

A number of homeopathically trained physicians have specialized in public health. Cities or territories that once appointed homeopaths to positions of responsibility include Washington, DC (Tullio Verdi); New York City (Royal Copeland and Marcus Kogel); New York State (Eugene Porter and Hills Cole); San Francisco (James Ward); Los Angeles (Geraldine Burton-Branch); Rochester, New York (Charles Sumner); and Puerto Rico (Pedro Ortiz). In Victorian England, John Drysdale and John Hayward were prominent in the domestic sanitation movement.

Tullio S. Verdi

Tullio Suzzara Verdi's (1827–1902) most famous patient was William Seward, the secretary of state in President Lincoln's cabinet (Fig. 7.1). Without Verdi's care, it is doubtful whether Seward would have survived the assassination attempt that took place in his home simultaneous to the fatal assassination of President Lincoln on April 14, 1865. A week before this tragedy, Seward had been injured in a runaway horse accident and Verdi devised a metal collar to protect his patient's injured neck. At the time of the assassination attempt, it was this collar that protected Seward from being mortally stabbed in the neck by his assailant. Without the care that Seward received from Verdi, he may not have survived to purchase Alaska from Russia ("Seward's Folly") and influence history [1]. Verdi had been Seward's personal physician and it was logical that he was on the scene treating Seward's injuries on April 14. But for Surgeon-General Joseph Barnes, a prominent allopathic surgeon who came to assist in Seward's treatment, the incident nearly turned into a professional disaster as the American Medical Association (AMA) seriously considered censuring him for consulting with a quack, which they deemed Verdi to be. The AMA stopped short of this step only due to fear of public condemnation.

Verdi was born in Italy and served in the Sardinian army, where he fought to drive the occupying Austrians out of Italy.

Following the Sardinian defeat at the Battle of Novara, he fled to England in 1849. Soon after, and with only \$5 in his pocket, he came to the United States and befriended Garibaldi, who helped find him employment as a language teacher on the faculty at the University of Rhode Island. In 1852, he became the chair of Modern Languages at Brown University. It was there that Verdi was introduced to homeopathy, and in due course, he enrolled at the Hahnemann Medical College of Pennsylvania, graduating in 1856. Verdi



Tullio S. Verdi

Fig. 7.1 Tullio Verdi. President of Washington DC Board of Health (Image in the public domain)

settled in Washington, DC, where he rose to prominence. He secured congressional approval to charter the Washington Homeopathic Medical Society, which was granted authority to issue medical licenses. Unlike its counterpart allopathic medical society, the homeopathic society accepted black doctors to membership.

In 1871, President Grant appointed Verdi to the DC Health Board, which he served for 7 years (five as health officer and two as president). Because of his scientific accomplishments and mastery of languages, Verdi was selected to visit Europe as Special Sanitary Commissioner, carrying letters of introduction from the governor of DC to US consuls and ministers in England, France, Germany, and Italy (Fig. 7.2). Verdi was to bring back information on the rules, regulations, and legislations believed to underlie European success at reducing the risk of epidemics and public health threats. It was intended that the lessons brought back would be applied to the DC community and that “With his report for its guidance, it will be the fault of our Legislature if the sanitary regulations of Washington are not more perfect than those of any other American City” [2]. The board was well pleased with Verdi’s report, which they called “able and excellent” [3] (Fig. 7.3).

Given the hostility that existed towards homeopathy, one may ask how Verdi obtained supervisory power on the DC Board of Health. The answer lies partly in his influence in the local community. When he heard of the allopaths’ plans to create this board, Verdi ensured that he was to be included, despite knowing that it would rankle the medical establishment. As health officer, Verdi was to receive reports of all infectious disease cases from doctors in the district. Despite vigorous protest by the DC Medical Society, who demanded Verdi’s removal on the grounds that he was not a regular practitioner of medicine, the board stood its ground. In answering the DC Medical Society’s charge that Verdi was an “irregular practitioner [who] was not recognized by the American Medical Association” [4, p. 296], the board replied that “an educated homeopathic physician is fully as competent to judge of and direct the rules of hygiene as a graduate of any other school of medicine and that Dr. Verdi held a high position in this community for intelligence and zeal in promoting the interests of the same” [4, p. 396].

As health officer for the District of Columbia, Verdi made his mark, opening new dispensaries, enforcing regulations for smallpox vaccination, and subsequently being chosen as president of the board in 1875 and then reelected in 1876. Perhaps his biggest challenge as health officer occurred during the yellow fever epidemic in 1878. The manner in which Verdi handled this crisis was recognized in congress and led to higher appointment on the newly formed National Board of Health in 1879. Yellow fever had spread from New Orleans up the Mississippi valley, leaving thousands of deaths in its wake. Joseph Woodward, then the US surgeon-general,

DOCUMENTS AND CORRESPONDENCE.

UNITED STATES OF AMERICA,
DISTRICT OF COLUMBIA.

To all whom it may concern:

Know ye, that reposing confidence in the ability, integrity, and judgment of Tullio S. Verdi, M. D., a member of the Board of Health of the District of Columbia, I hereby appoint him Special Sanitary Commissioner, to visit the principal cities of Europe for the purpose of investigating their sanitary laws and regulations, with the view of obtaining information to assist in perfecting a sanitary system for the District of Columbia.

