1898-1903, this variant is believed to have killed only 5,627 people in comparison to the 50,000 who might have

⁷⁴ State Board of Health of Kentucky, “Small-Pox,” in the *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99* (1899), 21.

⁷⁵ McCormack, “Report of the Secretary,” 28.

⁷⁶ Elizabeth A. Fenn, *Pox Americana: The Great Smallpox Epidemic of 1775-82* (New York: Hill and Wang, 2001), 16-18.

⁷⁷ *Ibid*, 20.

died from *Variola major*.⁷⁸ One of the hard power measures afforded to the State Board of Health and to local boards of health was to vaccinate citizens against infectious disease.⁷⁹ McCormack believed that the widespread neglect of vaccination had been “more due to indifference than ignorance.”⁸⁰ Nonetheless, there were valid reasons for Middlesboro’s residents to refuse vaccination. Leavitt notes that if the “humanized” smallpox virus were used, it could infect people with other diseases. If transmitted through too many people, it lost its power to confer immunity. Vaccines made from bovine matter, if kept too long, were minimally effective. Additionally, some vaccinators used a single vaccine point for many people and failed to clean it.⁸¹ Finally, with the rise of the milder *Variola minor*, many people preferred the risk of remaining unvaccinated to the vaccine’s side effects, which included “rashes, fatigue, headache, fever,” and “painfully tender arms.”⁸² These were potentially serious concerns for manual laborers who could not afford to miss even a week of work.

The milder variant of smallpox came to Alabama from Central America early in 1897 and spread north to Kentucky by December.⁸³ Middlesboro was the first city in Kentucky to be infected, as it was located at the border of Tennessee and Virginia. This made it vulnerable to migrants traveling from other states. The town had been founded only ten years prior to the epidemic by a Canadian businessman named Alexander Arthur, who

⁷⁸ Willrich, 11.

⁷⁹ J. N. McCormack, “Discussion,” *Transactions of the Kentucky State Medical Society, New Series. Vol. IX. Forty-Sixth Annual Meeting held at Louisville, May 22, 23, and 24, 1901* (Louisville: John P. Morton & Company, 1902), 206.

⁸⁰ *Ibid.*

⁸¹ Leavitt, 80-1.

⁸² Willrich, 12.

⁸³ J. N. McCormack, “Report of the Secretary,” 27.

partnered with British investors to extract the area's plentiful coal.⁸⁴ While these investors had projected a wildly successful business venture, the flow of capital disappeared within three years due to a fire that destroyed the business district in the spring of 1890.⁸⁵ Rebuilding the district bankrupted Arthur's company, and the town was further impoverished by job losses and bank failures during the financial panic of 1893.⁸⁶ By November 1897 when an African American miner named Scott traveled to Middlesboro from Birmingham, Alabama, the local government had no resources to contain the smallpox microbe he carried.⁸⁷

In addition to the risks posed by its financial insolvency, Middlesboro, like many southern cities, was highly segregated, with its Black population concentrated in "Alabama Row" and the "Over the Rhine" district, the latter of which was located across the Yellow Creek from the main town.⁸⁸ Historian Samuel Roberts notes that "many public health researchers have determined segregation to be a fundamental cause of illness, even if historians of Jim Crow have not included health deficits in full account of the wages of segregation."⁸⁹ The relative invisibility imposed on Middlesboro's Black residents by white segregationists meant that the city's health officials were not aware of smallpox in their midst until far too late. In addition, historian Jim Downs argues that the federal government neglected the health needs of Black Americans both during and after the Civil War, with the medical arm of the Freedmen's Bureau predicating care on their ability to

⁸⁴ Willrich, 48; Abigail Stephens, unpublished, "Smallpox, Outsize Egos, and Bureaucracy: The Role of Appalachian Exploitation in Middlesboro, Kentucky's 1897-98 Epidemic," University of Kentucky, May 5, 2020, 8.

⁸⁵ Willrich, 49.

⁸⁶ *Ibid.*

⁸⁷ *Ibid.*, 50, 49.

⁸⁸ *Ibid.*, 50, 51.

⁸⁹ Roberts, 221.

work.⁹⁰ With this legacy of institutional neglect, the Black inhabitants of Middlesboro were never likely to receive sufficient medical care for their needs.

The danger posed by segregation was not lost on McCormack, who attributed the delay in recognizing smallpox to “the mild character of the disease, and to the fact that it was confined to negroes during all the early part of the epidemic.”⁹¹ In response to this perceived threat from the county’s Black population, McCormack issued a statewide recommendation that towns and cities “at once pass and enforce a compulsory vaccination ordinance, beginning with the colored race... that visiting and strange negroes be hunted out, vaccinated and kept under observation.”⁹² Disregarding the violence inherent in this order, McCormack also directed that “Those having this work in hand should deal firmly, but kindly, with every one, advising that this work is being done for their protection as well as that of the community.”⁹³ He clearly recognized the importance of treating smallpox patients gently in order to secure their cooperation, but racism seems to have blinded him to the incompatibility of this practice when Black patients were being captured and held against their will. Roberts argues that the environments in which Black victims of disease found themselves were often regarded as cultural by health officials, and that “Given the political heritage of the racial ideal, blacks could not easily counter the stigmas of shiftlessness, defiance of sanitary and medical authority, and poor hygienic and dietary habits.”⁹⁴ Considering the era, McCormack likely concurred with other white health

⁹⁰ Jim Downs, *Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction* (New York: Oxford University Press, 2012), 92-3.

⁹¹ McCormack, “Report of the Secretary,” 28.

⁹² J. M. Mathews and J. N. McCormack, “Warning Against Smallpox,” March 25, 1898, in the *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99* (1899), 23.

⁹³ *Ibid.*

⁹⁴ Roberts, 66.

officials that Middlesboro's Black victims of smallpox were to blame for their own suffering.

McCormack, for his part, blamed the Bell County board of health for the "parsimony and incapacity of the city and county officials," who delayed containment measures and laid the foundation for an epidemic.⁹⁵ By March 10 of 1898, almost a month after McCormack and his aides had been notified of the outbreak, the citizens of Middlesboro were out of patience with the State Board of Health. Although Middlesboro was required by law to pay to mitigate epidemics, the town did not have the money. The State Board of Health, limited in its own resources, had refused to contribute any funds. Secretary McCormack had wired Middlesboro Mayor J. G. Fitzpatrick that "Unless city or county can arrange [the money], will be forced to release you and local Board from duty, stop all trains and advise adjoining counties to protect themselves."⁹⁶ As the State Board of Health had limited its functions to quarantining the county, Fitzpatrick sent a telegram to the Surgeon-General of the United States. He, along with David. G. Colson of the Kentucky House of Representatives and W. P. Brownlow of the First District of Tennessee wanted the federal government to become involved.

Surgeon-General Walter Wyman was head of the United States Marine Hospital Service, which was at this time the closest the country had to a national public health organization. Founded in 1798 to care for sick and disabled seamen, its purview had slowly expanded.⁹⁷ With the Quarantine Act of 1878 it gained the right to quarantine the nation's

⁹⁵ McCormack, "Report of the Secretary," 28.

⁹⁶ J. G. Fitzpatrick, telegram to Surgeon-General Walter Wyman, March 10, 1898, in "Bell County," in the *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99* (1899), 48.

⁹⁷ Fitzhugh Mullan, *Plagues and Politics: The Story of The United States Public Health Service* (New York: Basic Books, 1989), 10.

ports.⁹⁸ This authority was briefly superseded by the National Board of Health after 1879, but that organization failed to secure continuing funding and became defunct in 1883, at which time the Marine Hospital Service resumed its surveillance and quarantine activities.⁹⁹ The National Board of Health had failed partially because some states objected to the aggressiveness of its quarantine activities, protesting that their rights were being trampled by the national government.¹⁰⁰ This tension between state and federal public health authorities remained current through the end of the nineteenth century and beyond. Historian of the Marine Hospital Service Fitzhugh Mullan argues that “Although the Law of 1893 passed the baton of quarantine authority to the federal government, public health activity in general remained the domain of the states.”¹⁰¹ Therefore, when his superiors called on the Service for help, McCormack was not alone among state health officials in resenting their interference.¹⁰²

Having received Mayor Fitzpatrick and his allies’ requests for aid, Surgeon-General Wyman sent his subordinate Passed Assistant Surgeon C. P. Wertenbaker to investigate the situation. Upon his arrival in Middlesboro, Wertenbaker reported that out of a population of 4,200, there were forty-nine cases of smallpox in the pesthouse and forty-three suspected, plus 400 quarantined at home.¹⁰³ The city was quarantined, and Dr. Arthur T. McCormack insisted that the State Board could control the epidemic, but that the county

⁹⁸ Bess Furman, *A Profile of the United States Public Health Service, 1748-1948* (Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1973), 139-40.

⁹⁹ Mullan, 25, 26.

¹⁰⁰ *Ibid*, 25.

¹⁰¹ *Ibid*, 48.

¹⁰² Furman, 183.

¹⁰³ C. P. Wertenbaker, “Report of Passed Assistant Surgeon Wertenbaker,” in the *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99* (1899), 49.

should provide the money.¹⁰⁴ Wertenbaker concluded that “Under circumstances do not see that Service can do anything. I will leave tomorrow, rejoining Wilmington, unless otherwise ordered.”¹⁰⁵ Nonetheless, he demonstrated that the lack of money to fight the epidemic was at the root of the problem. The Middlesboro authorities were unable to pay, hoping to offload responsibility to the state or the federal government. The State Board of Health was happy to retain authority over the epidemic, but also refused to pay, on the grounds that this was the county’s responsibility and considering its own lack of funds. Finally, the federal government in the guise of the U.S. Marine Hospital Service, was reluctant to intervene without the clear authority to do so.

Wyman vetoed Wertenbaker’s plans to return to Wilmington. On March 14, he asked Wertenbaker whether the measures taken to protect the neighboring states of Tennessee and Virginia were adequate and ordered him to investigate.¹⁰⁶ Through these orders, Wyman was likely attempting to determine whether he had the jurisdiction to intervene.¹⁰⁷ Article 1, Section 8, Clause 3, United States Constitution allowed the federal government to “regulate Commerce... among the several States.”¹⁰⁸ In light of this provision, the Marine Hospital Service might have the pretext to assume authority if smallpox threatened to affect not just Kentucky but surrounding states, as the disease and any accompanying quarantine measures could affect the flow of interstate commerce.¹⁰⁹ In addition, at the 1880 meeting of the American Public Health Association, the delegates had

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

¹⁰⁶ Wyman to Wertenbaker, Mar 14, 1898 in “Bell County,” in the *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99* (1899), 49.

¹⁰⁷ Stephens, 6.

¹⁰⁸ U.S. Constitution, art 1, sec. 8, cl. 3.

¹⁰⁹ Stephens, 6.

passed a resolution requesting that the federal government pay for quarantine measures extending beyond the boundaries of a single state.¹¹⁰ While this resolution did not have the force of law, it signaled that Wyman was less likely to receive objections from state health authorities if the Service's activities encompassed multiple states.

At this point, Secretary McCormack's superior officer, Kentucky Board of Health President J. M. Mathews telegraphed Wertenbaker that "After consultation with the Governor of Kentucky, I authorize Dr. Wertenbaker to take charge, if the Federal government will defray expenses. There is no money in our treasury and no law to appropriate any for this purpose."¹¹¹ This decision must have rankled McCormack. His authority had been overruled by the political appointee who left the actual work of running the Board to him and made decisions only when it was politically expedient.¹¹² In response, he took power into his own hands. Wertenbaker reported that, "A telegram has just been received by the chief inspector from McCormack, Secretary of State Board, recalling all State Board officers. This will leave the situation absolutely unprotected."¹¹³ Wertenbaker had learned that there were fifty-nine cases of smallpox in Tennessee, but that the Tennessee Board of Health had them under control. Virginia did not seem to have any cases.¹¹⁴ This meant that the pretext for federal intervention was thin. There were no longer any authorities willing to take responsibility for preventing the spread of smallpox in Middlesboro, or to pay to contain the epidemic.

¹¹⁰ Furman, 183.

¹¹¹ President J. M. Mathews to C.P. Wertenbaker, excerpted in Wertenbaker to unidentified superior, March 14, 1898, "Bell County," in the *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99*, 49.

¹¹² Willrich, 63.

¹¹³ Wertenbaker to unidentified superior, March 14, 1898, "Bell County," 49.

¹¹⁴ *Ibid.*

Wyman refused to intervene. He wrote that Wertenbaker had “not been authorized to take control... The government’s interest is in protecting other states, and nowhere is the whole expense borne by the government. Every municipality should have enough pride in itself to suppress this ordinary contagious disease.”¹¹⁵ Wyman, like McCormack, blamed Middlesboro for its dire situation. The federal government would not bail them out even in their severe state of need. On March 17, Wyman and McCormack decided that the State Board and the U. S. Marine Hospital would “aid and co-operate under the [State Board’s] regulations,” although “All expenditures must be supervised and accounted for by [Wertenbaker], who has been directed to confer with your representative and work in harmony.”¹¹⁶ Six days after Wertenbaker’s arrival in Middlesboro, time in which vital work could have been accomplished, the state and federal health officers agreed to work together to resolve the crisis, with the federal government supplying the necessary funds.

Wertenbaker’s report of the situation highlights the severity of the circumstances. By the end of March 14, the day on which most of the attempts to abdicate responsibility took place, there had been 169 confirmed cases of smallpox, 34 among white residents and 135 in the city’s Black community.¹¹⁷ This disparity reflects the initial vulnerability of the Black population and the spread of the disease while it was still concealed from the white health officers of the town. Wertenbaker explained that the town had been quarantined since February 28th when the State Board of Health arrived.¹¹⁸ Since then, 1,960 people

¹¹⁵ Wyman to Wertenbaker, March 14, 1898, “Bell County,” in the *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99* (1899), 50.

¹¹⁶ McCormack to Wyman, March 16, 1898, “Bell County,” 51; Wyman to McCormack, March 17, 1898, “Bell County,” 51.

¹¹⁷ C. P. Wertenbaker, “Small-pox at Middlesboro, Ky,” in the *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99* (1899), March 14, 1898, 51.

¹¹⁸ *Ibid.*

had been vaccinated, and “forcible vaccination [was] still progressing.”¹¹⁹ Evidently, Middlesboro’s populace continued to have reservations about vaccination.

On March 24, Wertenbaker recounted his own work to organize the relief efforts. He, on behalf of the federal government, employed five inspectors to continue vaccinating the city’s residents and secured a house for use as a hospital.¹²⁰ They paid a boarding-house keeper fifty dollars to move out, fixed the house up to accommodate more people than “a cooking stove and twelve chairs” could supply, and “moved into it ninety-one persons from the former pesthouse, which was located in a thickly settled part of the city and adjoined the detention camp,” making it hard to keep the patients with smallpox and those who were suspected to have it apart.¹²¹ The Service employed twenty-five guards to secure the hospital.¹²² Wertenbaker’s account demonstrates that the treatments available were limited. The hard power measures of vaccination and quarantines were the only real steps they could use to stop the spread, and preventing further infection took priority over protecting the individual rights of those who contracted smallpox. As a result of the financial impasse, having his authority overruled and being forced to cooperate with Wyman, McCormack was unable to take control of the situation.

In the aftermath of the Middlesboro epidemic, McCormack wrote to Surgeon-General Wyman attempting to “correct a misstatement made in the current number of your “Public Health Reports,” to the effect that this Board, the Governor of Kentucky, or any one having authority to do so, asked for national aid in suppressing small-pox at

¹¹⁹ Ibid.

¹²⁰ Wertenbaker to Wyman, March 24, 1898, “Bell County,” 53; C. P. Wertenbaker, “Smallpox at Middlesborough, Ky. – (Continued),” Weekly Reports for April 1, 1898, *Public Health Reports*, 300.

¹²¹ Ibid.

¹²² Ibid; Wertenbaker, “Smallpox at Middlesborough, Ky. – (Continued),” 301.

Middlesboro.”¹²³ This assertion was manifestly untrue, as the telegrams from the Governor and the President of the State Board of Health were included alongside McCormack’s earlier correspondence with Wyman in the board’s *Biennial Report*.¹²⁴ McCormack explained that:

We hesitated to give you absolute control because of the ineffectual methods adopted by your Service in Alabama, which had permitted the present epidemic in Tennessee and Kentucky, and of its similar history in former years in dealing with yellow fever and small-pox. After our inspectors left, your representative found that he had no authority to assume charge. Our quarantine was continued in force to protect the balance of the state, but no one had charge in Middlesboro for almost a week, and the disease made such headway that it has required over a month to bring it under control to the same degree as when we left.¹²⁵

Wyman correctly protested the assertion that no one had asked for the Service’s help and directed McCormack to look at the Annual Reports of the Service and Public Health Reports to correct his impressions of their management of smallpox and yellow fever.¹²⁶ However, he did not dispute McCormack’s charge that the conflict between the state and federal health services, which the Secretary blamed on the latter, had caused an unconscionable delay in containing the smallpox epidemic.

McCormack did not take Wyman’s response to his criticism well. He explained that “As you refuse to make the correction, demanded alike by the facts and fair dealing, I will be forced to take my own methods of doing so.”¹²⁷ McCormack then sent a letter to the Editor of the Journal of the American Medical Association in Chicago. He complained that

¹²³ Secretary J. N. McCormack to Surgeon-General Wyman, April 9, 1898, “Bell County,” 58; C. P. Wertenbaker, “Smallpox at Middlesborough, Ky., (Continued),” 300.

¹²⁴ Wertenbaker to Wyman, March 14, 1898, “Bell County,” 49; Governor W. O. Bradley to Hon. D. G. Colson, March 14, 1898, “Bell County,” 50.

¹²⁵ McCormack to Wyman, April 9, 1898, “Bell County,” 59.

¹²⁶ Wyman to McCormack, April 9, 1898, “Bell County,” 59, 59-50.

¹²⁷ McCormack to Wyman, April 20, 1898, “Bell County,” 60.

the U.S. Marine Hospital Service representative published a report in which he “found the methods of this Board inefficient.”¹²⁸ This insult to their procedures seems to have been the real point at issue. McCormack’s final statement on the matter clearly showed his objections to the expansion of federal health authority at the expense of the states. In his letter to the Editor, he wrote:

As [Surgeon-General Wyman] has declined to make the correction, and as this Bureau is the chief obstacle to the enactment of efficient national legislation for the protection of public health interests in the country, I ask that the subjoined correspondence be given a place in your columns, that health officials and the profession may know what to expect at the hands of this Bureau should its persistent requests for increased power be granted.¹²⁹

Copyright © Abigail Katharine Stephens 2021

¹²⁸ McCormack to the Editor of the Journal of the American Medical Association, April 20, 1898, “Bell County,” 60.

