

Perception and Reality on the Spread of Infection in Harrisburg's Old Eighth Ward, 1895

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The following is a transcript of an article appearing in the January 7, 1895, issue of *The Patriot*:

The News of the City *“Will Ask for Laboratory”* *Chairman Hutton After a Supply of Anti-Toxine*

The state board of health will request the legislature to establish an institution at which the remedy can be prepared and from which it can be distributed

The State board of health will ask the legislature to establish a laboratory of hygiene and bacteriology in Harrisburg.

This is the information Dr. Benjamin Lee, secretary of the board of health, has transmitted to Dr. J.C. Hutton, chairman of the Harrisburg board of health, in answer to the latter's request for the supply of the new diphtheria preventative, anti-toxine, for use in this city. Doctor Lee also informs the local chairman that he has been promised a supply of the remedy by the New York state board of health, and that, when he receives it, the local board will be remembered.

He will have introduced into the legislature as early as he can a bill providing for the establishment of a laboratory of which he speaks and asks the cooperation of the local board in having it passed. It is proposed to manufacture anti-toxine at the laboratory for distribution throughout the state.

Chairman Hutton was gratified when he learned of this action on the part of the state board. He looked upon the establishment of the institution as a great public necessity and quoted Doctor Lee as saying, “If we had such an establishment in working order when this question arose, we could now be furnishing as much of this material as might be needed. I trust we shall have cooperation of local boards in support of this legislation.

Speaking of Diphtheria, Chairman Hutton said, Harrisburg has been singularly fortunate with the disease. While the death rate in other cities has been forty and forty-five percent, our rate has been but ten percent. As a matter of course this speaks well for the sanitary condition of the city. I have maintained all along that Pennsylvania's capital has been one of the healthiest cities in the country and the small number of deaths from diphtheria and small pox bears out my statements.

The Harrisburg sanitary hospital, erected east of the city, when the small pox epidemic was here, will be a subject for discussion at the state convention of sanitary boards to be held here the 31st. Doctor Lee is much interested in the little hospital and will set forth its merits at the state gathering.

The above article appeared in the *News of the City* section of *The Patriot* newspaper and related the plans of the chairman of the Harrisburg Board of Health to request from the state the

funding and oversight to help establish an institution to prepare and dispense a diphtheria vaccine.¹ On its surface, the article provides interesting but generally unhelpful information on the disease-prevention community in central Pennsylvania. Perhaps the most notable point is the quickness with which state and local governments seem to have addressed pressing health concerns.

The most intriguing information, however, appears not in the reports of the transaction itself but in the accompanying comments of the major players. The initial remarks of both the state and local health board chairmen express a great deal of good will and hope for future cooperation. In the last two paragraphs, Harrisburg Board of Health chairman J.C. Hutton positively compared Harrisburg's death rate to the rates of other cities. The statement that Harrisburg's death rate from diphtheria was ten percent, when other major cities experienced a death rate four times greater, tests the modern reader's credulity. Could Harrisburgers have fared so well, or were readers being deceived with inflated statistics from a mid-level bureaucrat who was merely trying to sing his own praises? That question is, at this point, not answerable. Although several January issues of the newspaper were consulted, no evidence was found to refute or support Hutton's claims. Certainly, the journalistic tendency towards sensationalism and muckraking during the late nineteenth century would have necessitated that any such challenge to Hutton's claims be published. It is unlikely that a newspaper in 1895 would have missed the opportunity to cast two parties as strident opponents on any issue.

Assuming the diphtheria mortality figures were true, how could this have been possible? Was Harrisburg's low death rate attributable to a fluke of nature, or had Harrisburg city officials taken effective preventative measures to prevent an epidemic? And how did the death rate in the Eighth Ward, a poverty-stricken, immigrant-laden neighborhood, compare to other areas of the

¹ This paper has been edited by Stephanie Patterson Gilbert, webmaster of Harrisburg's Old Eighth Ward website, found at <<http://www.old8thward.com>>.

city? Although exact population figures were not available for the ward, it seems likely that the Eighth Ward's rates of contraction and death would be higher than other parts of the city simply because of the density of population that lived there. After all, people were packed so closely together in the Eighth that any disease would most likely have spread rapidly throughout its population. In addition, few of the Eighth Ward's residents would have been able to afford a physician's visit in the case of infection, perhaps making mortality and the spread of disease greater within the ward.

The 1894 *City of Harrisburg City Report* suggests otherwise. For diphtheria, the communicable disease specifically mentioned in the article, the coroner's report identified a total of forty-two deaths from diphtheria for 1894. Of these, only four were Eighth Ward residents. The Sixth Ward had the most deaths, with seventeen, and the Seventh Ward reported seven deaths. This pattern existed for a variety of diseases commonly associated with poor living conditions. In terms of cholera, scarlet fever, typhoid, and other forms of epidemic-prone diseases, the Eighth Ward was reporting no more casualties from infectious diseases than any other ward, and was in many cases, far healthier than its more affluent and less-crowded neighbors.

How can the Eighth Ward's general health in terms of disease be explained? First, other factors, such as proximity to water and sanitation, play a larger role in the spread of disease than how and where people live. Once a disease erupts among people in frequent close proximity to others, it seems only logical that it would spread more rapidly. However, this does not address initial exposure to disease, which may have been more frequent among those living outside of the Eighth Ward. Second, the lore surrounding the Eighth's riotous and dirty reputation may have been overblown. Considering the ward's high concentration of poor people, immigrants, and African Americans, it is not surprising that it was a target of disdain for "native" Americans

at the end of the nineteenth century. But a dilemma remains—even though the ward’s reputation may have been exaggerated, it is well documented that living conditions there were crowded and unsanitary, so how could it have escaped disease as it seems to have done? Without further research, one possible explanation could be that state and local officials may have targeted earlier efforts at disease prevention to places that they believed held the greatest potential for the spread of disease—places like the Eighth Ward.

Undoubtedly, more research needs to be done in this area of study in order to assess how disease affected Eighth Ward residents.