In testimony whereof, I have hereunto set my hand and caused the seal of the District of Columbia to be attached.

Done at the city of Washington, this eighth day of April, A. D. 1873.

H. D. COOKE,
Governor.

By the Governor:

EDWIN L. STANTON,
Secretary of the District of Columbia.

Fig. 7.2 Announcement of Verdi’s mission to Europe. From 2nd Annual Report, Board of Health of the District of Columbia, 1873 (Image in the public domain)

To this report I add one hundred and fifty documents, viz., reports, regulations, laws, ordinances, blanks, statistics, maps, &c., regarding practical sanitary science, collected from various governments and municipalities in Europe, for the use and information of the Board of Health.

All of which I respectfully submit.

TULLIO S. VERDI.

DISTRICT OF COLUMBIA, BOARD OF HEALTH,
WASHINGTON, Nov. 4, 1873.

Resolved, That the able and excellent report of Dr. T. S. Verdi, as Special Sanitary Commissioner to the principal cities of Europe, addressed to his Excellency the Governor of the District, and by him referred to this Board, be published as an appendix to the forthcoming annual report of the Board, and that we tender to its author our thanks for the valuable suggestions therein contained, and for the many important documents he has presented.

Passed November 4, 1873.

All of which is respectfully submitted.

C. C. COX,
T. S. VERDI,
JOHN MARBURY, JR.,
JOHN M. LANGSTON,
D. W. BLISS,

Board of Health of the District of Columbia.

Fig. 7.3 Acknowledgment and praise for Verdi’s report. From 2nd Annual Report, Board of Health of the District of Columbia, 1873 (Image in the public domain)

appointed a commission to investigate the causes and prevention of yellow fever, a commission from which Verdi and any other homeopaths were excluded. In response, Verdi obtained funding to set up a parallel homeopathic commission, but with an interesting and subtle difference. Whereas

the Woodward Commission was tasked with reporting on the causes and prevention of the disease, the homeopathic commission was concerned with its treatment using homeopathic remedies and the statistics of practice. The cause of yellow fever was then in dispute. While the American Public Health Association claimed that yellow fever was imported on ships into the United States, and could therefore be adequately contained by quarantine measures, a homeopath and former port physician in Savannah, Dr. Louis Falligant, insisted that it was endemic in the south and that other measures would be needed in addition to quarantine. The homeopathic commission held a number of meetings, obtained information from over 60 homeopathic practitioners, and concluded that yellow fever was caused by a specific germ that was both indigenous and imported. To bring it under control, the commission continued, it would be desirable to establish a permanent sanitary commission, drain the city (referring to New Orleans), burn garbage, flush the streets, and use limited quarantine. The American Public Health Association, on the other hand, continued to insist that yellow fever was exclusively imported and that quarantine should be the main form of containment. The New Orleans Press was more favorably inclined to the homeopathic commission's findings, and congress was impressed with 5–7 % mortality rate in those treated homeopathically, compared to 16 % with conventional measures [4, p. 302]. These findings were followed in 1879, by the creation in congress of a joint committee to investigate the previous year's epidemic: among its members was the homeopath Dr. Falligant. As part of its findings, the committee ordered that the homeopathic commission's findings be included in the report. Although orthodox physicians eventually accepted most of the homeopaths' recommendations, apart from certain remedies, the committee adhered to the belief that yellow fever was acquired from outside the United States and could be excluded by rigid quarantine. Falligant dissented from this opinion.

For his efforts to control yellow fever, the French government awarded Verdi a gold medal. More honors were as follows: President Rutherford Hayes, acting on the recommendations of the American Public Health Association, invited Verdi to serve as one of the ten distinguished members of the newly created National Board of Health. Verdi owed this honor to his work with the yellow fever committee, and it was to be his last major involvement in public health. As Verdi explained, he was appointed at the request of about 30 senators and representatives, who "singled me out by name as their proper representative on said board" and thereby snuffed out any potential resistance from allopaths [4, p. 303]. Among his other achievements on the National Board was a report on diseases in food-producing animals and recommended legislation in this area.

Verdi's health began to worsen and he decided to return to his native country, where he spent the remaining years of his

life practicing homeopathy in Florence. Besides his work in public health, Verdi wrote books and articles on women's and children's health, among which were *Maternity, Mothers and Daughters*; *Infant Philosopher*; and *Popular Diagnosis and Treatment of Diseases*. He was the president of the Homeopathic Medical Society of DC and of the Washington Homeopathic Hospital. In 1890, he was knighted by King Umberto of Italy, who awarded him the honorific title of *Cavaliere della Corona d'Italia* [5].

Coulter notes that Verdi's work was an important milestone for homeopathy in the public health arena. Verdi showed that homeopaths could perform at a high level of competence in a field which, in the 1870 s, was beginning to emerge as an important medical specialty. It was not long before homeopaths were appointed or elected to prominent public health positions in many parts of the United States. In the proceedings of the 35th Session of the American Institute of Homeopathy [6], 25 homeopaths were listed as holding public health office, including as surgeon-generals of Rhode Island (J.C. Budlong, who served in that capacity for 19 years, being reelected three times) and New York State (William Henry Watson), and examining pension surgeon to the Creek and Seminole Nations (Nathaniel V. Wright). Later homeopathic stars in public health include Royal Copeland, Jacob Gallinger, and, described elsewhere, Geraldine Burton-Branch and James Ward, who both performed important work in the Los Angeles and San Francisco communities.

