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Alabama Public Health Campaign, 1900-1919

SHIRLEY G. SCHOONOVER

THE PUBLIC HEALTH MOVEMENT ASSOCIATED WITH the Progressive Era was certainly not a new concept. Since colonial times feeble attempts to control epidemics by quarantine had been common in the United States, but success had been sporadic. Inadequate scientific knowledge handicapped the physician while apathy and fatalism plagued the public. Furthermore, political interpretation of democratic government did not lend itself to such a coordinated movement prior to 1900.

Speaking broadly, there are just two forms of a government, the despotic and the democratic . . . If a dictator decrees vaccination, even the conscientious objector bares his arm. But the free-born American citizen, if he chooses, may bear the proud scars of smallpox throughout his independent life, a monument to his ignorance and blind self-conceit.¹

Initiative in public health was haphazardly left to individuals, private organizations, state or local governments, or any combination thereof. Such limited efforts could not possibly compete with wide-spread epidemics, and mass medicine seemed doomed to a quixotic failure.

The turn-of-the-century change not only required scientific discovery, but also depended to a greater extent on a social awakening of the American public. The two decades after 1900 witnessed the appearance of three medical concepts basic to modern health work: the power ascendancy of

¹ Kendall Emerson, "Public Health Organization," *American Journal of Public Health*, XXI (September, 1931), 990.

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the state public health office, the philanthropy of the private foundation, and the rise of the voluntary and promotional health agency. All three forced the positive application of state and federal power, educated the citizenry, and made national health responsibility a desirable public goal.

Alabama was representative of parallel efforts throughout the country. A secure basis for public health legislation had been established by authorities of the Mississippi Territory from which Alabama had been formed. The territorial governor was empowered to regulate health laws and to authorize county and town officials to deal locally with health problems. The laws thus initiated became a part of the Alabama code of laws.² Additionally, it was a sister state that pioneered in state-wide solutions to the constant threat of epidemic; Louisiana created a quarantine board in 1855, a typical forerunner to a versatile public health system.³

When the Alabama state legislature was unable to cope with a severe yellow fever epidemic in 1839, four physicians created the Medical Board of Mobile. The charter of the organization gave quasi-legal powers to its members who simultaneously acted as the official Board of Health for the city. This Mobile experiment not only led to the establishment of similar organizations in other Alabama cities and their eventual unification as the State Medical Association in 1847, but also set the precedent for public health work in Alabama. When Dr. Jerome Cochran recommended to the State Medical Association in 1872 that it assume the "functions, powers, and responsibilities of a State Board of Health," he had in mind the Mobile city plan first contrived in 1839. The state gave approval to Cochran's suggestion by legislative act in

² Carey V. Stabler, "The History of the Alabama Public Health System" (unpublished Ph.D. dissertation, Duke University, 1945), 13-14.

³ Ralph Chester Williams, *The United States Public Health Service, 1798-1950* (Washington, D. C.: Commissioned Officers Association of the U. S. Public Health Service, 1951), 113.

1875 and further authorized county Associations to constitute county boards of health.⁴

Controlled and managed by physicians, public health responsibility was placed outside Alabama politics, and the State Board of Health was so constructed that the State Health Officer held free rein over internal policy. He was elected from and by a board of the Association's Counsellors and Censors, lifetime honors reserved for older, more prominent members.⁵ This oligarchic power structure was repeatedly attacked from within and without the medical profession. In 1901 the American Medical Association referred to the "Alabama plan" as "the best medical organization in the world."⁶ This lavish compliment must be tempered by the knowledge that the AMA was trying to unite all the various state medical societies under its banner, and Alabama was a holdout. In opposition to the AMA's view, William C. Gorgas, an Alabamian and Surgeon-General of the United States, criticized the so-called "Alabama plan" and suggested that of Massachusetts as the better option.⁷ In 1922 a *Montgomery Advertiser* reporter wrote that there was, indeed, "one faction denominating the state health officer as a czar with self-perpetuating and autocratic power," but he found that czar a benevolent despot who decreed that "lives should be saved."⁸ There was no democracy in the selection of, or wielding of power by, the State Health Officer. During its infantile and developmental stages the system was justifiable when one considers the reactionary bent of the state government.

⁴ George A. Denison, "The History of Public Health in Alabama," May 15, 1951, MS in Library of University of Alabama School of Medicine, Birmingham, Alabama, 1-6.

⁵ *Ibid.*, 6-7, 12.