¹²⁹ Ibid, 60-1.

CHAPTER 3. FIVE THOUSAND DOLLARS FOR A NEW CENTURY

Although the smallpox epidemic in Middlesboro had been contained with the help of the Marine Hospital Service, this did not represent the end of Kentucky's fight against the disease. It spread far beyond Middlesboro, with at least one case in forty-nine of the one hundred and two counties which had reported their experience with smallpox to the State Board of Health in 1898 and 1899.¹³⁰ Based on these reports, McCormack estimated that during that two-year period over 1,500 cases had occurred in the state, costing cities and counties \$57,000 directly and an estimated \$250,000 lost from interference with travel, business, and commerce.¹³¹ McCormack exhorted his constituents that "the entire epidemic was preventable and would have been prevented, had our reiterated admonitions been heeded. Vaccination of these communities would have made an epidemic of small-pox an impossibility."¹³² He later estimated that at the beginning of the epidemic less than thirty percent of Kentucky's population had been vaccinated, and that in some counties the figure was less than five percent, providing far less immunity than would be necessary to keep the population safe.¹³³ McCormack wrote that "It is also confidently believed that most of the expense, to say nothing of the suffering and loss of life, could have been prevented had the funds been available for keeping our trained men in the field for the first two or three months, tracing out the suspects and exposed persons."¹³⁴ This admonition encapsulated

¹³⁰ State Board of Health of Kentucky, "Small-pox Reports from Counties and Cities," in the *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99* (1899), 42-165.

¹³¹ J. N. McCormack, "Smallpox," in the *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99* (1899), 25. The equivalent amounts in 2020 are calculated at \$1,776,463.37 for direct costs and \$7,791,506.02 for indirect costs according to the CPI Inflation Calculator at <https://www.in2013dollars.com/us/inflation/1899?amount=250000>, accessed March 18, 2020.

¹³² *Ibid*, 26.

¹³³ J. N. McCormack, "General Summary by the Secretary," *Biennial Report of the State Board of Health of Kentucky, 1906-1907* (Louisville, Ky.: The Globe Printing Company, 1908), 19.

¹³⁴ *Ibid*, 26.

two of the main barriers to carrying out the board's public health goals throughout McCormack's tenure: insufficient funding for their programs to prevent and contain disease, and the imperfect cooperation of the people.

By the end of 1899, the board was in debt, and could only act against the disease when the fiscal authorities of the affected counties agreed to pay their way ahead of time. In the meantime, smallpox had reached 110 of Kentucky's 119 counties, which McCormack partly blamed on repeated importations from Tennessee, a state which he alleged to have taken lax precautions against the disease. With such a dire state of affairs, the board "found that its authority to place counties and towns whose authorities failed or refused to adopt the proper precautions against the disease [under quarantine] an indispensable weapon." This hard power measure forced fiscal authorities who were reluctant to aid their health officials in containing the disease, and who had been using this pretense at economy to gain votes, to finally appropriate the necessary funds in order to get the quarantine raised. The final exercise of this measure of last resort during that period took place in Greenup county, where the fiscal court agreed to support its health officials within two days, upon which the quarantine was immediately raised. By the end of its 1900 legislative session, the Kentucky General Assembly raised the board's appropriation to \$5,000, and explicitly attributed this raise to the smallpox emergency in the new law. This allowed the board to actively pursue its work against smallpox and other diseases once more.¹³⁵

¹³⁵ Kentucky State Board of Health, "Smallpox," *Biennial Report of the State Board of Health of Kentucky, 1900-1901*, 11, 11-12; *Acts of the General Assembly of the Commonwealth of Kentucky, Passed at a Regular Session of the General Assembly, Which Was Begun and Held on Tuesday, the Second Day of January, Nineteen Hundred* (Louisville, Ky.: Geo. G. Fetter Printing Co., 1900), 10-1; Kentucky State Board of Health, "Smallpox," *Biennial Report of the State Board of Health of Kentucky, 1900-1901*, 13.

3.1 Eradicating Smallpox

With the renewed agency provided by doubling the board's appropriation, McCormack was instructed to travel around the state and visit infected localities to hold whatever meetings necessary and "do everything in his power to arouse the authorities and people to the importance of at once ridding the State of this loathsome and expensive malady."¹³⁶ Having reluctantly implemented the hard power measure of quarantining counties, the board returned to its preferred strategy of getting McCormack to talk to people directly and convince them to accede to its plans.

In addition to quarantines and Dr. McCormack's voice, the board had other hard power measures available to it under the law. Physicians and families were to report all cases of smallpox and other infectious diseases to their county and municipal boards of health within twenty-four hours.¹³⁷ These local boards had the authority to remove people infected with smallpox to isolation hospitals, and the county was to pay for all reasonable expenses for "hospitals, physicians, nurses, guards, and all necessary supplies in managing and stamping out the disease."¹³⁸ This last measure was responsible for much of the dispute between county health and fiscal authorities. Despite the law, many of the latter were unable or unwilling to expend county funds to equip these hospitals, creating dangerous delays in stamping out smallpox epidemics when they arose. By August 1, 1901, only 812,200 people in Kentucky had either been vaccinated or survived a case of smallpox,

¹³⁶ Kentucky State Board of Health, "Smallpox," *Biennial Report of the State Board of Health of Kentucky, 1900-1901*, 13.

¹³⁷ *Ibid*, 16.

¹³⁸ *Ibid*.

meaning that 1,334,975 people were still vulnerable to the disease.¹³⁹ If it wished to truly eradicate smallpox in the state, the board would have to vastly expand the number of people that it vaccinated and secure the cooperation of fiscal authorities in limiting outbreaks.

In 1902, having previously used the power only against individual counties, the board faced the novel prospect of quarantining Kentucky's border against an entire state. While it had long been wary of the lax methods Tennessee and West Virginia used in containing their smallpox epidemics, conditions had improved somewhat in those states over the months preceding the board's annual meeting on May 27, 1902. At this time, they were more concerned about their northern border. Indiana had recently exhausted its annual appropriation, and smallpox was present in sixty of the state's ninety-two counties, including every county along Kentucky's border. Furthermore, their Governor refused to expend any of the state's "epidemic fund" to fight the disease. McCormack informed his colleagues that "any form of quarantine against the State would involve great difficulties and much expense, and would entail serious hardships upon their people as well as many of our own, but the conditions there are so serious that it is my duty to set the facts plainly before you." Dr. McCormack had recently visited Indianapolis with his fellow board member, Dr. Bailey, hoping to secure a resolution to the situation without resorting to quarantine, but they left disappointed, and McCormack presented the board with a letter from the Indiana State Board of Health dated three weeks after their visit that they were still waiting for a decision from the governor.¹⁴⁰

¹³⁹ J. N. McCormack, "Annual Report," *Biennial Report of the State Board of Health of Kentucky, 1902-1903* (Louisville, Ky.: Geo. G. Fetter Printing Co., 1904), 171.

¹⁴⁰ *Ibid.*, 173, 173-4.

Dr. J. N. Hurty of the Indiana State Board of Health, Dr. W. H. Sheets, City Health Officer of Jeffersonville, Dr. Robert W. Harris and Dr. C. W. McIntyre of the New Albany Board of Health had attended the May 27th meeting in an effort to dissuade the Kentucky State Board of Health from setting up a quarantine at the border.¹⁴¹ Dr. Hurty proclaimed that “Representing the Indiana State Board of Health, I would say that I am not certain in this smallpox epidemic that Indiana is more dangerous to Kentucky than Kentucky is dangerous to Indiana.” He recommended that if Kentucky were to vaccinate every one of its citizens this would also save the state from the disease. He admitted, however, that Indiana’s board was “powerless because of lack of funds,” a situation their Kentucky counterpart had also faced three years prior and might therefore have been expected to cause them to extend some sympathy. Even though Indiana’s legislature had appropriated \$50,000 for the suppression of epidemics, the Governor refused to release the funds. Dr. Hurty hastened to add that “There is no friction between the State Board of Health and the chief executive, merely a difference of opinion. He does not think the situation demands his interference. We do.” Despite Hurty’s protestations, it is hard to imagine a situation which would call more urgently for the governor’s intervention, especially considering Kentucky’s proposed quarantine against the state. Hurty pleaded with the Kentuckians to delay their quarantine until they could persuade the governor to act. In response, Dr. McCormack asked, somewhat ominously, “if in the opinion of Dr. Hurty an epidemic of smallpox could be controlled without the authority of the State board working with money behind it?” “No,” his counterpart replied, settling the question.¹⁴²

¹⁴¹ Ibid, “Regular Annual Meeting,” *Biennial Report of the State Board of Health of Kentucky, 1902-1903*, 269.

¹⁴² J. N. McCormack, “Annual Report,” *Biennial Report of the State Board of Health of Kentucky, 1902-1903*, 175.

In consequence, Dr. McCormack's colleagues instructed him to prepare a proclamation of quarantine against Indiana for that evening's session.¹⁴³ The proclamation announced that smallpox existed in epidemic form in the majority of Indiana's counties, with at least 800 cases, and that people in the counties bordering Kentucky often came into the state and spread it to their neighbors. In addition, the health authorities in Indiana had not been able to restrict the spread due to lack of support from their fiscal authorities, who refused even to allow them the funds specifically appropriated for such an eventuality. With this danger to Kentucky's citizens, the board established the low-water mark on the Indiana shore as the boundary line to the quarantine and forbade any person from Indiana who did not have a certificate from an authorized health official in Indiana or Kentucky from entering the state. Such a certificate would need to certify that the person had been successfully vaccinated from smallpox in the past five years, or was otherwise immune, presumably from having contracted the disease. The proclamation also forbade the operators of every form of transport from bringing people without such a certificate into the state, and gave them the authority to enforce the regulations the board had issued. The proclamation was to take effect on June 1, 1902, five days after the annual meeting.¹⁴⁴

However, before the quarantine was to go into effect, the board met again with representatives from the Indiana State Board of Health on May 30th to consider postponing it.¹⁴⁵ Dr. W. N. Wishard, the board's president, "rose to state that he was the bearer of an official message from the Governor of Indiana to the effect that all necessary expenses

¹⁴³ Ibid.

¹⁴⁴ J. N. McCormack, "Quarantine Proclamation," *Biennial Report of the State Board of Health of Kentucky, 1902-1903*, 175.

¹⁴⁵ J. N. McCormack, "Called Meeting," May 30, 1902, *Biennial Report of the State Board of Health of Kentucky, 1902-1903*, 180.

incurred by the Board of Health in the suppression of the smallpox would be promptly met.”¹⁴⁶ He also wished to assure the Kentucky board that they would put men in the field the next day to combat the disease, and that “Special attention would be paid to the counties bordering the Ohio river, and the disease would be stamped out effectually in a short time.”¹⁴⁷ This announcement, coming only three days after the initial proclamation of quarantine, shows how effective the hard power measure of quarantine could be, not for containing the spread of disease, at which it was often imperfect, but as a threat to commerce.¹⁴⁸ Indiana’s governor, who had not been swayed by the pleas of his own health officials to save lives and prevent the suffering of his people, acceded to their requests almost immediately once he learned that Kentucky’s board intended to prevent his citizens from traveling across the border. In addition, Dr. Wishard’s promise to focus on the counties next to the border was calculated to appease the members of Kentucky’s board, and it worked. They suspended the quarantine proclamation for ten days from May 30th and allowed that “if upon or before the expiration of the ten days the Indiana State Board of Health gives official assurance that the epidemic is under control within the borders of the State, the said proclamation will be annulled.”¹⁴⁹ As the Indiana State Board of Health reported steady gains against the disease, the quarantine was suspended again until July 1, 1902, and on that date it was officially annulled.¹⁵⁰ The board’s threat of quarantine against the state of Indiana was not only wildly effective for its own purposes, but served the

¹⁴⁶ Ibid.

¹⁴⁷ Ibid.

¹⁴⁸ J. N. McCormack, “How to Combat Smallpox,” *Biennial Report of the State Board of Health of Kentucky, 1902-1903*, 16.

¹⁴⁹ J. N. McCormack, “Called Meeting,” May 30, 1902, *Biennial Report of the State Board of Health of Kentucky, 1902-1903*, 181.

¹⁵⁰ Ibid.

Indiana board's aims by securing them the necessary funds and support from their own governor. However, the Kentucky State Board of Health continued to struggle with the challenge of eliminating smallpox within its own borders.

Soon after it had sustained its authority against Indiana, the board found its power challenged from a different direction. Although Dr. McCormack often complained of resistance to his policies from rural people who resisted vaccination, this case demonstrates that upper-class Kentuckians were far more likely to have their voices heard when they opposed the board's policies. On September 16, 1902, Luther R. Porter, a former banker, filed an injunction against the state health board to prevent himself, his wife, and his daughter from being taken to the pest house.¹⁵¹ The daughter, Miss Amelia Porter, was alleged to have smallpox, and the injunction, initially granted by the county judge, was swiftly dissolved by Judge Barker of Louisville, who held that "boards of health are invested with ample authority to order anyone to the pest house when it is deemed necessary for the welfare and protection of a neighborhood or a community."¹⁵² Despite the judge's ruling, multiple newspapers took Porter's side of the case. The *Evening Bulletin* of Maysville Kentucky wrote that "The action of Dr. McCormack, Secretary of the State Board of Health, in entering the home of a citizen of Bowling Green by subterfuge, and forcibly removing the family, including a sick and weakly child, to a small tent improvised as a pest house, deserves the severest condemnation."¹⁵³ In addition, they opined that "If the father of this child had used a shotgun in defense of his home, no jury of fair-minded

¹⁵¹ "Took Out An Injunction," *The Paducah Sun*, September 16, 1902, 1.

¹⁵² "Important Decision - Bowling Green Health Authorities are Sustained," *The Paducah Sun*, September 24, 1902, 1.

¹⁵³ *The Evening Bulletin*, September 27, 1902, 2.

Kentuckians would have done anything with him.”¹⁵⁴ In addition to this chilling endorsement of violence against health officers, the *Louisville Commercial* wrote that “One of the most esteemed physicians in Kentucky said to The Commercial that the removal of the Porter child exposed the community to infection more than would its continued [sic] isolation in its father’s comfortable home. *And he added that he would have killed Dr. McCormack before he would have submitted to such treatment had he been in Mr. Porter’s place.*”¹⁵⁵ Both papers felt that the health officers had acted unreasonably in removing the child and her family from their home, and that the board had overstepped its authority by enforcing the decision.

In addition to condemning the board removing the Porters from their home, the *Louisville Commercial* wrote that this most recent outrage was “on par with the threatened quarantine of Kentucky against Indiana,” and argued that “The people of Kentucky cannot afford to pass over this second exhibition of reckless tyranny that the Health Board has given within so short a time.”¹⁵⁶ Evidently, the events of the summer had not been lost on the people of Kentucky, and they condemned the board’s efforts to close the borders between the two states. The paper urged the Legislature to curb the powers of the board to protect Kentuckians’ civil rights.¹⁵⁷ Although the *Evening Bulletin* and the *Louisville Commercial* were likely sincere in their condemnation, it is notable that they were coming to the defense of a former banker and his family rather than a marginalized member of the community. In a later article on the case the *Bulletin* emphasized that “The victim in the

¹⁵⁴ Ibid.

¹⁵⁵ “Must Be Stopped. High-Handed Methods of State Board of Health Strongly Censured. The Porter Outrage at Bowling Green Should Arouse the People to Action,” *The Evening Bulletin*, September 27, 1902, 2. Emphasis in original.

¹⁵⁶ Ibid.

¹⁵⁷ Ibid.

Bowling Green case was not a “vagrom n*****,” but the little daughter of a reputable citizen of that place – forcibly seized in her father’s house and rigidly quarantined in a leaky ten by ten tent.”¹⁵⁸ It is clear that both class and race played a part in these papers’ motivation for defending the Porters, and that they might even have supported the board had the case involved a poor or Black member of their communities. Nonetheless, removing smallpox victims to the pest house remained an unpopular measure.

By the end of 1903, there had been at least 21,616 cases and 300 deaths from smallpox in Kentucky since the disease first appeared in Middlesboro.¹⁵⁹ While the board had made every effort to stamp it out, it noted that smallpox had “again appeared in several widely-separated sections,” and that “It is also prevalent in adjoining States, and everywhere manifests a tendency to break over official control and assume an epidemic form.”¹⁶⁰ As Dr. Hurty of the Indiana State Board of Health had pointed out, in light of Kentucky’s own disease burden their proposed quarantine of his state may have been somewhat hypocritical. This fact notwithstanding, they continued to push for vaccination among their citizens and insisted that the \$515,775 so far expended to combat the disease “would be more than enough to keep every person in Kentucky thoroughly vaccinated for a generation, so that the existence of anything but an imported case of smallpox would be an impossibility,” if it had been applied to vaccination from the first rather than containing epidemics.¹⁶¹ McCormack and his colleagues on the board were not alone in insisting that

¹⁵⁸ “The Bowling Green Eruption,” *The Evening Bulletin* (Maysville, KY), September 29, 1902, 2.

¹⁵⁹ J. N. McCormack, “How to Combat Smallpox,” *Biennial Report of the State Board of Health of Kentucky, 1902-1903*, 16.

¹⁶⁰ *Ibid.*

¹⁶¹ *Ibid.* According to the CPI Inflation Calculator, \$515,775 in 1903 would be worth \$15,266,588.24 in 2021. CPI Inflation Calculator, accessed January 15, 2021, <https://www.in2013dollars.com/us/inflation/1903?amount=515775>.

it made economic sense to prevent disease. Other Progressives in favor of sanitary reform, such as William Henry Welch of Johns Hopkins, believed that investing in a healthy population would avoid the cost of early deaths among working people.¹⁶² Despite this reasoning, vaccination proceeded slowly. Dr. M. F. Reed, Secretary of the Lee County Board of Health, estimated that by August 20, 1903, 2,550 people, or forty percent, of the people in his county had been vaccinated, leaving the remaining sixty percent unprotected.¹⁶³ He reported that “The chief difficulties in stamping out the disease have been in getting the people to submit to vaccination, many claiming to have no faith in the efficacy of vaccination or the protection therefrom. This we are inclined to take as an excuse merely, for no sane person who cares to look up the history of vaccination could for one moment doubt the protection of vaccination.”¹⁶⁴ Such statements represented the gap between health professionals and their patients’ understanding of current medical knowledge, as well as the failure of the board’s attempts at health communication, whether through literature or speeches, to reach or convince the public whose cooperation they needed. Judith Walzer Leavitt argues that health officials “saw one side of the issue, the public’s health, while many people and politicians saw another side, their individual rights.”¹⁶⁵ Furthermore, these officials often believed that they were obligated to make decisions for the “uneducated masses” on public health matters.¹⁶⁶ They did not recognize that their patients could have legitimate questions or complaints, especially on contentious

¹⁶² Dorothy Porter, *Health, Civilization and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1998), 156.

