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INVITED ARTICLE

The Beginning of Public Health in Michigan
Michigan State Board of Health Reports, 1873-1900

Robert E. Mosher, PhD

G. Elaine Beane, PhD

Introduction to a Series of Papers

This is the first of a series of short papers drawn from the Michigan State Board of Health (MSBH) Sanitary Convention Reports, Annual Reports, and Supplements from 1873 to 1900. The published reports, now 108-135 years old, have been scanned using Optical Character Recognition (OCR) software. Since OCR does not work well on aged paper covered with small printing, repeated proof-reading and correcting were necessary. The selections reproduced here are as accurate as we can make them. The compilation of MSBH publications that are used as the basis for this series of papers has been made available to the Michigan Public Health Association.

Our intent is to assemble excerpts from MSBH Reports from 1873 through 1900, focused on specific public health concerns. We will provide some background information and comparisons, but the MSBH authors will speak in their own words.

- This first paper looks at the genesis of the MSBH, the founders and the effect of their experiences during the Civil War on their public health interests.
- The second paper will deal with the travails of the new MSBH and its efforts to structure the flow of information and manage its relations with the 1,400 local Boards of Health.
- Later installments will focus on specific problem areas – water, food, drainage and sewage, buildings, diseases, medicines, and nuisances – which encompass anything from slaughterhouses to cholera outbreaks. We plan to include one of the nuisance reports at the end of future installment, to give readers a sense of the problems of that time.

MSBH Annual Reports and Sanitary Convention Papers

The papers presented at the meetings of the MSBH were authored primarily by members of the Board or by invited experts. Papers presented at Sanitary Conventions (held across the State) were authored partially by the members of the MSBH and partially by interested members of the local community – physicians, clergy, politicians, and occasionally the leaders of women’s societies. The quality of the papers and their accessibility vary widely: some appear as though they were written yesterday and are immediately relevant; others are embedded in a past we can no longer imagine, with ideas and references intended to be classical and religious, but not related to the topics as we now understand them. Several members of the MSBH authored publications that fit in both of these categories – showing us that intelligence and education are not always effective in challenging cultural assumptions and convictions. As you read excerpts from these 130-year-old papers, please keep in mind that the worldview of the MSBH authors
was embedded in the knowledge, economy, politics, religions, and Victorian sensibility of their time.

ACT NO. 81, LAWS OF 1873

“AN ACT to establish a State Board of Health, to provide for the appointment of a Superintendent of Vital Statistics, and to assign certain duties to Local Boards of Health.

“SECTION 1. The People of the State of Michigan enact, That a board is hereby established which shall be known under the name and style of the ‘State Board of Health.’ It shall consist of seven members as follows: Six members who shall be appointed by the Governor with the consent of the Senate, and a secretary, as provided in section four of this act.”

“SEC. 2. The State Board of Health shall have the general supervision of the interests of the health and life of the citizens of this State. They shall especially study the vital statistics of this State, and endeavor to make intelligent and profitable use of the collected records of deaths and of sickness among the people; they shall make sanitary investigations and inquiries respecting the causes of disease, and especially of epidemics; the causes of mortality; and the effects of localities, employments, conditions, ingesta, habits, and circumstances on the health of the people. They shall, when required, or when they deem it best, advise officers of the government, or other State boards, in regard to the location, drainage, water supply, disposal of excreta, heating and ventilation of any public institution or building. They shall from time to time recommend standard works on the subject of hygiene for the use of the schools of the State.”

“SEC. 4 At their first meeting, or as soon as competent and suitable person can be secured, the board shall elect a secretary, who shall, by virtue of such election, become a member of the board, and its executive officer.”

“SEC. 5 The secretary…shall keep his office at Lansing, and shall perform the duties prescribed by this act, or required by the board. He shall keep a record of the transaction of the board; shall have the custody of all books, papers, documents, and other property belonging to the board, which may be deposited in his office; shall, so far as practicable, communicate with other State boards of health, and with the local boards of health within this State; shall keep and file all reports received from such boards, and all correspondence of the office appertaining to the business of the board. He shall, so far as possible, aid in obtaining contributions to the library and museum of the board. …He shall collect information concerning vital statistics, knowledge respecting diseases, and all useful information on the subject of hygiene, and through an annual report, and otherwise…disseminate such information among the people.”