⁶ J. N. Baker, "Alabama's Contribution to Public Health," *American Journal of Public Health*, XXX (August, 1940), 859-65.

⁷ *Birmingham Age-Herald*, June 13, 1915.

⁸ *Montgomery Advertiser*, 1922, clipping in file of Library of Alabama State Department of Health, Montgomery, Alabama.

Alabama was fortunate in the selection of "czars" as Public Health officers. Cochran was elected in 1879 and served until his death in 1896. Although much of his time was spent fighting outbreaks of yellow fever, smallpox, typhoid, diphtheria, and cholera, Cochran initiated some important activities in public health work. Accurate birth and death statistics were immediately needed to determine a starting point for combating the most prevalent diseases and instituting a program of preventive medicine. The first Alabama law requiring registration of births and deaths was enacted in 1881, but enforcement was weak and compliance poor. County medical societies were encouraged to organize and employ part-time public health officers. By 1882 thirty-nine had done so. The often repeated principle of compulsory smallpox vaccination was first proposed by health authorities in the same year, but the legislature chose to ignore the recommendation. The consuming interest of health officials in sanitary conditions relative to public water supply, sewage disposal, food purity, flies, and general filth also began under Cochran. This concern was a direct response to the abrupt growth of Alabama cities and the appearance of hastily constructed mining and industrial camps.⁹

In conjunction with his public health activities, Cochran continued the yellow fever research he had begun in 1873. The source of the disease was still unknown, but he tentatively suggested the mosquito. Furthermore, Cochran refuted those who believed yellow fever was "wafted by the wind" and insisted the disease was transmitted by persons. During a severe epidemic in the Mississippi Valley in 1888 in which 180,000 cases were reported, quarantine efforts of health officers were often hindered by business and civic organization which seemingly preferred yellow fever to interference with commerce. By 1891 public attitudes had changed, and to the

⁹ Denison, "History of Public Health in Alabama," 9-10, 12.

delight of the State Health Officer the first quarantine act was passed by the Alabama legislature. A successful quarantine against Georgia and Florida eliminated the disease during 1894, but the achievement proved illusory.¹⁰

At Cochran's death Dr. William Henry Sanders was named his successor. Among those programs directly administered by him were (1) public health education, (2) quarantine and epidemic control, (3) health programs among state prisoners, (4) state laboratory, and (5) sanitary engineering.¹¹ Sanders' administration was marked by increased interest in county health work.¹² Although Alabama's industrial centers had multiplied in size, the state's population was still predominately rural as were its major health problems: hookworm, pellagra, and tuberculosis.

In December, 1902, the *New York Sun* announced that the "germ of laziness" had been found in the South. The reference was to the announced discovery of an American species of hookworm by Dr. Charles Wardell Stiles, a United States Public Health Service officer. Believing that simple anemia was not the cause of abnormal human behavior such as dirt-eating, clay-eating, and resin-chewing associated with the "cracker" or "poor white," Stiles had exhaustively investigated the rural South and had successfully proved the responsibility of hookworm in South Carolina. Not always resulting in such unusual characteristics as those previously described, the disease, nevertheless, demonstrated its malevolence in such examples as the infected family of a South Carolina farmer and his wife who had five stunted children and ten more occupying graves, all victims of hookworm. Following Stiles' presentation of his findings, public reaction

¹⁰ *Ibid.*, 12-14.

¹¹ Stabler, "History of the Alabama Public Health System," 119.

¹² John M. Gibson, "Dr. Cochran's Dream and Your Health," transcript of radio talk, December 6, 1951, in Library of Alabama State Department of Health, Montgomery, Alabama, 3.

was one of ridicule. The *New York Sun* represented Northern opinion, which viewed the discovery as a humorous rationalization for Southern indolence. Southerners considered the revelation, if not a total fabrication, at least another example of "Yankee" derision and interference. Stiles consoled himself with the fact that the problem had at least received public attention.¹³

Beginning a one-man campaign in 1903, Stiles contacted medical and political leaders in the South. Among the many groups who heard his lectures was the Alabama Medical Association, which noted that Stiles spoke with the "enthusiasm of crusaders and the zeal of martyrs."¹⁴ As indicated by his report, the Alabama Black Belt for once had been surpassed in fertility and productiveness by the sandy soil regions of the southern counties—at least in hookworm output.