¹⁶³ M. F. Reed, “Lee County Board of Health,” *Biennial Report of the State Board of Health of Kentucky, 1902-1903*, 110.

¹⁶⁴ *Ibid.*

¹⁶⁵ Leavitt, 87.

¹⁶⁶ *Ibid.*, 96.

issues such as vaccination. Whether the board attempted to secure compliance through hard or soft power measures, their constituents retained the agency to resist measures in which they could not see a benefit in the face of health officials' unshakable conviction that they knew best.

Despite the continued importation of smallpox into Kentucky, particularly from Indiana, five years after the disease arrived, McCormack judged that progress was being made, as "in most counties the experience of former years was of value to both the health and fiscal officials, and the ease and lessened cost of management were evident." In another victory, where before virtually every county health officer had served without pay, one third were now receiving an annual salary. Paying county health officers enabled them to respond to reports of smallpox immediately and confine the disease to one person or family at little expense. In contrast, unpaid health officers had trouble securing the funds necessary to discharge their duties, resented the possibility of not receiving compensation for their work, and dreaded the abuse they would receive for carrying out their duties. In consequence, they often neglected these duties "until the disease had gained a strong foothold, and an expensive and entirely avoidable epidemic had to be faced." Despite the lessons five years of smallpox had provided, the response on both the state and county level continued to be limited by the vagaries of fiscal officials, who in many cases still refused to provide the necessary funds to quash outbreaks before they spiraled out of control.¹⁶⁷

After six years of fighting smallpox, the situation gradually became more manageable. At the board's annual meeting on Monday, May 16, 1904, Dr. McCormack reported that during the past fiscal year "smallpox has given distinctly less trouble than in

¹⁶⁷ J. N. McCormack, "General Report," *Biennial Report of the State Board of Health of Kentucky, 1902-1903*, 38.

any year since 1897.” He attributed this to several causes. First, in cities and towns enough people had finally been vaccinated to prevent widespread epidemics. Second, each population center now had an isolation hospital where smallpox cases could safely be cared for without disturbing business and travel. Finally, the experience of previous years had “been valuable to the health and fiscal officials, medical profession and people, and the disease was generally brought under control with less time, effort and expense.” It appeared that they were finally getting smallpox under control.¹⁶⁸

Dr. McCormack also suggested that “Even in the country districts, under the comprehensive, kind but firm policy of the health officials, resistance to vaccination and other necessary restrictive measures has appreciably lessened.”¹⁶⁹ If true, this would be a remarkable achievement given the long opposition to vaccination rural Kentuckians had offered in previous years. However, the measures taken to control a smallpox outbreak in Hopkinsville, Kentucky, complicate this view. On Monday, November 21, 1904, Dr. McCormack visited Hopkinsville and “stirred up the local authorities on the continued prevalence of smallpox in many parts of the county.”¹⁷⁰ As a result, the Fiscal Court and City Council put new measures in place to control the disease: every person with smallpox would be taken to the eruptive hospitals four miles north of town, every person had to be vaccinated or else fined \$100, and a reward of \$1 would be provided for information concerning a case of smallpox which was concealed from the health officers.¹⁷¹ \$100 was a punishing fine for the average person, equating to almost \$3,000 in the present, which

¹⁶⁸ J. N. McCormack, “Report of the Secretary,” May 16, 1904, *Biennial Report of the State Board of Health of Kentucky, 1904-1905* (Louisville, Ky.: Geo. G. Fetter Printing Co., 1906), 206.

¹⁶⁹ *Ibid.*

¹⁷⁰ “Your Scar Must Be a Good One,” *Hopkinsville Kentuckian*, November 24, 1904, 1.

¹⁷¹ *Ibid.*

would provide a significant impetus to be vaccinated.¹⁷² In addition, the city would keep public vehicles available to transport people to racially segregated hospitals, and the health officer, Dr. J. B. Jackson, would have his salary raised from \$200 a year to \$600, with Dr. Austin Bell of the State Board of Health there to assist him for fifteen days at \$10 per day.¹⁷³ These measures were strict, with the \$100 fine particularly harsh for poor families, and suggest that the lessening of resistance to health measures was accomplished by the strict enforcement of isolation and vaccination policies, rather than the “kind but firm policy of the health officials.”¹⁷⁴

In fact, as opposed to the humane policies shown to those fleeing yellow fever, the enforcement of smallpox control measures in Hopkinsville better resembled those undertaken in Middlesboro in terms of their disproportionate effect on Black people. The *Hopkinsville Kentuckian* reported that the five deaths so far from smallpox had all been Black residents of the county.¹⁷⁵ The newspaper sounded almost gleeful when it reported that “The negroes are thoroughly scared at the talk of compulsory vaccination and are hunting up the physicians in droves and having themselves vaccinated.”¹⁷⁶ This fear seems reasonable, as those with smallpox who had not come voluntarily were “round[ed] up” by Dr. Jackson and taken to the hospital, which contained twenty-six Black people and no white people by November 26, showing the disproportionate burden of the disease the

¹⁷² CPI Inflation Calculator, “\$100 in 1904 is worth \$2,955.21 today,” accessed March 16, 2021, <https://www.in2013dollars.com/us/inflation/1904#:~:text=%24100%20in%201904%20is%20worth%20%242%2C955.21%20today&text=A%20dollar%20today%20only%20buys,power%20to%20%24101.68%20next%20year>.

¹⁷³ Ibid.

¹⁷⁴ ¹⁷⁴ J. N. McCormack, “Report of the Secretary,” May 16, 1904, *Biennial Report of the State Board of Health of Kentucky, 1904-1905*, 206.

¹⁷⁵ “Your Scar Must Be a Good One.”

¹⁷⁶ “Vigorously Cleaning Up Smallpox,” *Hopkinsville Kentuckian*, November 26, 1904, 1.

Black community had to bear.¹⁷⁷ There was also a clear divide between the urban Hopkinsville and the rural part of the county, as “The excitement is a source of amusement to the city people, as everybody nearly has been vaccinated and there are but few cases in the city.”¹⁷⁸ Bearing out the Dr. McCormack’s assertion that resistance had “appreciably lessened,” the *Hopkinsville Kentuckian* reported that “There is no opposition anywhere to the enforcement of the law.”¹⁷⁹ However, it is unclear whether explicitly violent measures were taken to bring Black smallpox victims to the hospital, and therefore whether this lack of opposition was voluntary or enforced through coercive violence.

On December 1, the *Hopkinsville Kentuckian* reported that “The health officers have been busy all the week gathering up the negroes strolling about with small-pox in the country, and believe now that they have about all of them in confinement.”¹⁸⁰ With this paternalistic statement, the newspaper implied that the Black residents of the county had no concern for smallpox, and that it was up to white doctors to save them and the county from their carelessness. It followed this statement with one asserting that of the forty Black smallpox victims in Gracey hospital, “None are very sick and all are making heavy demands for provisions and supplies, embracing everything from fancy groceries to loads of corn. The Concord hospital is full of negroes, and they too are being cared for so well that nearly every negro with the itch is anxious to get into the “pest house.””¹⁸¹ This statement is hard to credit in terms of the parsimony of Kentucky’s fiscal officials in the past, and particularly so in the case of providing luxury treatment to Black smallpox

¹⁷⁷ Ibid.

¹⁷⁸ Ibid.

¹⁷⁹ Ibid.

¹⁸⁰ “Small-Pox Situation is Better,” *Hopkinsville Kentuckian*, December 1, 1904, 1.

¹⁸¹ Ibid.

victims. It seems far more likely that if Black smallpox victims were eager to enter the isolation hospital, it was out of the fear of arrest. The newspaper itself warned that “If you haven’t been vaccinated you are liable to be arrested unless you leave town.”¹⁸² The paper recorded only one arrest, of a Mr. John L. Griffith, who was assessed the minimum fine of \$10 for refusing to allow his two-year-old child to be taken to the Cedar Grove hospital for smallpox patients. The case was seen as a test case, and the newspaper felt that after this there would be no further resistance to the health board’s orders.¹⁸³

By December 6, the situation appeared to be under control, although three new cases in “prominent families” had been reported.¹⁸⁴ At this point, the remaining recorded cases totaled seven or eight white people, along with a staggering one hundred and forty-five among the county’s Black residents.¹⁸⁵ Nonetheless, the paper celebrated that “Twenty negroes were discharged at Concord Saturday and many other convalescents are waiting for favorable weather to be turned out. The dismissals will now exceed the admissions.”¹⁸⁶ In addition to this good news, vaccination in the city was nearly complete, and Dr. Woodard had recorded 5,346 vaccinations in the previous two weeks.¹⁸⁷ However, the county records were not yet available.¹⁸⁸ Finally, the newspaper was able to report that “Dr. McCormack was here Saturday and complimented the work done.”¹⁸⁹ With this statement it can be surmised that McCormack, as he had in Middlesboro, approved the measures taken to capture and confine the county’s Black smallpox victims who were disproportionately at

¹⁸² Ibid.

¹⁸³ “Test Case Results in \$10 Fine,” *Hopkinsville Kentuckian*, December 13, 1904, 1.

¹⁸⁴ “Oh! My Arm 5346 People Are Saying,” *Hopkinsville Kentuckian*, December 6, 1904, 1.

¹⁸⁵ Ibid.

¹⁸⁶ Ibid.

¹⁸⁷ Ibid.

¹⁸⁸ Ibid.

¹⁸⁹ Ibid.

risk for the disease, and did not see this harsh treatment as contradictory with attributing the lessening of resistance against vaccination to kindness and firmness on the part of the county health officials.

In addition to lauding the state's health officials, McCormack touted the March 2nd passage of an amendment to the health law, H.B. 190, which would advance this work.¹⁹⁰ He announced that "With carefully selected medical men and members of the fiscal courts equitably represented on the county boards, and a salaried medical man in each county to look after its public health affairs, the dissensions which have so interfered with our work in many localities in the past should be greatly minimized."¹⁹¹ While it took a great deal of time and effort, as well as experimentation with effective structural design, the board was beginning to secure the legislation and public cooperation necessary to carry out its aims of preventing and containing disease. In addition to this local law, resistance to vaccination may have diminished due to the February 20, 1905 Supreme Court ruling in *Jacobson v. Massachusetts*, which stated that personal liberties could be suspended when the general public's safety was at risk.¹⁹² This affirmed the state board's ability to impose fines or imprison people who refused vaccination, although it would not allow them to use forcible vaccination.¹⁹³

At the next year's annual meeting on June 10, 1905, McCormack informed his colleagues that only four counties, Christian, Trigg, Todd, and Muhlenberg, had

¹⁹⁰ *Journal of the Regular Session of the House of Representatives of the Commonwealth of Kentucky, Begun and Held in the City of Frankfort on Tuesday, the Fifth Day of January, in the Year of Our Lord 1904, and of the Commonwealth One Hundred and Twelve* (Louisville: Geo. G. Fetter Printing Co., 1904), 738.

¹⁹¹ *Ibid*, 207.

¹⁹² *Jacobson v. Massachusetts*, 197 U.S. 11 (1905); Kim Tolley, "School Vaccination Wars: The Rise of Anti-Science in the American Anti-Vaccination Societies, 1879-1929," *History of Education Quarterly* 59, no. 2 (2019), 180.

¹⁹³ Tolley, 180.

experienced serious epidemics of smallpox during the past year. He noted that in these cases, “Failure to recognize the danger at the outset, and lack of a prompt and proper moral and financial support from the fiscal officials,” caused the first three epidemics. The one in Muhlenberg initially mirrored Middlesboro’s 1898 epidemic, as “the disease had gained such a foothold in an ignorant mining population before it was recognized and reported that the situation taxed the capacity of a good county Board of Health, supported by an excellent fiscal court.” McCormack’s label of the mining community as “ignorant” shows his continuing condescension towards those segments of Kentucky’s population which lacked the experience or knowledge to take preventive steps against disease, who were often the same people that attempts at public health communication did not reach due to their poverty or illiteracy.¹⁹⁴

In contrast to the four serious outbreaks in 1905, in most incidents of smallpox that year the health officials were able to control the disease by limiting it to the first case or family. McCormack attributed these counties’ success to “a thorough understanding and co-operation between the fiscal and health officials.” He noted that the statute passed the previous year, providing for a salaried health officer in each town and county as well as fiscal officers on the county boards of health, was successfully fostering smoother operations between officials who had often been at odds in the past, showing that their efforts at designing effective systems were increasingly paying off. With this friction removed, McCormack anticipated that “new and wide fields of usefulness are opened up

¹⁹⁴ J. N. McCormack, “Report of the Secretary,” June 10, 1905, *Biennial Report of the State Board of Health of Kentucky, 1904-1905*, 215.

in our lifesaving work.” Having made enemies into allies, they secured the power, if not to prevent smallpox outbreaks altogether, at least to limit their scope and severity.¹⁹⁵

By 1907, McCormack was able to report that smallpox “has been practically eliminated from the sick and mortality tables.”¹⁹⁶ He attributed this to the self-sacrificing efforts of the members of local boards of health, of whom 795 were totally unpaid and the other fifty received little money.¹⁹⁷ He lamented that many of these officials had in past years been “met by suspicion and derision from fiscal officials and open denunciation, often by threats of personal violence, from people of intelligence on other subjects,” simply for requesting the materials necessary to do their jobs.¹⁹⁸ Nonetheless, the threat of smallpox had receded. McCormack conceded that “Outbreaks are likely to occur from time to time in the country districts where ignorance and indifference has restricted the work of vaccination, but the population in the cities and towns are at least so generally protected by vaccination as to confine the danger to such districts almost entirely.”¹⁹⁹ Notwithstanding the vulnerability of rural districts, after nearly ten years the board had finally managed to control smallpox in Kentucky.

3.2 Preventing Yellow Fever in 1905

Smallpox had been eradicated in Kentucky mostly through the hard work of vaccination and the lessons won from experience. In the case of yellow fever, the board was able to

¹⁹⁵ Ibid.

¹⁹⁶ J. N. McCormack, “General Summary by the Secretary,” *Biennial Report of the State Board of Health of Kentucky, 1906-1907*, 19.

¹⁹⁷ Ibid.

¹⁹⁸ Ibid, 20.

¹⁹⁹ J. N. McCormack, “Annual Report of Secretary,” May 29, 1905, *Biennial Report of the State Board of Health of Kentucky, 1906-1907*, 51.

mount a more effective response eight years after its first encounter primarily due to an improved scientific understanding of transmission routes. Following the conclusion of the Spanish-American War in 1900, United States Army Surgeon Walter Reed and his colleagues used human trials to demonstrate that mosquitoes could transmit the disease.²⁰⁰ In addition to the previous tactics used in 1897, this new understanding allowed the board to implement more targeted measures to prevent the disease in Kentucky. In the winter of 1904-5, Drs. McCormack and Bailey of the Kentucky State Board of Health attended the American Public Health Association conference in Havana, Cuba.²⁰¹ While at this conference they became convinced that yellow fever could be transmitted between people only when the mosquito species *stegomyia fasciata*, also known as *Aedes aegypti*, acted as the intermediary host.²⁰² They accepted this new scientific information readily, as did local health officials throughout Kentucky. They then took it into account when they made plans to combat the disease, which appeared in several places outside Louisiana on August 3, 1905.²⁰³

Practically, this new information did not substantially change their approach. Towns such as Hickman, Kentucky, which had been hard-hit during the 1878 epidemic which prompted the board's formation, requested advice on whether to quarantine against the spread of yellow fever. The board advised against this and planned to maintain its open-door policy of the previous epidemic by using city and county officials to track refugees who entered Kentucky from other states. It also deputized railway conductors and captains

²⁰⁰ "The Etiology of Yellow Fever: An Additional Note," 18.

²⁰¹ J. N. McCormack, "Yellow Fever, 1905," *Biennial Report of the State Board of Health of Kentucky, 1904-1905*, 170.

²⁰² *Ibid.*

²⁰³ *Ibid.*

of steamboats from the South to collect the name and destination of each person who came into Kentucky and did not possess a certificate of freedom from infection. Having established that the fever was transmitted by mosquitoes, they did not use the disinfection protocols which had been an important part of their approach to the 1897 epidemic. Instead, they instructed health authorities across the state to “drain, empty or properly oil or cover all ponds, barrels or other receptacles which are or may become breeding places for mosquitoes; and it is urged that all houses be screened... against mosquitoes.” These last instructions reflected the new understanding that mosquitoes were the primary vector of the disease. However, the measures themselves were not new, having been adapted from those used to combat malaria, which had been recognized as a mosquito-borne disease for decades.²⁰⁴

During this epidemic, the board used its authority in an unusual way: to lift quarantines rather than imposing them. Dr. McCormack informed towns such as Fulton, Kentucky which imposed their own quarantines against the board’s advice that “After careful consideration of the yellow fever situation, this board has decided that local quarantines are worse than useless, giving rise to a false sense of security which interferes with the exercise of effectual precautions and imposing unnecessary restrictions upon travel and commerce. For these reasons it is my duty to give you official notice that the quarantine imposed by your board is hereby raised.” In Paducah, Kentucky, the local board of health complied with the state board’s position but faced opposition from the town’s business community.²⁰⁵ Mayor Yeiser had been informed of the state board raising

²⁰⁴ Ibid; Ibid, 72; Jack Temple Kirby, *Poquosin: A Study of Rural Landscape and Society* (Chapel Hill: The University of North Carolina Press, 1995), 140.