Charles Sumner

Charles Sumner (1852–1928) received his medical training at NYHMC, graduating in 1877 (Fig. 7.4). He returned to his hometown of Rochester to join his father in medical practice. Between 1894 and 1900, Sumner was a health commissioner for Rochester and the president of the Rochester Academy of Medicine from 1902 to 1905. He remained actively involved with the Rochester Homeopathic Hospital until 1926, serving as vice-president and later president of the hospital medical staff [7] (Fig. 7.5).

Eugene Porter

Eugene Porter (1856–1929) graduated from the New York Homeopathic Medical College in 1885, where he subsequently became professor of physiological *materia medica*, medical chemistry, and sanitary science (public health). He served as general secretary of the American Institute of Homeopathy for 7 years and editor of the *North American Journal of Homeopathy* for many years. He was also a member of the American Public Health Association and the New York Academy of Sciences. In 1905, Porter was appointed as



CHARLES R. SUMNER, A.M., M.D
 VISITING PHYSICIAN
 TO ROCHESTER HOMEOPATHIC HOSPITAL

Fig. 7.4 Charles Sumner. Public health commissioner, Rochester, and president of the Rochester Homeopathic Hospital medical staff. Image in the public domain. In: William F. Peck. *History of Rochester and Monroe County, New York*. New York. Pioneer Publishing. 1908 (By courtesy Robert Dickson)

the second state commissioner of health by Governor Higgins and remained in office through six administrations before retiring in 1913.

New York's allopaths objected to Porter's appointment. As the *New York Times* stated, "One man who had some knowledge of the appointment explained ... that there had been spirited opposition to the appointment by the allopaths, and that the Governor had disregarded that opposition, deciding that the time had come to recognize homeopathy" [8]. The resistance had little to do with Porter's competence, however, for his 8 years as commissioner were well regarded. He supported the establishment of county tuberculosis hospitals, reduced the mortality rate from typhoid to its lowest level in the history of New York State's records, created a special commission that recommended new responsibilities for the State Health Department, and established the New York State Health Council [9]. Other achievements included the attack on water pollution in New York State and general education work in public health.

Porter fought repeatedly, and ultimately successfully, to change legislation regarding stream pollution. In 1911, the Bush Bill was passed and was the first legislative change in this class since 1903. The most important provision of the Bush Bill was to empower the health commissioner, in cooperation with the governor and attorney-general, to order to any municipality to remove sewage or provide for its treatment if investigation had shown that such discharge was a danger to public health. Porter recognized that this was only a start and that further legislation was needed, for example, to ensure cleanliness of water in the state barge canals [10].

Yet, another of Porter's achievements related to his persistent attempts to ensure that all births, deaths, and stillbirths be recorded. In 1913, new registration laws were passed in the state legislature that made this a mandatory procedure, with the state commissioner being granted powers of enforcement (outside of New York City). The commissioner was also required to provide local registrars with a list of those contagious diseases that were deemed a public health hazard, so that local disease precautions could be taken [11]. Wide-ranging recommendations were made by a governor's commission in 1913, as reported in *JAMA*. Although the Porter administration drew criticism, particularly with regard to the state of affairs in rural areas, it was acknowledged that New York "has probably one of the most effective health departments in the country" [12]. (Of some interest is the fact that Elliott's boss, Governor Sulzer, was impeached 10 months after election – the only time this has happened to a governor of the state.)

On the academic front, Porter was among the participating faculty in an inaugural public health course offered at Cornell University in 1908. Indeed, the advent of this course was the outcome of a cooperative effort by the university and the state public health department, of which Porter was the director. The Cornell Alumni News of November 4, 1908 reported that Porter gave an address on the history of public health and an overview of modern conditions and future needs. He believed the course to be a harbinger of a new epoch in sanitary science [13]. Porter continued to lecture at Cornell for several years. He served on the organizing committee of the 15th International Congress on Hygiene and Vital Statistics, held in Washington, DC, September 1912 [14]. In 1913, Syracuse University awarded him an honorary doctorate in public health.

He also was responsible to determining that "Typhoid Mary," whose real name was Mary Mallon, need not remain in perpetual quarantine, but that she could be released provided she did not return to employment as a cook. Mary Mallon had become a *cause célèbre* because of her status as a symptomless carrier of typhoid, which she had transmitted to over 50 people as a cook who never washed her hands. Three of her victims died. For this, the health authorities quarantined her on an island, where she remained until Porter authorized her release under the conditions described above. Typhoid Mary was placed back in quarantine after she

Fig. 7.5 Nurses at the Rochester Homeopathic Hospital, 1910 (Image by permission from the Collection of the Local History Division, Rochester Public Library)



violated the terms of release and returned to employment as a cook under another name.