“SEC. 10 The secretary of the State Board of Health shall be the Superintendent of Vital Statistics. Under the general direction of the Secretary of State, he shall collect these statistics, and prepare and publish the report required by law relating to births, marriages, and deaths.”

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The Michigan State Board of Health (MSBH) was authorized and convened in 1873, after three full years of organizational and political efforts seeking its formation. Dr. Henry B. Baker (who became the Secretary and Executive Officer of the MSBH and whose job description comprises much of Act No. 81 of 1873) was a strong supporter of the legislation, and worked continuously for its passage. Dr. Baker had served in the hospitals of the Civil War, and knew from experience that an organized approach to sanitation could reduce deaths. Michigan already had a State Board of Agriculture that could serve as a model for a State Board of Health. After persuading Dr. Ira H. Bartholomew – his partner in medical practice – to join in the quest for a health board, Dr. Baker enlisted the Michigan State Medical Society (MSMS) as supporters. In 1870, Dr. Bartholomew was elected President of MSMS, and appointed Dr. Baker to “assist the Secretary of State in the compilation of vital statistics in accordance with the State law.”

Earlier that year, Dr. Baker had received a report from the country’s first state board of health (Massachusetts) and had drafted a bill providing for a State Board of Health in Michigan. “Soon after the fall election he had a conference with Senator-elect I. M. Cravath of Lansing, who introduced the State Board of Health bill and …wrought vigorously for the passage of this proposed legislation. The bill was not favorably reported from the committee to whom it was referred, possibly because one member of that committee was a dealer in drugs and patent medicines, and may have thought the proposed legislation might interfere with his business.”

Reviewing this failure, Dr. Baker and his committee of supporting physicians a) realized that naming the members of the Board in the bill had helped to defeat it, and b) they needed to develop public support for passage of the bill. For the next two years, they worked to draw attention to two carefully selected public health dangers – illuminating oils and poisonous wall papers. Both led to deaths and injuries among the wealthy as well as the poor, and both could be presented to the public in interesting ways, some quite spectacular.

The physicians also realized that they needed additional political support. “The retiring and incoming governors were persuaded to make favorable recommendations in their messages to the legislature. Having in mind the proposed establishment of the Board, Doctor Bartholomew was elected to the legislature. He introduced a bill that differed from the preceding one in that it did not dictate …who should be appointed members of such a Board. Professor Kedzie lectured before the legislature on …poisonous wall papers, dangerous illuminating oils, and deaths from typhoid fever….During some of Doctor Kedzie’s experiments showing the explosiveness of light oils, legislators retired from the hall stating that they did not care to risk their lives.”

It is important to note the contribution of Dr. Bartholomew to the successful preparation for approval of the MSBH legislation; he had been the first major of Lansing. “During the early years of the existence of the city of Lansing, and for many years, Dr. Bartholomew was a conspicuous and honored citizen. He served as mayor of the city three times in succession.”

Doubtless his time in office had taught Dr. Bartholomew much about the process of mobilizing a constituency and gaining the positive attention of legislative bodies. Dr. Baker chose his partisans well.

The Legislature was finally persuaded that a State Board of Health could be tolerated after Dr. Robert C. Kedzie’s spectacular demonstration of lighting-oil flammability at the Capitol
Building. While highly flammable lighting-oil was not the most pressing of public health problems, it made the point that the marketplace was dangerously out of control, people were dying in flames, and that fires involving entire towns – or even Legislative chambers – could be started by one volatile cup of lamp oil.

The first MSBH was an activist group. They investigated problems, sought to build a constituency, and (to the degree feasible) pressured the local Boards of Health and the State Legislature to improve the conditions for health. The MSBH had no statutory authority to fix health problems, a function that was vested in the approximately 1,400 local Boards of Health. This set up a dynamic that is still relevant today.

Since the germ theory of disease was still being debated during the late 1800s, and there were few effective treatments for diseases (lots of patent medicines, but few effective treatments), most of the energies of the MSBH were focused on environmental problems that were thought to affect health. Environmental problems were legion and are still shocking in their severity. The efforts of the MSBH to improve the sanitation of the land, water, air, and buildings, and to place some controls and standards on patent medicines, food, lighting-oil, and other dangerous aspects of life were not well received by those whose livelihood depended on maintaining the status quo. Commercial interests with contacts in the Legislature continued sporadic efforts to disband the MSBH, evict them from their rooms in the Capitol Building, and rescind the minimal funding for the Secretary and publication of MSBH reports.

