

Notations on Pensacola's Medical History 1873-1923

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1873-1882

At the end of the Civil War, Pensacola, a Gulf coast city whose heritage dates back to 1559, was devastated. A returning son described the dismal sight in a letter. "Everywhere the eye turns it rests on demolished buildings, and destroyed shrubbery, and as you pass along the streets, you must thread your way through milk weeds and hog grass."¹

The postwar recovery of Pensacola proceeded at a painfully slow pace. In 1874 William Henry Davison, a civil engineer, wrote in his diary "the year ends on a state of extreme impecuniosity and no prospect of anything better for a year at least. I suppose by the next year we shall all be in our graves, starved to death!"²

Despite such pessimistic reflections, Mr. Davison, and possibly many other Pensacolians found solace in the magnificent beauty of the surrounding piney woods. How prophetic that the diary entries reflecting the few notes of optimism should involve the "piney woods." It was these beautiful, naturally landscaped forests that afforded Pensacola its golden age of affluence in the latter part of the 19th century.

In 1870, Pensacola had a population of about 3,750; by 1880 it had increased to 6,700.³ The decade witnessed only minor improvement in its physical appearance. Its seven miles of streets were unpaved, sewers and waterworks were nonexistent and oil lamps illuminated the dusty, sandy thoroughfares.⁴

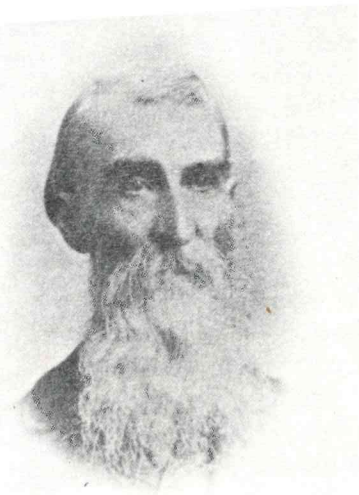
From its inception Pensacola's growth and progress were often jeopardized by various forces—hurricanes, fires and ravaging epidemics. The character of the city was shaped by the capabilities of the inhabitants to cope with these adversities.

Yellow Fever

From 1873 to 1883 yellow fever was probably the most significant factor that challenged Pensacola's endurance. An illness that had invaded the city in epidemic form many times during the 19th century, it precipitated chaotic fear among the townspeople, divided the community leaders re-

garding appropriate courses of action, paralyzed the economy and claimed many lives.

Theories regarding the origin of yellow fever sparked many controversies in the medical profession. Pensacola physician, Dr. Robert Bell Smith Hargis was a strong advocate of the ship origin of yellow fever. He subscribed to the concept that the foul musty holds of ships provided the precipitating conditions in the development of the disease. Over a 30-year period he relentlessly devoted his literary talents to the defense of his theory. In summarizing the data on the devastating epidemic of 1882 in Pensacola, he directed strong criticism against the Italian ships. "The seamen are ill-fed, ill-paid, and always dirty; such a vessel can never be safe in the calm belts from pestiferous emanations; and I am utterly astounded when I enter such a vessel, reeking with numerous conflicting odors [sic] of the most poisonous and nauseous type that any human being can doubt the pernicious tendency of such conditions . . . With a free surface to air, a marsh develops malarial poison. How much more deadly, . . . will this fouling of holds, deprived of oxygen so that lights go out in the well and elsewhere, induce a malady unlike anything else we know of except in the mountain of records of Atlantic traffic and Atlantic ports."⁵



Robert B. S. Hargis, M.D.

Dr. Hargis was confident of the validity of his ideas regarding yellow fever. As a young practitioner in Pensacola in 1853, he had contracted the illness. His medical practice from then until his death in 1893 included caring for Pensacolians during several yellow fever epidemics.

In 1867 when yellow fever appeared in the area, about 90 people died. Dr. Hargis and other generous townspeople rented a two story building at the corner of Palafox and Romana Streets and converted it into a hospital. Many of the ill were mariners with no homes in the area. Pensacolians joined Dr. Hargis and other physicians in caring for those hospitalized as well as those ill in private homes. Interestingly, there are no epic reports of a mass exodus of frightened people to "safe" areas. The zealous Samaritans exhibited no fear in this charitable venture of providing food and nursing care and burying the dead.⁶

Dr. James S. Herron supported Dr. Hargis' ship theory when he wrote his report on the Pensacola yellow fever epidemic in 1874.⁷ The Spanish bark, *Virtuoso*, arrived in Pensacola in late May. Two crewmen had died of yellow fever en route from Havana, a third died after arrival. In July another infected vessel arrived and subsequently the majority of her crew died. In accordance with quarantine regulations, the infected ships were retained at the quarantine station, located at Live Oak Plantation (Live Oak Reservation included the entire peninsula and is the present site of the city of Gulf Breeze) for fumigation and isolation. If properly implemented, the quarantine regulations should have been sufficient to protect Pensacola and the nearby Navy Yard from the spread of the disease; however, slack enforcement enabled sailors and stevedores to travel back and forth to town regularly, and eventually both areas were disastrously affected. Pensacola had about 354 deaths (population 3,347) and the Navy Yard about 17. Among the latter deaths were two Navy surgeons, J. B. Ackley and G. B. Todd.⁸ Understandably, the report of the Navy investigation was harsh. "The quarantine established by the City of Pensacola against the infected shipping was rather worse than useless, because enacted under the very crudest imaginable notions as to what a quarantine should be."⁹

Disregard of port quarantine regulations apparently contributed to an epidemic of yellow fever in 1875, this time at Barrancas. The Von Moltke arrived in port with five cases of yellow fever aboard. According to Dr. James Herron, it, "... anchored, during the night, a short dis-

tance inside the bar, between Fort Pickens and Barrancas. The Pilot, Roach, landed to visit his home in Warrington, ... and remained there all night; ... but reboarded the Von Moltke the next morning, and, after taking her up to the quarantine station, returned again to Warrington, where, a few hours after, he was arrested and sent, under guard, to quarantine."¹⁰

The military enforcement of quarantine was effective in confining the disease to the reservation. Despite 76 cases and 31 deaths at Barrancas, Pensacola was gratefully spared. This fortunate situation enabled Dr. Herron to spend a month at Barrancas to render medical care since the surgeon in charge, Dr. George Miller Sternberg, was one of the 76 cases.

The aura of mystery which shrouded yellow fever seemed to extend to the concept of quarantine and its implementation in Pensacola in the 1870's. In essence the regulations stated that the city mayor was to proclaim the period of quarantine each season—usually from May to November or about the time of the first frost. All ships had to stop at the Live Oak Plantation quarantine station. The quarantine physician appointed by the City Council boarded and inspected all ships. Ships coming from infected ports were fumigated and the crew and passengers detained in isolation for 21 days. Any yellow fever cases were admitted to the hospital at the station. Designed to "secure and preserve public health"¹¹ these ordinances were vulnerable to the political manipulations of the times.

Davison's Diary

William Davison had opportunity to observe the weaknesses of the quarantine system when he worked as a port inspector at the quarantine station during the summer of 1876. An astute person, his educational experience had included studying under Longfellow while at Harvard College. Married to a Pensacola girl, he had lived in the south many years. To divert his attention from the frustrations of isolation at the quarantine station, he studied Spanish and wrote in his diary.

Inconsistencies abounded in quarantine enforcement. Perhaps even the Board of Health and the elected officials who authored the quarantine regulations doubted their necessity and effectiveness. Regulations stipulated that vessels from clean ports could proceed to Pensacola after the quarantine physician inspected them and declared them free of illness. However, in late summer of 1876 the ordinance was revised; all vessels had to

discharge ballast at the quarantine station and be fumigated. Such a rigid ordinance seemed illogical when Mr. Davison and Dr. Theobald M. Leonard were confronted with a shipload of fine quality salt and another of bananas! The mayor was relentless; the ship, *May Morn*, was fumigated and sailed into Pensacola with a cargo of salt smelling of sulphur. The bananas fared better; they were rescued from the process by the influence of Ned Dunn, a stevedore and ballast contractor who had great influence with Mayor Jones. One of the stevedores, a Mr. Dunford, was also a member of the Board of Health. It is interesting to note that Mr. Davison cites him as one who would go to the outer buoy to meet ships and secure the loading contract. Apparently no forces were available to arrest this highly-placed quarantine violator! "This action of one who should be a guardian of the public health, in effect breaks up quarantine, as far as it is of any use to protect the public health, for the other stevedores all declare that they will board all ships outside now, when they please. Of course this violation of the quarantine has been reported to the Mayor, as other cases have been before, and, as in all those cases, the violations of the law will go unpunished. So much for having a weathercock at the head of affairs."²

Yellow Fever in 1882

In 1882 the city was again attacked by yellow fever. On the basis of previous condemnations, physicians were reluctant to publicize the first diagnosis without more substantiating evidence. Dr. Hargis wrote:

"I took good care at the earliest moment to influence all I could to depart; but no, the tendency was to prolong quarantine . . . I ordered the first vessel recognized infected [*Spanish Bark Saleta*] to leave for quarantine without post-mortem examination, least [sic] I should arouse the fears of the whole town. . . . The ship I ordered to quarantine dreaded detention, and sailed for Havana, losing two of her crew on her brief passage.

"The more prominent the position of a yellow fever physician in local sanitary councils, the more guarded must be his words, until the evidence, pure and simple, of an undoubted case presents itself, as that of Mrs. Cobb, who died on the 28th of August of hemorrhage and black vomit. My friends acted on my profound belief, and the untutored, still resting their fancies on local origin, denounced me in unmeasured terms."⁵

The first suspected case of yellow fever had been seen on August 9 by Dr. Herron and Dr. Hargis, President of the Board of Health. By mid-August, it had spread to Warrington, Woolsey and the Navy Yard and caused 33 deaths. By mid-October the epidemic subsided; it had claimed over 190 lives.

It requires no great exercise of imagination to envision the emotional atmosphere that prevailed in Pensacola during this epidemic. Rumors circulated regarding the true nature of the illness in town. Physicians were hesitant to commit themselves. As Dr. Hargis had commented in 1873, ". . . I had the temerity to exercise the melancholy duty of reporting to the Board of Health the first case. For this, I was denounced by a private citizen, and called 'a d—d old fool, incapable of performing the duties of his profession'."¹²

Barrels of sulphur and tar were burned nightly in streets and alleys to destroy those mysterious atmospheric conditions "which favor the reproduction and dissemination of the morbid principle."⁵ Quarantine regulations prevented anyone from entering or leaving the city. Pensacolians were impounded by their own decree.

Between 1876 and 1882 the quarantine system evidently experienced no significant improvements. Shipping interests felt they were being victimized and blatantly violated the regulations. Dr. Alfred M. Owen, U. S. Navy Surgeon, commented that the quarantine officially started on May 15, 1882 but effectively began in late June. The Navy ship *Canonicus* moored between Deer Point (Live Oak Reservation) and Little Sabine, site of the quarantine station which had been moved to Santa Rosa Island on April 10, 1882. The crew of that ship reported that, "the regulations were not being observed and that the quarantine was a farce. Sailor runners and boarding-house keepers, shipchandlers and stevedores were allowed to come and go at all times . . ."¹³ They further reported that the quarantine physician lived at home with his family on the mainland until mid-July!

