

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 port grew in prominence, so too did the threat of epidemics increase. Little was known about the source or treatment of the diseases, but clearly they arrived by ship.

*The Role of Baltimore City.* Epidemics played a role in the formation 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. In 1809, the General Assembly authorized a lottery 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 books were failing dismally. The first had created the State Vaccine Agency, and required smallpox vaccination prior to enrollment in school (Chapter 269, Acts of 1864). Doctors were supposed to vaccinate infants and other patients in their practice, and the law provided for vaccination of those unable to pay. The smallpox epidemic in Cumberland, however, made it clear that vaccination was not widespread in 1876. The second 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 (Chapter 130, Acts of 1865). 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