The MSBH attempted to rally support and involve important local citizens in the work of health by holding Sanitary Conventions in the major cities and county seats of Michigan. The Conventions were modeled after the Agricultural Conventions that were used by the Michigan Board of Agriculture and the Agricultural College to both disseminate and gather information. This was a clever approach to building a constituency, and is still employed today; now we call such meetings conferences or town hall meetings, but the effect still is to engage local leaders in the issues. The members of the MSBH performed tremendous amounts of work, in the field, the laboratory, and the lecture hall. All of this work was voluntary, and was continued for 25-30 years with no monetary compensation whatsoever.

It would be difficult today to find a group so broadly intelligent, committed to their goals, willing to work long hours for little-or-no-pay, willing to accept vilification when necessary, and willing to share whatever credit there might be with any locally significant figure willing to join in the quest. In their own way, they were heroes.

The First Michigan State Board of Health

Governor John J. Bagley, who served from 1873 to 1876, commissioned the following persons as members of the MSBH:

- Homer O. Hitchcock, MD (Kalamazoo)
- Zenas E. Bliss, MD (Grand Rapids)
- Robert C. Kedzie, MD (Lansing)
- Rev. Charles H. Brigham (Ann Arbor)
- Henry F. Lyster, MD (Detroit)
At their first meeting on July 30, 1873, in the offices of the Secretary of State, Dr. Hitchcock gave an introductory address that outlined the work of the Board and justified that work. It is a good speech, emphasizing the Board members’ responsibilities, comparing the societal costs of the Civil War to the costs of sickness and death, and exhorting the Board to become warriors against disease. It also is, in the style of its day, wordy and a bit extravagant in its language. Here are excerpts from Dr. Hitchcock’s speech (including, near the end, oratory from Dr. Baker).

“For some years some of us have been laboring earnestly for the establishment of such a Board in this State. The arguments for its establishment were many and weighty, and the words free and earnest with which we urged it. As it is far easier for most people to show that something ought to be done, than definitely to point out what that something is; to lay burdens upon others’ shoulders than to assume them themselves, so we found real pleasure in urging the preparation of a burden for somebody’s shoulders, not stopping to think ‘what if it should be let down upon our own?’ And I imagine that each one of us received a little shock one day and, for a time at least, an abatement of his zeal in the cause of Preventive Medicine when our good Governor gently laid upon us his hand and the burden of making a State Board of health popular with, because useful to the people of the State.”

“People are accustomed to look upon the loss of life and treasure in time of war as something fearful to contemplate; one of the greatest calamities to the State. And the whole story of the State’s loss by war is not told in the number of lives and the amount of treasure destroyed, but society is demoralized, families are broken up, marriages and births are prevented, the constitutions of many of the young men are broken by the hardships of the field or the hospital, and they are thus disabled to the State, and many of them transmit to their children enfeebled constitutions, susceptible to disease, thus securing that the race, so far as they are concerned, shall soon run out.

“War, with all its attendant calamities, destruction of life and property, demoralization of society, and its tendency to the extinction of the race can and ought to be averted….But war, in which this State has materially suffered, has occurred but once in the 36 years of her history as a State, and has therefore brought to her an average loss for each of those years, of only about 600 men, and, in round numbers, $500,000 in treasure; whereas, during those very four years of war and each preceding and succeeding one, there have been preventable causes of disease death silently at work that have cost the State far more in lives and treasure…”

“There is in the medical profession a whole army of noble, devoted men engaged in a hand-to-hand fight with our great enemy – disease. All honor to their work! But our work must not be confounded with theirs, and our reports must not seek to be receipt-books, mere guides to the cure of disease.