In marked contrast, the Navy posted a picket line of acclimated workmen. It extended four and three quarters miles around the military reservation. Boats were removed from Bayou Grande; incoming mail from Pensacola was fumigated and a steam launch patrolled the beach.¹³

Pensacola Medical Society Founded

In this turbulent decade (1873-1882) the Pensacola Medical Society (the original name of

the Escambia County Medical Society) was organized. The details of the Society's charter, membership, objectives and accomplishments have been obscured by the passage of more than a century. It is conceivable that these records were destroyed in the December, 1880 fire that swept down Palafox from Romana Street to Main Street.⁴ However, several publications seem to agree that the Society was founded in 1873.¹⁴⁻¹⁶

On the basis of speculation, one can deduce two possible reasons why the physicians of Pensacola formed a medical society in 1873—the menace of yellow fever and the need for a forum for exchange of medical knowledge.

Yellow fever was a major public health problem in Pensacola in 1873. The local Board of Health controlled by its lay membership frequently disagreed with the medical members regarding prudent courses of action when epidemics threatened. There was a great need for strong unity among the physicians of the area in order to become an influential force in coping with the health of the city. A medical society would provide a logical organizational vehicle.

It is interesting to note that in 1875 Dr. Herron consulted the "Medical Society and the Board of Health of Pensacola, as to the propriety of my return after constant contact with the disease."¹⁰ He had rendered medical care at Barrancas for one month during the epidemic there.

The Pensacola physicians were geographically isolated from large cities and universities; however, it appears that this was no deterrent to their pursuit of medical knowledge. Dr. Hargis' voluminous published writings of that era are suggestive of an inquiring mind. Surely, Dr. Hargis, the first President of the Society,¹⁴ would influence the organization to become a forum for the exchange of ideas and professional knowledge.

The interests of the young medical society soon expanded to include the Florida Medical Association. In 1878 Drs. Hargis and Herron attended the annual meeting in Jacksonville and became members. Dr. Hargis presented a report to the chairman of the Committee on Endemic Diseases in which "he contended for the Importation Theory."¹⁷ In 1880 he was elected First Vice President of the state organization.¹⁸ In April 1882 the FMA convened at Washington Hall (Palafox Street, opposite the Public Square). Dr. Hargis gave the annual oration, "The Genius of Medicine," and was elected President and Dr. T. M. Leonard was elected Secretary.¹⁹

Dr. R. B. S. Hargis

The founder of the Pensacola Medical Society, Dr. Robert B. S. Hargis, must have been a charismatic person as evidenced by his accomplishments during his 40 years in Pensacola.

He was born in Hillsborough, North Carolina on June 7, 1818. He studied at the University of North Carolina and served a preceptorship under Dr. T. J. Jordan of Fayetteville, North Carolina. He was graduated from the Medical College of Louisiana (now Tulane) in 1844. In 1851, following several years of medical practice in Alabama, he came to Pensacola and was appointed Port physician in 1852. A yellow fever sufferer himself in 1853, he spent a convalescent year in Milton, Florida. He was appointed Surgeon to the U. S. Marine Hospital when he returned to Pensacola in 1854.²⁰ The Marine Hospital was located in a rented three-story house on Pensacola Bay about one mile east of the city.²¹

Dr. Hargis founded the earliest known proprietary hospital in Pensacola in 1854. The facility, contiguous to the U. S. Marine Hospital, has been variously known as the Pensacola Infirmary and the Pensacola Hospital. Newspaper advertisements indicate the fees for care at the Infirmary varied from \$2 to \$2.50 per day. Charges for surgical operations were extra.²² When the U. S. Marine Hospital burned in November 1854, the federal government contracted for care of marine patients at the Pensacola Infirmary.²³

Dr. Hargis served in the Confederate Army during the Civil War. After the war he returned to practice in Pensacola and in 1868 he and Dr. J. C. Whiting established the Pensacola Hospital. Presumably, this was a reopening of his prewar facility.²⁰ His concern about yellow fever and its disastrous consequences prompted a strong interest in the cause, prevention and treatment of this disease and the publication of many scientific papers on the subject. "Communicability of Yellow Fever" was published in *The New Orleans Medical News and Hospital Gazette* in 1859.²⁰ "History and Origin of Yellow Fever—Its Cause, Communicability and Prevention"²⁰ was read before the American Public Health Association in 1879 and subsequently published in *Report and Papers of the American Public Health Association* in 1880. He dissertated on his unswaying belief that the disease emanated from the filthy holds of ships with a trio of papers in 1880—"The Nautical Origin of Yellow-Fever" in *Letters to the Sanitarian*, New York; "The Ship—Origin of Yellow-

Fever," Gaillard's Journal for June 1880; and "Yellow-Fever—Its Ship Origin and Prevention," published by a Philadelphia physician, Dr. D. G. Brinton in 1880.²⁰ His "Sketch of the History of Quarantine" at Pensacola, Florida in the August 27, 1881 edition of the National Board of Health Bulletin²¹ is a fascinating commentary on Pensacola's early efforts to cope with yellow fever.

Dr. Hargis' literary endeavors regarding yellow fever were paralleled by his efforts in the field of public health. In 1878 he became a member of the American Public Health Association. In 1881 he was appointed to the Board of Health of Escambia County and served for two years. This two year assignment was a painfully challenging one; yellow fever invaded the area in 1882 and in 1883. At the request of the National Board of Health Dr. Hargis conducted an investigation of the 1882 epidemic with Dr. William Martin of the U. S. Navy.²⁰

Dr. Hargis was married to Miss Modeste Sierra, a granddaughter of Dr. Eugenio Sierra, who had come to Pensacola in 1781. The Hargises maintained a home on Romana Street, the present site of the Pensacola News Journal Building.²⁴ Two of Dr. Hargis' children, Robert W. and J. Whiting, became prominent local physicians. Dr. Hargis died in 1893.²⁵

Dr. James S. Herron

Another prominent charter member of the Pensacola Medical Society was Dr. James S. Herron. His father, James, was a highly respected civil engineer at the Navy Yard. Dr. Herron studied at Springhill College and received his medical degree from the University of Pennsylvania in 1861. After serving as a surgeon in the Confederate Army, he returned to Pensacola to practice.¹⁴ In 1874 he purchased the Innerarity House on the old Pantan Leslie Trading Post and converted it into a Marine Hospital. To accommodate his patients, primarily seamen, he built a tunnel from the hospital to the beach.^{26,27} Dr. Herron built a handsome home on North Palafox Street (present site of the Knights of Columbus Hall) and died there in 1915.²⁸

Other physicians who practiced in Pensacola during this era were William Francis Fordham, Alabama Medical College, 1875; Robert C. White, University of Louisville, 1853; Edmond Bouvier; T. M. Leonard, J. C. Whiting and Frank Gale Renshaw, Medical College of Louisiana, 1880.²⁹

Pensacola experienced one of her most colorful periods of growth from 1883 to 1892. During this golden era, the city was transformed into a bustling, enterprising Gulf port. Six hundred vessels cleared the port in 1885;³ at times the Bay was literally a "forest of ships."

The virgin forest of northwest Florida was the source of enticement. "... yellow pitch pine which grew so thickly in some places that it was difficult for a horse to ride through, was to bring riches to a variety of people from all over the globe. Italians, Spaniards, Scandinavians, Germans ... all came seeking wealth."³

The city grew from a modest population of 6,700 in 1880³ to 10,536 in 1885.³⁰ Palafox Street was paved north to Garden Street. The Pensacola Waterworks was started. Three railroads facilitated transportation and a public school system was established.⁴ The construction of impressively designed homes further reflected the prevailing affluence.

Yellow Fever at Rand's Boarding House

The waterfront area, built up with ballast from the ships, was the site of many boarding houses catering to seamen. Money was easy and a natural attraction for gamblers and prostitutes. Barroom brawls and killings occurred frequently.

One of the most controversial yellow fever incidents in Pensacola public health history originated in one of these waterfront boarding houses in August 1883. It precipitated an unparalleled degree of fear, suspicion and hostility among Pensacolians.

The volatile situation originated on August 22 when Dr. Robert C. White was called to examine two ailing seamen at Rand's Boarding House. His diagnosis of yellow fever was supported by Dr. Jerome Cochran, a visiting Alabama physician. Dr. Cochran, a Montgomery (Ala.) Board of Health official, was in the area to assess reports of yellow fever at the Navy Yard.

The Pensacola Board of Health concurred with the diagnosis and the two patients were promptly transferred to the quarantine station. Dr. Cochran noted that, "... the shanty (Rand's) in which they had been housed was pulled down and burned in the presence of many hundreds of excited citizens. The excitement spread rapidly over the city, and that night there was a general exodus of all unacclimated persons who could get away."³¹

One of the affected seamen died the following day at the quarantine station. The Marine Hospital Surgeon, Dr. Robert Drake Murray, performed an autopsy and attributed the cause of death to "swamp fever, pernicious or congestive malarial fever" and not yellow fever.

Drs. James S. Herron, Frank Gale Renshaw and J. Z. Cravey, three local physicians with extensive experience in previous yellow fever epidemics, expressed strong disagreement with Dr. Murray. A signed statement by them supported the original position of the Board of Health physicians, R. C. White and William Francis Fordham. They maintained that a postmortem examination was not conclusive evidence in diagnosing yellow fever.

Evidently Pensacola had greater respect for Dr. Murray's judgment. His assessment of the situation was accepted and the city returned to normal. Dr. Warren E. Anderson of Millview recalled that, "They (Board of Health) now sought to atone for injuries inflicted on the commerce of Pensacola, and to allay the just fears and suspicions of their neighbors by declaring the nonexistence of any fever in the city, and stating that the general health of the community was never better—consequently, the alarm and excitement caused previously was extremely rash and uncalled for . . ."³²

As a consequence of the official statement that no yellow fever existed, the quarantine restrictions against Pensacola by Mobile were lifted.

In view of subsequent events, it appears that the Board of Health's statement reflected the lay members' opinion only. Dr. Cochran submits no evidence that the physician members, Drs. R. C. White and W. F. Fordham, repudiated their original yellow fever diagnoses. He does indicate, however, that Pensacola physicians were pressured by a Mr. Guttman, Board President, to sign statements denying the presence of yellow fever in the city.³¹

In late September another yellow fever death occurred on Palafox Wharf. Rumors persisted that yellow fever was rampant in the city. "It was a notorious fact, and a matter of angry discussion and denunciation at the street corners, that the physicians had again and again asserted the presence of yellow fever in Pensacola; . . . in almost every issue of the Pensacola Commercial, there was served up for the delectation of the people some foul aspersion of the doctors, to the effect that dishonestly and mendaciously they had gotten

up a yellow fever panic to the great injury of the city—said aspersion culminating finally in the sacrilegious petition, 'Send us a Frost, O! Lord, for the devil and the Doctors have conspired to ruin us!'"³¹

The rumors reached the ever-vigilant Dr. Cochran who returned to Pensacola in early October to determine the validity of the reports. Conversations with seven of the eight practicing physicians convinced him that yellow fever did exist in Pensacola. Appropriate action was taken by Alabama to reinstitute "quarantine" against Pensacola. The battle was on!

