

TOWARDS A CLEANER NEW YORK  
JOHN H. GRISCOM AND NEW YORK'S  
PUBLIC HEALTH 1830-1870

Thesis for the Degree of Ph. D.  
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1830-1870

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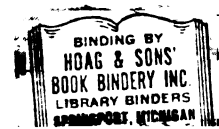
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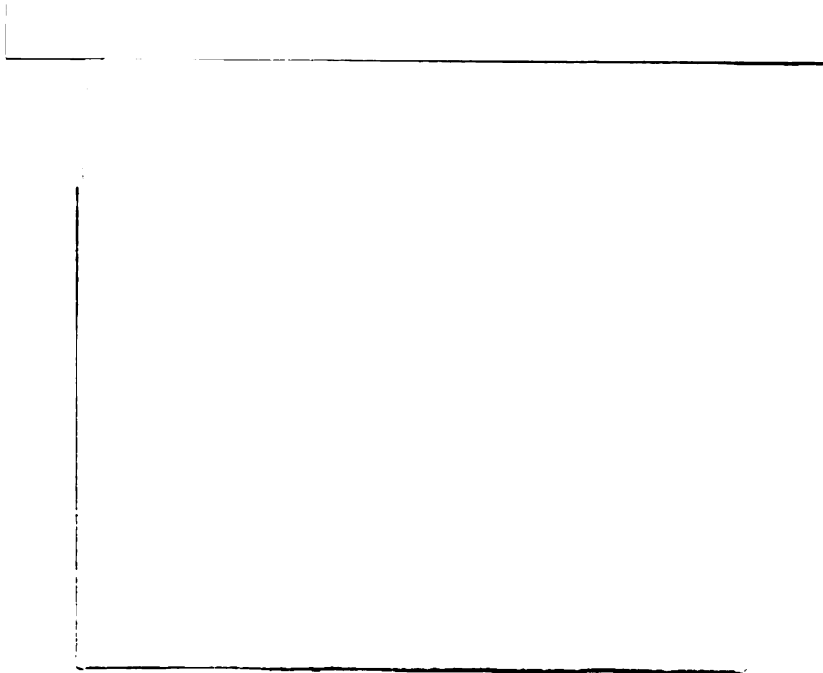
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ABSTRACT

TOWARDS A CLEANER NEW YORK  
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1830-1870

By

Duncan R. Jamieson

In the years before the discovery of the germ theory, public health was in the hands of environmental sanitarians, such as John H. Griscom (1809-1874). For the four decades following his graduation from medical school in 1831, Griscom actively campaigned to improve living conditions for New York City's laboring classes who were trapped in foul tenements and cellar residences. His concern for the poor extended to the immigrant (he was General Agent of the New York Board of Commissioners of Emigration from 1848 until 1851) and the prisoner (he was an active member of the New York Prison Association for twenty-five years).

Most of Griscom's activity was directed towards improvement of the health laws of New York. As a result of his efforts, the foundation was laid for passage of the Metropolitan Health Bill in 1866, a major advancement in health legislation. Indeed, Griscom's sanitary survey of 1842, expanded and delivered as a lecture in 1844, can be seen as the beginnings of the agitation for improved health laws. In a broader sense, this report is the first sanitary survey of any major American city, and it was eight years earlier than the more celebrated sanitary report prepared by Lemuel Shattuck.

Griscom's work fits within the scope of the humanitarian reform carried on during the Jacksonian period. Public health reform, as seen by Griscom, was just another manifestation of the Benthamite philosophy,



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"the greatest good for the greatest number." A healthy place in which to live was as necessary to the laborer as were higher wages and better working conditions. Tenement-house reform was as important, if not as popular, as women's rights or temperance. It was Dr. Griscom's contention that improvement of the working man's living conditions would reduce crime, vice and intemperance.

In another sense, if James Fenimore Cooper, speaking of man's "wasty ways" through Natty Bumppo, is an early American environmentalist, then Griscom can also be considered a part of the American conservation movement. He was concerned with pure air and water, open spaces for recreation, and cleaning up the urban scene. In short, he actively tried to end the urban blight. He was acutely aware of the problems which separated man from his natural surroundings, and reduced his life expectancy in the process. Destruction of human life from pollution was not as serious a problem in his life-time, but bad air and fetid water killed or maimed hundreds of New York's poor each year.