Following retirement, Porter pursued his avocation of dairy farming. He became actively involved in local farming societies and perfected a strong regional organization of farmers. In 1917, he was appointed commissioner of farms and markets in the state's newly created Department of Foods and Markets. In this capacity, he was responsible for the efficient distribution of food throughout the state. He held his position until the end of 1922.

Charles V. Chapin

Charles Chapin (1856–1941), a leading light in American public health, is famous for showing that certain contagious diseases like diphtheria and typhoid were not airborne but spread through contact. He was the president of the American Public Health Association (APHA) in 1926 and first president of the American Epidemiological Society in 1927. In 1930, he was the first recipient of the Sedgwick Medal, the APHA's highest honor. Although Chapin's connection with homeopathy is tenuous, it does exist and will therefore be described.

Chapin spent most of his life in Providence, Rhode Island, where his father had been a family doctor and owner of a pharmacy. After completing his undergraduate study at Brown University, Chapin apprenticed for a year with a well-known homeopath in Providence, George D. Wilcox. This

experience prepared him for entry into Columbia College of Physicians and Surgeons. While homeopathy played no further part in Chapin's career [15], his year with Wilcox would have exposed him to some training in that method. Wilcox was sought out by others who were about to embark on a medical career, and Chapin was not the first of Wilcox's pupils to enter Columbia. Since Chapin could have trained with any number of allopaths in town, one can only speculate why he sought out Wilcox. It could be that his father held Wilcox in high regard as a teacher and clinician, regardless of Wilcox's affiliation. It could also be that the Chapins were favorably disposed towards homeopathy. Thus, although Chapin's exposure to homeopathy was limited, it marked the beginning of his medical career [16]. Given that medical schools would often require apprenticeship as a precondition of admission, a 1-year attachment of this type was analogous to first year in medical school today. Chapin's year of homeopathy may therefore have been more than a trivial footnote.

Rebecca Lee Dorsey

Rebecca Lee Dorsey (1859–1954) graduated from Boston University Medical School in 1883 and became a well-known Los Angeles surgeon. Her achievements in public health included a forceful presence in bringing cleaner drinking water, better streets and playgrounds, and improved food inspection in her community. Other aspects of Dorsey's career have been described in Chap. 3.

Hills Cole

Dr. Hills Cole was born in England in 1868 and immigrated to the United States after completing high school in London. He graduated with a homeopathic MD degree from New York College in 1894 and became a career public health official. While a medical student, Cole was awarded second prize for his coursework grades over the entire 3 years of study. After graduation, he was in practice for a period of time before entering public health as director of the Bureau of Publicity and Education under Dr. Eugene Porter in the NY State Health Department. Thereafter, he followed Porter to the newly created Food and Market Division, of which he was the secretary. In addition, he was responsible for editing the division's pamphlets, circulars, and other publications [17]. He was the secretary of the National Society of Electro-Therapeutics and assistant managing editor of the *North American Journal of Homeopathy* for many years [18]. Cole was the chair of the American Institute of Homeopathy's Insurance Committee and represented that body at a national conference on medical benefits and insurance [19].

James W. Ward

James Ward has been described in the chapter on surgery, but his term as health commissioner of San Francisco was an important part of his professional record. As noted, he effectively handled the health issues that arose from the 1906 San Francisco earthquake.

Royal Copeland

The manifold medical and surgical accomplishments of Royal Copeland (1868–1938) are presented in Chap. 4. As health commissioner for New York City during the 1918 influenza epidemic, Copeland was responsible for limiting the spread and damage from this disease. In order to maintain morale and educate the public, Copeland insisted that the city's movie theaters remain open (Fig. 7.6). Copeland believed that public education about influenza and its prevention could be furthered through this medium, and he urged managers to give brief talks before the movie about basic health practices such as the avoidance of coughing, sneezing, and expectoration and forbidding smoking during the show. Copeland also suspected that keeping movie theaters open would lessen the likelihood of panic and hysteria. His instincts were sound: the state commissioner claimed that New York City's mortality rate from the flu was the lowest of any large east coast city.

"I am interested in the problem of obesity because it is becoming a public health problem.... The worst of it is that