The Pensacola Commercial led the way in public denunciation of Dr. Cochran and local physicians. "To such men as Dr. Cochran, and some of our own doctors, the people are indebted for the loss of thousands of dollars of money, and an arrest of the progress and prosperity of this section that it may take years to overcome. Public slander has done its work, and the authors will yet receive the due reward of their nefarious conduct . . . We think it would be a good idea if every place that has any regard for its name for health would quarantine Dr. Cochran and not allow him to enter its limits during the season in which he could work up a panic."³¹

There were suggestions for removing the two physicians from the Board of Health so that "the wisdom of its counsels should not be marred by professional incompetency and mendacity."³¹ There were even suggestions for hanging physicians in effigy!

The true proportions of the "epidemic" never emerged; however, the traumatic impact of the controversy was evidenced for many years by the city's strong regular need for reassurance that yellow fever did not exist in the area.

In July 1885 the Escambia County Board of Health responded to the circulating rumors that "suspicious cases of sickness" had occurred in Pensacola. A statement was issued to the effect that nothing more than a few cases of scarlatina and rheumatism threatened the city's health. It included signed certificates from all the local physicians who strongly endorsed the health authorities judgment.³³

An article in an August edition of The Pensacolian commented on the good health of the city and complimented health officials.³⁴ Perhaps the epitome of reassurance came from Dr. Jerome Cochran, the Alabama Public Health official who had evoked the wrath of Pensacolians with his

candor in 1883. self when he vis- nounced it in go-

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candor in 1883. He had occasion to redeem himself when he visited Pensacola in 1888 and pronounced it in good health!³⁵

Public Health

The responsibility of regulating public health in Pensacola in the 1880's was a challenging task of almost insurmountable proportions. The establishment of a Board of Health to implement this responsibility dates back to 1821 when Andrew Jackson assumed the governorship of Florida. Despite some legislative revisions over the years, the Board remained an essentially independent county agency whose membership was appointed by the Governor. What it lacked and desperately needed was a central body to coordinate its public activities with those of other boards of health in Florida. The Florida Constitution of 1885 had directed the legislature to establish a State Board and County Boards of Health. However, the legislature never passed implementing legislation to create and fund a State Board of Health. The main objective of the local Board was to protect the health of the people against the dangers of epidemics that had tormented Floridians for over a century; however, the wide spectrum of quarantine concepts prevailing in the state because of independent, locally controlled agencies resulted in much conflict and inefficiency.¹⁴

The fear of centralized power was a strong determinant of Pensacola's opposition to the 1889 proposal of Governor Fleming to provide for a State Board of Health. The Pensacolian commented that it was, "... impracticable and would render local Boards of Health utterly powerless, while such a State Board would be worse than useless."³⁶ The editor further warned that, "... it places autocratic and arbitrary power in the hands of one man and subjects the entire state, 400 miles wide by 500 miles long to the *ipse dixit* of the health officer ..."³⁷

Despite the dire prophetic warnings of The Pensacolian, the special legislative session of February 1889 approved Governor Fleming's proposal; a State Board of Health was established. William K. Hyer of Pensacola was appointed to serve on this Board which promptly began its work.¹⁴

The Escambia County Board of Health under the new law was comprised of J. W. Frater, William Fisher, D. G. Brent and Drs. Frank G. Renshaw and Robert W. Hargis.³⁸

Despite the awkward framework within which the Board of Health had previously functioned and the constant suspicious scrutiny of the public,

the Board applied the best knowledge available at the time. The quarantine station on Santa Rosa Island was regularly staffed each summer and all ships entering the port were inspected and fumigated.

One of Pensacola's sanitary accomplishments during this era merited praise from the new state health officer, Dr. Joseph Y. Porter. The completed four miles of the projected 16 mile sewerage system were ideal in design and recommended for other cities. Interestingly, he notes that Pensacola and Jacksonville were the only Florida cities with sewerage systems at that time (1890).³⁹

Pensacola Physicians

Pensacola's medical community assumed new directions during this era with the arrival of several new private practitioners: Horace L. Simpson, College of Physicians and Surgeons, New York, 1886; William J. Hannah, Southern Medical College, Atlanta, 1882; Charles Franklin Marsh, University of Michigan, 1869; William Henry Ross, College of Physicians and Surgeons, New York, 1868; Charles Robert Oglesby, St. Louis Medical College, 1876; John Whiting Hargis, Kentucky School of Medicine, 1893; and Richard Waggener, Medical Department of Tulane, 1892. Perhaps the two who had the greatest impact on medical events at that time were Warren Edward Anderson, Medical College of Alabama, 1882, and Juriah Harris Pierpont, Medical College of Virginia, 1888.⁴⁰

Dr. Warren E. Anderson

Dr. Anderson, a native of Marianna, Florida, began his practice in Millview, a small town on Perdido Bay about eight miles west of Pensacola. He was hastily oriented to the rigors of practice when yellow fever swept the town. In a letter to Dr. Jerome Cochran, he described the effects, "... we successfully combated the introduction of the fever during the epidemic of 1882 by means of a well regulated sanitary cordon, and the active enforcement of other stringent quarantine measures. However, we were not so fortunate the past season, and the foe entered from a loss on our part of that 'eternal vigilance' which is as much the price of health as it is said to be of liberty."³² There were 70 cases of yellow fever among a population of 300. Dr. Anderson was one of the affected—an experience which enabled him to respond to Jacksonville's plea for acclimated physicians during the tragic epidemic there in 1888.⁴¹



Warren E. Anderson, M.D.

Dr. Anderson married Miss Catherine Hargis, daughter of Dr. R. B. S. Hargis, in 1889. Eleven children were born to them—nine boys and two girls. A daughter, Katherine, still lives in Pensacola. He died in February 1912.⁴¹

Dr. J. H. Pierpont

Dr. Pierpont was born in Savannah, Georgia, February 25, 1864. He recalled his educational background in his delightful memoirs, "Some Data on the Life of Juriah Harris Pierpont." "Attended a private school in Quitman, Georgia when 12 or 13 years old, a combination primary and grammar school. There were no public schools there at that time. My sister, 11 years my senior, taught me the three R's up to this time, and when I was about 18 arranged with a Baptist minister, who boarded with our family, to take me on for the high school subjects taught at that time. . . . At the age of 17, I became a telegraph operator, and secured a position with the Sanford, Florida Telegraph Company, where I worked about a year."⁴²

Several months later while working in Bartow, he discovered a body that had been buried for a few years. Since no one in the area could identify the body, young Mr. Pierpont, an aspiring physician, claimed it for educational purposes. "I needed a skeleton very much at that time to aid me



Juriah Harris Pierpont, M.D.

in the study of anatomy; so after the bones had been cleaned, I mounted the skeleton using an iron rod on which to string the vertebrae [sic]. Cigar boxes furnished the material for the intervertebral discs to give proper height."⁴² He successfully completed his course in anatomy and physiology at the Medical College of Virginia. In March 1888 he graduated from that institution and was appointed an intern at the Richmond City Almshouse Hospital.

In 1894, Dr. Pierpont married Miss Lucy Warren of Pensacola. One of their four children, Mrs. M. M. (Florence) Marple continues to reside in the Pierpont family home and is a skilled raconteur of her father's various accomplishments.

Dr. W. C. Gorgas Arrives in Pensacola

The arrival of one physician who was destined to attain great prominence attracted virtually no attention. William Crawford Gorgas, an Army physician was stationed at Fort Barrancas from August 1888 to October 1892, and again from April 1894 to December 1897.⁴³ A graduate of the University of the South and Bellevue Medical College, New York City, (1875) he entered the Medical Department of the U.S. Army shortly thereafter. His medical accomplishments in the field of yellow fever sanitation in Cuba and Pan-

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ama in the early 1900's enabled coastal cities to implement protective measures against yellow fever.

Two of Pensacola's physicians who died during this period were Theobald M. Leonard and Edmond Bouvier.

Dr. Leonard, a native Pensacolian, graduated from Springhill College. He began his medical education under the preceptorship of Dr. Hargis in 1872 and graduated from an unidentified medical school in 1873. He practiced in Pensacola until 1876 when he was appointed quarantine physician, a position he held for five years. His absence from this post in 1882 caused some speculation that the yellow fever epidemic might have been prevented if the quarantine efforts had been subject to his skillful direction.⁴⁴

Little is known about Dr. Bouvier whom Dr. Hargis described as "a most painstaking French physician."⁴⁵ There is not even agreement about the spelling of his name. Sometimes this appears as "Edmond" and at others as "Edward." It is interesting to note that although he was one of the practicing Pensacola physicians in the 1870's, he was not an active participant in the formation of the Pensacola Medical Society. In 1886 he read a paper to the FMA on "Yellow Fever in Pensacola," a treatise in which he was in striking disagreement with other Pensacola physicians in the interpretation of the epidemic situation in Pensacola during the summer of 1883. "... Be as it may, however, the fever of a hemorrhagic type, intermitting fever, the dengue, a few sporadic cases of yellow fever have existed pending most of the spring and part of the fall season, but all the cases united would not be in sufficient quantity to warrant an epidemic appellation..."⁴⁵ Considering the need for unanimity of medical opinion among Pensacola physicians in the face of frequent adverse public reaction, one can suspect that it required courage and conviction for Dr. Bouvier to disagree with his colleagues so openly.

The Pensacola Infirmary

The Pensacola patient of the 1880's received medical care primarily in the home or in the physician's office. However, since the seamen coming into port constituted a major part of the medical clientele, there was a specific need for a facility where health care could be rendered to the acutely ill.

The Pensacola Infirmary which Dr. R. B. S. Hargis had established in 1868 catered to the seamen coming into this port. However, fire com-

pletely destroyed the hospital in April 1884. A newspaper account of the incident indicates that arson was suspected because of previous threats. Dr. Hargis purchased 15 acres at the head of Bayou Chico near the old Cantonment and planned to rebuild a 50 bed hospital.⁴⁶

No information is available about the Bayou Chico Hospital which existed for three years.³⁰ In 1888 Dr. Hargis and his son, Dr. Robert W. Hargis, moved the hospital to a new site on West Gadsden Street. The Daily News described it in great detail:

"The location of the new hospital buildings is on a high ridge, with an open and uninterrupted sweep to the Bay front and gently sloping grounds in all directions, giving the inmates full benefit of continuous breezes, with dry and healthy surroundings..."

"The buildings consist of three comfortable, roomy and conveniently arranged cottages, connected by a covered gallery..."

"Cottage No. 1 is occupied by the steward's family and also furnishes a large, roomy dining room (for convalescent patients), the kitchen, the steward's office and dispensary. The kitchen is supplied with a large cooking range and complete outfit of utensils, with a capacity of furnishing food for fifty people.

"The dispensary is fully supplied with all kinds of drugs, medicines, instruments, bandages, splints, plasters, ointments, salves and everything necessary for any emergency, either of sickness or surgery. In the office the steward keeps the books in which can be found full records of all patients, their reception, diseases, treatment and condition at different hours during the day and night..."