“But our Governor has made us the advanced guard of this army, placed us on this advanced picket line that we may give warning of the very first approaches of the enemy;
indeed, that we may go as scouts even into his very camp, and learning all the secrets of
his strategy, may there strip him of his power by taking away the very pabulum on which
he feeds….”xiv

“I bespeak from every member of this board, harmonious, earnest, faithful, though
unpaid, labor in this cause...In the words of one who, I venture to hope, will be chosen
the secretary of this board, ‘Grander victories, of greater importance to the people, remain
to be achieved than any which have heretofore resulted from warlike methods. To the
peaceful hero who shall call forth and so marshal facts and generalize the scattered forces
of knowledge as to lead to a victory over any one of the prominent causes of death which
now annually destroy our citizens by hundreds or by thousands, humanity may well
accord a higher praise than to the most successful of warlike generals.’…Gentlemen, I
welcome you to this work, grand, self-sacrificing, and sublime.”xv

The Board then elected Dr. Henry B. Baker as permanent Secretary of the MSBH and
Superintendent of Vital Statistics, and Dr. Hitchcock as the MSBH President. “It is probable that
(Dr. Bartholomew) would have been appointed among the first members of the State Board of
Health except that, being a member of the legislature, he was therefore not eligible.”xvi

The MSBH and the Civil War

The United States Civil War from 1861-1865 was the first American opportunity for application
of improved military health practices developed in Europe during the Crimean War of 1854-
1856. A team of 38 British nurses lead by Florence Nightingale was sent to the Crimea by the
British Sanitary Commission; this innovation demonstrated that the usual high mortality rate
among military wounded could be sharply reduced.

“Nightingale moved quickly to have brought ashore the stalled shiploads of medical supplies,
cots, and mattresses into the wards. Both the wards and the men who filled them were
scrubbed down, and fresh, nourishing meals were brought to the half-starved soldiers. Nurse
Nightingale’s ongoing sanitation measures soon reduced the ward death toll from the usual
42 percent to 2 percent.”xvii

There had been medical advances as well, with improved surgical instruments and techniques
and the development of anesthesia. All of these advances were applied during the Civil War,
where battles produced tens of thousands of casualties; Gettysburg alone produced over
100,000 casualties, two-thirds of them wounded soldiers needing surgery and hospital care.

“All about the only public health work that had been done in this country …had been done in
the army. The army physician’s pay did not depend upon the number of patients he had, but
the extent of his labors did have a direct relation to the number of his patients. The
instructions from the Surgeon-General’s office were voluminous and related almost
exclusively to the prevention of sickness among soldiers. Three years experience as an army
surgeon undoubtedly gave Doctor Baker the idea that a State public-health service would be
of value.”xviii

All of the physicians appointed to the first MSBH had served in the Civil War in one capacity or
another, as had many of the subsequent Board members. It was a life-changing experience,
traumatizing but energizing; once you had observed the things that could be done to reduce
disease and death among soldiers in huge encampments and in hospitals, you wanted to take that
knowledge and apply it in civilian life. The army being more organized and controlled than
civilians, this task was not an easy one. Dr. Baker, whose tenacity, zeal, and energy drove the
process resulting in the MSBH, had a background and personality that uniquely fitted him for
this task.

Henry Brooks Baker, AM, MD, was born in 1837 in Brattleboro, Vermont; his childhood was
difficult. His father died and his mother remarried when young Henry was three years old. The
family moved first to Massachusetts and then to Michigan, settling in Mason in 1850. At about
that time, Henry (age 13) left home and worked to support himself, attending school at intervals.
After teaching school in Illinois, he returned to Michigan in 1861; he read medicine with Dr. I.
H. Bartholomew in Lansing and attended lectures in medicine and in chemistry at the University
of Michigan. With this background, in 1862 he enlisted in the 20th Michigan Infantry Volunteers,
Company A, a unit composed largely of State capitol clerks. “He served during the first two
years as Hospital Steward …being in reality an assistant at the operating table whenever and
wherever there were battles in which his division was engaged. He was present at about every
battle in which his regiment took part.”xix In 1863-4, he acted as Assistant Surgeon, and in July
1864 he became the medical officer of the regiment, a position he held until the end of the war.