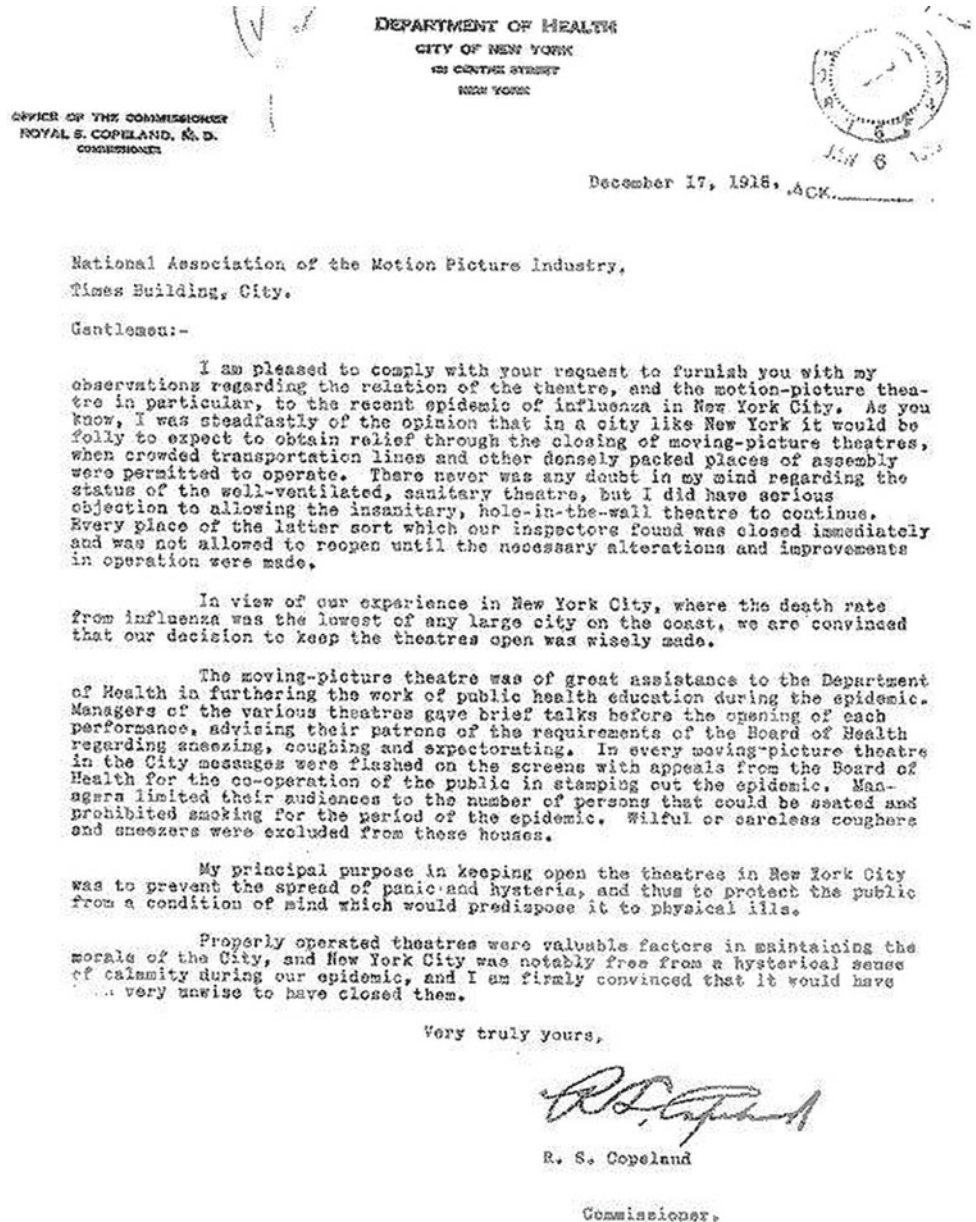
when the scales show an increase of weight beyond a certain point, we have decreased the expectation of life," so wrote Copeland in his 1922 book *Over Weight? Guard Your Health* [20] (Fig. 7.7). In this book, Copeland offered practical, comprehensive, and specific recommendations, nearly all of which has been repeated in today's books on how to remain healthy. He used his position as New York City health commissioner to emphasize the importance of preventing obesity, and for 1 month before the American Public Health Association's meeting in New York, he conducted a campaign in which a class of 50 women underwent a weight reduction course, at the end of which the group had cumulatively lost half a ton of weight and reduced their waistlines by 7 ft.

Although Copeland was responsible for much good, he did not always make the right calls, most notably in the case of Henry Cotton, a psychiatrist-surgeon at Trenton State Hospital. Cotton was the subject of an inquiry into his monomaniacal and harmful removal of teeth, tonsils, colons, cervixes, and other body parts in the mistaken belief that focal sepsis underlay psychotic and neurotic disorders. As was noted in Chap. 6, the fatality rate of Cotton's procedures was over 30 %. During the inquiry, Copeland came down firmly on Cotton's side, saying that "we commend [the hospital's] work in every way possible." He even turned against the interrogators, claiming that the problems at Trenton were caused by lack of state funding rather than malpractice by Henry Cotton [21].

Pedro Ortiz

Pedro Ortiz (1887?–1949) graduated from Boston University in 1919 and joined the AIH as member that same year. He then received training in tropical medicine at Columbia before taking up an appointment as health commissioner for Puerto Rico. During his administration, Ortiz instituted several changes, including the inauguration of a new leper hospital, expanding the state psychiatric hospital, and a productive collaboration with Columbia University and the Rockefeller Foundation. Although the leper hospital was new and more spacious, it failed to bring about any improvement in the life of its residents [22]. Another initiative during Ortiz' term was the creation of a bureau for the prevention and treatment of hookworm, to carry on the work that had been started earlier by Bailey Ashford, MD, of the US Army Medical Corps [23]. Ortiz' department collaborated with the school system to introduce basic hygiene principles into the school curriculum. Under his administration, the health department limited the growth of *barrios*, or shanty towns, which had no sanitation. As a result of the department's action, a health permit was required before new construction could start [24]. Ortiz was also the editor of the *Porto[sic]*

Fig. 7.6 Letter from Dr. Copeland, health commissioner, New York City concerning movie theaters in the 1918 influenza epidemic (Image by permission of Bentley Historical Library, University of Michigan, Box 11, folder "Correspondence, December 1918 (1)")



Rico Health Review and a sought-after speaker in the United States on public health and tropical diseases.