²⁰⁵ “Train Inspectors Were Named Today,” *The Paducah Sun*, August 7, 1905, 1.

quarantines in Fulton and Hickman, but “it was his opinion and the opinion of a number of business men, that the state board of health can not prevent Paducah from taking steps to safeguard the health of the city.”²⁰⁶ As in Middlesboro seven years earlier, the local government of Paducah retained its belief that its decisions should override those of state government bodies as well as their own local board of health. The people of Paducah felt that the “open door” policy had exposed them to danger, as well as resulting in “numerous towns threatening to quarantine against us, and actually causing one city to close her doors to us entirely.”²⁰⁷ Near the end of August, after learning that the city intended to impose a quarantine ordinance, Dr. McCormack stated that the state board of health had ordered him to raise any quarantine within six hours, and that if the city persisted with the quarantine he would order all trains to run through Paducah at the rate of twelve miles an hour, and the Nashville, Chattanooga & St. Louis railroad not to run any trains in to Paducah at all.²⁰⁸ While this hard power measure may have been effective, it would seem to have had a similar effect to quarantining the town, and therefore does not entirely make sense as a threat. Mayor Yeiser responded that the state board of health “could go to “Hades,” with special stress on the “Hades.” He declared he did not believe it just to a community of 25,000 people, - nor lawful, - for a few men several hundred miles away, and unaware of, and indifferent to, the conditions which do and might menace Paducah, to say that we shall or shall not do this or that when we deem it essential to our welfare.”²⁰⁹ He determined to establish a quarantine by ordinance rather than by the state health board, an opinion which

²⁰⁶ Ibid.

²⁰⁷ *The Paducah Sun*, August 22, 1905, 4.

²⁰⁸ “Dire Threats Made by the State Board - In Case of Quarantine it Would Order Trains Not to Come, Or to Run Through Without Stopping,” *The Paducah Sun*, August 28, 1905.

²⁰⁹ Ibid.

he said was backed by some of the best attorneys in Paducah.²¹⁰ In this case, the state board's hard power threats were ineffective.

On the state level, the epidemic had become so alarming by August 25 that the board instituted more serious measures. They directed transportation companies that unless a person held a certificate from a state or federal official stating that they had remained in a detention camp for at least seven days they could not be sold a ticket into Kentucky.²¹¹ The railroad and steamboat companies almost uniformly complied with this order. *The Paducah Sun* approved of this measure, which it deemed an "inspection quarantine" and determined to mean that "the state board of health of Kentucky is beginning to realize that it has made a serious blunder, and is weakening."²¹² However, rather than the danger from yellow fever, the city remained most concerned about the threat of other cities quarantining against them and hoped for some way to "escape the heavy loss of trade and business that has already resulted indirectly from the action of the state and city boards of health."²¹³ Here, as in Indiana, the Paducah government was more concerned about the loss of commerce than the threat of a severe disease harming their citizens.

On October 10, 1905, a "killing frost" removed the danger from mosquitoes, and the next day McCormack telegraphed all but one railroad company to thank them for their cooperation in combating the epidemic. In the last case, McCormack sent Mr. W. A. Garrett, General Manager of the Cincinnati, New Orleans, and Texas Pacific Railway a telegram informing him that "all restrictions against admission of passengers from the

²¹⁰ Ibid.

²¹¹ J. N. McCormack, "Yellow Fever, 1905," *Biennial Report of the State Board of Health of Kentucky, 1904-1905*, 179.

²¹² "The State Board of Health Has Modified its Original Instructions," *The Paducah Sun*, August 29, 1905.

²¹³ Ibid.

South are hereby removed, and that we regret that violation of them by your road caused the only cases of fever we had in the State.”²¹⁴ As he had demonstrated in earlier letters to men whose actions posed a danger to the Commonwealth, McCormack was not above using shame to encourage future compliance.

3.3 Preventing Routine Illnesses

Yellow fever and smallpox epidemics attracted the most attention from Kentucky’s citizens, but most of the deaths in Kentucky came from more routine diseases. Beginning early in his career, Dr. McCormack was frustrated by the fact that most of his constituents took epidemic diseases such as smallpox and yellow fever more seriously than they did more common illnesses. In his treatise “Powers and Duties of Local Boards of Health,” published in 1883, he noted that “A few cases of smallpox will cause a great scare: a hundred cases of yellow fever will destroy the commerce of a city or state; and a thousand or less cases of cholera will paralyze the business of our whole country; but ten times as many equally good people may perish from our common everyday diseases without causing a ripple.”²¹⁵ He continued to observe this fact throughout his career, and undertook a years-long project to inform the public of the true level of danger they faced from epidemic diseases as opposed to endemic diseases, which are present at a relatively constant level in the population.²¹⁶

²¹⁴ J. N. McCormack, “Yellow Fever, 1905,” *Biennial Report of the State Board of Health of Kentucky, 1904-1905*, 185-6.

²¹⁵ McCormack, “Powers and Duties of Local Boards of Health,” 272.

²¹⁶ “Lesson 1: Introduction to Epidemiology,” Centers for Disease Control, accessed January 25, 2021, <https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section11.html>.

In 1901, McCormack recommended that the State Board of Health organize monthly health conventions for the public in every county in the state to educate them on the best ways to prevent typhoid fever, diphtheria, scarlet fever, consumption, and other preventable diseases.²¹⁷ He also called for the circulation of monthly leaflets on public health topics to be distributed throughout the state and to be published in the newspapers to inform readers about these diseases.²¹⁸ McCormack noted that the circulars were revised when new scientific information became available, and that “an attempt has been made to couch all of them in plain terms, adapted to popular use.”²¹⁹ While several of these pamphlets had diagrams, and the one on smallpox included graphic photographs of different stages of the disease, the language and the tone used in them may have been alienating for their intended audience. For instance, the pamphlet on “Prevention of Consumption” used the words “sputum” and “expectoration,” words which might not have been familiar to lay audiences. In addition, the circular on smallpox stated that “Ignorant and obstinate officials and communities usually get their first bias and inspiration from some equally ignorant or obstinate doctor.” Such judgmental language was likely to make the public feel condescended to, and perhaps therefore less inclined to follow the otherwise sound advice contained in the pamphlet.²²⁰ A similar circular from Tennessee entitled “Diphtheria – Its Restriction and Prevention,” issued in 1884, used inaccessible language such as “predispose” and “malignancy,” although it did not make a claim to accessibility

²¹⁷ Kentucky State Board of Health, *Biennial Report of the State Board of Health of Kentucky, 1900-1901* (Louisville, Ky.: Geo. G. Fetter Printing Co., 1901), 108.

²¹⁸ *Ibid.*

²¹⁹ Kentucky State Board of Health, *Biennial Report of the State Board of Health of Kentucky, 1902-1903*, 7.

²²⁰ J. N. McCormack, “General Report,” *Biennial Report of the State Board of Health of Kentucky, 1902-1903*, 7, 7-21, 11, 19.

as Kentucky's had, nor did it denigrate a community's doctors.²²¹ In either case, it appears that the members of both state boards of health, as educated elites, were unfamiliar with the kind of language which would be appropriate to reach all members of their society.

In addition to the potentially alienating language, as McCormack himself observed, the information contained in the pamphlets would primarily have reached "every family in the State which reads the newspapers."²²² Not every family read the newspapers, and furthermore, not every family could read. According to the United States census, in 1900 16.5 percent of Kentucky's citizens ten years or older were illiterate, with that number decreasing to 12.1 percent by 1910.²²³ In 1910 27.6 percent of Black Kentuckians were illiterate as compared to 10 percent of native-born whites, and 14 percent of rural Kentuckians but only 6.7 percent of urbanites.²²⁴ The education deficits created by racism and rurality meant that printed attempts at public health communication would not reach the entirety of the state's population. As Middlesboro's smallpox epidemic and Hopkinsville's outbreak had demonstrated, Black Kentuckians were particularly vulnerable to infectious disease and it was crucial for them to have accurate information to protect themselves. However, there is no indication that McCormack thought in these terms or designed his campaigns to reach these vulnerable segments of the population.

One obstacle to defeating the more mundane diseases was the board's dearth of accurate information on their impact. In the absence of a formal reporting structure for

²²¹ State Board of Health of Tennessee, *Second Report of the State Board of Health*, (Nashville: Albert B. Tavel, Printer to the State, 1885), 102, 135-9.

²²² Ibid.

²²³ Department of Commerce and Labor Bureau of the Census, *Thirteenth Census of the United States Taken in the Year 1910: Statistics for Kentucky, Containing Statistics of Population, Agriculture, Manufactures, and Mining for the State, Counties, Cities and Other Divisions* (Washington: Government Printing Office, 1913), 590.

²²⁴ Ibid.

cases of disease, and with a vital statistics department yet to be established, Dr. McCormack attempted to remedy this situation in 1905 by enlisting the help of every doctor in Kentucky. This approach of surveying doctors directly to obtain the statistics needed appears to have been a unique strategy to get around the lack of an operational vital statistics law, which Kentucky did not pass until 1911.²²⁵ Nearby states passed effective statewide vital statistics laws around that time, Indiana in 1907, Tennessee in 1908, Virginia in 1912, Illinois in 1915, and West Virginia in 1917, but none seem to have attempted to contact doctors directly to supplement their records in prior years, generally relying on county records or imperfectly implemented previous state laws instead.²²⁶

To obtain at least partial disease records, McCormack sent each doctor a letter with a form attached, asking them to fill out the number of cases of consumption, typhoid fever, diphtheria, scarlet fever, cholera infantum, and dysentery that they had treated in the period between August 31, 1903 and August 31, 1905.²²⁷ He was also eager to know how much treating these diseases had cost the patients, and what percent of them had not paid for the services they received.²²⁸ In addition to the suffering and death they caused, during his

²²⁵ “An Act to Amend Section 2064, Chapter 65, of the Kentucky Statutes Relating to the State Board of Health.”

²²⁶ “Birth and Death Records,” Indiana Archives and Records Administration, accessed March 22, 2021, <https://www.in.gov/iara/2497.htm>; “Index to Tennessee Death Records 1908-1912,” Tennessee State Library and Archives, accessed March 22, 2021, <https://sos.tn.gov/products/tsla/index-tennessee-death-records-1908-1912>; General Assembly, “An Act to Provide for the Immediate Registration of All Births and Deaths (1912),” Encyclopedia Virginia, accessed March 22, 2021, <https://encyclopediavirginia.org/entries/an-act-to-provide-for-the-immediate-registration-of-all-births-and-deaths-1912/>; “Illinois Death Certificates,” Illinois State Archives, accessed March 22, 2021, <https://www.cyberdriveillinois.com/departments/archives/databases/idphdeathindex.html>; West Virginia Division of Culture and History, “Vital Records in West Virginia: Births,” *West Virginia Archives and History News* 8, no. 8 (2007), 2. Some of these states passed earlier laws that were inoperable, including Kentucky, but the ones I have listed here are those which appear to have been effective and operated statewide.

²²⁷ Kentucky State Board of Health, *Biennial Report of the State Board of Health of Kentucky, 1904-1905*, 6. Consumption is now more commonly known as tuberculosis.

²²⁸ *Ibid.*

tenure McCormack frequently brought attention to the monetary cost of disease in the hopes of convincing his fellow citizens to help him combat it, recognizing that for some, cost-saving measures could be more attractive than saving lives.²²⁹ It is notable that even at this early stage of public health, McCormack assured the doctors that “This information is given with the understanding that it is strictly confidential, and that this blank will be destroyed as soon as the figures are taken from it.”²³⁰ As a doctor and a public health official he recognized the need to keep patient records confidential even in this aggregate form, to protect both the doctors who supplied the statistics and their patients.

Despite the urgency of the request, only one-third of the physicians he contacted gave him the information from their books. Extrapolating from these records, McCormack and his colleagues calculated that during the two-year period specified, there were 45,024 cases of typhoid fever in the state and 3,366 deaths. For consumption the figures were 23,958 cases and 12,876 deaths; for cholera infantum 32,634 cases and 3,870 deaths; for diphtheria 10,362 cases and 2,136 deaths; for dysentery 44,766 cases and 1,866 deaths; and for scarlet fever 2,721 cases and 119 deaths. In total, this meant that of a population of 2,711,450 people, 173,070, or one in fifteen had caught one of these diseases, and 24,828, or one in 109 people had died from it. Each of these diseases was known to be preventable at the time, and McCormack reported each death toll with the aggrieved tone of one who does not understand why his advice remains unheeded. He wrote that “any one of these diseases causes more deaths in Kentucky every year than smallpox, yellow fever and

²²⁹ *Biennial Report of the State Board of Health of Kentucky, 1904-1905*, 7; Kentucky State Board of Health, *Biennial Report of the State Board of Health of Kentucky, 1906-1907*, 21. These are two examples of his tirades on the monetary cost of disease to the people, but there are several others scattered through his writings in the *Biennial Reports*.

²³⁰ *Biennial Report of the State Board of Health of Kentucky, 1904-1905*, 6.

cholera have done in all the history of the state.” However, as the less-feared diseases such as typhoid and diphtheria were not considered to be an immediate epidemic threat, the board had less scope to prevent them through the hard-power measures that it had used against yellow fever and smallpox. Therefore, they had to use less direct soft power measures such as educational literature to inform the public. As noted earlier, this method may have been effective in some cases, but the terminology the board considered “plain” may not have appeared so to their readers. In addition to this alienating language, with a large population of nonliterate persons in Kentucky and particularly its Black citizens, the reach of their message was woefully incomplete if they aimed to convince their citizenry to take common diseases as seriously as those which appeared in epidemic form.²³¹

3.4 Education for a New Era

Fortunately, circulating literature on disease prevention was not the only soft power measure available to the board. By 1907, after seeing the limited success they achieved in educating the public through literature alone, Secretary McCormack was convinced that they must communicate more directly with the people. He argued that “Legislation, however complete, and appropriations, however large, have a very limited value unless supported by an educated public sentiment.”²³² Laws, resources, and especially the hard power measures necessary in epidemics could not fully succeed unless the public understood their purpose and approved of them. Therefore, it was crucial to find ways to convince the public that these measures were designed to protect them rather than to limit

²³¹ Ibid, 6, 7, 8, 8-9, 5.

²³² *Biennial Report of the State Board of Health of Kentucky, 1906-1907*, 25.

their freedoms. In another instance, during Milwaukee's 1925 fight against smallpox, health officials blanketed the city with education literature, using newspapers, posters, bulletins in factories, and letters to every major employer in the city.²³³ In addition, they used radio spots and warnings on movie screens, incorporating an element of fear into their campaign against smallpox.²³⁴ The latter two methods of transmitting the message were not yet available to McCormack and the board in 1907, but Milwaukee's experience suggests that limiting their messaging to newspapers was insufficient to convince the public that they should acquiesce to measures designed to protect the public health.

In addition to his work as secretary of the Kentucky State Board of Health, McCormack spent the years from 1902 to 1911 as an organizer for the American Medical Association, attempting to set up a system in which each county and state had a medical society, and each of these fed into the Association to create an equally represented and unified medical profession throughout the country.²³⁵ He and his colleagues intended these efforts at organization to extend the reach and power of the medical profession, particularly in their ability to pass legislation to protect the public health and to convince the public of

²³³ Leavitt, 119.

²³⁴ Ibid.

²³⁵ American Medical Association, "House of Delegates Proceedings, Annual Session v. 1902 i.000 Pub Date 1902," accessed September 23, 2020, https://ama.nmtvault.com/jsp/viewer.jsp?doc_id=ama_arch%252FHOD00003%252F00000020&view_widht=640.0&rotation=0&query1=&collection_filter=All&collection_name=1ee24daa-2768-4bff-b792-e4859988fe94&zoom_factor=current&search_doc=mccormack&sort_col=publication+date&highlightColor=yellow&color=&CurSearchNum=-1&search_doc1=mccormack&submit.x=0&submit.y=0&page_name=&page_name=, 1642; House of Delegates Proceedings, Annual Session v. 1912 i.000 Pub. Date 1912, accessed November 30, 2020, https://ama.nmtvault.com/jsp/viewer.jsp?doc_id=ama_arch%252FHOD00001%252F00000003&view_widht=640.0&rotation=0&query1=&collection_filter=All&collection_name=1ee24daa-2768-4bff-b792-e4859988fe94&zoom_factor=current&search_doc=mccormack&sort_col=publication+date&highlightColor=yellow&color=&CurSearchNum=-1&search_doc1=mccormack&submit.x=0&submit.y=0&page_name=&page_name=, 35.

its necessity.²³⁶ Therefore, he was speaking not only as a member of the medical profession but as an instrumental player in this effort when he wrote that “though a system of societies extending into every country,” they had “begun a campaign of education with the view of enlisting the lay leaders of public opinion of every community in the entire country in this altruistic, health and life saving reform, one of the most important that has ever engaged the attention of a people.”²³⁷ As with their attempts at reaching the public through literature, McCormack and his colleagues aimed to educate the most privileged and respected in the community first, believing that they would then convince others of the necessity of public health measures. The idea of this campaign was to hold meetings at the county societies or schools with “local organizations of teachers, lawyers, ministers, druggists, editors, farmers, women’s clubs and other bodies which lead and mould [sic] public opinion.”²³⁸ They hoped to enlist teachers to take what they had learned in these meetings and deliver the message to children using a “stereopticon and other demonstrations,” in order to educate them on the vital topic of public health.²³⁹ Here, as with the pamphlets, the board recognized that visual demonstrations were likely to be at least as effective at convincing the public as words. Although McCormack had referred to the campaign as an altruistic one, as it was for the public good, he also revealed a more calculated motive for it, arguing that “In this way it will be easy to provide voters, legislators, and administrators in the next

²³⁶ House of Delegates Proceedings, Annual Session v. 1901 i.000 Pub. Date 1901, accessed September 23, 2020, https://ama.nmtvault.com/jsp/viewer.jsp?doc_id=ama_arch%252FHOD00003%252F00000019&view_widht=640.0&rotation=0&query1=&collection_filter=All&collection_name=1ee24daa-2768-4bff-b792-e4859988fe94&zoom_factor=current&search_doc=mccormack&sort_col=publication+date&highlightColor=r=yellow&color=&CurSearchNum=-1&search_doc1=mccormack&submit.x=0&submit.y=0&page_name=&page_name=, 1642.

²³⁷ *Biennial Report of the State Board of Health of Kentucky, 1906-1907*, 25.

²³⁸ *Ibid.*, 26.

²³⁹ *Ibid.*

generation about whose sympathy and co-operation there will be no question.”²⁴⁰ By targeting the information at children, the board could be sure of inculcating their agenda into young people who would not oppose public health measures as their parents did.

Copyright © Abigail Katharine Stephens 2021

²⁴⁰ Ibid.