After his 1866 graduation in surgery from the Bellevue Hospital Medical College in New York
City, Dr. Baker practiced medicine in Lansing with Dr. Bartholomew and then in Winona (now
Bay City). He returned to Lansing in 1870 to compile the State Vital Statistics (as a
representative of the MSMS), and to take up the battle for establishing the MSBH. Dr. Baker
thus had experience in early self-sufficiency, teaching school, keeping records (as Hospital
Steward), battlefield surgery, hospital organization and management, and general medical
practice. He was driven, determined, and organized; he had also decided that a life in public
health and vital statistics was more appealing than a life in surgical practice.xx

Homer O. Hitchcock, MD, was born in Westminster, Vermont in 1827, the youngest son in a
family of nine children. A speech impediment prevented him from becoming a Congregational
minister, but he overcame it to deliver one of the commencement orations at his 1851 graduation
from Dartmouth College in New Hampshire. “His courage and unfaltering will carried him
through triumphantly.”xxi He was principal of Orford Academy, NH, for two years, then studied
medicine with his brother, Dr. Alfred O. Hitchcock, in Massachusetts. He graduated in 1855
from the College of Physicians and Surgeons in New York City and for a time was a resident
medical officer of Bellevue Hospital in that city.

In 1856, he married Fidelia Wellman of Cornish, NH, and they moved to Kalamazoo, Michigan.
During the Civil War, he was a volunteer surgeon to the board of enrollment and for many years
after the war, he was examining surgeon to the United States pension bureau. He was the first
appointee to the new MSBH in 1873, and served as President and member until 1880. Dr.
Hitchcock did not go to war, but he certainly observed the poor health of those enlisting and the
often miserable condition of veterans seeking military pensions. He was an advocate for hygiene,
sanitation, and education all his life, dying at age 61 in 1888.
Robert Clark Kedzie, AM, MD, ScD, was born at Delhi, New York in 1823. He received an AB degree in chemistry (1847) from Oberlin College, and in 1851, he received an MD in the first graduating class of the newly formed University of Michigan Medical School; interestingly, his thesis concerned the epidemiology of a cholera outbreak in Kalamazoo. He practiced medicine in Kalamazoo and Vermontville, Michigan for eleven years. In early 1862, he enlisted in the 12th Michigan Infantry as a Surgeon. During the Battle of Shiloh (April 1862), he was captured and imprisoned. He was paroled, as were many officers of both armies, but resigned his commission because of poor health.

At the age of 40, he made the decision to change his profession and became Professor of Chemistry at the Michigan Agricultural College, moving his family onto Faculty Row. He had a long career at MAC, was revered as a great teacher, and was a major figure in the growth and development of what is now Michigan State University. He collected meteorological data and set up systems for broader gathering of this data from 1864 to 1902. At the urging of Dr. Baker, he developed methods and systems for observing atmospheric ozone levels from 1871 to 1880.

Dr. Kedzie was involved with the Michigan State Board of Agriculture, and was an early Baker recruit to the process that led to legislative authorization of the MSBH. He was appointed to the first MSBH, and served for a total of eight years, being President of the Board for the last four. He also was President of the Michigan State Medical Society, the American Public Health Association, and the Sanitary Council of the Mississippi Valley, Vice President of the American Medical Association and the American Association for the Advancement of Science, and a Fellow of the American Academy of Medicine. When he died in 1902 at age 79, he was memorialized by the MSBH as “this brilliant, gifted, useful and truly good man.” Traumatized and sickened by the war, he reinvented himself in an extraordinarily successful manner, going on to become a leader in many different fields.

Henry Francis Lyster, AM, MD, was born in Ireland in 1837 into an educated family that moved to Detroit, Michigan, when he was nine years old. Both of his degrees were received from the University of Michigan, the first in 1857 (when he was 20) and the second in 1859. He enlisted in the Fifth Michigan Infantry in 1861, and served as Assistant Surgeon, Surgeon, and Brigade Surgeon through the end of the war in 1865. He was a surgeon through 17 major battles, including Bull Run, Gettysburg, and the Wilderness. Returning to Detroit, he had an extensive medical practice and was broadly active in the medical community, being a member of city, county, and state Medical Associations, the National Association of Railway Surgeons, and the National Association of Medical Directors of Life Insurance Companies. He was a founder, president, and professor of the Michigan Medical College and taught at other medical schools, including the University of Michigan.