"Cottage No. 2... is supplied with cottage bedsteads, with clean and neat mattresses, sheet covering, while a low table for medicines, water, etc. stands conveniently close to each bed, and a mosquito bar hangs overhead ready for use at any time..."³⁸

Cottage No. 3 was similarly furnished. An operating room and a death house completed the hospital structures.

The Pensacola Infirmary moved again in 1891 and its ownership was acquired by Dr. W. E. Anderson and Dr. Frank G. Renshaw. A "24 bed facility with ambulance service,"⁴⁷ it was located at 323 West Sarragossa Street. Marine Hospital Service patients received medical care here.

During this period, Dr. James S. Herron continued to operate his hospital on the old Pantan

Leslie property. Records of its function are scanty.³⁰

The need for a city hospital to provide care for indigents who did not qualify for care in other facilities received much editorial attention in 1891.⁴⁸ Local physicians and business leaders pledged support but the movement lacked organization and was not successful in achieving its objective.

Medical Society Activity

Efforts by the Pensacola Medical Society to become a viable organization met with little success until 1889. There was an attempt to revitalize the group under the presidency of Dr. R. B. S. Hargis in 1885 however, there is little data to substantiate any effective results.

When Dr. J. H. Pierpont reported to the FMA in 1890, he indicated that the old Society had succumbed to apathy. The resurgence of interest in an effective society is obviously related to the motivating influence of Dr. Pierpont. Under his direction, the Society rented an office in the Blount Building at 218½ South Palafox Street. It was furnished and decorated and served as a club room and library as well as an office. The 14 members met twice monthly.⁴⁹ The objectives were "... mutual edification and improvement of its members, and an interchange of views giving the results of professional observations and experiences; the discussion of matters and subjects appertaining to the medical sciences; to cultivate a friendly feeling among the members of the profession in Pensacola, and to maintain high standards of professional acquirements."³⁸ Miss Esther Rosenstein, a competent stenographer, was employed as a secretary to the Society.⁵⁰

FMA Meets in Pensacola

Pensacola was chosen as the host city for the FMA meeting of 1891. Sessions were held at the Hotel Escambia. Among the physicians accepted for FMA membership was William Crawford Gorgas of Fort Barrancas. Dr. Pierpont was elected First Vice President.⁵¹

Dr. Gorgas read a paper, "Nine Cases of Wounds of the Abdomen," which included surgical cases from the practices of Drs. Anderson and Renshaw. In his comments Dr. Gorgas stated a surgical principle which has withstood the test of time, that penetrating wounds of the abdomen should be explored by laparotomy to determine whether more extensive injuries which require surgical repair have occurred.

Dr. Hargis was unable to attend because of

illness; however, his letter to the Association contained some significant comments regarding the role of the state organization.

"This Association (FMA) must, at all times, exercise a beneficial influence, and supply a more efficient means than have hitherto been available in our State, for cultivating and advancing medical knowledge, for elevating the standard of medical education, and promoting the usefulness, honor and interests of the medical professions. . ."⁵²

He continued, "... The establishment of the present Board of Medical Examiners, . . . has already shown itself to be a powerful protective means of rescuing the people from the hands of unscrupulous quacks . . ."

His latter comment referred to the passage by the state legislature of an act to regulate the practice of medicine in 1889. The Governor was authorized to appoint a Board of Medical Examiners in and for each Judicial District of the State.¹⁴ Dr. R. B. S. Hargis and Dr. C. R. Oglesby were appointed to the Board in the First District, which included Escambia, Santa Rosa, Walton, Holmes, Washington and Jackson counties.

The original handwritten records of the Board are available at the Pensacola Historical Museum and provide excellent clues regarding the range of knowledge expected of the late 19th century Pensacola physician.

Dr. Thomas P. Gary, the FMA President elected for his second term in 1891, died a few months after the convention. As First Vice President, Dr. Pierpont succeeded him and presided over the 1892 meeting in Key West. Although this meeting may not be remembered for its significant accomplishments, it was unique in that part of its sessions were held in Havana, Cuba.⁵³

Physicians Discuss Fees

The traditional concept of the old family doctor who never sought financial recompense for his services, received some startling blows in the 1880's. Dr. R. B. S. Hargis found it necessary to notify his patients with outstanding accounts that unless they settle "I shall try what virtue there is in the law—and if that fails, I shall get what I can for their accounts at public auction."⁵⁴

Dr. Bouvier wrote in great detail on the subject. "It is Ecclesiastes who says:—'Honor the physician because thou hast need of him', but this may also be understood in another way: 'Honor the physician because he has need of it.' . . ."

"Today, it is not rare to see months and years pass by and the gratitude remain silent . . ."⁵⁵

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Economic Outlook

Economic prosperity continued to prevail in Pensacola at the end of the 19th century and an intense spirit of optimism reigned. This was a city with a brilliant future, and one that beckoned to "investors and home seekers,"⁵⁶ proclaimed a local journalist as he extolled its numerous advantages and attractions.

"The city is situated on the Bay of Pensacola, about eight miles from the Gulf of Mexico, protected from the northern winds by elevated lands. A sandy soil gently sloping to the Bay with a stratum of clay varying in depth from twenty to forty feet, renders an effectual surface and deep drainage. Such physical conditions constitute nature's own system of sewerage. The general health of the city is good. Eruptive diseases are seldom seen, and then only sporadically and often traced to distant origin. Typhoid and malarial fevers are so infrequent that they scarcely deserve allusion to in this brief reference to the health of our city. Yellow fever has become distinctly an unknown entity."⁵⁶

The writer proclaims that tourists are attracted to Pensacola because of its natural beauty, fishing and hunting opportunities, historical landmarks, and for health reasons. "Pensacola has not only the beautiful skies and the most beautiful surroundings, but the healthfulness of the area is unsurpassed, while its artesian drinking water is the purest in the world."

Pensacola's population of 24,000 depended heavily on the shipping and lumbering industry for continued support. There appeared to be no concern that this prosperity would ever lessen. "Pensacola's commerce will steadily increase for many years to come. The harbor of Pensacola is the safest, deepest, most approachable and best landlocked harbor in the South, with unlimited wharf facilities for loading and unloading vessels. A depth of channel that permits ships to enter and depart at all tides, the harbor is thirty miles long, from two to five miles wide, and varies in depth from fifteen to thirty feet in the channel and near the wharfs [sic] so that the heaviest sea going vessels can lie along its water front for miles. The lumber and timber interests of Pensacola rank first in importance, and the almost inexhaustible forests of this section has attracted the attention of the whole country."⁵⁶

In retrospect one is tempted to criticize some of these exaggerated claims and anticipations as

unrealistic. However, in view of Pensacola's terrorizing history of severe epidemics that had wreaked havoc with the population and the commerce for many decades, there was just cause for rejoicing at the end of the 19th century.

Since 1883 Pensacola had been spared the painful agony of a yellow fever epidemic. Although the dreaded disease had affected other Florida towns during this period, it had failed to penetrate this thriving community. There is no evidence of any careful scientific inquiry into this blessing of fate. It was accepted without question.

Smallpox

Smallpox posed a potentially serious threat to Pensacola in the spring and summer of 1896. The incidence of the disease in New Orleans had been cause for watchful concern.⁵⁷ Its appearance in Pensacola in March touched off a heated controversy among the members of the Board of Health.

The initial case of smallpox involved an itinerant who was sent to the county poor farm where he was treated by Dr. Robert W. Hargis. The only medical member of the Board of Health, Dr. Frank G. Renshaw, questioned the wisdom of sending this person to the county facility rather than to the quarantine station. He also stated he had received no official notice regarding the case and its disposition. The local newspaper provided the forum for the exchange of vituperative comments between Mr. B. R. Pitt, President of the Board of Health, and Dr. Renshaw.⁵⁸

Fortunately, the incidence of the disease was sporadic and no serious consequences resulted; however, the lack of harmony among Pensacola's guardians of public health—the Board of Health—was brusquely exposed. An editorial in the *Daily News* provided the only objective commentary in this verbal barrage.

"It will doubtless occur, also, to a reflecting public as somewhat strange that the Board should retain the services of a physician in whose ability as a small pox detective it has expressed a want of confidence; but it will not seem strange if the physician in question, recognizing the gratuitous character of the reflection on his ability, should relieve the Board of a further embarrassment in the case by gracefully putting his resignation in the hands of his employers. He should not, however, take such a course. At this critical juncture in our health affairs, when possibly, no other self-respecting physician would accept employment from such a source, it becomes the duty of some

one to act in a self-abnegatory manner, and the sacrifice of pride by whoever shall make it on the altar of public duty will doubtless be fully appreciated by a suffering people. . . ."⁵⁹

Yellow Fever Epidemic of 1897

Pensacola had a 14 year respite from yellow fever. In September 1897, however, there was reason to suspect that this good fortune might be in jeopardy. There were cases of yellow fever in Ocean Springs, Mississippi. The illness gradually spread to New Orleans, Montgomery, Mobile and eventually to Flomaton, Alabama, the junction of the Louisville and Nashville Railroad, about 40 miles from Pensacola.⁶⁰

Despite the disturbing reports, Pensacola physicians maintained an optimistic attitude. At the September meeting of the Pensacola Medical Society "the physicians were unanimous in their declaration that the present month of September is the healthiest ever known here."⁶¹

Dr. Joseph Y. Porter, State Health Officer, who had come to Pensacola to investigate the yellow fever scare, was a guest of the Society. He was assured that Pensacola was the zenith of good health.

"Dr. Renshaw opened the discussion by saying that he had very little sickness to report in his practice—in fact there was such a dearth of cases that he was at a loss in reporting upon any particular disease. 'During a practice of 15 or 16 years,' said he, 'I have never known such perfect health in the city.'

"Dr. Pierpont said he had always regarded September as the sickliest month of the year, but the present month has been the healthiest ever known. He thought that the city authorities deserve great credit for this state of affairs, especially Capt. Wm. Hayes, Chairman of the Sanitary Committee of the city council, who had kept the city in most excellent sanitary condition. There had been but very few cases of malarial fever, and these of a mild type and only one or two cases of typhoid fever."⁶¹

In his address to the Society at this meeting, Dr. Porter complimented Floridians on their behavior during this threatening period. ". . . the people of Florida have acted sensibly in the matter; only a few have been at all nervous and it is very probable that if the neighboring Gulf states had the same system as Florida, there would not be the senseless quarantine regulations now in vogue at some points."⁶¹ He was optimistic that

Florida would be safe from the fever until the arrival of the first frost.

The age old mystery of the origin of yellow fever was explored at this medical society meeting. "Dr. Anderson assumed the position that it was not produced by germs, but by a poisonous gas, while Dr. Renshaw held to the germ theory. Both physicians argued strongly in favor of their theories, but both admitted that they could not yet speak positively. . . ."⁶¹

One detects a note of journalistic irony in The Daily News that carried the account of this September 1897 medical society meeting. Directly below this article was an advertisement that proclaimed: "Yellow Fever Germs Breed in the Bowels. Kill them and you are safe from the awful disease. Cascarets destroy the germs throughout the system and make it impossible for new ones to form. . . ."⁶¹ For the small sum of 10¢ one could avail himself of protection against Yellow Jack at the local drug store!