CHAPTER 4. VITAL LEGISLATION AND THE PRICE OF A \$30,000 APPROPRIATION

Since its establishment, lack of funding was one of the major obstacles to the success of the State Board of Health's policies. In 1899, for instance, a year when the Massachusetts board was given \$113,300 and the median funding for all states was \$11,250, Kentucky received only \$2,500, the lowest amount allocated for public health work in any state.²⁴¹ This inadequate appropriation lasted from the board's founding in 1878 to 1900, when the General Assembly raised it to \$5,000.²⁴² This action was necessary due to the great expense of combating smallpox epidemics across the state in the previous two years, which early in 1899 had caused the board not only to exhaust the fund it had been gradually accumulating but had placed it in debt.²⁴³ From that point onward they were forced to send inspectors to counties in need of aid only when their fiscal authorities agreed to pay their expenses ahead of time.²⁴⁴

Doubling the board's appropriation to \$5,000 allowed them to carry out the vital functions with which they were tasked, though McCormack continued to deem the sum insufficient. In the 1906-1907 edition of the *Biennial Report of the State Board of Health of Kentucky*, McCormack published two lists of figures. The first was titled "Contrast in Appropriations in Kentucky for Other Purposes and for the Public Health Work," and listed the amounts allocated for various governmental purposes, with "Public Schools" at the top,

²⁴¹ State Board of Health of Kentucky, "Table of Appropriations for Public Health by State," in the *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99* (1899), 19-20. The equivalent amounts for state public health funding in 2020 are calculated at \$3,531,110.53, \$350,617.77, and \$77,915.06 respectively, according to the CPI Inflation Calculator, accessed April 6, 2020, <https://www.in2013dollars.com/us/inflation/1899?amount=2500>.

²⁴² "Probers Rile Dr. McCormack," *The Courier-Journal*, January 25, 1912; *Biennial Report of the State Board of Health of Kentucky, 1900-1901*, 13.

²⁴³ *Biennial Report of the State Board of Health of Kentucky, 1900-1901*, 11.

²⁴⁴ *Ibid.*

receiving \$2,234,509 in 1905, and “Public Health Works” at the bottom, receiving just \$5,000.²⁴⁵ The second list was an updated version of the amount allocated for public health in various states, in which Pennsylvania, at \$1,000,000, had eclipsed Massachusetts, which now boasted an appropriation of \$138,500.²⁴⁶ The median funding hovered between Kansas and Vermont at \$19,760.²⁴⁷ McCormack had placed Kentucky, with \$5,000, at the bottom of the list, although there may have been other states not included that ranked lower. Aside from titling each list “Contrast in Appropriations,” McCormack made no further comment, but the message was clear. He was growing increasingly impatient with the state legislature’s neglect of public health and sought to shame them into giving the board a larger appropriation by comparing its allocation with other governmental functions and the ample amounts provided by other states. The Kentucky General Assembly finally ameliorated this situation to some extent by raising the board’s appropriation to \$30,000 per year, beginning on January 1, 1911.²⁴⁸

4.1 Expanding the State Board of Health

Reflecting on the new appropriation, Dr. McCormack noted that it seemed “small compared with \$3,644,000 in Pennsylvania and the large sums available annually in New York, Massachusetts, Ohio, Indiana and other states, but... we did as much in the past with an annual appropriation of \$5,000 as many states did with five and ten times that

²⁴⁵ *Biennial Report of the State Board of Health of Kentucky, 1906-1907*, 17.

²⁴⁶ *Ibid.*

²⁴⁷ *Ibid.*, 18.

²⁴⁸ *State Board of Health of Kentucky, Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 7, 89.

amount.”²⁴⁹ Despite McCormack’s frustration that the new appropriation still did not come close to that of other states, it allowed the board to significantly expand its programs to aid the people of Kentucky. The new law created a department of vital statistics, “that the causes of sickness and mortality may be known and utilized,” a department of sanitary engineering, “To make a survey and investigation of the rivers, creeks, water sheds, springs, wells, and other matters relating to the sources and purity of the water supply in all sections of the State,” and a department of bacteriology, whose director could compel a salary of up to twenty-five hundred dollars, if the board so chose.²⁵⁰ McCormack commented that “their creation had been so long sought and marks such an era in the health and life-saving work in which we are engaged, and must prove such an event in the civil history of Kentucky, as to merit special comment and congratulation.”²⁵¹ In fact, the demand for these new services was so strong that the board appointed directors for each of them at a meeting of the board on August 11, 1910, and they served at reduced salaries provided by a small fund that the board had saved until the new appropriation arrived at the beginning of 1911.²⁵²

The department of vital statistics vastly expanded the power of the board by providing it with accurate information about every birth and death which occurred in the state, as well as the location and cause of each death.²⁵³ Dr. W. L. Heizer was selected to

²⁴⁹ J. N. McCormack, “Report of the Secretary,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911* in the *Bulletin of the State Board of Health of Kentucky* 2 no. 2 (1912), 89.

²⁵⁰ “An Act to Amend Section 2064, Chapter 65, of the Kentucky Statutes Relating to the State Board of Health.”

²⁵¹ *Ibid.*

²⁵² J. N. McCormack, “General Summary by the Secretary,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 7.

²⁵³ *Ibid.*, 8, 9.

fill the position at eighteen hundred dollars per year with reasonable expenses.²⁵⁴ McCormack noted that although Kentucky had long kept meticulous records of financial transactions, livestock and crops, “in all the history of the State until January 1, 1911, when the new law became operative, human beings had always come into and gone out of the world without any official record or notice being made of the facts.”²⁵⁵ This stood in contrast to the state of affairs in Massachusetts, where the collection of vital statistics had shaped reformers’ understanding of disease and long preceded the establishment of their State Board of Health and given them a better understanding of their population’s health.²⁵⁶ The 1878 law which created the board had directed them to “study the vital statistics of this State, and endeavor to make intelligent and profitable use of the collected records of deaths and sickness among the people.”²⁵⁷ The fact that it had taken until 1908 to pass such a law in Kentucky and until 1911 to put it into practice reflects the inadequate funding and lack of legislative will which had forced the board to continually react to emergency conditions rather than gathering the information necessary to strategize long-term to prevent disease.²⁵⁸

Kentucky’s General Assembly had made one previous attempt to institute a vital statistics law in 1874, preceding the creation of the State Board of Health, but that version was deemed expensive and impractical.²⁵⁹ The current law had been prepared by the American Civic Federation two years earlier, in an effort to pass similar laws across the

²⁵⁴ “Report of the Secretary,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 97.

²⁵⁵ *Ibid*, 8.

²⁵⁶ Rosenkrantz, 23, 44, 52.

²⁵⁷ “Acts 1878, Chapter 494, Page 59,” 1.

²⁵⁸ “Dr. J.N. McCormack, 45 Years on State Health Board Dies,” 7.

²⁵⁹ J. N. McCormack, “General Summary by the Secretary,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 9.

country. The assistance of undertakers and physicians throughout the state secured its smooth operation.²⁶⁰ It was a vitally necessary improvement on the voluntary statistics provided by physicians in previous years, which had necessitated mere estimates of the prevalence of disease and mortality in Kentucky in contrast to the accurate figures the board would now receive.²⁶¹ Only a year after the law began to operate, it had already alerted the board to outbreaks of typhoid fever and poliomyelitis, allowing them to cooperate with local boards.²⁶² It had also shown that hookworm, a disease caused by small, round, parasitic worms, and pellagra, which was referred to as “a new and important disease,” cause yet unknown, existed throughout the state, enabling the board to research these diseases in order to prevent them.²⁶³ The implementation of the vital statistics law vastly improved the board’s effectiveness by giving them an accurate understanding of the prevailing disease conditions in the state, replacing educated guesses with certainty.

The second department funded with the \$30,000 allocation was sanitary engineering. Historian of sanitation Martin Melosi argues that during this era “The simple objective of preventing illness by removing waste or providing water that appeared pure was replaced by greater attention to biological pollutants,” but during the first year after the department was established Kentucky occupied an intermediate stage between these two, attempting to remove waste while also identifying pollutants.²⁶⁴ The first State Sanitary Engineer Paul Hansen was appointed September 1, 1910 after the legislature

²⁶⁰ Ibid.

²⁶¹ Ibid; *Biennial Report of the State Board of Health of Kentucky, 1904-1905*, 6.

²⁶² J. N. McCormack, “General Summary by the Secretary,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 9.

²⁶³ Ibid, 58, 115. Pellagra is now known to be caused by niacin, also known as vitamin B3 deficiency, but had only recently been identified at the time and was not yet well studied.

²⁶⁴ Martin V. Melosi, *The Sanitary City: Environmental Services in Urban America from Colonial Times to the Present* (Pittsburgh, PA: University of Pittsburgh Press, 2008), 72.

passed an act giving the State Board additional powers to investigate and prevent disease, under which they were directed to survey the water sources of the state to protect and purify them.²⁶⁵ His salary was fixed at twenty-five hundred dollars per year plus reasonable traveling expenses in the discharge of his duties.²⁶⁶ He spent most of his first year in the field investigating the water conditions of various cities and counties. As most areas in Kentucky had habitually discharged their sewage, both human and animal, into local waterways, “the analysis of both public and private waters from every section showed more or less palpable contamination often to an extent which needed only the introduction of specific infections, as of typhoid fever, such as occurred at Georgetown, Russellville, Paintsville, and Sandy Hook, within a period of six months, to give rise to local evidences.”²⁶⁷ Aiming to avoid replicating the ill-advised water protection schemes adopted by many communities, the board followed Hansen’s recommendation and ordered that all such projects had to be submitted for approval by the board.²⁶⁸ In addition, they directed the Sanitary Engineer to map the watersheds and supply sources of the entire state in order to determine the types and sources of pollution, as well as the illnesses these pollutants caused among the state’s population.²⁶⁹ This was an effort that could potentially take years, which may have contributed to Mr. Hansen’s decision to resign his position on

²⁶⁵ E. H. Mark, “Bureau of Sanitary Engineering and Chemistry,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 121.

²⁶⁶ “Report of the Secretary,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 97.

²⁶⁷ J. N. McCormack, “General Summary by the Secretary,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 10.

²⁶⁸ *Ibid.*

²⁶⁹ *Ibid.*

November 1, 1911, a little over a year after he was appointed, to accept the role of Engineer of the Illinois State Water Survey.²⁷⁰

Upon his departure Mr. E. H. Mark was appointed as director of the department, and the board decided to hire an analyst in place of a sanitary engineer to save on salary, with a consulting engineer called in to review plans for water works and sewage purification plants when necessary, thus allowing the department to hire more laboratory and field assistants to accomplish the work more efficiently.²⁷¹ This adjustment bears out Melosi's contention that in the age of bacteriology, "laboratories took up the task of ferreting out biological pollutants; sanitary engineers focused on the operation of the technologies of sanitation."²⁷² Following Hansen's departure, the department quickly shifted from a focus on sanitary engineering to examining pollutants in the water with a team of analysts, laboratory and field assistants tasked with keeping the state's water clean. As with the establishment of the department of vital statistics, creating a department of sanitary engineering significantly advanced the mission of the board. With typhoid fever and similar waterborne diseases a known threat to health, it allowed the board to more effectively prevent disease and safeguard the public health, primarily by providing them with more accurate information upon which to allocate resources. McCormack, as ever, was attentive to the cost effectiveness of prevention, writing that "Pure water... is essential to healthy living, and it is only a question whether Kentucky is to be forehanded and protect this vast interest where it can be done as comparatively small expense, or repeat here the

²⁷⁰ E. H. Mark, "Bureau of Sanitary Engineering and Chemistry," *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 121.

²⁷¹ *Ibid*, 121, 129.

²⁷² Melosi, 72.

history of the older civilizations,” who “were forced to impoverish themselves in purifying and protecting what should never have been made foul.”²⁷³

In addition to the departments of vital statistics and sanitary engineering, the state established the department of bacteriology, under the direction of the new State Bacteriologist Dr. Lillian H. South, who was allotted twelve hundred dollars per year plus reasonable expenses resulting from the discharge of her duties.²⁷⁴ While it is unclear whether McCormack’s shaming in terms of the board’s funding directly resulted in the new appropriation, the Kentucky General Assembly’s comments on the reasons for needing a State Bacteriologist indicate his influence. They noted that “It is believed by those best informed on the subject that fully one-third of the sickness and one-third of the deaths which occur in Kentucky every year are caused by [routine illnesses],” and that “It is claimed that this unnecessary sickness and mortality imposes an annual tax upon the people equal to that legally collected for all purposes.”²⁷⁵ Both statements bear an unmistakable similarity to McCormack’s arguments for the necessity of preventing routine illnesses, as well as his characteristic linkage between the human and monetary costs of disease. These statements provide indirect evidence Dr. McCormack’s efforts at lobbying the legislature successfully secured the passage of the law establishing the position of State Bacteriologist.

²⁷³ J. N. McCormack, “General Summary by the Secretary,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 11.

²⁷⁴ L. H. South, “Bureau of Bacteriology,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 140; “Probers Rile Dr. McCormack,”; “Report of the Secretary,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 97.

²⁷⁵ Kentucky General Assembly, *Acts of the General Assembly of the Commonwealth of Kentucky Passed At The Regular Session of the General Assembly, which was Begun and Held in the City of Frankfort, Kentucky, on Tuesday, January the Fourth, 1910, and Ended on Tuesday, March the Fifteenth, 1910*, “Chapter 11., An Act to Amend Section 2054, Chapter 63, of the Kentucky Statutes relating to the State Board of Health” (Louisville: The Continental Printing Company, 1910), 41.

The department of bacteriology was created to help physicians and health boards to recognize communicable diseases early by sending samples of suspected cases for testing to the laboratory in Bowling Green.²⁷⁶ The board offered this service free of charge, with the expectation that “its usefulness will be rapidly extended as local boards of health, physicians and the people come to know that it was created to assist them in times of doubt and difficulty.”²⁷⁷ They further encouraged use of the service by establishing depots supplied with antitoxin, containers, and mailing containers for each kind of specimen to be examined in every county of Kentucky, making it easy for doctors and boards of health to send specimens to the laboratory.²⁷⁸ In addition to helping counties accurately identify cases of disease, the laboratory supplied county and city boards of health with inexpensive diphtheritic antitoxin, as well as providing free treatment for those bitten by rabid animals.²⁷⁹ Lowering the barrier to entry by offering services free or at a low cost undoubtedly induced more people to use them, and greatly facilitated the board’s ability to detect outbreaks of disease early in their course.

In its first twelve months of operation, the laboratory offered facilities for “examination of sputum for tubercle bacilli, throat cultures for diphtheria bacilli, blood specimens for malaria parasites, the Widal and Diazo reaction for typhoid fever, gonococcus, spirachoea pallida, feces for hookworm, roundworm, tape worm and other intestinal parasites, microscopic urinalysis and rabies.”²⁸⁰ In that first year, the department

²⁷⁶ Ibid.

²⁷⁷ J. N. McCormack, “General Summary by the Secretary,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 11.

²⁷⁸ Ibid.

²⁷⁹ Ibid.

²⁸⁰ L. H. South, “Bureau of Bacteriology,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 140.

of bacteriology aided the department of vital statistics in recognizing that hookworm was endemic to counties throughout the state, showing that statistics gathered from physicians' reports and laboratory science could work in concert of provide the State Board of Health with up to date information on its people's vulnerability to illness.²⁸¹ Dr. South reported that the laboratory examined 3,249 specimens in its first twelve months, increasing its number of examinations from fifty-seven in January to 932 in December.²⁸² This rise suggests that over that period increasing numbers of physicians utilized the service to confirm whether their diagnoses were correct, but may also indicate that the lab became more efficient over the course of the year. In either case, from its inception the laboratory provided an invaluable service by enabling doctors to accurately identify cases of disease where before they would have been forced to rely only on the symptoms they had observed. In addition, Dr. South's identification of positive cases tested by the laboratory furnished the State Board of Health with a more accurate understanding of the presence of tuberculosis, typhoid fever, malaria, diphtheria, gonorrhea, ophthalmia neonatorum, syphilis, and hookworm than they could have gathered from the department of vital statistics alone.²⁸³

The increase in the appropriation by the State Legislature to \$30,000 per year near the end of McCormack's tenure allowed the State Board of Health to vastly expand its utility to the public by providing it with more accurate information about the presence of disease in Kentucky. In 1881, near the beginning of his tenure on the board and before he

²⁸¹ J. N. McCormack, "General Summary by the Secretary," *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 11.

²⁸² L. H. South, "Bureau of Bacteriology," *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 140.

²⁸³ *Ibid*, 140-65.

was even elected as Secretary, McCormack had written that “the more thoughtful and prudent of the common people begin to appreciate that individual as well as national health and wealth depends upon rational attention to the primary conditions upon which health is preserved; begin to appreciate that old adage, “an ounce of prevention is better than a pound of cure,” is as applicable to health as to any other department of life.”²⁸⁴ With the expansion of their funding and the ability to collect accurate information about the presence of disease in Kentucky, the State Board of Health had finally secured the knowledge and resources to approach the ultimate goal of public health: to prevent disease rather than to cure it.²⁸⁵

4.2 Questioning the Machinery of Public Health

Throughout its existence, the Kentucky State Board of Health had been beset with funding challenges. The \$30,000 appropriation which began in 1911 had finally allowed it to approach the goal of preventing disease rather than curing it. In 1912, however, at the height of its success, the board found itself beset by new political challenges, with finances once again at the center. In the past they had primarily faced direct opposition from citizens, both upper and lower class, who were opposed to quarantines, pesthouse isolation, and vaccination. In this case, however, their autonomy was challenged by a member of the Kentucky Legislature. Mr. L. B. Herrington, a Democratic Representative from Madison county, started his investigation by claiming that he merely wanted to know how the board

²⁸⁴ J. N. McCormack, “Soil Drainage as a Health Measure,” State Board of Health, 1881, Record Group 104, Eugene H. Conner, MD Papers, Kornhauser Health Sciences Library Historical Collections, University of Louisville, 14-15.