As a member of the first MSBH, he was interested in vital statistics and early actuarial methods, drainage and its influence on health, alcohol and its health effects, and the prevention of consumption. He had encountered all of these health factors in his Army service, and never let go of them, as is shown by the statistics he compiled for insurance companies. His health was poor for several years before his death at age 58, probably of consumption. He died on a Michigan Central train while on his way to Santa Fe, New Mexico, in search of a more beneficial climate.
Zenas Emory Bliss, MD, was born in Madison County, New York, in 1832. He graduated from the Medical Department of the University of Michigan in 1855 and was a physician and surgeon practicing in Grand Rapids. In 1861, he volunteered as Assistant Surgeon of the Third Michigan Infantry; he later was promoted to surgeon and to Brevet Lieut. Col, US Volunteers. After the war, he returned to Grand Rapids, and in 1873 was appointed to the first MSBH. His major public health interest was case histories of trichiniasis (a food-borne parasitic disease). Dr. Bliss served on the MSBH for a little more than a year; because of seriously impaired health, he resigned the office in September 1874. He died less than 3 years later in 1877 at age 45. His life is an illustration of Dr. Hitchcock’s comment on war: “And the whole story of the State’s loss by war is not told in the number of lives and the amount of treasure destroyed, but society is demoralized, families are broken up, marriages and births are prevented, the constitutions of many of the young men are broken by the hardships of the field or the hospital, and they are thus disabled to the State.”xxiv

Consider the ways in which all of these physicians, some young, some middle-aged, were affected by the Civil War, and through them, the war affected the first MSBH. The positive effects of the war were improved technologies and the demonstrated power of organization; the negative effects of the war were those listed by Dr. Hitchcock.

- **Dr. Baker:** Once he had made up his mind to enlist, Henry Baker (then working as a teacher) quickly got sufficient training that he could qualify for a hospital post, and once there he worked tirelessly to acquire surgical experience and promotion. Further surgical education after the war made him qualified to practice, but he did so for only a short time. He kept his profession, but exercised it through the collection and analysis of statistics and the building of public health knowledge and systems. Dr. Baker proved himself to himself, but on a different battlefield.

- **Dr. Hitchcock:** Coming from an established family, Homer Hitchcock was first a minister-to-be, then a teacher, and finally a physician; he shared a Bellevue Hospital connection with Dr. Baker. His own strength and determination were such that, while the Civil War disrupted his life, he did not leave home or his practice. He witnessed the effects of the war, but did not experience them. Firmly grounded in his family and community, he seems the strongest and most balanced personality among the MSBH members. He was a mentor for Dr. Baker, and named one of his sons “Henry”. Dr. Hitchcock stands as the father figure for the Michigan State Board of Health.

- **Dr. Kedzie:** Robert Kedzie left a well-established medical practice to go to war, and was captured during Shiloh, his first major battle. Even for officers, POW camps were disease-ridden and hard to forget. Once released, he fell back on his undergraduate training in chemistry, and offered his services to the still-small Michigan Agricultural College as a Professor of Chemistry. He was a great lecturer and teacher, with a flair for the dramatic, as he showed the Legislature in 1873. He had broad interests in the patterns of climate and disease, the chemistry of food and patent medicines, and the ways in which the environment, nutrition, education, and health interact. He and Dr. Baker shared interests in climate, health statistics, and chemistry, and were allies -- the powers behind the development and growth of the MSBH.

- **Dr. Lyster:** was a very bright young man with multiple degrees by the age of 22. His military career was impressive in that he was a participant in most of the major battles of the Union
Army and lived through it. In Detroit, he was very well connected in the medical community and the education community. He had a large practice, taught, and did medical exams for insurance companies; his papers for the MSBH are statistical analyses of data he collected in that work. It would be tempting to think that he emerged unscathed from his war experiences, but his public health work kept returning to drainage (which is a huge concern for armies that camp and put up hospital tents on the ground), alcohol (which solves certain problems for soldiers, but creates others), and consumption (TB -- which he observed in army hospitals and private practice and which is likely what killed him at age 58).

- Dr. Bliss volunteered for service as an army surgeon just a few years after he received his MD degree. He sought military rank, and was promoted several times. He too made it through four years of battleground service, and came home to practice quietly in Grand Rapids. The effect of the war on Dr. Bliss appears to have been directly physical (although the psychological effects may be assumed). He brought the health effects of the war home with him, and they brought him to death by age 45. His influence on the first MSBH was through other members’ memory of what killed him.