The Commanding Officer at Fort Barrancas, Capt. Junius W. MacMurray, did not share the high degree of optimism of the Pensacola physicians regarding the threat of yellow fever. He considered it imperative to move his command to the safety of Chickamauga Park. However, he reluctantly yielded to the advice of Capt. William C. Gorgas, the post physician, and that of Dr. Porter, who had remained in Pensacola to be in close proximity to the epidemic areas. Both agreed that such a move was somewhat premature.

Capt. MacMurray subsequently wrote in December that Dr. Porter ". . . maintained along the state line, sanitary pickets after the manner of a 'shot gun' quarantine. He visited the post frequently and kept in close touch with the command. He wrote me a letter thanking me for remaining here notwithstanding my conditional authority to remove the troops. Merchants boasted that it was 'a feather in their caps' that the United States troops were not withdrawn as usual. I was never convinced that my deliberately and studiously formed judgment was wrong, and notwithstanding my illness, was unwilling to leave my men here as a matter of *esprit de corps*. (Capt. MacMurray does not clearly identify his illness that was manifested by gastrointestinal symptoms and weight loss.) Finally, the quarantine which had grown irksome and a serious injury to local commerce, was relaxed and its termination at an early date announced and there seemed assurance that we were providentially saved this year."⁶²

The anxiously awaited frost failed to materialize in November, and the fears of the populace were aroused when a yellow fever death occurred in Pensacola on November 14. The victim, a Mr. Goldberg, repaired and sold secondhand shoes in a shop near the railroad station in Pensacola. Dr. Gorgas recounted that, "All persons who were known to have come in contact with him were isolated, and no further cases occurred. The State Health Officer had several house to house inspections of the city, but no cases at all suspicious were found. Nor could he find anything suspicious in the mortuary records of the town."⁶³ Mr. Goldberg was Pensacola's only known case of yellow fever. About five cases were recorded at Fort Barrancas.

Although the extent of the illness was minimal in numerical terms, the fear that it inspired was widesweeping. Dr. Gorgas commented in his report that "The fear of yellow fever is so great through all this country, much greater than any of the other epidemic diseases, that I think keeping up of the morale of the people is more important than the slight service intra-garrison quarantines do. It cannot fail to have a depressing effect upon all concerned, to see the sick and their attendants avoided and looked upon with such dread, and the dead carted away at night and buried without ceremony. The risk is so small that I would have less of this grewsome [sic] business. Experience has taught that if you depopulate, (the men were moved to tents a mile away from the post) you can be pretty liberal in your communication with your camp, and run little risk of infecting it."⁶³

The appalling experience of burying the dead in the middle of the night at Fort Barrancas must have etched a painfully deep impression on Dr. Gorgas. "The yellow-fever doctor in those days had more than merely medical duties to perform; not infrequently he was undertaker, grave-digger, even clergyman; so great was the fear of contagion that funerals were held at midnight, and even the family kept at a distance. One night at Barrancas, Dr. McCulloch, one of the Army physicians, and Mr. Richard Gorgas, the Doctor's brother, were awakened from troubled slumbers by Gorgas, who asked them for a prayer book. Soon afterward, from the direction of the hospital, they could hear the measured tread of pallbearers—hospital attendants—as they passed on their way to the cemetery in the woods. The two men witnessed the scene from the back porch. In the light of the swinging lanterns that aided a cloud-obscured moon, the cheap, black-covered coffin on the at-

tendants' shoulders was dimly visible. Gorgas afterward described the horrible details in which he took part—laboriously digging the grave in the wet, heavy soil; wrapping the corpse in its simple white shroud; filling the unoccupied spaces of the improvised coffin with quicklime; the difficult interment and the filling up of the grave, and the reading of the burial service by the light of the lantern."⁶⁴

Pensacola Physicians

Dr. Robert W. Hargis, son of Dr. R. B. S. Hargis, died in 1899 at the age of 52. No details of his formal education are known. As a youth, he ran away from home, joined a military unit in Virginia and fought throughout the Civil War.⁶⁵ As a physician in the 1880's in Pensacola, he assumed charge of his father's hospital—The Pensacola Infirmary—at its Bayou Chico location³⁰ and then at its Gadsden Street location.³⁸ During his medical career, he was a member of the Board of Health, the physician in charge of the County Pest House and the Escambia County Health Officer. His enthusiasm for involvement included Pensacola politics as well as medicine.⁶⁵

By 1898 there were about 20 regular physicians in Escambia County. Few wrote any personal reminiscences about private medical practice in Pensacola in the late 19th century. However, a newspaper writer's description of the new office suite of Dr. C. F. Marsh enables one to speculate about activity in a local physician's office in the prosperous 1890's! His special area of medical interest was "Chronic Diseases, Diseases of Women and Children, Rectal Troubles and Difficult Surgery."⁶⁶

The Physician's Office

The elegantly furnished reception room contained the physician's office equipment, his medical library and comfortable chairs for his patients. "The second room contains, besides a large glazed case filled with all manner of surgical instruments and appliances, no less than five different kinds of electrical and magnetic machines—an Endiscope [sic], a Faradaic [sic], a Cautery, and an ordinary galvanic battery, as well as a small battery for the removal of farcial [sic] blemishes, etc."

"The operating room is supplied with a very complete Allison operating table, and still another room contains a large electro-thermal bath cabinet, arranged so as to apply the electric current to any part of the body."⁶⁶

Evidently not all Pensacola physicians practiced amid such luxury. In an interview with Dr.

Pierpont in 1939, he claimed that, "A doctor considered himself pretty well set up if he found an office in the back of a drug store, or if his home were close enough to town to make it practical to maintain his office there."⁵⁰

Hospital care was available to Pensacolians at the Pensacola Infirmary, 323 West Saragossa Street. In 1896 it could accommodate 35 patients.⁶⁷ Evidently its location was not considered the most desirable section of the city. It was close to the waterfront, saloons, and boarding houses. Mrs. Leora Sutton, a local amateur archeologist, relates that when she was digging in the vicinity, she inquired among old Pensacolians about the old Marine Hospital. One response was "that no self respecting lady ever went into that part of town. . .!"⁶⁸

Miss Crowell and St. Anthony's Hospital

About 1896, Miss F. Elizabeth Crowell, a young nurse who had recently graduated from St. Joseph's Hospital in Chicago,⁶⁹ came to Pensacola to work at the Pensacola Infirmary and lived there as well. Dr. and Mrs. Anderson became concerned about this "pretty young girl" down there with all those rough seamen, so they brought her home to live with the Anderson family.⁷⁰

In 1899 Dr. Warren Anderson purchased Winter Rest—a tourist hotel—on West Garden Street and moved the Pensacola Infirmary to this new site. In accordance with Mrs. Anderson's wishes, the hospital was renamed St. Anthony's in honor of this Roman Catholic saint to whom she had a great devotion.⁷⁰ The frame structure was remodeled to accommodate 40 patients.^{71,72}

St. Anthony's experienced a most successful first year of operation. At the annual stockholder's meeting in 1901, Miss Crowell, Hospital Superintendent and Secretary-Treasurer, reported on the accomplishments of the year. ". . . the hospital was established and has been maintained as a strictly first class institution, and as such, has received the recognition and patronage of the leading practitioners of the town; and secondly, to the excellence of our nursing staff, which we have recently been obliged to increase, owing to the pressure of work both within and outside of the hospital."⁷³ She further commented on the public's realization ". . . of the necessity for intelligent, trained nursing in all cases of serious illness."⁷³ This imposed a great demand on the hospital staff for trained nurses in the community and Miss Crowell determined to meet the challenge; she established Pensacola's first training school

for nurses at St. Anthony's Hospital in the early 1900's.⁷⁴

Unfortunately, no further information regarding this training school has been uncovered; however, in view of Miss Crowell's subsequent accomplishments, one seems justified in speculating that this fledgling school may have reflected some of the most innovative concepts in nursing education of that era.

Miss Crowell left Pensacola in 1905. In 1917 she went to Europe with the Rockefeller Foundation's Tuberculosis Commission and contributed brilliantly to the work of this group. As part of the Rockefeller team, she was invited to study nursing needs in eastern and central Europe. During her 23 years of service ". . . modern schools of nursing were aided in nine European countries to prepare nurses for public health work. Health centers, urban and rural, were established. Central bureaus of nursing were organized in three national governments . . ."⁷⁵ This intelligent and creative young lady who had once implemented a nursing idea in Pensacola was accorded further honors when she received medals of recognition from the governments of Rumania and France. Miss Crowell died in Italy in 1950.

The U. S. Marine Hospital Service maintained a service for marine patients at St. Anthony's with Dr. J. Whiting Hargis in charge.⁷²

In 1900 Pensacolians continued to express the need for a city hospital to care for its "destitute sick and injured."⁷⁶ Lack of funds prohibited the construction of such a facility. Consequently the city and county jointly contracted with St. Anthony's hospital for the use of three beds for \$750 per year.

Dr. J. H. Pierpont and Medical Society Activity

The Pensacola Medical Society continued its arduous task of trying to develop into a strong, effective organization. When Dr. Juriah H. Pierpont reported to the FMA in 1895 he lamented that, "Our Society has unfortunately run down somewhat during the past year. We have lost three of our members by dropping them. They seemed to lose interest and failed to attend the meetings, and were accordingly stricken from the roll . . ."⁷⁷ Membership in the society was not restricted to Pensacola physicians but extended to regular physicians in the surrounding towns of Milton, Bluff Springs and Warrington.

Although data on the medical society activity is scarce, there is evidence that the group met regularly during this era. The Daily News carried

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notices of these twice monthly meetings from 1898 to 1902. The fact that some local physicians presented scientific papers at the FMA suggests that there were discussions pertaining to medical science at these society meetings.