In the mid-1920s, discussions were held between Columbia University, the Puerto Rico government, and the University of Puerto Rico (UPR) to establish a School of Tropical Medicine, which became operational in 1926. It was run as a joint venture with Columbia until 1948, when it was subsumed under the UPR School of Medicine; the UPR School of Tropical Medicine was the first such institution in the Americas. Ortiz was a member of the Towner Commission, which had been set up to plan the initial Columbia/Puerto Rico venture, and served on the interim board of directors in its first year. Ortiz held an appointment as professor of hygiene and transmissible diseases and played an integral part in the teaching curriculum, giving

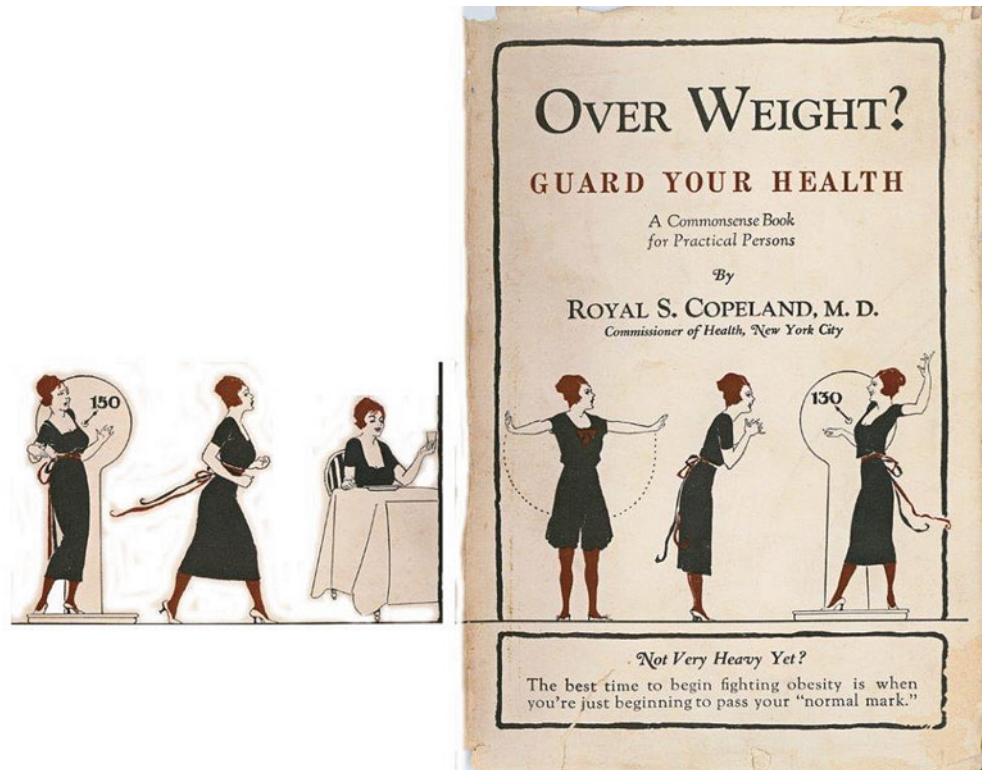
lectures to students on public health administration and research and laboratory or clinical lectures and demonstrations on plague and leprosy.

Other academic positions held by Ortiz included an instructorship in Spanish at Boston University [25] and clinical and advisory posts in tropical disease at New York's Mount Sinai Hospital.

Marcus Kogel

Marcus D. Kogel (1903–1989) was born in Austria and immigrated to the United States as a child. He obtained his homeopathic training at NYHMC, qualifying there in 1927. For 2 years thereafter, he served as chief resident physician

Fig. 7.7 Cover of *Over Weight? Guard Your Health*. 1922 (Image in possession of author)



at the affiliated Metropolitan Hospital. During World War II, he served as director of military sanitation (public health) at the Medical Field Service School and later as chief of preventive medicine in China, where he was awarded the Legion of Merit for his efforts in combating a cholera epidemic [26].

Kogel was considered to be one of the nation's foremost authorities in public health and hospital administration [27]. Between 1949 and 1953, he served as New York City's Commissioner of Hospitals, leaving behind a solid reputation for rebuilding and modernizing hospitals, as well as forging closer contacts between city hospitals and medical schools. He was a tireless advocate of research, which was promoted as a result of his efforts. He was responsible for saving from closure the nation's first voluntary interracial hospital, Sydenham Hospital.

Kogel had to wrestle with the problem of overcrowded and obsolescent hospitals, many of which were used as long-term holding facilities. He articulated his plans for modernization, rebuilding and improving efficiency in a 1950 paper, as well as the need for rehabilitation programs, changes in the management of cancer, tuberculosis, mental illness, home-based care, and structuring of outpatient departments [28]. His article concluded that the huge New York City hospital system was stirring itself in response to expanding community needs and changing health and social patterns. He recognized that a community should be judged by its compassion for the poor and disabled.

