

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).

Department of Mental Health. Maryland had assumed some responsibility for the fate of its insane by 1797 when the Maryland Hospital in Baltimore City was established as “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; those who were violent could be locked up in the local jail or almshouse. The legislature perpetually was besieged with petitions for relief, and many private acts 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 primarily a hospital for the insane in 1838 though it lacked sufficient 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 Maryland 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 to 250 patients (Chapter 302, Acts of 1852), but by 1872 it was still under construction. 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 kept. Duties of the Commission were transferred to a Board of Mental Hygiene in 1922, and the State’s five mental institutions were placed under the Department of Welfare (Chapter 29, Acts of 1922). Wartime austerity cut back spending on State institutions, and public concern after the war about treatment of the mentally ill led to creation of the Department of Mental Hygiene in 1949 (Chapter 685, Acts of 1949). The Department was charged to administer the State’s mental institutions, coordinate State psychiatric research, and oversee education and training of personnel working in mental institutions.

State Board of Health and Mental Hygiene. Mental health and public health functions became officially entwined in 1961 under the new State Board of Health and Mental Hygiene which assumed responsibility for the health interests of Marylanders; State facilities for care of the chronically ill, mentally ill, mentally retarded, and tuberculous persons; and the medical care program for the indigent and medically indigent. The two departments, Health and Mental Hygiene, continued to administer programs and facilities as directed by the new Board (Chapter 841, Acts of 1961).

Department of Health and Mental Hygiene. Through executive reorganization in 1969, the Board and the two departments were superseded by the Department of Health and Mental Hygiene, which encompassed not only the programs and facilities inherited from its two predecessors, but also all the medical professional licensing boards, the Comprehensive Health Planning Agency, the Commission on