In 1893 Dr. Charles R. Oglesby presented to the FMA a paper entitled "The Therapeutics of Ergot In the Reduction of Uterine Fibroids."⁷⁸ At this same session Dr. Pierpont read a paper entitled "Some Practical Remarks on Chloroformization."⁷⁸ He related, "It is my practice to reassure patients by giving a hypodermic of morphine and atropine in a menstruum of whisky [sic] or brandy, and at the same time, to tell them that the danger from the chloroform has been removed; as it has, in my opinion, since it unquestionably lessons [sic] the stage of intoxication, adds tone to the cardiac muscles, quells cerebral excitement, lessons [sic] the susceptibility to shock, relieves pain after anesthesia, and from an economical point of view, less chloroform is required after complete anaesthesia [sic] has been induced."⁷⁸

At the 1901 FMA meeting, Dr. Pierpont read a paper entitled "A Plea for the More Common Use of the Microscope in Diagnosing Diseases of the Urinary Passages."⁷⁹ His selection of a subject becomes quite impressive when one considers some of the attitudes of physicians of that day to scientific medicine. A 1902 publication warned physicians not to become involved in medical science! "Do not allow yourself to be biased too quickly or too strongly in favor of new theories based on physiological, microscopical, chemical, or other experiments, especially when offered by the unbalanced to establish their abstract conclusions or preconceived notions, or by those who have blindly identified themselves with the latest medical novelty."⁸⁰

Medical Licensure

The problem of medical licensure intensely concerned Dr. Pierpont. At the 1895 meeting of the Florida Medical Association, he read a paper entitled "The Association of Medical Examining Boards." He pointed out that the seven Judicial District Examining Boards that had been created by a Legislative Act in 1889 functioned independently of each other without conforming to any established guidelines. "Prior to June the 15th, 1894, the several Boards conducted their bi-annual examinations whenever it best suited their convenience, and without any regard towards co-operation with the other Boards, which would

frequently be in session a few days or weeks afterwards, making the interval between the sessions very short. This gave valuable opportunity to applicants who had previously failed before one Board to present themselves before another Board and demand another examination without the knowledge of the Board by whom they had just been examined, or the one before whom they next applied . . ."⁷⁷ There was wide variation in the administration of the examinations. "One Board used a system by which the applicant was required to draw ten questions on each branch out of a lot of several hundred that covered the branch from beginning to end. Another Board extemporized the questions for each applicant and examination."⁷⁷ The granting of temporary certificates was another sensitive area. "One Board went even so far as to grant temporary certificates to applicants who failed even to qualify; the idea being that the applicant was entitled to the certificate. This enabled holders of temporary certificates to establish themselves in practice and public confidence, and when at the regular meeting of the Board, he was rejected, the hue and cry was raised that he was being persecuted by the bad doctors, who were from selfish motives trying to debar him from practicing . . ."⁷⁷ Dr. Pierpont's criticism was not restricted to licensing procedures; medical education of that day merited commentary. "The noble profession, of which we are proud to be called members, is being besmirched and trampled in the dust by these disreputable and irresponsible medical colleges, and if examining boards will stand firm and fix their standards commensurate with the requirements of modern and refined medical education, reputable colleges will raise theirs to a proportionate degree, while the institutions representing the enemies of medical science and progress will cease to exist."⁷⁷

In order to correct some of these deficiencies, representatives of the various medical examining boards met and formed the Association of Medical Examining Boards. Guidelines were established regarding examination dates, examination methods and standardization of questions. Although this was not the ideal solution, it represented a vast improvement over the previous arrangement.

This marked the beginning of a long period of effort on the part of Dr. Pierpont and other Florida physicians to secure legislation to create a single State Board of Medical Examiners.

In 1896, Dr. Pierpont, Chairman of the FMA Committee on Legislation, reported on the failure of an FMA sponsored bill to create a Board of

Medical Examiners at the previous session of the State Legislature. His argument for an improved system of medical licensure was strikingly illustrated by a letter that had appeared in a Pensacola newspaper.

To Whom It May Concern:—

If there be any physician in or out of the State of Florida who anticipates locating in Pensacola to practice medicine, their friends will do well to advise them not to come before this Pensacola Board to be examined. Not one has passed the present board, who expressed himself as locating here, and not one of them has failed to get a certificate from other boards, where honesty and professional ability existed. The best citizens advised me to go to some other board where I might get justice; I found they knew whereof they spoke. It is reasonable to surmise the local board did not intend to antagonize with any more doctors in the city, and those who desired locating in the piney woods uniformly pass with a complimentary grade—see. [sic]

The direction of the smoke will give you the point from whence the wind cometh. The presumption of this board is unbounded, who,—but they—would write upon a postal card, publicly, so anyone could read, their extreme low rating of an applicant, and the presumption is only magnified when this card is sent to another board with a telegram dictating to them what to do in the case, etc. They, too, assume a higher prerogative than the National Association, and boast of plucking men because they do not belong to their ideal school, while the law recognizes no one school more than another. When that school has conformed to the regulations of the National Association, all have an equal right, and should be treated impartially, to say the least of it, regardless of race, color, creed or politics. The standing of the school is decided by the Association, and the duty of the board is to see if the school is on the National list, and if so, to give the applicant an impartial examination, consistent with justice, and when there is reason to believe that the Board over steps its formation it should be investigated, and if justifiable a prayer sent to the Governor; for much injury can be done by such a board to innocent, proficient and worthy young men, after spending time, money and talent, only to be thrown by men who are prejudiced.

It is hardly reasonable that every man, without an exception, four or five in number, should be so deficient, coming from the leading three schools recognized by the National Association, and yet in this board's opinion deficient. Before educated and honorable boards, these same men pass complimentary examinations. Something radically wrong—and in conclusion, remember to direct your friends where they may get justice and prevent antagonism with that which approveth evil.

Respectfully,
T.J.W., M.D., D.D.S.
[T. J. WELCH, M.D. DDS]42

Despite intensive efforts to create a State Board of Medical Examiners, sufficient legislative support failed to materialize during this era.

Dr. Pierpont Elected FMA President—
Second Time

In 1902, for the second time in his medical career, Dr. Pierpont was elected President of the Florida Medical Association. It was a unique set of circumstances that unexpectedly conferred this honor upon him. Both the FMA President and Vice President were unable to attend the meeting because of their personal losses incurred in the

disastrous Jacksonville fire of 1901. The membership elected Dr. Pierpont to preside at the 1902 meeting, and to serve as President of the organization from 1902 to 1903.⁷⁹

1903-1912

The destructive forces that had regularly terrorized Pensacola in the 19th century seemed destined to repeat the cycle as the first few years of the 20th century slipped by.

Smallpox

In 1903, smallpox threatened the city when some itinerant laborers from Alabama transmitted the infection into Northwest Florida. A well-organized immunization program by city, county and state health officials arrested the spread of the disease.⁸¹

Last Yellow Fever Epidemic

A final challenge was presented by the dreaded Yellow Jack which, unlike previous epidemics, was carried into the city by railroad and not by ship. In mid-July 1905, an estimated 400 to 500 Greeks and Italians traveled to Mobile and New Orleans on an excursion train. Those who visited in the Crescent City, it was subsequently learned, had been exposed to yellow fever. This was a distressing realization for Dr. Warren E. Anderson, the State Board of Health agent in Pensacola. Two suspicious cases of fever were observed in mid-August; three definite cases of yellow fever were confirmed in late August.⁸²

Prompt measures were taken to confine the illness to the East Government Street area where the patient lived. A sanitary cordon was established around the section bounded by Romana Street on the north, Alcaniz Street on the east, Church Street on the south, Jefferson Street and a line through Cushman's Alley to Romana Street on the west. Police guards permitted only authorized personnel to enter or leave the quarantined area. House to house inspections were conducted to detect further yellow fever cases. Houses were screened and fumigated with pyrethrum. Mosquito breeding sites were destroyed and citizens slept under nets, as added protection against the mosquito. The determined efforts of the health inspectors to rid the city of mosquitos were not lauded by everyone. Dr. James S. Herron refused to have his premises inspected! He alleged that, "he was standing on his constitutional rights and exercising the prerogative of a free American citizen, claiming the right given to every American

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under the Constitution of the United States."⁸³ He was ultimately fined \$25.⁸⁴

Despite a carefully designed plan to confine the disease to a small area, the fever eventually spread throughout Pensacola. Many persons had anticipated the confinement of quarantine when yellow fever suspicions were first expressed and had quietly slipped away to other sections of Pensacola. Another possible contributing factor was the lifting of some quarantine restrictions when the infection appeared to be subsiding. The epidemic faded in late November. There had been 1,052 cases with 150 deaths.⁸⁵

Nursing Measures at St. Anthony's Hospital

A remarkable observation was Pensacola's success in confining the illness to this city. Dr. Joseph Y. Porter, State Health Officer of Florida wrote:

An interesting as well as instructive feature of management in the epidemic at Pensacola was the freedom from infection enjoyed by the nurses at St. Anthony's Hospital. The treatment of cases here was confined to the indigent, the homeless and friendless class. A long ward, with smaller rooms opening into it, were all wire screened and then thoroughly fumigated to kill all mosquitoes. Only one entrance was given to these rooms, and that through a wire-screened vestibule cage with two doors opening in opposite directions. The nurses of the hospital were nonimmune young females. Although there were virulent cases of yellow fever treated in these wards, none of the nurses contracted the disease, nor did any other of the hospital force. As proving conclusively the correctness of the law of the transmission of yellow fever by the mosquito alone, mention is made of several cases of malarial fever, which in a hurried diagnosis were sent to the hospital under suspicion of yellow fever, and which were treated in the ward with the yellow fever cases and beside yellow fever patients, who recovered from the malarial attack, but never contracted yellow fever.⁸²

The State of Florida spent over \$40,000 to control the epidemic in Pensacola and to prevent its spread to other parts of the state.⁸²

"Bosso's Blessing"

Reflections on the yellow fever epidemics in northwest Florida would be incomplete without brief mention of "Bosso's Blessing to Mankind"—a patent medicine claimed to prevent yellow fever. Dr. Samuel Clarke Bosso, an Italian physician whose medical background is obscure, came to Pensacola in 1882.⁸⁶ His patent medicine was widely advertised, particularly when yellow fever "season" approached. He, himself, died of yellow fever in 1883, a rarely acknowledged fact. Dr. Daniel Guiteras, U.S.N., wrote that, "... before he (Dr. Bosso) died, he wanted me to sign a certificate, stating that he had not died of yellow fever, for, said he, 'If I die of yellow-fever, people will not buy my medicine any more!'"⁸⁷ Evi-

dently the success of his patent medicine was not adversely affected. During the 1905 epidemic, the current promoters of the medicine purchased half page ads in a Pensacola newspaper and daringly promised a \$500 reward to anyone who took "Bosso's Blessing To Mankind" according to the directions and nevertheless developed yellow fever!⁸⁸ Such a resolute promise provided an interesting paradox alongside articles such as Dr. Rudolph Matas' "The Transmission of Yellow Fever and How to Nurse It,"⁸⁹ and the U.S. Marine Hospital Service's circulars on screening, mosquito control and other yellow fever prevention measures.⁹⁰

Quarantine Station

The Santa Rosa Island Quarantine Station, a very significant facility in the annals of Pensacola yellow fever history, was sold to the State of Florida for \$20,000 in 1903. It was subsequently transferred to the U.S. Marine Hospital Service.⁹¹

1906 Hurricane

Less than a year after Pensacola was tormented by yellow fever a destructive hurricane claimed 32 lives. Damage estimates were over \$3,000,000.⁹²

Drug Addiction

A medical problem of serious proportions that received less public attention in this era than yellow fever and other epidemic illnesses was drug addiction. An unidentified Pensacola lawyer expressed concern about the availability of cocaine and morphine. He commented in a local newspaper that, "I have somewhat interested myself in the matter and conclude that there is no restriction by the city on the sale of the dangerous drugs. In one of the drug stores on this street, I stood a few moments and saw no less than seven women go in and get a supply, which in each case was sold without question. There is a prohibitory state law, but it seems to have become a part of history so far as its enforcement is concerned."⁹³ Advertisements for a sanatorium in Louisiana where one could obtain treatment for drug addiction appeared regularly in local newspapers.⁹⁴ The country's one million drug users were even offered mail order therapy by a New York association!⁹⁵

Outstanding Physician Activity

Several new physicians joined the Pensacola medical community during this decade; some made outstanding contributions during their long years of service.