Kogel was rewarded for his performance as hospital commissioner in 1954 when he was appointed founding dean of Albert Einstein Medical College, which opened its doors in 1955. Under his leadership, the college rapidly established itself as one of the country's top-tier medical schools. A contemporary described Kogel as "a feisty, insightful, get-things-done leader who got a new medical school off to a running start... He attracted such an outstanding faculty that we were prestigious from Day 1. For a medical school, that's phenomenal" [26]. Kogel also held the chair of epidemiology and social medicine at Einstein and was a fellow of the American Public Health Association.

In his 1927 class book, *The Fleuro-O-Scope*, Kogel was described by his classmates as quiet, unassuming, and inclined to side with the dissenting minority, but with a keen sense of humor, albeit sarcastic and cynical and able to laugh off his worries. He was "always the outstanding figure in our class ... a brilliant scholar" [29]. Whimsically playing on Kogel's initials, the profile ended with the statement: "Possessed of such enviable characteristics no one can question his right to carry an MD both before and after his name. Here's to our future great internist, M.D. Kogel, M.D." Kogel's personal attributes were to serve him well, and it is interesting to see how he was described in his obituary, which emphasized his "strong and stocky [of] nature," his skill as a master builder and outstanding teacher, and described him as a "superb administrator who studied people carefully and rarely made judgmental mistakes" [30].

Geraldine Burton-Branch

Geraldine Burton-Branch (born 1908) served as medical examiner and district health officer for the Watts section of Los Angeles, and her accomplishments in public health are outlined in Chap. 3.

The Domestic Sanitation Movement

In the latter part of the nineteenth century, a movement began in Britain, which was to spread around the English-speaking world, advocating the need for improved architectural design. This medically driven movement held that the spread of disease was enhanced by poor home design and inadequate airflow or ventilation. Moving beyond a concern with the house in relation to its external environment, proselytes of the sanitation movement gave attention to the internal design, holding the home as analogous to the human body, in that it could be sick or it could be well. Focus moved beyond simply a preoccupation with drainage and sewer systems, to embrace the notion of “healthy buildings.” To this extent, one may view the Victorian domestic sanitation movement as a forerunner of today’s concern about “sick buildings,” with their poor airflow and presence of environmental toxins, mold, etc. The medical profession’s involvement in domestic sanitation partly arose from the observations made by physicians from their domiciliary visits, where they saw at firsthand the relation between health and home design. The effect of the domestic sanitation movement in Britain and North America was considerable, including its effect on the practice of architecture [31]. Two physicians who featured prominently in the movement were the Liverpool homeopaths, John James Drysdale and John William Hayward.

John James Drysdale and John William Hayward

John James Drysdale (1816–1890) was well known to British homeopaths in the nineteenth century, serving as coeditor of the *British Journal of Homeopathy* between 1846 and 1884. For much of his life, he practiced in Liverpool. From the many home visits to his patients, he became convinced that poorly designed homes were a factor in the spread of disease, because of either inadequate space apportionment (diseases were known to spread more easily when people were in close proximity) or poor ventilation. He therefore took the leap into architecture and designed a suburban house (called Design #1) which included a single airflow system, rather than the customary separate ventilation for each room. Drysdale’s design was later adapted to

an urban site by his colleague *John Hayward* (1833–1918), who produced Design #2. Both of these homes were lived in and the health of their occupants (one of whom was a physician) was followed for 10 years by Hayward and Drysdale. The occupants of both homes claimed that their health had improved compared to their time in previous residences. The two homeopaths saw physicians as primary agents of change in regard of home design and argued that architects had forsaken health considerations for aesthetic ones. Hayward and Drysdale wrote a book entitled long-windedly *Health and Comfort in House Building: Or, Ventilation with Warm Air by Self-Acting Suction Power, with Review of the Mode of Calculation of the Draught in Hot-Air Flues; and with Some Actual Experiments*, which was published in 1890. Hayward contributed to the design of the Liverpool Hahnemann Homeopathic Hospital, being responsible for its hydraulic lifts and an innovative heating system: the first of their kind in British hospitals. Many years later, in 1898, Hayward also wrote a booklet entitled *The Construction of Hospitals for Consumption and Other Infectious Diseases*, which gave detailed information on how to incorporate thorough ventilation and a continuous supply of warm or cold air. Measures were described on how to achieve disinfection, perfuming, or medication of air before its passage through the building, and attention was given to positioning for sunlight. A review of this book noted that 26 years had passed since Hayward and Drysdale’s first book on the subject and praised Dr. Hayward for having “kept up, during the intervening years spent in active practice of his profession, with the ever growing requirements of sanitary house building” [32].

Hayward was a man of many talents, and his work on snake venom is described in Chap. 9. He wrote on other topics, including malaria, the African trade in Liverpool in relation to malaria, cachexia in children, causes of deafness, and books contrasting homeopathy and allopathy. He published in homeopathic and major medical journals, such as the *Lancet*.