The Stiles tour aroused the interest of Southern physicians, but the states could not finance the extensive eradication program necessary. This problem was solved when Stiles met one of John D. Rockefeller's agents in New York. In 1908 Rockefeller announced that he would donate \$1,000,000 to eliminate hookworm disease in the South. The Sanitary Commission, established to distribute funds and offer advice, worked through Southern leaders in order to win the confidence of an already hostile and wary region.¹⁵

Now able to afford a thorough investigation of the state, Alabama public health officials discovered cases of hookworm in all sixty-seven counties with infection in areas of south Alabama as high as 62.01 percent.¹⁶ In October, 1910, the

¹³ Mark Sullivan, *Our Times, the United States 1900-1925*, Vol. III (6 vols.; Chautauqua, New York: Chautauqua Press, 1931), 290-99, 327.

¹⁴ *Transactions of the Medical Association of the State of Alabama* (The State Board of Health, 1903), 300-63. Hereinafter cited as *Transactions*.

¹⁵ Sullivan, *Our Times*, 324-25.

¹⁶ William D. Dinsmore, *Hookworm Disease and the Campaign for its Eradication in Alabama* (Montgomery: Brown Printing Company, 1915), 3. William H.

state organized the Hookworm Commission under the direction of the Board of Health. The campaign was twofold: the eradication of the disease and the education of the populace. The Commission worked within the county health system, enlisted the aid of charity organizations, women's clubs, and public-spirited individuals, and sought the financial help of county and municipal governments. Circulars were issued, stereopticon-illustrated lectures were given and free dispensaries established. As many as 455 Alabamians were treated at a single dispensary in one day, and records contain accounts of people walking for ten and twelve miles to obtain help.

Alabama shared a total of \$55,918.96 of the Rockefeller appropriation between 1910 and 1914. This amount was supplemented by \$4,500 from the State Board of Health and \$7,863.25 from fifty-seven counties. During the four-year program 123,600 people were reached by public lectures and 87,000 through free clinics in a total of fifty-three counties.¹⁷ Evaluation of the campaign indicated that it was far from a complete success; hookworm returned again and again to re-infect those cured. The campaign demonstrated, however, that preventive medicine was the key to accomplishment and public concern unlocked the door.

An important corollary to the hookworm campaign was the injection of foundation funds into Southern public health work. Comparatively free from prejudices created by sectionalism, medical associations eagerly vied for Northern financial backing. Although the Sanitary Commission was absorbed by the new International Health Board, Rockefeller funds continued to finance Alabama projects, particularly work in rural towns and counties.¹⁸ The Julius Rosenwald

Skaggs, *Southern Oligarchy, an Appeal in Behalf of the Silent Masses of our Country against the Despotic Few* (New York: Devin-Adair Company, 1924), 211.

¹⁷ Dinsmore, *Hookworm Disease*, 10-24.

¹⁸ *Transactions*, 1918, 196.

Foundation was another private organization that contributed to public health, and was a major benefactor to the National Negro Health Movement.¹⁹ Initially interested in the promotion of Negro education, the Rosenwald Foundation shifted its objectives after World War I. It then supported public health efforts of Tuskegee Institute, the Macon County Farmers' Institute, the Macon County Teacher's Institute, the Alabama Federation of Colored Women's Clubs, and the Mutual Aid Association of Mobile.²⁰

Second only to hookworm as a Southern "lazy disease" was pellagra, which was first diagnosed at the Alabama Hospital for the Colored Insane in 1906. It was not until 1914 that formal investigation into its cause was begun. Under the direction of Dr. Joseph Goldberger, the United States Public Health Service conducted experiments at a prison farm in Mississippi, where it was discovered that pellagra was produced by a dietary deficiency. Since advanced stages of the disease resulted in insanity, Alabama's asylums probably housed the same 30 percent of pellagra victims as those of South Carolina.²¹ Although cure was relatively easy, prevention was practically impossible. Pellagra was invariably caught up in Southern socioeconomic conditions. The poverty of the textile worker was great, but even more acute was the plight of the tenant farmer, who further shackled himself to disease by perpetuating the one-crop system and refusing to diversify or raise his own food. Depending entirely on precarious markets, prices, cotton futures, credit, and the elements, the sharecropper spent much of his existence in marginal living, virtually unaware of and unable to cope

¹⁹ Harold M. Cavins, *National Health Agencies, a survey with especial reference to voluntary associations* (Washington, D. C.: Public Affairs Press, 1945), 234-35.

²⁰ John A. Kenney, "Health Problems of the Negroes," *Annals of the American Academy of Political and Social Science*, XXXVII (January-July, 1911), 110-20.