In 1905 Dr. John Samuel Turberville began the practice of medicine in Century, a small lumber mill community north of Pensacola. A native of Claiborne, Alabama, he graduated from the medical school of the University of Alabama in 1902. In 1907 he acquired a sanatorium which he rebuilt into the Turberville Hospital, a facility which brought medical care to the people of the Century area for more than 50 years. Dr. Turberville served as President of the Escambia County Medical Society and of the FMA in 1940. He died in 1946.⁹⁶

Dr. Stephen Russell Mallory Kennedy was born in New Orleans in 1878 and graduated from the medical school of Tulane University in 1903. He was associated with the Louisiana State Board of Health for a short time. He came to Pensacola, the home of his late grandfather, Stephen Russell Mallory, former Confederate Secretary of Navy. In 1906 Dr. Kennedy assumed charge of the U. S. Marine Hospital Service here. In 1917 he was commissioned in the U. S. Army Medical Corps. While serving in France he was assigned to assist the British Forces and was awarded the British Military Cross for bravery in action. He was married to the former Sarah Logan of Virginia. His only son, Thomas, still lives in Pensacola.⁹⁷

In 1908 Dr. Clarence E. Hutchinson returned to practice medicine in his home town. He was the grandson of Emory Fiske Skinner, a prominent late 19th century Pensacola resident. Dr. Hutchinson graduated from the medical school of Tulane University in 1905. Following graduation he was appointed Assistant House Surgeon and then Senior House Surgeon at Touro Infirmary in New Orleans. In April 1908 he was appointed Superintendent of Touro, a 200 bed hospital with clinic facility that treated about 3,000 patients per month.⁹⁸

Following a trip to Europe in late 1908, Dr. Hutchinson returned to Pensacola and became associated with a movement to establish a modern hospital here. These efforts culminated in the establishment of the Pensacola Sanitarium, which will be described subsequently.⁹⁹

Another well remembered physician who came to Pensacola during this era was Dr. Mozart A. Lischkoff. He was born in Woolsey (now Warrington, Florida) in 1890. He graduated from Tulane University Medical School in 1910 and did residency at the Ear, Nose and Throat Hospital in New Orleans for a year. After a year's study in Vienna, he returned to Pensacola and opened an office in 1912.¹⁰⁰

St. Anthony's Hospital Closes; Becomes Pensacola Hospital and Training School

The need for a hospital facility to provide medical care for the indigent became apparent again in 1906. In January of that year, the stockholders of St. Anthony's Hospital voted to liquidate the corporation. The published account explained that, "... [the] large amount of charity work in the city makes it impossible to conduct an institution of this kind on a self sustaining basis."¹⁰¹ This disclosure was of great concern to Dr. J. Harris Pierpont, the city physician. He proposed that plans for the new city jail include two hospital wards and an operating room.¹⁰²

Evidently this proposal was never implemented. St. Anthony's Hospital moved to the northwest corner of Reus and Strong Streets on North Hill and became known as the Pensacola Hospital and Training School for Nurses.¹⁰³ Dr. Warren E. Anderson was the surgeon in charge. In 1907 the City Board of Health officials negotiated with Dr. Anderson for the use of beds at this hospital for city patients.¹⁰⁴ Dr. Anderson maintained this facility until it was absorbed by the Pensacola Sanitarium, a hospital which opened at 340 West Garden Street in January 1909.

According to A. C. Blount, prominent banker and member of an old Pensacola family, the building which housed the Pensacola Sanitarium was originally located on the present site of the Barnett Bank.¹⁰⁵ It was first a tourist home and then St. Anthony's Hospital. It was moved to the corner of Garden and Devilliers Street and converted into a hospital for a second time.

Pensacola Hospital Described

The Sanitarium staff invited Pensacolians to an open house on January 14, 1909 and the response was enthusiastic. The visitors were impressed by the facilities they viewed—an x-ray or therapeutic room which contained the latest appliances for the administration of electricity, a laboratory complete with "freezing apparatus for the examination of tumors, excretions and pathological specimens,"¹⁰⁶ an emergency room and a well equipped operating room. It could accommodate 20 patients. Miss Dewitt Dillard was in charge of the staff of six nurses who came from Touro Infirmary in New Orleans. Miss Dillard shared responsibility of the Training School for Nurses with the hospital superintendent.

Among the members of the stock company that owned the Pensacola Sanitarium were Drs.

Daniel W. McMillan
Marian E. Quinn

Mission Hospital

Local citizens, including a charity hospital with little or no usually referred facility opened included a training school for nurses served on care of the indigent private patient institution remained its few years (name to St. Louis) paying for hospital needed—were "charity" patients.

From 1900 maintained a corner of Garden Street¹¹⁰ and Gadsden Street regarding the Bryans Sanitarium



Daniel W. McMillan, Clarence E. Hutchinson and Marian E. Quina.⁹⁹

Mission Hospital and Bryans Sanitarium

Local citizens maintained interest in establishing a charity hospital to accommodate patients with little or no funds. In 1910 Mission Hospital, usually referred to as "Charity Hospital" a 30-bed facility opened on North Hill. Projected plans included a training school for nurses. Local physicians served on the Board of Directors. Although care of the indigent was a primary objective, private patients were accepted.¹⁰⁷ However, the institution remained in financial distress during its few years of existence. In 1911 it changed its name to St. Luke's Hospital. Patients capable of paying for hospitalization—and their support was needed—were reluctant to enter a hospital with "charity" patients.¹⁰⁸

From 1903 to 1909 Dr. Robert Lee Bryans maintained a private sanitarium in Pensacola. In 1903 the building, located at the southwest corner of Garden and Baylen Streets, was destroyed by fire. One patient died in the blaze.¹⁰⁹ The Sanitarium was then located at 100 East Wright Street¹¹⁰ and in 1907 it was moved to 928 East Gadsden Street.¹⁰³ Information is incomplete regarding the closing of Mission Hospital and Bryans Sanitarium.

Pensacola Medical Society Becomes Escambia County Medical Society

In 1903 Dr. Louis deM. Blocker reported to the Florida Medical Association that the name of the Pensacola Medical Society had been changed to the Escambia County Medical Society, to conform to the reorganizational plan recommended by the American Medical Association, and a charter was requested from the State Association.¹¹¹ Reports in the Transactions of the Florida Medical Association during this decade (1903-1912) indicated that membership in the Escambia County Medical Society fluctuated from 12 to 30 members, and that society activity was somewhat languid.

FMA Meets in Pensacola

In 1909 the Florida Medical Association held its annual meeting in Pensacola.¹¹² In his welcoming address delivered at the City Hall, Dr. Warren E. Anderson commented on the history of the Escambia County Medical Society and the influence of Dr. J. Harris Pierpont in revitalizing the society. He made proud reference to a former member, Dr. William Crawford Gorgas, who was President of the American Medical Association in 1909.

Activities of Dr. Pierpont

Dr. J. Harris Pierpont's interest in maintaining an effective physicians' organization was not



Pensacola Sanitarium at northeast corner of West Garden at Devilliers Street, 1909.

limited to the county level; he contributed his time and talents to the work of the state association as well. He served as Councillor from the First Judicial District to the Florida Medical Association and as a member of the Committee on Public Policy and Legislation throughout this era, 1903-1912.

Dr. Pierpont's dedication to the objectives of the Committee on Public Policy and Legislation inspired the theme of his President's Address to the FMA in 1903. He dwelt on the need for legislation to create a State Board of Medical Examiners that would elevate the qualification standards of physicians applying for licensure in Florida. He also urged strengthening state and county societies by enlarged memberships.¹¹³

A bill creating the recommended Board of Medical Examiners was introduced in the Senate by W. A. Blount of Escambia County in 1903 but failed to receive sufficient support for passage. Dr. Pierpont wrote each opposing legislator to determine specific reasons for the bill's failure. The replies were quoted in his 1904 report to the Florida Medical Association: "... The measure referred to is taken as an attempt to formulate a medical trust, and to exclude all methods of healing not authorized by the Board formed by the proposed bill." "... I fought the bill for a Board of Medical Examiners as a piece of vicious [sic] legislation—a bill to build up a trust—and aimed directly against the interest of the poor man. My idea is that a business that has any merit in it needs no legislation to protect it and such a bill as your association tried to put through the Florida Legislature seems to me to be a virtual confession of your lack of merit." "... My constituents, or at least 90 per cent of them, was [sic] opposed to the bill." "... it in some way aimed a blow at some of the schools of medical science, and particularly at Christian Science, and that it was a concentration of power that was not necessary." "I consider it a crime against the country people to restrict the practice of medicine to those highly educated." "We need more doctors who will reside in the country. And it is better that we have second class than none at all."¹¹¹

In concluding his report, Dr. Pierpont stated, "It is plainly evident from these replies that the representatives were not properly informed beforehand by the physicians in their respective counties, consequently were easily led to believe what our enemies saw fit to tell them."¹¹¹ He urged physicians to contact their respective state legis-

lators and exert positive influence regarding medical legislation.

Osteopath Wins Court Case; Practicing Without a License

The need for more effective medical legislation was demonstrated in Escambia County in 1903 when legal action was brought against Dr. C. E. Bennet, an osteopath, for practicing medicine without a license. The suit was filed at the instigation of the District Board of Medical Examiners and the County Medical Society. Dr. Warren E. Anderson wrote, "... despite the zeal and ability displayed by our attorneys, the number of decisions of supreme courts of various states, based upon laws similar to our own, the Judge (E. D. Beggs) ruled against us on the question of law, and not of fact as to the illegal practice of medicine."¹¹¹

When Dr. Pierpont spoke to the FMA on "Medical Legislation"¹¹⁴ in 1905, he directed some harsh criticisms at fellow physicians. The real cause of the failure to enact medical legislation "... is found with the individual medical man, who evinces the greatest indifference to the welfare and elevation of his profession by staying out of his county and state medical societies." "If Lot were alive today, he would experience greater difficulties in finding zealous, progressive and self-sacrificing medical men than just men with whom he hoped to save the doomed city of Sodom!" He recommended that physicians should become involved in local public affairs and, "aid in shaping the destinies of his people as well as the interests of his profession."

In 1905, a compromise bill creating a State Board of Medical Examiners was passed by the Florida Legislature.¹¹⁵

1913-1923

Pensacola Hospital Established

In 1914 the Sisters of Charity of St. Vincent de Paul from Emmitsburg, Maryland were invited to Pensacola to participate in the establishment of a modern facility—the Pensacola Hospital.

