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**ORIGIN & FUNCTIONS**

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Although the Department of Health and Mental Hygiene was created in 1969, its antecedent agencies originated in the nineteenth century. Certain functions now overseen by the Department, however, were performed even earlier: the first recorded autopsy (possibly the first in America) occurred in Maryland in 1637; regulation of surgeons' fees began in 1640; registration of births, deaths, and marriages was required in 1650; and the first official quarantine was instituted in 1694.

The multiple functions of the Department of Health and Mental Hygiene began separately and developed at different rates, according to the State's recognition of a need to safeguard public health, the perceived urgency of that need, the potential for scientific solutions, and later, federal mandates for funding. Baltimore City usually led the way, due to the caliber of the City's medical professionals and the acuteness of urban health problems. Also, the growth of Baltimore City was paralleled by the accumulation of immense fortunes, and philanthropists often intervened to meet the urgent needs of sick, poor and insane citizens before the State assumed these responsibilities.

Health in colonial Maryland was precarious, but if a settler survived exposure to various malarial fevers, the settler was likely to be healthier than his European counterpart due to better diet, less crowding, and a cleaner environment. Epidemic diseases flourished in the squalidness of some European cities where they had become endemic and, with the growth of Atlantic seaports, Americans began to suffer too. Citizens of seaports, Philadelphia and Charleston especially, were ravaged by recurring epidemics of smallpox and yellow fever in the eighteenth century, while diphtheria decimated the children of New England. Maryland was not free from the dreaded diseases, as evidenced by the legislative record showing the General Assembly either did not meet (1747) or convened in Baltimore (1757) due to the report of smallpox in Annapolis. As Baltimore grew in prominence as a port, so too did the threat of epidemics increase. Little was known about the source or treatment of the diseases, but clearly smallpox and yellow fever arrived by ship.

*The Role of Baltimore City.* Epidemics played a role in the establishment of public health agencies in Maryland. The first health office in the State was created in Baltimore to cope with yellow fever epidemics beginning in 1792 (Chapter 56, Acts of 1793), and in 1797, after Baltimore was incorporated as a city, the State's first local health department came into being. Baltimore physicians had ample opportunity to study yellow fever, since more than a century would elapse before the mosquito was identified as the carrying culprit. Baltimore doctors, however, were among the first to vaccinate for smallpox, and by 1802 had set up their own Institute to vaccinate the poor free of charge, a duty later assumed by the City Health Department. The General Assembly authorized a lottery in 1809 to support the Vaccine Institute, but did not create the State Vaccine Agency, the first statewide health agency, until 1864 (Chapter 269, Acts of 1864).

The Baltimore City Health Department performed many tasks before 1850: inspecting and quarantining ships, transporting paupers to the almshouse, burying paupers, cleaning streets, removing snow and ice, and vaccinating the public against smallpox. The Department kept mortality tables showing age and cause of death; ran a hospital for contagious diseases to which sufferers could be forcibly removed; abated nuisances, such as stagnant ponds; and maintained public fountains and sewers. In 1875, it began registering births and deaths, functions the State, despite repeated efforts, did not perform adequately until 1898.

*Department of Health.* The first impetus for State involvement in the health of Maryland citizens came from a group of physicians, mostly from Baltimore, who were chartered in 1798 by the General Assembly as the Medical and Chirurgical Faculty of Maryland (Chapter 105, Acts of 1798). Their initial concern was to diffuse medical knowledge and protect Marylanders from ignorant medical practitioners and quacks, who abounded in the absence of an adequate supply of trained doctors. The law authorized the Faculty to license doctors. The Faculty was instrumental in founding the first medical school in the State in 1807 and, even after the Faculty lost its licensing power, it often petitioned the legislature for improvements in health care facilities and regulation.

Maryland created a State board of health in 1874, the sixth state to do so (Chapter 200, Acts of 1874). Overcoming rumors of the purported unhealthiness of certain areas of the State was seen as a necessary boon for immigration, and accurate data was required for that purpose. At first, the State Board of Health was primarily an advisory body with no regulatory authority. In 1876, the Board reported that it had: surveyed physicians throughout the State regarding health concerns, investigated nuisances in mining towns, analyzed public drinking water in Baltimore City, and examined conditions in county jails and almshouses. The Board additionally had lectured to citizens on public hygiene, collected information on the prevalence of malarial diseases, investigated a smallpox epidemic in Cumberland, and evaluated the deleterious effects of Jones Falls and the Basin on health in Baltimore City. The Board lamented the lack of any local health structure, which made it difficult to acquire information about public health. Also, although towns might call in the Board when health problems arose, the Board had no authority to mitigate nuisances. The Board's report showed that the only two significant public health laws on the