²¹ George Brown Tindall, *The Emergence of the New South 1913-1945*, Vol. X of *A History of the South*, ed. by Wendell H. Stephenson and E. Merton Coulter (10 vols.; Baton Rouge: Louisiana State University Press, 1967), 277-78.

with dietary problems. Three years after its discovery, pellagra still claimed the lives of 1,073 Alabamians in 1,604 cases reported.²² Until the quality of Southern rural life improved, knowledge of pellagra's cure was to remain ineffective.

Such interest as that expressed in the hookworm and pellagra campaigns stirred the awareness of Alabama counties in rural health and stimulated them towards a more active role in solving their own problems. Many states had divided their health administration into districts, but, remaining true to Dr. Cochran's original plan, Alabama encouraged the sixty-seven counties to establish their own health units. Such an undertaking was tremendous. No appropriations were made by the state legislature, and little money could be secured from the state Medical Association.²³ A very few counties maintained an ineffective, part-time health office, but it was not until 1914 that the first Alabama county instituted a comprehensive health system, employing a full-time County Health Officer and staff. Walker County physicians selected Dr. Carl A. Grote as County Health Officer not only because of his ability, but because he came from outside the county and was less susceptible to "political or personal entanglements." Support for this Walker County project came from many sources, and, while the County Commissioners appropriated \$3,000, much of the first year's work was financed by the United States Public Health Service, which sent six men to aid in a sanitary survey. Further aid was given by the Anti-Tuberculosis Association, which contributed a "visiting" nurse, and the state Medical Association, which donated advice. Dr. Grote's extensive program included health education. He maintained health exhibits in the county office

²² *Child Welfare in Alabama, An Inquiry by the National Child Labor Committee under the Auspices and with the Cooperation of the University of Alabama* (New York: National Child Labor Committee, 1918), 46.

²³ *Ibid.*, 13, 19.

and sent bulletins on child care to mothers of new-born babies. During the first year of operation. Dr. Grote and his staff delivered 124 public health lectures and published 147 newspaper articles within the county. Health bulletins were scattered throughout the county by visiting agents who inspected sanitary conditions in approximately 8,000 homes.²⁴

The achievements of Walker County stimulated similar efforts throughout the state, but work progressed slowly. The financial status of many Alabama counties prohibited participation. Not until 1937, when the International Health Board and the United States Public Health Service provided substantial support, could the state claim total coverage.²⁵

Tuberculosis was an especially acute county and city health problem. In 1913 two-thirds of the recorded deaths of children in Alabama were due to this disease.²⁶ Mortality rates of those infected by tuberculosis were equally impressive. Tuberculosis proved fatal for 90 percent of those reported stricken.²⁷ It accounted for approximately 4,000 deaths annually in the state, and was two to three times more common among blacks than whites.²⁸

To encourage both physicians and laymen in a campaign of control, the Alabama Medical Association held a public symposium on tuberculosis in 1905. They sought to explain how the disease spread and what measures could be taken to avoid exposure. To direct their efforts, the Association named a standing committee that promptly addressed the

²⁴ Carl A. Grote, "A Two Years Public Health Campaign in a Rural County," *Southern Medical Journal*, IX (1916), 320-24.

²⁵ Denison, "History of Public Health in Alabama," 32.

²⁶ Arthur N. Beck, "A Brief History of Public Health in Alabama," MS in Library of Alabama State Department of Health, Montgomery, Alabama, 4.

²⁷ *Child Welfare in Alabama*, 46.

²⁸ Statement of Dr. Glenn Andrews at Alabama Medical Association, nn., n.p., 1905 (?) in Alabama Room, Ralph Brown Draughon Library, Auburn University, Auburn, Alabama; Birmingham *Age-Herald*, May 10, 1908.

state legislature in a request for educational funds and county sanatoriums.²⁹

Encouraged by the initiative efforts of the Medical Association, the public responded. The National Tuberculosis Association was organized in 1904 as the first voluntary health agency, but a similar association was not established in Alabama until four years later.³⁰ In 1908 an anti-tuberculosis association was organized in Montgomery to become a county-wide effort.³¹ One of its first projects was the construction of a twenty-two cottage, fresh air camp that accommodated white and black patients.³²

Others followed the lead of Montgomery County, and by 1914 these independent tuberculosis organizations could be consolidated. The Alabama Tuberculosis League was the first promotional agency in public health to emerge in Alabama. Its functions were largely educational, and its organizational financing came from contributions. Following an affiliation with its national prototype in 1912, the Alabama Tuberculosis League adopted the sale of Christmas seals as its main source of income.³³