²⁸⁵ Centers for Disease Control, “What is Public Health?” CDC Foundation, accessed January 13, 2021, <https://www.cdcfoundation.org/what-public-health#:~:text=Public%20health%20is%20the%20science.and%20responding%20to%20infectious%20diseases>.

had spent the \$30,000 it was given by the previous Legislature.²⁸⁶ From its beginning on January 16, 1912, however, it was clear that this investigation was primarily aimed at probing the affairs of Dr. McCormack.²⁸⁷ On January 11, Mr. Herrington had put forward House Bill 74, “An act to amend Section 1757 of Kentucky Statutes relating to the members, qualifications and duties of the State Board of Health,” which aimed to change the present system of appointing members by allowing the Governor to select them directly.²⁸⁸ Mr. Herrington would carry out the investigation under the purview of the House Committee on Kentucky Statutes, and the members of the board would ostensibly be there to air their views on the bill he had proposed.²⁸⁹ Representative Herrington stated that “Under the present law the different medical societies dictate the appointments, or, are supposed to, as the law vests them with the power. These societies have become powerful political machines. Especially is this true with the State Medical Society, and Dr. McCormack seems to be the absolute dictator thereof.”²⁹⁰ Rather than merely investigating how the State Board of Health had spent the money allotted to it, Herrington set out to prove the existence of a political machine infesting the health apparatus of the state, with McCormack in charge of it all.

Herrington’s opprobrium toward the board was by no means universal. Two weeks earlier, on the opening day of the Kentucky House’s 1912 legislative session, Hon. Ben L.

²⁸⁶ “Investigation of State Health Board,” *The Richmond Climax*, January 24, 1912; “Sample Ballot,” *Hopkinsville Kentuckian*, November 2, 1916, 3.

²⁸⁷ Claud W. Perry, “State Board of Health Will Be Subject to Probe by House Committee,” *The Courier-Journal*, January 17, 1912.

²⁸⁸ Perry; *Journal of the Regular Session of the House of Representatives of the Commonwealth of Kentucky, Begun and Held in the City of Frankfort, the Second Day of January, in the Year of Our Lord, 1912, and of the Commonwealth, One Hundred and Twenty* (Frankfort: The Kentucky State Journal Pub. Co., 1912), 162.

²⁸⁹ Perry.

²⁹⁰ *Ibid.*

Bruner, the Secretary of State, had commended the board for its work.²⁹¹ He noted that over the previous “thirty years wonderful progress in the study and prevention of [diseases]... have only been possible because of the devotion and work of the thirty-six hundred practicing physicians who have performed their function as guardians of the public health, furnishing offices and equipment for life saving work, with but small compensation.”²⁹² He acclaimed the creation of the departments of Vital Statistics, Sanitary Engineering, and Bacteriology under the auspices of the new appropriation, noting that the latter department’s laboratories brought “the benefactions of modern scientific methods for the prevention of sickness within reach of every hearthstone in Kentucky, free of cost.”²⁹³ He closed his statement with his belief that “the members of the State Board of Health merit commendation for services now being performed, and for services rendered during a third of a century with ability, energy and efficiency.”²⁹⁴ Nonetheless, Representative Herrington felt that their activities required investigation. This division of opinion between those who believed that the board was doing excellent work on a limited budget, ably led by Dr. McCormack, and those who felt that the board, and especially its Secretary, had too much power and had misused the people’s money for their own gain, would carry throughout the probe into the board’s affairs.

Herrington’s charge of a political machine in the state’s health apparatus was unusual for two main reasons. First, as political columnist and author William Safire notes,

²⁹¹ *Journal of the Regular Session of the House of Representatives of the Commonwealth of Kentucky, Begun and Held in the City of Frankfort, the Second Day of January, in the Year of Our Lord, 1912, and of the Commonwealth, One Hundred and Twenty*, 22.

²⁹² *Ibid.*, 66.

²⁹³ *Ibid.*

²⁹⁴ *Ibid.*

machine politics in the United States are most often identified with big cities.²⁹⁵ The leader, or leaders, tell their constituents who to vote for, and thus remain in positions of power through their control of the people.²⁹⁶ In contrast, Dr. McCormack's alleged organization was not city-based, but operated through the medical societies of the state, and therefore had no direct political participation. Second, it is unclear what individual physicians across the state would have gotten from such an arrangement. Was the passage of legislation in favor of the medical profession's goals enough of an inducement to fall in line? This seems unlikely to have been enough to motivate officials on local boards of health or the physicians who composed the medical societies. Dr. McCormack and his supporters argued repeatedly that Kentucky's physicians could not be dominated by any man, and that McCormack had not sought to do so at any time over the past thirty years.²⁹⁷

Whatever the nature of McCormack's alleged machine, Representative Herrington appears to have viewed himself as a reformer. While political machines are often thought to have operated mainly in the North, they also operated in southern cities such as Nashville, Tennessee, and Lexington, Kentucky.²⁹⁸ Historian James Duane Bolin argues that in the early twentieth century, political bossism was intertwined with reform in Kentucky's three largest cities, Lexington, Covington, and Louisville.²⁹⁹ Herrington himself acknowledged the moral ambiguity of such machines when he claimed that he was "trying to ascertain whether or not Dr. J. N. McCormack, Secretary of the State Board of

²⁹⁵ William Safire, *Safire's Political Dictionary* (Oxford: Oxford University Press, 2008), 406.

²⁹⁶ *Ibid.*

²⁹⁷ "Probers Rile Dr. M'Cormack," *The Courier-Journal*, January 25, 1912; "Warm Words by M'Cormack," *The Courier-Journal* (Louisville, Ky.), February 14, 1912; "Dr. M'Cormack to Be Vindicated," *The Courier-Journal* (Louisville, Ky.), February 14, 1912; *The Paducah Sun-Democrat*, February 26, 1912.

²⁹⁸ James Duane Bolin, *Bossism and Reform in a Southern City: Lexington, Kentucky, 1880-1940* (Lexington, Ky.: The University Press of Kentucky, 2000), 20.

²⁹⁹ *Ibid.*, 23.

Health, has a machine or is a one-man power, and if so, whether or not it is a good or bad machine. The object of the bill is to break up the bad machine, if one exists, and to place the appointing power of all members of the State Board of Health including the Secretary, in the hands of the Governor.”³⁰⁰ *The Richmond Climax* asserted that “Mr. Herrington’s Bill is in perfect harmony with the administration’s reform spirit that is seeking to restore to responsible government many executive functions that have been delegated to others, in plain violation of the Constitution.”³⁰¹ This assertion is further corroborated by the fact that other institutions such as the state university and the Louisville school system were investigated in the same period.³⁰² While the investigation was humiliating to McCormack and his allies, who alleged that he was being victimized by opponents of food and drug reform, Herrington aimed at political reform in the state’s institutions, and there is no evidence beyond their allegations that he had any connection to food and drug interests.³⁰³

The investigation took place over a period of seven weeks, beginning on January 16, 1912, and ending on March 5.³⁰⁴ Representative Herrington opened the first hearing by referring to McCormack as the “smoothest, most plausible, most persuasive and at the same time most powerful lobbyist ever known.” Here he surely exaggerated, as the lobbying activities he was accusing McCormack of were confined to one state, and health matters at that. However, he was not alone in believing that McCormack had a significant influence in the state. In commemorating McCormack’s death, the political reporter Will S.

³⁰⁰ “Investigation of State Health Board, Pertinent Comments of Press,” *The Richmond Climax*, January 24, 1912.

³⁰¹ *Ibid.*

³⁰² “State Capitol Gossip,” *Crittenden Record-Press*, March 14, 1912, 3.

³⁰³ “Charges Misuse of State Funds,” *The Richmond Climax*, March 13, 1912. At least, I could not find that Herrington had connections to food and drug interests in any of the newspapers I searched. They may exist, but I cannot uncover them with my current resources.

³⁰⁴ “State Board of Health Will Be Subject to Probe by House Committee,” *The Courier-Journal*, January 17, 1912; “Clean Bill of Health,” *Hopkinsville Kentuckian*, March 9, 1912, 2.

Kaltenbacher reflected that “No other man in Kentucky for the last thirty years was so well equipped in every way for a political boss and had he turned his talents in that direction he would have exercised undisputed political leadership in his state.”³⁰⁵ He went on to write that as a political lobbyist, McCormack “remained in the background, but when the time came to vote on the bill the solons were deluged with letters and telegrams from their constituents sent at the instigation of Dr. McCormack operating through his splendid organization that embraced practically every doctor in the State.”³⁰⁶ It is notable that Kaltenbacher did not appear to believe that McCormack was a political boss, merely that he was well suited to the role. Nonetheless, McCormack’s ability to lobby legislators through the efforts of the state’s doctors indicates that he had an enormous amount of influence among them. Yet these aspects of McCormack’s organization are missing from Herrington’s analysis. As Herrington described it, the “machine” consisted of McCormack naming three members of the health board in each county and controlling the State Board, along with appointing family and friends to the best positions on the board. The operation was completed by the county boards of health appointing McCormack’s friends to positions on his behalf.³⁰⁷

In response to these accusations, McCormack gave a spirited defense. He presented the financial records for the State Board of Health since he became its secretary on October 1, 1883, which had been audited and widely distributed. He then noted that when the new appropriation became effective on January 1, 1911, the board had decided that their

³⁰⁵ Will S. Kaltenbacher, “Recalling Dr. McCormack as the Legislators Knew Him,” *Louisville Times*, May 5, 1922, Record Group 127, WPA Research Material – Medicine in Kentucky, Kornhauser Health Sciences Library Historical Collections, University of Louisville, 1; “William S. Kaltenbacher, Political Writer, Dies,” *The Courier-Journal*, April 22, 1941, 3.

³⁰⁶ Kaltenbacher, “Recalling Dr. McCormack as the Legislators Knew Him,” 1.

³⁰⁷ “Probers Rile Dr. McCormack,” *The Courier-Journal*, January 25, 1912.

methods of keeping financial records could be improved. Therefore, McCormack brought the committee “a full detailed, numbered statement of each expenditure under the appropriation of \$30,000, with a voucher-check receipt and itemized account corresponding to each entry and indicating the department for which the expense was incurred, duplicates of these voucher-checks having been filed with the Auditor of Public Accounts, as required by law.” Despite this scrupulousness, it remained to be seen whether Herrington and the Committee on Kentucky Statutes would accept his defense.³⁰⁸

In his full statement, McCormack defended not only his board’s accounting, but his own record as a public health practitioner in the state. He noted that in the first twenty-two years of the board’s existence it was allotted only \$2,500, and which was then raised to \$5,000 until the most recent \$30,000 appropriation the previous year. He claimed it was the equal of boards with ten times the funds, but only because of the sacrifices the members of his board and county health officers had made, serving without compensation. In addition, he had given the board an office in his home, with “heat, light and janitor free of cost,” and that “for years my wife and son, and in times of emergency, every servant in the household assisted with the clerical and stenographic work, and in getting out the enormous mail, without any or at only a nominal cost.” In other words, they had made do with what little money they had, and the enormous achievements of the board could be credited to manpower rather than graft.³⁰⁹

In addition to the pure work it took to keep the board running, McCormack sought to remind the members of the committee of the more serious sacrifices he had made in performing his duties. He informed them that he and his son had been “in the counties in

³⁰⁸ Ibid.

³⁰⁹ Ibid.

every section during smallpox and other epidemics, our overalls were covered with scabs and pus while we helped to carry the sick to the improvised hospitals and to bury the dead, a service which most of you would not render for all the revenues of Kentucky.” He plead for their consideration, noting that his least favorite duty had been “haunt[ing] these legislative halls year after year, often classed as a lobbyist by those who did not know any better, but most nobly supported by my profession of every school of practice as I am now begging that authority be given my board and profession to protect the people from pestilence and impure food, drugs and quackery.” Although he did not say this outright, McCormack must have felt that these hearings were a waste of time in which he could have been doing work to serve the people of Kentucky.³¹⁰

McCormack’s final statement on his own behalf was an impassioned appeal to his own dignity. He stated that “nearly thirty years ago, by a unanimous vote, I was made the executive officer of this board, and this has been done at regular intervals since until two weeks ago, upon motion of the homeopathic member, seconded by his osteopathic colleague. I was again elected unanimously for a term of four years.” He made his argument for his continued fitness as secretary based on the merit implied by the esteem of his colleagues, even ones who, as homeopaths or osteopaths were considered slightly outside the orthodox profession. However, his outrage over the questioning was clear. He maintained that “This is the first, and with the fair and impartial hearing I know you will give, I expect to make it the last time any man has ever questioned my motives, my capacity or my integrity.” He remarked that he had refused to litigate the issue in the press, despite his inquirers on the committee doing so. In his own defense, he stated that “Most of you

³¹⁰ Ibid.

are strangers to me, and, since the day this question assumed a personal phase, I have spoken to no one or you on the subject, greatly interested as I am in other bills before you, and have asked no assistance from any county Board of Health or physician, or written or inspired a letter to one of them.” In other words, he attempted to put public health priorities over the whims of the committee in questioning his motives. Finally, he told them, “I do not need the pittance of a salary, ask no man’s favor and would despise myself if I accepted any man’s sympathy. I only court the full, fair investigation which I know you will give me and the board, the standing of which has become almost as dear to me as my own, and then - justice.” He made himself and his virtuous actions his primary defense against the attacks that were being leveled against him.³¹¹

Both Dr. McCormack and his colleague, Dr. D. M. Griffith of Owensboro, denied that there was a political machine operating around the State Board of Health. The State Medical Association made recommendations to the Governor on who should be appointed to the State Board of Health.³¹² Dr. McCormack said that neither he nor his son, Dr. Arthur McCormack, had ever influenced the State Medical Association in making these recommendations. In addition, he denied the charge that he had arranged doctors to do political work. However, this denial is belied by Kaltenbacher’s observation that McCormack directed doctors throughout the state to send letters to their legislators on bills of interest to the board.³¹³ In addition, McCormack repudiated the Herrington bills aimed at changing how members of the board were appointed, adding that the 3,000 physicians of Kentucky were more qualified to name the members of the board than politicians. Dr.

³¹¹ Ibid.

³¹² Ibid.

³¹³ Will S. Kaltenbacher, “Recalling Dr. McCormack as the Legislators Knew Him,” 1.

Griffith added his support, saying that politics had always been barred from the State Medical Association. He spoke as a former member of the Executive Council who had served for seven years, and its one-time president. He claimed that the Association was never dominated by anybody. He also seconded McCormack in believing that it would be a mistake to allow politicians to appoint members of the State Board of Health.

The trial continued in this vein for two weeks. On February 7th, it escalated.³¹⁴ McCormack was ordered to appear before the committee and deliver records showing the income the board had received under the registration act from 1888 to 1912, as well as the accompanying vouchers showing how the revenue was disbursed.³¹⁵ Upon learning of this order, McCormack explained that he had not originally known these papers were required, which was why he had not brought them before. According to him, “The newspapers, my only source of information, led my associates and myself to believe that the investigation related solely to the expenditure of the appropriation made of the use of the board by the State.”³¹⁶ Nonetheless, having this rule issued against him by the committee made it clear that Representative Herrington intended to continue investigating McCormack’s use of funds through the State Board of Health.³¹⁷

Although Herrington was investigating whether Dr. McCormack was at the head of political machine, these charges were difficult to prove and based mostly on hearsay. The board’s use of money was at the heart of this investigation, and here some of McCormack’s statements made his actions seem suspect. According to the Board’s *Biennial Report*, which documents the years from 1897 to 1911, Dr. McCormack’s salary was \$1,200 per

³¹⁴ “Board of Health,” *The Courier-Journal*, February 7, 1912.

³¹⁵ “Rule Made on Dr. McCormack,” *The Courier-Journal*, February 9, 1912.

³¹⁶ *Ibid.*

³¹⁷ *Ibid.*

year, plus the “Traveling expenses of members and secretary,” which ranged from \$336.20 in 1905 to \$950.15 in 1910 and averaged \$574.42.³¹⁸ While it is not certain, it is likely that the majority of the traveling was done by Dr. McCormack as the board’s secretary, and therefore most of the expenses incurred on his behalf in the course of his duties. This \$1,200 salary would be equivalent to approximately \$35,000 today, and the average of the travel expenses worth an additional \$17,000.³¹⁹ This was on the high end of the average salaries for all occupations in 1900, when \$1,200 was the average salary for lawyers and architects, and surgeons, Dr. McCormack’s former profession, made \$1,625 on average.³²⁰ Despite the fact that he earned more than the majority of his contemporaries, McCormack seems to

³¹⁸ “Financial Statement from April 1, 1897, to April 1, 1898,” *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99*, 30-1; “Financial Statement from April 1, 1898, to April 1, 1899,” 33; *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99*, “Financial Statement from April 1, 1899, to April 1, 1900,” *Biennial Report of the State Board of Health of Kentucky, 1900-1901*, 108; “Financial Statement from April 1, 1900, to April 1, 1901,” *Biennial Report of the State Board of Health of Kentucky, 1900-1901*, 116; “Financial statement from April 1, 1902, to April 1, 1903,” *Biennial Report of the State Board of Health of Kentucky, 1902-1903*, 187; “Financial Statement from April 1 1903, to April 1, 1904,” *Biennial Report of the State Board of Health of Kentucky, 1904-1905*, 208; Financial Statement from April 1 1904, to April 1, 1905,” *Biennial Report of the State Board of Health of Kentucky, 1904-1905*, 217; “Financial statement from April 1, 1905, to April 1, 1906,” *Biennial Report of the State Board of Health of Kentucky, 1906-1907*, 54; “Financial Statement from April 1, 1906, to April 1, 1907,” *Biennial Report of the State Board of Health of Kentucky, 1906-1907*, 61; “Financial Statement from April 1, 1907, to April 1, 1908,” *Biennial Report of the State Board of Health of Kentucky, 1908-1909*, 69; “Financial Statement from April 1, 1908, to April 1, 1909,” *Biennial Report of the State Board of Health of Kentucky, 1908-1909*, 78; “Financial Statement from April 1, 1909, to April 1, 1910, *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 96; “Financial Statement from April 1, 1910 to January 11, 1910,” *Biennial Report of the State Board of Health of Kentucky, 1910-1911*, 106. The financial records from “April 1, 1901, to April 1, 1902,” have the summary but not an itemized statement, and therefore I have not included them in this citation.

³¹⁹ CPI Inflation Calculator, “\$1,200 in 1904 is worth \$35,269.48 today,” accessed March 2, 2021, <https://www.in2013dollars.com/us/inflation/1904?amount=1200>; CPI Inflation Calculator, “\$574.42 in 1904 is worth \$16,882.91 today,” accessed March 2, 2021, <https://www.in2013dollars.com/us/inflation/1904?amount=574.42>. I have selected 1904 for these calculations as the median year between 1897 and 1911.

