

**BRIEF HISTORY OF THE
CAMPAIGN
AGAINST TUBERCULOSIS
IN NEW YORK CITY**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649013821

Brief History of the Campaign Against Tuberculosis in New York City by Hermann M. Biggs

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HERMANN M. BIGGS

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DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

Sixth Avenue and 55th Street

**Brief History of the Campaign
Against Tuberculosis in
New York City**

Catalogue of the Tuberculosis Exhibit
of the Department of Health
City of New York

1908

616:97579

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**A Brief History of the Campaign Against
Tuberculosis in New York City**

BY

HERMANN M. BIGGS, M. D.

General Medical Officer

The publication in 1882 of the classical researches of Robert Koch on the Etiology of Tuberculosis definitely placed this disease in the group of infectious, communicable and preventable diseases. It then logically became at once the duty of sanitary authorities to adopt, so far as possible, the measures necessary to restrict the prevalence of tuberculosis, but the full significance of the discovery was not at once appreciated, and some years elapsed before any serious attempt was made to apply the demonstrated scientific facts to the practical prevention of this disease.

In 1887, the writer, at that time one of the consulting pathologists of the Department of Health of the City of New York, having felt for several years the primary importance and necessity for administrative action in relation to this disease, urged upon the Board of Health of New York City the immediate enactment of suitable regulations for the sanitary surveillance of the tubercular diseases. At that time, however, neither the medical profession nor the laity of the City of New York sufficiently appreciated the importance of the matter, and the Board of Health, after seeking advice from various sources, only considered it wise to adopt certain measures designed to extend information among the tenement house population as to the nature and the methods for the prevention of the disease.

In 1892 and 1893 the matter was again brought up by the writer for serious discussion, but it was not until early in

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1894 that the first definite steps were finally taken by the Board of Health to exercise a genuine surveillance over tuberculous persons. From the outset the writer has always insisted that a rational campaign for the prevention of tuberculosis (especially pulmonary tuberculosis), must be primarily based on a system providing for the notification and registration of every case of this disease. In accordance with his recommendations, the Board of Health, early in 1894, adopted a series of resolutions providing for a system of notification, partly compulsory and partly voluntary in character. Public institutions of all kinds (hospitals, clinics, dispensaries, etc.) were *required* to report all cases coming under their supervision within one week, while private physicians were *requested* to do so. In view of what seemed at that time such a radical procedure as the notification of tuberculosis, it was deemed wiser to at first employ such a compromise scheme.

The original plan (adopted in 1894 by the Board of Health) provided the following:

First: An educational campaign through the use of specially prepared circulars of information designed to reach different classes of the population (one of which was printed in many different languages), and also the utilization of the public press and lectures for the dissemination of popular information.

Second: The compulsory notification of cases by public institutions and the request for the notification of private cases with all the data necessary for registration. Proper blanks, postal cards, etc., were provided for these reports.

Third: The plotting of all reported cases on large maps specially prepared, showing every house lot in the Boroughs of Manhattan and The Bronx (then constituting the City of New York). Each case reported and each death occurring from tuberculosis was plotted by conventional signs showing the month and year that each came under the observation of the Department.

Fourth: A special corps of medical inspectors was appointed, whose duty consisted in visiting the premises, where cases were reported as existing, and if the patients were not

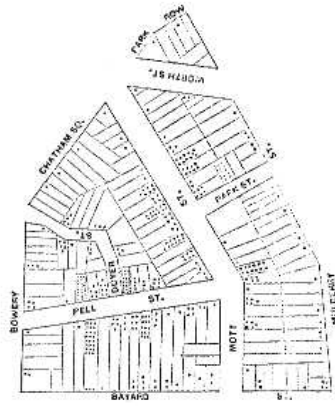
under the care of a private physician, leaving printed and verbal instructions informing the patient and family, what precautions should be taken to prevent the communication of the disease to others.

Fifth: When premises had been vacated by the death or removal of the consumptive, the inspectors arranged for the removal of bedding, rugs, carpets, clothing, etc., for disinfection by steam, and for the cleaning, disinfection or renovation, as might be required, of the rooms occupied by the consumptive. Where it was considered necessary, the rooms were placarded, forbidding occupation by other persons until the order of the Board of Health, requiring their renovation, had been complied with.

Sixth: Provision was made for the free bacteriological examination of the sputum from any suspicious case of tuberculosis in the bacteriological laboratory of the Department of Health. (The bacteriological laboratories were first opened in 1892, and were, I believe, the first municipal bacteriological laboratories in the world.) Facilities were provided for the convenience of physicians desiring to send specimens of sputum by the establishment of depots at convenient points throughout the city, where sputum jars and blanks for recording information could be obtained, and where specimens of sputum for examination could be left. These were collected each day by the collectors of the Department, taken to the laboratory, examined, and a report forwarded to the physician of the results of the examination the following day. This system of free examination of sputum for diagnosing tuberculosis was in harmony with the policy which the Board of Health adopted in 1892, namely, that "it properly comes within the functions of the sanitary authorities to furnish facilities of all kinds, which are useful or necessary in the diagnosis, specific treatment and prevention of all the diseases which are at the same time infectious, communicable and preventable." It was believed that the free examination of sputum would materially assist in the early diagnosis of tuberculosis, especially among the lower classes, and would encourage physicians to report cases. An early condition was made that no specimens of sputum would

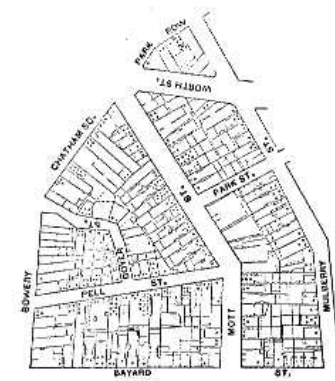
be examined, which did not have accompanying them all the data necessary for complete registration of the case.

The result of the first year's work was, on the whole, gratifying. It covered only ten months of the calendar year, and during this time more than four thousand cases of pulmonary tuberculosis were reported, and about five hundred specimens of sputum were sent for examination. As a result of the notification, accurate data as to the chief centres of infection became for the first time available, and thus the Department of Health was enabled to direct its efforts to the best advantage. The very striking existence of tuberculosis in certain localities was demonstrated in a remarkable way by the maps on which were plotted the cases and the deaths from this disease. A number of small sections from these maps were first published in 1892.



1899-1908

Infected Areas in Lower New York.



1894-1898