With public attention focused on the problem, the state legislature felt compelled to take action. In 1915 they created the Tuberculosis Commission for maintaining and supervising tuberculosis hospitals in the state. Lawmakers neglected to appropriate operational funds for the commission, but there were no tuberculosis hospitals to maintain anyway.³⁴

²⁹ Leah R. Atkins, "Early Efforts to Control Tuberculosis in Alabama: the Formation and Work of the Alabama Tuberculosis Association, 1908-1930" (unpublished Master's thesis, Auburn University, Auburn, Alabama, 1960), 6, 23.

³⁰ Cavins, *National Health Agencies*, 81.

³¹ Atkins, "Early Efforts to Control Tuberculosis," 32.

³² *Official Guide to the City of Montgomery, Alabama* (Montgomery: Paragon Press for the Tintagil Club, 1920), 50.

³³ Atkins, "Early Efforts to Control Tuberculosis," v.

³⁴ *General Laws (and Joint Resolutions) of the Legislature of Alabama, 1915* (Montgomery: Brown Printing Company, 1915), 648-52. Hereafter cited as *Acts of Alabama*.

With such a variety of agencies working toward the same goal, efforts and authority often overlapped and the distinction between these organizations was difficult to make. Many members of the Alabama Tuberculosis League were also members of the Tuberculosis Commission. The Anti-Tuberculosis Association of Jefferson County and the Alabama Tuberculosis Association shared the same Birmingham office.³⁵ Enthusiasm had created inefficiency, duplication of aims, and interagency rivalry which often militated against accomplishment of immediate objectives. Even when the 1915 legislature authorized the purchase of land for a state tuberculosis sanatorium the project was delayed by intrastate contention over its location and by lack of money for construction and maintenance of buildings.³⁶ With three statewide organizations, various county agencies, and a traveling national exhibit, Alabama's citizens could not avoid exposure to tuberculosis propaganda.³⁷ As a result of this effort the death rate from pulmonary tuberculosis had decreased more than 50 percent by 1936.³⁸

Even when promotional agencies proved generally cumbersome, professional medical associations encouraged their creation. Realizing that a public outcry could accomplish more with hesitant legislators than demands from a closed professional society, the Public Health Association, an organization of public health officers, disseminated information to local members on how to use effectively such "professional agitators" as ministers, schoolteachers, recent and former government officials, and women's clubs. The torchlight parade was condemned as passé, while the advantage of newspapers,

³⁵ Atkins, "Early Efforts to Control Tuberculosis," 42.

³⁶ *Child Welfare in Alabama*, 45.

³⁷ *Birmingham Age-Herald*, June 13, 1915.

³⁸ Bess Adams, "Trends in the Relationship of Public and Private Agencies in Alabama," *Alabama Social Welfare*, II (August, 1937), 12-16.

motion pictures, the Chautauqua, and the county fair was emphasized.³⁹

Physicians proved able instigators though they did depend largely on the passion of Americans for creating associations and championing a cause. For instance, in 1908 Clifford Beers, a former patient in an insane asylum, organized the National Committee for Mental Hygiene.⁴⁰ Seven years later Dr. William D. Partlow, Assistant Superintendent of the Alabama Insane Hospitals, suggested the introduction of such an organization into Alabama. The Medical Association appointed five physicians and five laymen as the nucleus of the new agency. Their first meeting was held at Bryce Hospital for the Insane at Tuscaloosa with Beers present. The State Society for Mental Hygiene was responsible for the creation by the 1919 legislature of a retarded children's hospital that also included epileptics, since the disease was thought to be related to feeble-mindedness.⁴¹

The Alabama Medical Association promoted other voluntary agencies. A state affiliate of the American Cancer Society, nationally founded in 1913, was established.⁴² From 1900, when cancer ranked tenth as a cause of death, the growing interest in the disease had advanced in direct relation to improved techniques of diagnosis. By 1933 cancer had been promoted to second place. The last of the voluntary agencies established in Alabama during the Progressive Era were those regarding promotion of child health, a consequence of the child labor movement. Although parallels were not found in Alabama until after 1919, other nationwide agencies had been founded: the National Safety Council, the National

³⁹ Edward A. Moree, "Public Health Publicity: The Art of Stimulating and Focussing Public Opinion," *The American Journal of Public Health*, VI (February, 1916), 106-07.