³²⁰ Gilson Willets, “Relative Average Pay in One Hundred Occupations, *Workers of the Nation: An Encyclopedia of the Occupations of the American people and a Record of business, Professional and Industrial Achievement at the Beginning of the Twentieth Century* (New York: P. F. Collier and Son, 1903), 1047; G. I. Steinberg, Medical Research, Dictionary of American Biography Volume 11, October 10, 1938, McCormack, Joseph N., Record Group 127, WPA Research Material – Medicine in Kentucky, Kornhauser Health Sciences Library Historical Collections, University of Louisville, 1.

have felt his compensation inadequate, perhaps because his work as a doctor and surgeon had been more lucrative.

During the time that the State Board of Health was reviewing the validity of diplomas for doctors, McCormack explained that in 1896, after all the expenses of lawyers, detectives, printing, postage, and expenses had been paid, “of the total amount of \$4,977 collected to that date, a fund of \$2,400 was left, and, in partial compensation for our services, this was turned over to me, as were the fees for future registrations.” While McCormack felt justified in taking this money after all his hard work, it had not been set aside for him by the state government, and it was a unilateral decision of the State Board of Health to award him money which could have gone to further health work. Similarly, in May 1906, the board decided that in compensation for their services grading papers for doctors’ examinations, “as the board always felt a freedom in using [the registration fee fund] which did not apply to that appropriated by the State, and on account of the increased duties it was decided... that the accumulated fund and future fees, after paying all expenses, should be divided in the ratio of one-tenth for each member, and three-tenths for the secretary.” There is no record of the registration fees from May 1906 in the financial statement from April 1, 1905 to April 1, 1907, which could indicate that the board was hiding something, or merely that, as McCormack expressed, they felt that the registration fee fund was totally separate from their annual appropriation and therefore unnecessary to include in their accounting.³²¹ While these actions appear unethical, they do not give any further credence to Herrington’s allegations of a political machine.

³²¹ “Financial Statement from April 1, 1906, to April 1, 1907,” *Biennial Report of the State Board of Health of Kentucky, 1906-1907*, 6.

Throughout the investigation, McCormack continued to receive the support of prominent colleagues. Dr. John G. South, current president of the state board of health, testified that he believed “there has been a deliberate effort on the part of some persons to create an impression on this committee and other members of the Legislature that I desire a change in our present medical law, and that I am personally opposed to Dr. J. N. McCormack,” and he wanted to speak before the committee on McCormack’s behalf. He said that he had known Dr. McCormack for thirteen years, and that he stood “second to no man in the world in health work.” He praised Dr. McCormack’s work in the smallpox epidemic of 1899 as exemplary. He also noted that regarding appointing members of the state board of health, “It has been charged that Dr. McCormack has a machine in this law that keeps him in office as secretary to the Board of Health. He has held the same office for thirty-three years continuously. I ask what kind of machine kept him in this office for a quarter of a century prior to the enactment of this law? I believe the man was built for the office, and not the office for the man.”³²²

Similarly, Dr. W. W. Richmond filed a statement saying that he had been associated with Dr. McCormack for nearly forty years in the Kentucky State Medical Society, and that he had never known the doctor to dominate or control its proceedings. In fact, at one time in the early history of the Kentucky State Medical Society it was “largely controlled by certain individuals whose aim was personal benefit rather than the interest of the society.” Therefore, Dr. McCormack led a move to reorganize the society, increase the membership, and extend the society’s work into every county in Kentucky. This was part of his work on behalf of the American Medical Association and the wider effort to bring

³²² “Warm Words by M’Cormack.”

doctors into organizations to increase the profession's internal harmony. Richmond said that "Instead of domination, Dr. McCormack has done more to pacify and bring doctors into closer relation to each other to improve medical ethics, to raise the standard of medical education and to encourage doctors to study and better prepare themselves to prevent sickness and treat disease, than any other doctor in the United States." As South and Richmond's statements show, McCormack was generally held in high esteem by other members of his profession, at least partially refuting the claims that he dominated or controlled the medical organizations to which they belonged.³²³

However, this opinion was not universal. Dr. C. H. Vaught of Richmond, Kentucky, felt that "the reason Dr. McCormack has been able to maintain his power and control is because he has been a politician and legislative agent for over thirty years, devoting a large part of his time to such work, while the doctors in the State have been busy with their professional duties." Vaught alleged that McCormack had been able to keep himself in power for so long because of his control of the State association and House of Delegates. He also believed that it was his father's influence which had allowed Dr. Arthur McCormack to hold a number of positions in the health structure of Kentucky, including Assistant secretary to the State Board of Health, State Sanitary Inspector, and delegate to the American Medical Association, among others. In addition, he asserted that it was because of J. N. McCormack that Arthur's partner, Dr. Lillian South, held the position of State Bacteriologist, although she had claimed earlier in the inquiry that "I was promised the position of State Bacteriologist by every member except for Dr. McCormack, who

³²³ Ibid.

objected on account of my partnership with his son.”³²⁴ While the committee had initially believed that Dr. South was incompetent, after her testimony they said that “they never heard a more brilliant witness or one that showed to be better advantage.”³²⁵ It is possible that part of the committee’s initial motivation for the investigation was due to Dr. South being a woman, but this does not seem to be the main motive and her testimony appears to have exonerated her as recipient of nepotism.

While Dr. Vaught’s accusations were potentially credible, the heart of his grievance with Dr. McCormack was his belief that the doctor had cheated him out of an election. According to him, in 1908 he had been a candidate for president of the State association, and that the McCormacks favored his opponent, Dr. I. A. Shirley, to win. The day before the election sixty-five delegates were present, and the day of the election there were seventy-five. Vaught asserted that all the late arrivals favored Dr. Shirley, causing him to win. Vaught offered no definitive proof, only his suspicions that he had been overruled by Dr. McCormack’s wishes, as his friends had put him up for election to run against the “McCormack machine.”³²⁶

Finally, on February 26, 1912, six weeks after the investigation began, the news came that Dr. McCormack was to be exonerated. In its report, the committee on Kentucky statutes would vindicate his administration, but recommend that the state inspector and examiner oversee the state board of health in addition to their other duties.³²⁷ Despite these reports, Herrington continued his attacks. After all the testimony, Representative

³²⁴ “Vaught Assails Dr. McCormack,” *The Courier-Journal* (Louisville, Ky.), February 21, 1912.; “Probers Rile Dr. McCormack.”

³²⁵ “A Good Record is Being Made,” *The Mt. Sterling Advocate*, January 31, 1912, 8.

³²⁶ “Vaught Assails Dr. McCormack.”

³²⁷ “M’Cormack to be Vindicated,” *The Paducah Sun-Democrat*, February 26, 1912.

Herrington made only three specific charges against Dr. McCormack. He asserted that “prior to 1906 the people’s money and that of Dr. J. N. McCormack... were one and the same, both being deposited to his individual account and checks for personal expenses being drawn from that same bank account.”³²⁸ In connection with this, he alleged that over \$13,600 drawn from the appropriation fund should be returned to the people, and that Dr. McCormack was given thirty percent of fees from applicants to become physicians, while the other members of the board received ten percent.³²⁹ While Herrington accused McCormack of having built up a powerful machine, in this article he gave no more evidence than these charges of financial malfeasance.

In response to the claims from Mr. Herrington, McCormack’s counsel Judge Lewis McQuown charged that the investigation itself was invalid, as it was conducted as part of a bill to change the way members were appointed to the State Board of Health, and not as a separate inquiry into the Board of Health itself. Judge McQuown said that while Herrington had brought in many witnesses to prove the existence of a McCormack machine, this charge was not supported by “any of them except Dr. J. C. Mitchell and Dr. C. H. Vaught, who had not furnished a single fact to bear out assertions of the same character that formed the framework of Mr. Herrington’s brief.” On the other hand, other men had testified that “Dr. McCormack had framed the plan of organization on such broad lines as to make political methods impossible.” McQuown asserted that the investigation into McCormack was supported by the enemies of pure food and drug legislation who had assailed McCormack’s colleague Dr. Wiley, and that “certain papers filed by Mr. Herrington were the same papers that had been used in that unholy crusade and which had

³²⁸ “An Accounting is Now Wanted,” *The Owensboro Messenger*, February 24, 1912.

³²⁹ *Ibid.*

followed Dr. McCormack in his lecture tour from ocean to ocean.” Aside from this, however, McQuown did not offer any specific proof that Herrington was connected with the enemies of pure food and drug legislation.³³⁰ Similarly, the Berea, Kentucky *Citizen* asserted that the investigation was conducted on behalf of the patent medicine business.³³¹ However, like McQuown, they did not offer any concrete evidence of this claim.

Here Representative Herrington finally gave a detailed account of how he believed the machine to work. He alleged that Dr. McCormack appointed 357 members of the County Boards of Health without consulting the other members of the State Board of Health, instead referring to members of the State Medical Association. He also alleged that nearly every member of the “house of delegates” of the State Medical Association were active members of the county societies who had been McCormack’s appointees to the county boards of health. These appointments to county boards of health, who were then active in county medical societies and later selected as delegates to the State Medical Association comprised the machine Dr. McCormack was said to have operated. Herrington also believed that Dr. Arthur McCormack, Dr. Lillian South, and Dr. Smock, who was the son of Dr. McCormack’s foster sister, were all appointed due to nepotism. In addition, he felt it was inappropriate for the State Board of Health to be run out of Dr. McCormack’s house in Bowling Green and found it suspicious that the State Medical Association was also headquartered in there. In essence, Herrington charged that the machine was built to keep the state’s public health affairs as McCormack preferred them, as “He uses what he

³³⁰ “Charges Misuse of State Funds.”

³³¹ “Graft Under Liberty’s Guise,” *The Citizen* (Berea, Ky.), March 7, 1912.

has to keep you from taking away from him anything he has and to compel you to give him more.”³³²

After hearing this testimony, the Committee on Kentucky Statutes met in an executive session. The committee decided that it would report Herrington’s bill adversely and recommend the present law on appointing members of the State Board of Health remain unchanged. It would also oppose removing the Health Department from Bowling Green to Frankfort. Next, it would pronounce the Board of Health’s work “proficient and satisfactory in the matter of its health work.” Finally, they recommended that the State Examiner and Inspector should oversee the State Board of Health’s financial conditions as they did in other state departments.³³³

Upon hearing the findings of the committee, Herrington was unrepentant. He again went over the fees that McCormack was paid by doctors, applicants for examinations, doctors moving into the state, students, and appropriations made by the Legislature. He alleged that “If I had time to ascertain accurately what [students’ and doctors’] fees alone have aggregated since Dr. McCormack has been in control, I believe it would be a sum sufficient to stamp out all the ‘hookworms’ in Kentucky.”³³⁴ Herrington did not object only to the money that he believed McCormack had taken himself, but to the expenses necessary for operating the board itself. He charged that in addition to the \$30,000 appropriation from the legislature and the \$12,000 bill for printing, it cost an additional \$50,000 to put the vital statistics law into operation.³³⁵ He made this charge notwithstanding that putting the vital

³³² “Charges Misuse of State Funds.”

³³³ Ibid.

³³⁴ Ibid.

³³⁵ Ibid.

statistics law into practice was one of the original duties of the State Board of Health.³³⁶ He objected to the fact that fiscal courts of the counties had paid that money, rather than the board.³³⁷ Given these objections, he recommended, as had the Committee on Kentucky Statues, that the Governor require the State Inspector and Examiner to make a thorough investigation of all the accounts, as “Previous investigations have been too superficial.”³³⁸ He detailed the financial malfeasance that he believed McCormack had engaged in, laying out the individual accounts and vouchers at issue. He alleged that McCormack had worked as both the Secretary of the State Board of Health and the State Sanitary Inspector from 1900 to 1907. He concluded that “Since he claimed he was working for the ‘pittance’ of \$1,200 annually, he should be required to refund the \$1,000 salary for the entire seven years, that is \$12,000.”³³⁹ According to him, this made \$13,600 from the appropriation fund that should be recovered. Nonetheless, the committee had decided on its recommendations, and Herrington was overruled.

Finally, on March 5, 1912, almost three months after it had begun, the inquiry into the affairs of Kentucky’s State Board of Health concluded. According to the *Franklin Favorite*, the House of Representatives had “vindicated him of the charge of reckless expenditure of the funds of the State Board of Health brought by Representative Herrington, of Madison County.” However, the newspaper noted that the Speaker of the House had “railroaded through” McCormack’s exoneration based merely on the yells of

³³⁶ “Acts 1878, Chapter 494, Page 59,” in Material Pertaining to the History of the State Board of Health of Kentucky, March 16, 1878, McCormack, Record Group 131, Box 16, KY State Board of Health: Folder McCormack, Material Pertaining to State Board of Health of Kentucky, Ky State Board of Health, 1.

³³⁷ “Charges Misuse of State Funds.”

³³⁸ Ibid. According to the CPI Inflation calculator, \$1,200 in 1900 was worth \$37,182.86 in 2020, \$1,000 was worth \$30,985.71, and \$12,000 was worth \$371,828.57. CPI Inflation Calculator, accessed October 23, 2020, <https://www.in2013dollars.com/us/inflation/1900?amount=12000>.

³³⁹ “Charges Misuse of State Funds.”

the men in the chamber, a process that did not allow for the recognition of any dissenting voices. They felt that Representative Herrington's voice should have been heard, as "it was his measure, and he had the prerogative to move that the bill be advanced, the report of the committee to the contrary notwithstanding. The speaker refused to recognize him, and declared the report adopted." The *Favorite* felt that such unilateral decisions of the speaker, even if they had gained the vindication of the State Board of Health, would bring trouble in the future. They did note, however, that there was no sign that Dr. McCormack had played a part in bringing about this silencing of Mr. Herrington. In addition, they argued that "There is nothing to indicate that the report of the committee was not the sense of the House, except that the Speaker was afraid to put it to the test," and it would have been better if he had used fair methods to bring about this outcome.³⁴⁰

In the end, after three months of investigation by the Committee on Kentucky Statutes in the House of Representatives, Dr. Joseph McCormack and his beloved State Board of Health were exonerated. The appointment of their members would remain under the control of the state's doctors rather than politicians, and their appropriation would remain unchanged. It is still unclear exactly why Representative Herrington chose to investigate the conduct of the board and Dr. McCormack. However, it shows that despite having finally received enough money to carry out the actions for which it was created, there were those in the Legislature who opposed expending even that modest amount in the service of public health work.

After all the testimony offered on both sides, it is challenging to draw an unambiguous conclusion on the question of whether Dr. McCormack had retained his place

³⁴⁰ "The State Board of Health," *The Franklin Favorite*, March 14, 1912.

on the State Board of Health by operating a political machine. Dr. Vaught and Representative Herrington certainly thought so, but neither had proof beyond their accusations. Influential doctors such as John G. South and W. W. Richmond testified to Dr. McCormack's skill and magnanimity, with Dr. South going so far as to state that he believed "the man was built for the office, and not the office for the man."³⁴¹ McCormack himself had given a thorough account of his work on behalf of the state, and had explained that the board was headquartered in Bowling Green to save money, rather than for his personal convenience. If there was a machine, the question seems to come back to Herrington's early claim that he was "trying to ascertain whether or not Dr. J. N. McCormack, Secretary of the State Board of Health, has a machine or is a one-man power, and if so, whether or not it is a good or bad machine."³⁴² Herrington had clearly decided that it was a bad machine, and seemed to have a personal dislike for McCormack for which there is no discernable cause. Yet the State Board of Health had achieved a remarkable expansion of public health on limited funds during McCormack's tenure as Secretary, enabled in no small part by Dr. McCormack's influence and charisma. Given their achievements of repelling yellow fever, virtually eradicating smallpox, and implementing prevention measures through the Departments of Bacteriology, Sanitary Engineering and Vital Statistics, if such a machine existed it was, on the whole, a good one. For Dr. McCormack, even though he was absolved of the charges Herrington had leveled against him, this draining investigation may have been the final proof that he had spent enough time as Secretary of the State Board of Health. After serving one more year in the position,

³⁴¹ "Warm Words by M'Cormack."

³⁴² "Investigation of State Health Board, Pertinent Comments of Press."

he ran for and won a seat as a Democratic Representative in the Kentucky Legislature for its 1914 session, hoping to gain the power to make political changes for himself.³⁴³

Copyright © Abigail Katharine Stephens 2021

³⁴³ State Board of Health of Kentucky, “What Has Been Accomplished by the All-Time Health Officer,” *Bulletin of the State Board of Health of Kentucky*, 3, no. 9, November 1913, 23-4; “Kentucky General Assembly Membership, 1900-2005: Vol. 1 1900-1945” (Frankfort, KY: Legislative Research Commission, 2005), 168.

CHAPTER 5. CONCLUSION

One hundred and ten years ago, Dr. Joseph N. McCormack listed the United States's stunning death tolls from disease, and argued that:

In striking contrast with this reckless disregard of life, which has no parallel in any other progressive nation, it should be a just cause of shame to have to record that, within the last ten years the U. S. Department of Agriculture has expended \$40,000,000, and it is now proposed that \$250,000,000 more be appropriated, to prevent tick fever in cattle, cholera in hogs and chickens, scab in sheep, pests to crops and trees, warning farmers as to the dangers from frost and blizzards, and for the protection of all money and commercial interests, while in all of our history medical men have never been able to induce those in authority to lift a hand or spend a dollar to protect the homes of the people, the men, women and children, from the domestic pestilences which levy an annual tax on them just as real and for [sic] heavier than that imposed for all governmental purposes.³⁴⁴

These are the words of a man who spent the better part of his life attempting to protect the public health in a state and country which placed a lower value on people's lives than their money. Throughout his career, Dr. McCormack fought to build a public health infrastructure which would prevent the spread of disease. This was a challenge in the rural state of Kentucky, where he and the other members of the State Board of Health faced limited appropriations from state lawmakers and opposition from local fiscal officials as well as the public. Their responses to these obstacles reveal their ingenuity as well as the limits to their imagination. The board both threatened and used quarantines to achieve its aims, provoking opposition from the public and government officials which feared the threat to their commercial interests. In other cases, they attempted to communicate the

³⁴⁴ State Board of Health of Kentucky, "General Summary by the Secretary," *Biennial Report of the State Board of Health of Kentucky, 1908-1909*, 16-7.

importance of vaccination and disease prevention but failed to reach those marginalized populations who were most vulnerable to them due to a confident belief that by convincing the most prominent members of a community they could persuade everyone, as well as a lack of consideration for widespread illiteracy among Kentucky's citizens. Kentucky's example shows that in order to successfully prevent disease, a state's public health infrastructure must be well-funded, able to communicate with every citizen on their own terms and empowered by law to enforce their edicts when necessary.

