

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 books were failing dismally. Chapter 269, Acts of 1864, had created the State Vaccine Agency, and required smallpox vaccination prior to enrollment in school. Doctors were supposed to vaccinate infants and other patients in their practice, and the law provided for vaccination of those unable to pay, but the smallpox epidemic in Cumberland made it clear that vaccination was not widespread in 1876. Chapter 130, Acts of 1865, was the long-advocated law for registration of births, deaths, and marriages, which were to be reported to the Secretary of the Senate by the clerks of court. Vital statistics were a major concern of the new State Board of Health in 1876 since few statistics had been forthcoming under the 1865 law.

In 1880, the State Board was reorganized, empowered to establish local boards and deal with emergencies. The Secretary of the Board acquired the additional title of Superintendent of Vital Statistics. Beginning in 1894, Baltimore City physicians from the Johns Hopkins Hospital led a public health movement calling for sanitary conditions in food processing from "stable to table." They worked for laws to pasteurize milk, assure pure food, and prevent the ancient scourge of tuberculosis. The State Board of Health benefited from this public interest, and in 1910 was reformed as the State Department of Health, overseeing five bureaus with clearly defined duties: Bureau of Communicable Diseases, Bureau of Bacteriology, Bureau of Chemistry, Bureau of Sanitary Engineering, and Bureau of Vital Statistics (Chapter 560, Acts of 1910).

In 1939, the Medical and Chirurgical Faculty urged the State Planning Commission to look into the availability of health care for the poor. The specter of socialized medicine loomed, and physicians were interested in developing an alternative plan. The General Assembly enacted a law in 1945 to provide health services to the indigent and medically indigent of the counties and later extended the plan to Baltimore City. The 1945 law also authorized the Department of Health to operate State-owned hospitals for persons with chronic diseases (Chapter 91, Acts of 1945).

Development of the Department of Mental Health. Maryland had accepted some responsibility for the fate of its insane inhabitants in 1797 with the establishment of the Maryland Hospital in Baltimore City, which was to be "a hospital for the relief of indigent sick persons, and for the reception and care of lunatics" (Chapter 102, Acts of 1797). Care and custody of the mentally ill suffered from the prevailing belief that insanity was not curable. Families kept their insane members at home; violent cases could be locked up in the local jail or almshouse. The legislature perpetually was besieged with petitions for relief, and many private acts were passed which authorized a county to levy a minimal amount to support an insane or feeble-minded individual at home. Early in the nineteenth century, the so-called "moral" method for the care of the insane came into vogue, and physicians claimed that early treatment by that method made insanity more curable than most diseases. The Maryland Hospital seems to have used the method. In 1817 the county levy courts were authorized to commit their insane to the Maryland Hospital upon payment by the county of \$100 per year (Chapter 78, Acts of 1817). Since it was cheaper to keep the mentally ill chained in the county almshouse with no care at all, probably the most difficult cases, those least susceptible to a cure, were sent to the Maryland Hospital. It became exclusively a hospital for the insane in 1838 and immediately was inadequate in terms of space.

Dorothea Dix, outspoken advocate for the mentally ill, pointed out in her 1852 address to the Maryland legislature that the 1850 census showed 946 insane and idiot inhabitants of the State. Of these, 133 were in the Maryland Hospital, 74 in Mount Hope Hospital, 123 in the Baltimore Almshouse, and 8 in the Penitentiary, leaving 598 either in private homes, county jails, or almshouses. Only those in the Maryland or Mount Hope Hospitals were undergoing curative treatment. The General Assembly did appropriate funds that year for a new hospital for the insane with capacity for 200-250 patients (Chapter 302, Acts of 1852), but it was still under construction in 1872. Even when patients from the old Maryland Hospital were moved into the new hospital, the State needed additional accommodations and in 1894 began the Second Hospital for the Insane of the State of Maryland (Chapter 231, Acts of 1894).

For most of the nineteenth century, feeble-minded, idiotic and alcoholic citizens often shared the fate of the insane, locked in local jails or almshouses. The Board of Directors for the Maryland Inebriate Asylum reported in 1864 that they were still without a building but some inebriated persons were being treated in a lunatic asylum (Maryland Documents A, 1865). In 1883, the Medical and Chirurgical Faculty petitioned the legislature on behalf of the feeble-minded and, in 1888, the Asylum and Training School for the Feeble-Minded was authorized (Chapter 183, Acts of 1888).

At the turn of the century, the private sector was ahead of the State in providing space for the mentally ill, and county jails and almshouses served as a last resort. To safeguard legal rights and protect against abuses, the legislature created the Lunacy Commission in 1886 (Chapter 487, Acts of 1886). The Commission was mandated to visit and inspect all places, public or private, where insane persons were