⁴⁰ Cavins, *National Health Agencies*, 92-99.

⁴¹ Hopson Owen Murfee, "The Organization of the State Society of Mental Hygiene," *Alabama Social Welfare*, III, (January, 1938), 10.

⁴² *Transactions*, 1915, 12.

Society for the Prevention of Blindness, the American Heart Association, the American Eugenics Society, and the American Social Hygiene Association.⁴³

While the public aided health measures through promotional agencies, it often impeded progress as well by prejudice and shortsightedness. A typhoid epidemic raging in Birmingham during the summer of 1916 was blamed on the unsanitary condition of the black section, especially the large number of improperly constructed outdoor toilets. Instead of giving special attention to the section of origin, city officials opened a free vaccination clinic in city hall providing for 15,000 whites during its first three weeks of operation and not a single black. The city also requested the help of federal health experts. The federal agents recommended nursing and health education programs and a revision of city and county health organizations. Unfortunately the expert sent by the United States Health Service to carry through the proposals was Roman Catholic. Members of the anti-Catholic movement charged that "the federal government was forcing carpetbaggers on Southern cities again and invoked the 'spirit of 1876.'" Appropriations were blocked and the health official served only six months of a one-year assignment.⁴⁴

In 1917 the office of State Public Health Officer again changed leadership. Under the direction of newly appointed Dr. Samuel Welch there began an attempt to strengthen the powers of the State Board of Health by a reorganization of the department with legislative approval.⁴⁵ Mobilization of troops in preparation for World War I graphically pictured the failures of previous health activities. Sixty percent of the

⁴³ Cavins, *National Health Agencies*, 115-18.

⁴⁴ Carl Vernon Harris, "Economic Power and Politics: A Study of Birmingham, Alabama, 1890-1920" (unpublished Ph.D. dissertation, University of Wisconsin, 1970), 310-20.

⁴⁵ *Acts of Alabama*, 1919, 909-45.

Alabama National Guard detailed on the Mexican border suffered from hookworm. Under the 1917 Selective Service Act, 29.11 percent of Alabama draftees were turned down due to health problems; camp surgeons rejected another 5.07 percent of those inducted. During the draft from February 10 to July 10, 1918, Alabama had the highest percentage of rejections of any state in the Union.⁴⁶ Public health measures in Alabama had only begun to effect needed remedies.

Since increased financing was necessary for the public health movement to be more effective, Welch managed to raise appropriations from \$25,000 to \$90,000 in 1919. A year later the figure soared to \$125,000.⁴⁷ Welch also sought supplementary funds from the United States Public Health Service and the International Board of Health.⁴⁸ It was a tribute to Welch's persistence that by 1930, two years after his death, Alabama ranked seventh nationally in per capita expenditure for public health.⁴⁹ With increased appropriations, the public health service was able to expand its operations to include bureaus of child hygiene, public health nursing, venereal disease control, and communicable diseases. Typhoid vaccine and diphtheria antitoxin were distributed free to the public, and the number of laboratories was increased to meet population needs.⁵⁰

If the work of the Alabama Medical Association and its health officers proved that ignorance of disease could be overcome and massive cure effected, it also recognized that prevention and elimination of disease would not be instan-

⁴⁶ *Child Welfare in Alabama*, 11-12.

⁴⁷ *Report on a Survey of the Organization and Administration of the State and County Governments of Alabama* submitted to Governor B. M. Miller by the Institute for Government Research of the Brookings Institution, Washington, D. C. Vol. I (5 vols; Montgomery: Wilson Printing Company, 1932), 410.

⁴⁸ *Transactions, 1918*, 195-96.

⁴⁹ *Report . . . of the State and County Governments of Alabama*, I, 414.

⁵⁰ Albert B. Moore, *History of Alabama and her People* (3 vols; Chicago: American Historical Society, Inc., 1927), I, 188-89.

taneous. Progress had been and would continue dependent on a strengthened state economy, outside financial aid, a concerned and agitated public, visionary and cooperative physicians, and medical research. Not to be overlooked was the regional, rural, and racist character of the state, which further complicated efforts of health officers. Additionally, the technical aspects of the campaign slowed attempts to elicit public response. Regardless of the problems presented, the solutions rendered during this early period formed the basis for modern health successes. The Medical Association was able to gain state financial support when the legislature relied on that body because of its expertise. This gave the Medical Association virtual independence from governmental control. Thus the public health campaign had in this formative period achieved social betterment by a synthesis of democratic individualism and arbitrary edict.