References

1. Scafetta J. Washington Doctor: Tullio Verdi, MD. [Internet]. Italian Americans; 2010 Oct 1 [Cited 2012 Aug 10]. Available from: <http://www.readperiodicals.com/201010/2166957391.html#b>.
2. Personal. The American Observer. 1873;X:397.
3. Second Annual Report of the Board of Health of the District of Columbia. Washington: Gibson Brothers; 1873. p. 206.
4. Coulter HL. Divided legacy: The conflict between homoeopathy and the American Medical Association. Science and ethics in American Medicine 1800–1914, vol. III. Berkeley: North Atlantic Books; 1982.
5. Eminent and representative men of Virginia and the District of Columbia of the nineteenth century. Madison: Brant & Fuller. p. 1905;333–4.

6. Report on the Committee of Medical Legislation. *Trans American Inst Homeopath.* 1882;XXXV:82–3.
7. Charles R. Sumner [Internet]. Rochester General Hospital System. The Genesee Hospital Archives. 2012 [Cited 2012 Oct 12]. www.rochestergeneral.org.
8. McMackin Out, Sherman In. Child Labor Committee Wins Fight – Homeopath For Health Board [Internet]. *The New York Times*; 1905 May 4 [Cited 2012 Sep 26]. Available from: www.query.nytimes.com.
9. State Health Commissioners: 1901-Present [Internet]. New York State Documents. Call No. HEA-302-4 DEPHN 202-3551. New York State Department of Health 1901-2001: a century of building healthy communities: commemorative journal, 2007 Mar, page 9 [Cited 2012 Sep 21]. Available from: <http://128.121.13.244:8080/awweb/main.jsp?flag=browse&smd=1&awdid=1>.
10. Thirty-Second Annual Report of the State Department of Health of New York [Internet]. Albany: The Argus Company; 1912. p. 1–67 [Cited 2012 Sep 20]. Available from: http://books.google.com/books?id=c34XAQAIAAJ&pg=PA1003&lpg=PA1003&dq=eugene+porter+control+of+tuberculosis+in+new+york+state+1910&source=bl&ots=Esy53KQYfu&sig=1yW3AiQjY5MlmcNeOr_Jt8P-nm1&hl=en&sa=X&ei=w65cUMGUH5OE8QSvz4CYDw&sqj=2&ved=0CCUQ6AEwAg#v=onepage&q&f=false.
11. Porter EH. The new vital statistics law of New York State. *Am J Public Health.* 1914;4:125–9.
12. Anonymous. Governor Sulzer's special message on public health. *JAMA.* 1913;60:835–6.
13. New Course A Success. *Cornell Alumni News.* 1908 Nov 4.
14. *Cornell Alumni News.* 1912 Oct 2.
15. Lee Teverow. Reference Librarian, Rhode Island Historical Society Library, Providence, RI. Personal communication to the author. 2 October 2012.
16. Kemble H, Salotto L, Charles V. Chapin Papers [Internet]. Rhode Island Historical Society Manuscripts Division 1983 and 2001 [Cited 2012 Sep 28]. Available from: www.rihs.org/mssinv/Mss343.htm.
17. *Foods and Markets.* State of New York: Department of Farms and Markets. 1918;1:21.
18. Hills Cole. History of homoeopathic biographies. Sylvain Cazalet; 2003 [Cited 2012 Sep 22]. Available from: www.homeoint.org/history/bio/h/hillsc.htm.
19. U.S. Department of Labor. Bureau of Labor Statistics. *Proceedings of the Conference on Social Insurance.* Washington, DC: Government Printing Office; 1917. p. 725–6.
20. Copeland RS. *Over weight? Guard your health.* New York: Cosmopolitan Book Corporation; 1922.
21. Scull A, Madhouse A. *Tragic tale of monomania and modern medicine.* New Haven: Yale University Press; 2005. p. 187.
22. Levison JH. *Beyond quarantine: a history of leprosy in Puerto Rico, 1898-1930s.* *Hist Cienc Saude Manguinhos.* 2003;10:225–45.
23. Deaths. Pedro. N. Ortiz. *Science.* 1949;110:224.
24. Perez MA. Report of the conference of district medical inspectors of Porto Rico [Internet]. *Porto Rico Health Review.* 1926;II:14–8 [Cited 2012 Aug 31]. Available from: <http://libraria.rcm.upr.edu:8180/jspui/bitstream/2010/300/1/Conference%20of%20Medical%20Inspectorsd.pdf>
25. Ettien A. Personal communication to the author. 3 Sept 2012.
26. Obituaries. Dr. Marcus David Kogel, 86, Dies; Headed Einstein Medical College. *The New York Times.* 1989 Nov 29.
27. Einstein College Dean Arrives Here From NY. *The Palm Beach Daily News.* 1966 Feb 16. p. 29.
28. Kogel MD. New horizons in hospital planning. *Am J Public Health.* 1950;40:1118–24.
29. Marcus D. Kogel – Graduated NYMC 1927. *The Fleur-O-Scope.* 1927;88.
30. In memoriam: Dr. Marcus D. Kogel. *Einstein Quart J Biol Med.* 1990;8:37.
31. Adams A. *Architecture in the family way: doctors, houses and women: 1870-1900.* Montreal: McGill-Queens University Press; 1996.
32. Hospital construction. *Monthly Homoeopathic Review* 1899;XLIII:32–43.