These five physician members of the first Michigan State Board of Health are representative of Civil War physicians, enlisting as assistants, new medical graduates or as established medical practitioners, they all emerged as survivors with both benefits and detriments from their war experiences. That they were willing and even eager to devote their limited time and energy to the Public Health enterprise speaks to their own character and to the potential for organized solutions to problems, as they had witnessed in the war. The problems that they faced in Michigan were resistant to organization, but the members of the MSBH did not give up. They continued to persevere, as did their successors.

**Members of the MSBH from 1873 to 1900**

This alphabetized list shows the members, their degrees or honorific titles, and home city. Many of those listed served multiple terms. Dr. Baker, of course, served as Secretary for the entire period, and became the first Director of the Michigan Department of Public Health:

- John Avery, MD, Greenville
- Henry B. Baker, MD, Lansing
- Fred R. Belknap, MD, Niles
- Zenas E. Bliss, MD, Grand Rapids
- Rev. Charles H. Brigham, Ann Arbor
- Delos Fall, MS, Albion
- Rev. John S. Goodman, East Saginaw
- George H. Granger, MD, Bay City
- Mason W. Gray, MD, Pontiac
- Arthur Hazlewood, MD, Grand Rapids
- Homer O. Hitchcock, MD, Kalamazoo
- Rev. Daniel C. Jacokes, DD, Pontiac
- Collins H. Johnston, MD, Grand Rapids
- Robert C. Kedzie, MD, Lansing
- John H. Kellogg, MD, Battle Creek
Henry F. J. Lyster, MD, Detroit
Hon. Aaron V. McAlvay, Manistique
D. A. MacLachlan, MD, Detroit
Samuel G. Milner, MD, Grand Rapids
Frederick G. Novy, ScD, MD, Ann Arbor
Hon. J. LeRoy Parker, Flint
Edwin A. Strong, AM, Grand Rapids
C. V. Tyler, MD, Bay City
Victor C. Vaughan, MD, PhD, Ann Arbor
Hon. Frank Wells, Lansing

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i Michigan State Board of Health, Annual Report for the Year Ending September 30th, 1873, p2.

ii Ibid, p2.

iii Ibid, p2.


v Ibid, p3.

vi MacClure, Theo R., Sanitary Knowledge Twenty-five Years Ago, Supplement to the Annual Report of the Michigan State Board of Health for 1897. (Theo R. MacClure was Chief Clerk, State Board of Health Office.)

vii Ibid.

viii Ibid. The poisonous wall papers were printed heavily with pigments containing copper arsenate. These became poisonous dust which, shortly after installation, was present in quantities sufficient to cause illness and death. Dr. Kedzie assembled 100 large books of wall papers with these poisonous pigments and distributed them to libraries around the state. The books were titled, in good Victorian style, Shadows from the Walls of Death.

ix Ibid. It was Dr. Bartholomew who invited Prof. Kedzie to speak to the Legislature.

x Henry B. Baker, Death of Hon. Ira H. Bartholomew, MD, Who Introduced in the Legislature and Successfully Advocated the Bill to Establish the Michigan State Board of Health, State Board of Health, Report of the Secretary, 1890, pg.li.


xii Ibid, p4.

xiii Ibid, p5.


xvi Henry B. Baker, Death of Hon. Ira H. Bartholomew, MD, Who Introduced in the Legislature and Successfully Advocated the Bill to Establish the Michigan State Board of Health, State Board of Health, Report of the Secretary, 1890, pg.li.


xviii MacClure, op cit.

xix MacClure, ibid, p 42.

xx Summarized from MacClure (ibid) and other Baker biographies.

xxi Baker, HB, State Board of Health, Report of the Secretary, 1889, pp Ivii-IX. The Hitchcock biosketch is summarized from this source.

xxii Baker, HB, State Board of Health, Report of the Secretary, 1903, pp xv-xvii. The Kedzie biosketch is summarized from this source and other Kedzie obituaries and biographies.

xxiii Baker, HB, State Board of Health, Report of the Secretary, 1895, pp lxxxv-lxxxvi. The Lyster biosketch is summarized from this source and other Lyster obituaries.

xxiv MacClure, op cit, p 14. The Bliss biosketch is summarized from this source.