These Roman Catholic nursing sisters were not strangers to this area. In 1861 a small group of these nuns had come to Pensacola to give nursing care to the Confederate soldiers in Warrington. The heart-rending scene of suffering and squalor which they encountered at the military hospital was graphically described in a letter written by one of the nuns:

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... on one occasion over 8 hundred came in with measles & not a vacant bed in the house, they were satisfied to lie on the floor with their knapsack under their poor heads & one blanket for covering, & it fairly alive with vermin & fleas but not a complaint escaped from them. A number of them took other diseases in the hospital & died as they had lived.¹¹⁶

In 1915 the nursing sisters arriving in Pensacola discovered a remarkably different set of circumstances. Pensacola was an expanding city and the health needs of the area warranted a larger, better equipped hospital than was presently available at the Pensacola Sanitarium. A committee of responsible citizens including Rabbi William Ackerman, Max L. Baer, the Rev. T. H. Kennedy, Thomas W. Brent, P. K. Yonge and Bishop Edward P. Allen of Mobile had carefully studied the situation. Funds had been raised, property had been purchased on Twelfth Avenue at Gonzalez Street, and the nuns accepted the invitation to build a hospital.¹¹⁷

Dr. S. R. Mallory Kennedy proclaimed that the Pensacola Hospital was a physician's dream-come-true. He wrote that, "for years surgeons have deplored the fact that operative cases were being taken every day to some distant city where better facilities could be found. Many desperately sick patients have preferred to risk the jolting and jarring incident to a railroad journey, to being operated upon at home, not because they lacked faith in their physician, but because the hospital facilities afforded them were poor."¹¹⁷

Mrs. E. P. Nickinson, a native Pensacolian, corroborates Dr. Kennedy's comments about the inadequate surgical facilities in the city prior to 1915. She vividly recalls the drama surrounding her own appendectomy in her home on North Baylen Street when she was a young girl. Even the large surgical lamps were brought in by Dr. Clarence Hutchinson to transform her bedroom into an operating room.¹¹⁸

The Pensacola Sanitarium closed when the Pensacola Hospital opened on September 1, 1915.

A training school for nurses was established at the new hospital shortly after it opened.¹¹⁷ The student nurses assumed an active role in assisting local physicians in rendering health care. Mrs. Marguerite Skotsky Pfeiffer, a 1919 graduate of the school, remembers that student nurses assisted physicians with home deliveries. When asked to elaborate on this nursing experience Mrs. Pfeiffer humorously recalled one stormy autumn night when she assisted on maternity cases from late evening until dawn. The wind was so strong that

keeping the oil lamps lit was her major challenge!¹¹⁹

The Pensacola Hospital changed its name to Sacred Heart Hospital in 1949. It remained on Twelfth Avenue for almost 50 years. In 1965 it was moved to a new site on Ninth Avenue and continues to operate there at the present time. In 1965 the nursing school was phased out; however, a clinical instruction program for nursing students continues under the sponsorship of Pensacola Junior College.

Among the physicians who came to Pensacola during this era were Walter C. Payne and Herbert Lee Bryans, son of Dr. Robert Lee Bryans.

Dr. W. C. Payne, FMA President and Civic Leader

Dr. Walter C. Payne was born in Luverne, Alabama in 1889 and graduated from the medical school of Tulane University in 1912. He interned at Charity Hospital in New Orleans and came to Pensacola in 1914 to practice medicine. He served in the U. S. Navy during World War I.

Dr. Payne's impressive medical career is familiar to Pensacolians. He served as President of the Escambia County Medical Society and of the FMA in 1949.¹²⁰ He was instrumental in organizing the local Blood Bank and headed it for many years. His concerted efforts on behalf of health and civic organizations and Pensacola hospitals continued unceasingly until his death on May 3, 1972. His son, Dr. W. Clifton Payne Jr. practices surgery in Pensacola at the present time.

Dr. Bryans—FMA President

Dr. Herbert Lee Bryans was born in Griffin, Georgia in 1889 and came to Pensacola at an early age. He graduated from the Atlanta College of Physicians and Surgeons (later Emory University School of Medicine) in 1911 and did post-graduate work in Internal Medicine at the New York Post Graduate Medical School.¹²¹ He practiced in Pensacola until 1917 when he was commissioned a First Lieutenant in the U. S. Army Medical Corps. After World War I he accepted a position with the U. S. Veterans Bureau. In 1923 he resigned from government service and resumed private practice in Pensacola. Dr. Bryans served as President of the FMA in 1935 and was chairman of the Florida State Board of Health from 1941 to 1957. Locally he participated in the establishment of the Escambia General Hospital (now University Hospital) and the Escambia

County Health Department. Dr. Bryans died June 8, 1961.

Influenza Epidemic—1918

During World War I the majority of Pensacola's physicians volunteered their services in the military. The impact of the physician shortage in the area was most acute during the autumn of 1918 when the influenza epidemic was most severe.¹²²

As the illness spread throughout the city, absenteeism among the telephone company operators and the electric car company employees sharply curtailed these services. Public gatherings were discouraged. Movie theatres, churches and schools closed. Pharmacies had difficulty coping with the monumental demand for drugs and supplies. Relief pharmacists were provided by the Naval Air Station. The Liberty Loan Drive was halted.¹²²

Chaos was averted by the efficient coordination of all available manpower by the Pensacola Emergency Relief Committee organized under the auspices of the local Red Cross Chapter. Headquarters were established at 125 South Palafox Street. Pensacolians were advised to direct all requests for assistance to this central office. Calls for physicians were handled. Messengers were available to deliver prescriptions to the sick. Volunteers staffed a motor pool. Food was prepared and delivered to homes where everyone was ill. Volunteers also provided home nursing care.

In describing the aura of tragedy which prevailed during the epidemic, Mrs. E. P. Nickinson stated that W. A. Blount Jr., one of the volunteers of the Emergency Relief Committee, died from the illness he contracted while serving others. One family—mother, father and two young children—moved into the city and a few days later were found dead in their home.

During this time young student aviators lived at the San Carlos Hotel because of the housing shortage at the Naval Air Station. The incidence of the flu among these men was high. Mrs. Nickinson recounts that funeral processions were reportedly requested not to go by the San Carlos Hotel because of the depressing effect they had on the student aviators.

Mrs. Marguerite Skotsky Pfeiffer was one of the few student nurses at the Pensacola Hospital who remained well during the epidemic. At one point only six nurses were available to care for 101 hospitalized patients. Mrs. Pfeiffer sadly recalls the number of pregnant patients who died

from the illness. Therapeutic measures such as oxygen and intravenous fluids were not available.¹¹⁹

Accounts of misfortune and heroic deeds abound. One of the saddest incidents was the death of Dr. J. A. Wells, a 30-year-old Panama City physician. Dr. Wells had come to Pensacola to assist overworked physicians during the epidemic, only to become a fatality himself shortly before the epidemic subsided.¹²²

Bubonic Plague

In June 1920 Pensacola physicians were confronted with bubonic plague, a public health problem that never before had affected the city. On June 12, Peter Gardina, a patient of Dr. Herbert L. Bryans, died from the illness.¹²³

Under the direction of Dr. S. R. Mallory Kennedy, U.S.P.H.S. and Major Ralph N. Greene, State Health Officer, immediate measures were taken to protect Pensacola against this disease transmitted by rats and fleas.

Plague is a disease caused by a gram-negative bacillus, *Pasteurella pestis*. It is primarily a disease of rats and wild rodents with man serving only as an accidental host. Bubonic plague is the most common form. Infected fleas usually bite man on the lower limbs and the bacilli rapidly spread to the lymphatics of the groin. The enlarged lymph nodes are known as buboes; hence the name "bubonic." Death occurs when the plague bacilli are not confined to the local lymph nodes, and the disease becomes generalized.¹²⁴ Between 1900 and 1944, 504 cases were reported in the United States and 63% of the infected patients died of the disease.¹²⁴

Pensacolians were urged to catch rats and to immerse them in kerosene to prevent the escape of any fleas that might be present. The rats were turned over to the state laboratory at Palafox and Cervantes Streets for examination. Warehouse and wharf owners constructed floats to moor vessels six feet away from the docks. All outgoing ships and freight cars were fumigated.

On June 18, 1920, the USPHS Laboratory car, under the direction of Dr. R. R. Spencer, and a complement of inspectors, fumigating experts and rat catchers came to Pensacola from Mobile to assume responsibility for controlling the spread of the disease. The State of Florida appropriated \$40,000 to help defray the cost of the extermination program. In early July the city of Pensacola passed a strict rat proofing ordinance which directed Pensacolians to cover garbage, to clear

weeds from their property, and to raise lumber piles to prevent rats from nesting underneath.

By August 1, 1920, 20 of the 8,800 collected rats were found to be infected. By plotting the locations of the infected rats, Dr. Spencer concluded that the infection had been carried in by rail and not by ship.

According to Dr. S. R. Mallory Kennedy, there were seven deaths among the ten cases of bubonic plague in Pensacola. The city had spent over \$383,000 for rat proofing before the last case was diagnosed on August 31, 1920. Rat proofing measures were maintained until August 15, 1921.¹²⁵

Medical Society Activity

In 1917 Dr. Pierpont reported to the FMA that the Escambia County Medical Society, "one of the liveliest wires in the State Association," held well attended meetings at which scientific papers were regularly read.¹²⁶ Many of these were published in the JFMA.

Dr. Kennedy—FMA President

In 1921, the FMA held its annual meeting in Pensacola. Dr. S. R. Mallory Kennedy was elected President.¹²⁷

Dr. Pierpont—Medical Legislation

In 1914 Dr. J. Harris Pierpont, a staunch proponent of legislation to create a single State Board of Medical Examiners, spoke to the members of the FMA at their annual meeting in Orlando. In his address he reviewed the efforts of the Committee on Legislation and Public Policy to successfully initiate legislation to modernize Florida's medical laws. The irregular schools of medicine, including the Christian Scientists, he pointed out, sent representatives to Tallahassee to oppose medical legislation supported by the FMA.

Dr. Pierpont urged local medical societies to accept for membership "every reputable white and legally registered physician who is practicing, or who will agree to practice non-sectarian medicine."¹²⁸ He further argued, "I know of no more effectual plan to disarm an enemy than by sincere friendship, and the adoption of a common cause for mutual benefit. Then why not abandon the idea of exclusiveness, and not only invite members

of other schools who are eligible to membership, but, to use a common phrase, 'go after' them and impel them to unite with the county society."¹²⁸

A united medical profession, he contended, would be a more effective force in the interest of medical legislation. "All reform measures have exacted personal sacrifices on the part of the devotees of a cause, so why should not a doctor be willing to wield his influence, devote his time, and spend his money for the advancement and elevation of his profession?"¹²⁸ He encouraged participation in local politics by his fellow physicians. Dr. Pierpont's concluding remarks cautioned, "It therefore only remains for us to determine whether we will 'go after' what we so much need and desire, or continue the old drifting policy which has so many times wrecked our efforts for modern medical legislation."¹²⁸

Seven years later, in 1921, the goals of physicians such as Dr. Pierpont were realized when the Florida legislature enacted a measure creating a single State Board of Medical Examiners.¹²⁹

Conclusion

During this 50 year period, 1873-1923, the medical profile of Pensacola experienced vast changes. Individual physician activity in rendering health care evolved into a more cooperative effort as evidenced by the establishment of a large modern hospital, thus replacing smaller proprietary facilities. A small county medical society matured and joined forces with the FMA in securing state legislation in establishing a medical practice and licensure act. As the medical profession became scientifically oriented, the public health concerns changed dramatically. Yellow fever faded into historical oblivion. Bubonic plague yielded to modern concepts of quarantine and pest control. Pensacola, a small Gulf Coast settlement previously nestled around the waterfront, grew into a populous city with developing suburbs and diversified economic interests.

The theme of rebirth, change and growth that is woven into this 50 year post Civil War period reflects the comment of Gert H. Brieger, a medical historian, "History abounds in recurring themes."¹³⁰

References are available upon request from the authors.

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