The issues Dr. McCormack identified in 1909 continue to plague us. There is a stark contrast between the way we have handled the COVID-19 pandemic and how the Kentucky State Board of Health might have handled it a century ago, although some elements remain the same. We continue to worry more about our economy than people's lives, particularly in communities of color. Our health campaigns do not reach everyone. Despite the fastest development of vaccines in history, our distribution structure is inefficient, and we have difficulty convincing even medical personnel to be vaccinated. Even the straightforward measure of wearing a mask has been politicized. Given the experience of Kentucky's State Board of Health in the early 1900s, especially in the ever-present smallpox epidemic, it is clear that Kentuckians have resisted restrictions on their freedom from health officials for over a century. Yet in the past, the board had established laws and the power to enforce their measures, with penalties for noncompliance. Our current lack of such measures puts the public at large in danger, and we should learn from the experiences of the Kentucky State Board of Health.

Over one hundred years ago, Dr. McCormack argued that the purpose of government is to do what we cannot do so well, or so cheaply for ourselves. If the success

of a government can be judged by the protection of its citizen's lives, which by the nature of disease they cannot protect on their own, then our government has failed us. We need a public health infrastructure which is amply funded, public health campaigns which reach every person, no matter how marginalized, and to give our public health officials the power to keep people from spreading disease. Most of all, we need to protect human lives over monetary interests. Healthcare is a human right.

BIBLIOGRAPHY

Secondary Sources

- Burnham, John C. *Health Care in America: A History*. Baltimore: Johns Hopkins University Press, 2015.
- Bolin, James Duane. *Bossism and Reform in a Southern City: Lexington, Kentucky, 1880-1940*. Lexington, Ky.: The University Press of Kentucky, 2000.
- Byrd, W. Michael, and Linda A. Clayton. *An American Health Dilemma: A Medical History of African Americans and the Problem of Race, Beginnings to 1900*. New York: Routledge, 2000.
- Byrd, W. Michael, and Linda A. Clayton. *An American Health Dilemma: Race, Medicine and Health Care in the United States, 1900-2000*. New York: Routledge, 2002.
- Centers for Disease Control,. "What is Public Health?" CDC Foundation. Accessed January 13, 2021, <https://www.cdcfoundation.org/what-public-health#:~:text=Public%20health%20is%20the%20science,and%20responding%20to%20infectious%20diseases>.
- Downs, Jim. *Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction*. New York: Oxford University Press, 2012.
- Fenn, Elizabeth A. *Pox Americana: The Great Smallpox Epidemic of 1775-82*. New York: Hill and Wang, 2001.
- France, David. *How to Survive a Plague: The Story of How Activists and Scientists Tamed AIDS*. New York: Alfred A. Knopf, 2016.
- Furman, Bess. *A Profile of the United States Public Health Service, 1748-1948*. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1973.
- Gray, Colin S. *Hard Power and Soft Power: The Use of Military Force as an Instrument of Policy in the 21st Century*. Carlisle, PA: Strategic Studies Institute, 2011.
- Harrison, Lowell H., and James C. Klotter. *A New History of Kentucky*. Lexington: University Press of Kentucky, 1997.
- Kirby, Jack Temple. *Poquosin: A Study of Rural Landscape and Society*. Chapel Hill: The University of North Carolina Press, 1995.
- Leavitt, Judith Walzer. *The Healthiest City: Milwaukee and the Politics of Health Reform*. Madison: The University of Wisconsin Press, 1996.
- "Lesson 1: Introduction to Epidemiology." Centers for Disease Control. Accessed January 25, 2021, <https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section11.html>.
- Melosi, Martin V. *The Sanitary City: Urban Infrastructure in America from Colonial Times to the Present*. Baltimore: Johns Hopkins University Press, 2000.
- Melosi, Martin V. *The Sanitary City: Environmental Services in Urban America from Colonial Times to the Present*. Pittsburgh, PA: University of Pittsburgh Press, 2008.
- Mullan, Fitzhugh. *Plagues and Politics: The Story of The United States Public Health Service*. New York: Basic Books, 1989.
- Norrby, Erling. "Yellow Fever and Max Theiler: the only Nobel Prize for a virus vaccine." *Journal of Experimental Medicine* 204 no. 12 (2007). Accessed April 10, 2020, [10.1084/jem.20072290](https://doi.org/10.1084/jem.20072290).
- Porter, Dorothy. *Health, Civilization, and the State: A History of Public Health from Ancient to Modern Times*. London: Routledge, 1998.

- Roberts Jr., Samuel Kelton. *Infectious Fear: Politics, Disease and the Health Effects of Segregation*. Chapel Hill: University of North Carolina, 2009.
- Rosen, George. *A History of Public Health*. New York: MD Publications, Inc., 1958.
- Rosenberg, Charles. *The Cholera Years: The United States in 1832, 1849, and 1866*. Chicago: University of Chicago Press, 1962.
- Rosenkrantz, Barbara. *Public Health and the State: Changing Views in Massachusetts, 1842-1936*. Cambridge, Harvard University Press, 1996.
- Safire, *Safire's Political Dictionary*. Oxford: Oxford University Press, 2008.
- Shah, Nyan. *Contagious Divides: Epidemics and Race in San Francisco's Chinatown*. Berkeley:
- Starr, Paul. *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*. New York: Basic Books, 1982.
- Tocqueville, Alexis de. *Democracy in America*. Edited by Richard D. Heffner. New York: Signet Classics, 2001.
- Tolley, Kim. "School Vaccination Wars: The Rise of Anti-Science in the American Anti-Vaccination Societies, 1879-1929." *History of Education Quarterly* 59, no. 2 (2019).
- Tomes, Nancy. *The Gospel of Germs: Men, Women, and the Microbe in American Life*. Cambridge: Harvard University Press, 1998.
- Wailoo, Keith. *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health*. Chapel Hill: University of North Carolina Press, 2001.
- Willrich, Michael. *Pox: An American History*. New York: The Penguin Press, 2011.

Primary Sources

- "A Good Record is Being Made," *The Mt. Sterling Advocate*, January 31, 1912.
- American Medical Association. "House of Delegates Proceedings, Annual Session v. 1902 i.000 Pub Date 1902." Accessed September 23, 2020, https://ama.nmtvault.com/jsp/viewer.jsp?doc_id=ama_arch%252FHOD00003%252F00000020&view_width=640.0&rotation=0&query1=&collection_filter=All&collection_name=1ee24daa-2768-4bff-b792-e4859988fe94&zoom_factor=current&search_doc=mccormack&sort_col=publication+date&highlightColor=yellow&color=&CurSearchNum=-1&search_doc1=mccormack&submit.x=0&submit.y=0&page_name=&page_name=.
- "An Accounting is Now Wanted." *The Owensboro Messenger*, February 24, 1912.
- "An Act to Amend Section 2064, Chapter 65, of the Kentucky Statutes Relating to the State Board of Health."
- "Birth and Death Records." Indiana Archives and Records Administration. Accessed March 22, 2021, <https://www.in.gov/iara/2497.htm>.
- Blackburn, Luke P. "Officers of State and Miscellaneous." *Governor Luke Blackburn - Index to Executive Journal, 1879-1883*. Accessed April 2, 2020, https://kdla.access.preservica.com/uncategorized/IO_0b49b4bc-8562-4673-b4af-a41c1742e792/.
- Blackburn, Luke P. "State Board of Health." In *Governor Luke Blackburn Executive Journal Total*, December 31, 1879. Kentucky State Digital Archives. Accessed

- April 2, 2020, https://kdla.access.preservica.com/uncategorized/IO_c599c892-3233-4e55-9bcd-0b9f08b2f928/.
- “Board of Health.” *The Courier-Journal* (Louisville, Ky.), February 9, 1912.
- “The Bowling Green Eruption,” *The Evening Bulletin* (Maysville, KY), September 29, 1902.
- Department of Commerce and Labor Bureau of the Census. *Thirteenth Census of the United States Taken in the Year 1910: Statistics for Kentucky, Containing Statistics of Population, Agriculture, Manufactures, and Mining for the State, Counties, Cities and Other Divisions*. Washington: Government Printing Office, 1913.
- “Charges Misuse of State Funds,” *The Richmond Climax*, March 13, 1912.
- “Clean Bill of Health,” *Hopkinsville Kentuckian*, March 9, 1912.
- “Dire Threats Made by the State Board - In Case of Quarantine it Would Order Trains Not to Come, Or to Run Through Without Stopping.” *The Paducah Sun*, August 28, 1905.
- “Dr. M’Cormack to Be Vindicated.” *The Courier-Journal* (Louisville, Ky.), February 14, 1912.
- Dunglison, Richard J., A.M., M.D., and Henry O. Marcy, A.M., M.D. “State Medicine. Report of the Laws Regulating the Practice of Medicine in the United States and Canada.” *The Journal of the American Medical Association, Containing the Official Record of Its Proceedings, and the Reports and Papers Presented in the Several Sections* 5, (1885). Edited by N. S. Davis, M.D., LL. D.
- Egan, J. A. “Yellow Fever in 1897: Report of the Secretary to the Board at the Quarterly Meeting, October 5, 1897.” *Twentieth Annual Report of the State Board of Health of Illinois*. Springfield, Ill.: Philips Bros., State Printers, 1898.
- The Evening Bulletin* (Maysville, Ky.), September 27, 1902.
- General Assembly. “An Act to Provide for the Immediate Registration of All Births and Deaths (1912),” *Encyclopedia Virginia*. Accessed March 22, 2021, <https://encyclopediavirginia.org/entries/an-act-to-provide-for-the-immediate-registration-of-all-births-and-deaths-1912/>.
- “Graft Under Liberty’s Guise.” *The Citizen* (Berea, Ky.), March 7, 1912.
- House of Delegates Proceedings. Annual Session v. 1901 i.000. Pub. Date 1901. Accessed September 23, 2020, https://ama.nmtvault.com/jsp/viewer.jsp?doc_id=ama_arch%252FHOD00003%252F00000019&view_width=640.0&rotation=0&query1=&collection_filter=All&collection_name=1ee24daa-2768-4bff-b792-e4859988fe94&zoom_factor=current&search_doc=mccormack&sort_col=publication+date&highlightColor=yellow&color=&CurSearchNum=-1&search_doc1=mccormack&submit.x=0&submit.y=0&page_name=page_name
- House of Delegates Proceedings. Annual Session v. 1912 i.000. Pub. Date 1912. Accessed November 30, 2020, https://ama.nmtvault.com/jsp/viewer.jsp?doc_id=ama_arch%252FHOD00001%252F00000003&view_width=640.0&rotation=0&query1=&collection_filter=All&collection_name=1ee24daa-2768-4bff-b792-e4859988fe94&zoom_factor=current&search_doc=mccormack&sort_col=publication+date&highlightColor=yellow&color=&CurSearchNum=-

- [l&search_docl=mccormack&submit.x=0&submit.y=0&page_name=&page_name=](#).
- “Illinois Death Certificates.” Illinois State Archives. Accessed March 22, 2021, <https://www.cyberdriveillinois.com/departments/archives/databases/idphdeathindex.html>.
- “Important Decision - Bowling Green Health Authorities are Sustained.” *The Paducah Sun*. September 24, 1902.
- “Investigation of State Health Board, Pertinent Comments of Press,” *The Richmond Climax*, January 24, 1912.
- “Index to Tennessee Death Records 1908-1912.” Tennessee State Library and Archives. Accessed March 22, 2021, <https://sos.tn.gov/products/tsla/index-tennessee-death-records-1908-1912>.
- Journal of the Regular Session of the House of Representatives of the Commonwealth of Kentucky, Begun and Held in the City of Frankfort on Tuesday, the Fifth Day of January, in the Year of Our Lord 1904, and of the Commonwealth One Hundred and Twelve*. Louisville: Geo. G. Fetter Printing Co., 1904.
- Kentucky General Assembly. *Acts of the General Assembly of the Commonwealth of Kentucky Passed At The Regular Session of the General Assembly, Which was Begun and Held in the City of Frankfort, Kentucky, on Tuesday, January the Fourth, 1910, and Ended on Tuesday, March the Fifteenth, 1910*. Louisville: The Continental Printing Company, 1910.
- Kentucky General Assembly Membership, 1900-2005: Vol. 1 1900-1945.” Frankfort, KY: Legislative Research Commission, 2005.
- McCormack, J. N. “Discussion.” *Transactions of the Kentucky State Medical Society, New Series. Vol. IX. Forty-Sixth Annual Meeting held at Louisville, May 22, 23, and 24, 1901*. Louisville: John P. Morton & Company, 1902.
- McCormack, J. N. Record Group 104, Eugene H. Conner, MD Papers. Kornhauser Health Sciences Library Historical Collections, University of Louisville.
- McCormack, Jos. N AT WPA-Bio-Ser.2. Kornhauser Health Sciences Library Historical Collections, University of Louisville.
- McCormack, Joseph N., Record Group 127, WPA Research Material – Medicine in Kentucky. Kornhauser Health Sciences Library Historical Collections, University of Louisville.
- McCormack, Record Group 131, Box 16, KY State Board of Health: Folder McCormack, Material Pertaining to State Board of Health of Kentucky, Ky State Board of Health. Kornhauser Health Sciences Library Historical Collections, University of Louisville.
- “McCormack to Be Vindicated.” *The Paducah Sun-Democrat*, February 26, 1912.
- “Must Be Stopped. High-Handed Methods of State Board of Health Strongly Censured. The Porter Outrage at Bowling Green Should Arouse the People to Action.” *The Evening Bulletin*, (Maysville, Ky.), September 27, 1902.
- “Oh! My Arm 5346 People Are Saying.” *Hopkinsville Kentuckian*, December 6, 1904.
- The Paducah Sun*, August 22, 1905.
- The Paducah Sun-Democrat*, February 26, 1912.
- “Probers Rile Dr. McCormack.” *The Courier-Journal* (Louisville, KY), January 25, 1912.

- “Railway Regulations Relating to Yellow Fever.” *State Board of Health Bulletin*, 7, no. 12. Nashville, Tennessee. July 20, 1897.
- Reed, Walter, Jas. Carroll and Aristides Agramonte. “The Etiology of Yellow Fever: An Additional Note.” *Sanitary Department Havana-Cuba, Series 3*, 1901.
- “Smallpox Situation is Better.” *Hopkinsville Kentuckian*, December 1, 1904.
- State Board of Health of Kentucky, *Biennial Report of the State Board of Health of Kentucky, with Laws, Rules, and Regulations: 1898-99*. Louisville, Ky.: Courier-Journal Job Printing Co., 1899.
- State Board of Health of Kentucky. *Biennial Report of the State Board of Health of Kentucky, 1900-1901*. Louisville, Ky.: Geo. G. Fetter Printing Co., 1901.
- State Board of Health of Kentucky. *Biennial Report of the State Board of Health of Kentucky, 1902-1903*. Louisville, Ky.: Geo. G. Fetter Printing Co., 1904.
- State Board of Health of Kentucky, *Biennial Report of the State Board of Health of Kentucky, 1904-1905*. Louisville, Ky.: Geo. G. Fetter Printing Co., 1906.
- State Board of Health of Kentucky. *Biennial Report of the State Board of Health of Kentucky, 1906-1907*. Louisville, Ky.: The Globe Printing Company, 1908.
- State Board of Health of Kentucky, *Biennial Report of the State Board of Health of Kentucky, 1908-1909*. Louisville, Ky.: The Continental Printing Company, 1909.
- State Board of Health of Kentucky, *Biennial Report of the State Board of Health of Kentucky, 1910-1911* in the *Bulletin of the State Board of Health of Kentucky* 2 no. 2. Frankfort, Ky.: Press of the Kentucky State Journal Pub. Co., 1912.
- State Board of Health of Kentucky. *Bulletin of the State Board of Health of Kentucky*, 3, no. 9, November 1913.
- State Board of Health of Massachusetts. *State Board of Health of Massachusetts: A Brief History of the Organization and Its Work, 1869-1912*. Boston: Wright & Potter Printing Co., 1912.
- State Board of Health of Tennessee. *Second Report of the State Board of Health*. Nashville: Albert B. Tavel, Printer to the State, 1885.
- “The State Board of Health.” *The Franklin Favorite*, March 14, 1912.
- “The State Board of Health Has Modified its Original Instructions.” *The Paducah Sun*, August 29, 1905.
- “State Board of Health Will Be Subject to Probe by House Committee.” *The Courier-Journal*, January 17, 1912.
- “State Capitol Gossip.” *Crittenden Record-Press*, March 14, 1912.
- Stephens, Abigail. Unpublished. “Smallpox, Outsize Egos, and Bureaucracy: The Role of Appalachian Exploitation in Middlesboro, Kentucky’s 1897-98 Epidemic.” University of Kentucky, May 5, 2020.
- “Test Case Results in \$10 Fine.” *Hopkinsville Kentuckian*, December 6, 1904.
- “Train Inspectors Were Named Today.” *The Paducah Sun*, August 7, 1905.
- “Vaught Assails Dr. McCormack,” *The Courier-Journal* (Louisville, Ky.), February 21, 1912.
- “Vigorously Cleaning Up Smallpox.” *Hopkinsville Kentuckian*, November 26, 1904.
- “Warm Words by M’Cormack.” *The Courier-Journal* (Louisville, Ky.), February 14, 1912.
- West Virginia Division of Culture and History. “Vital Records in West Virginia: Births.” *West Virginia Archives and History News* 8, no. 8 (2007).

Willets, Gilson. *Workers of the Nation: An Encyclopedia of the Occupations of the American People and Record of Business, Professional and Industrial Achievement at the Beginning of the Twentieth Century*. New York: P. F. Collier and Son, 1903.

“William S. Kaltenbacher, Political Writer, Dies,” *The Courier-Journal* (Louisville, Ky.), April 22, 1941.

“Your Scar Must Be a Good One” *Hopkinsville Kentuckian*, November 24, 1904.

VITA

Prior to her work at the University of Kentucky, Abigail Katharine Stephens graduated *summa cum laude* from the University of North Carolina at Asheville with a Bachelor of Arts degree in history. While there she was inducted into Phi Alpha Theta, and received the Phyllis G. Betts Award for Academic Excellence along with the North Carolina History Award for her undergraduate thesis. During her time at the University of Kentucky she has worked as a teaching assistant and a research assistant in the History Department. As a graduate student at the University of Kentucky she has benefited from the funding support provided by Robert Lipman Award as well as the Wimberly C. Royster Graduate Excellence Award.

Abigail Katharine Stephens