The major results of Griscom's activity were improved laws--the Metropolitan Health Act, steerage laws, tenement-house laws, and laws providing for the registration of vital statistics--and a growing awareness on the part of the general public that the poorer sections of the city were becoming increasingly uninhabitable. By keeping the problems before the public, Griscom hoped to put an end to the graft and spoils that allowed them to grow and flourish.

While there is a scarcity of secondary sources that deal directly with this subject, primary material is available in abundance. There are a number of medical journals, many of them published in New York. These included Griscom's own writings and reviews of those writings in addition to articles and reports from other leading sanitarians. Griscom also wrote several books and pamphlets related to public health.

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**Reports and minutes from the leading medical associations, city, state, and federal documents and the major New York newspapers also contain a wealth of information related to New York's public health.**

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**By**  
**Duncan R. Jamieson**

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## PREFACE

If it is true that the strength of a state rests with its people, then all those conditions which significantly affect the people are of importance and of consequence to the historian. Within this context, the steadily deteriorating condition of the public's health in mid-nineteenth century New York City is of more than passing interest to the historian concerned with America's cities, their health, and the intellectual attitudes of the day.

One approach to this question is to choose a key figure and examine his role and his contribution to the alleviation of the predicament under study. Such a figure was John H. Griscom (1809-1874), perhaps the single most important physician-reformer in pre-germ theory American public health. This is true because of his broad based concern for the people of the lower classes. Whereas others made contributions as important as Griscom's in some of the areas in which he was interested, none of his associates were involved in as many activities aimed at improving the condition of the laboring classes.

In a study such as this, it is important for the reader to remember that medical terminology, theory, and practice then in vogue is, in most cases, no longer acceptable to the medical world. Unless specifically mentioned to be otherwise, all medical concepts are those to which John H. Griscom subscribed. Griscom's significance, then, lies not with his treatment of yellow fever or cholera, but with his ideas on the causes and modes of prevention of these and other epidemic and endemic diseases. He thought, for example, that if the tenement districts were cleaned up many of the problems faced by the poor could be eased.

In preparing this study, I am indebted to many people. Professor Douglas T. Miller acquainted me with Griscom and his work, and has directed this project from the beginning. His several readings of the manuscript and subsequent suggestions have been invaluable. Professors Harry Brown and Marjorie Gesner have also read the entire manuscript with care and offered much help. Dr. Norman McCullough, of the Department of Microbiology and Public Health, helped me in understanding pre-germ theory public health.

Librarians at Michigan State, the University of Michigan, the New York Public Library and the New York Historical Society were all very kind, as were the librarians at the National Library of Medicine in Bethesda, Maryland, and the assistant archivists at the American Medical Association's library in Chicago. The entire staff of the New York Academy of Medicine was very gracious, especially Mrs. Alice Weaver, in the Molloch Rare Book Room. In addition to making a great deal of material available, Mrs. Weaver directed me toward sources of which I was unaware.

For patiently typing the final manuscript I am deeply indebted to Colleen Platt.

Among other things, Merri Jamieson has helped by doing research, reading chapters, listening to ideas, and offering innumerable suggestions. Mostly she has helped by being a great wife.

LIST OF ABBREVIATIONS

AJMS . . . . .	American Journal of the Medical Sciences
AMA . . . . .	American Medical Association
AMG . . . . .	American Medical Gazette
AMM . . . . .	American Medical Monthly
AMT . . . . .	American Medical Times
BHM . . . . .	Bulletin of the History of Medicine
CE . . . . .	Commissioners of Emigration
FLIN . . . . .	Frank Leslie's Illustrated Newspaper
JHM . . . . .	Journal of the History of Medicine
JID . . . . .	Journal of Infectious Diseases
JLIH . . . . .	Journal of Long Island History
JPD . . . . .	Journal of Prison Discipline
MSNY . . . . .	Medical Society of New York
MSR . . . . .	Medical and Surgical Reporter
MVHR . . . . .	Mississippi Valley Historical Review
NAMCR . . . . .	North American Medico Chirurgical Review
NAR . . . . .	North American Review
NJMSR . . . . .	New Jersey Medical and Surgical Reporter
NMC . . . . .	National Medical Convention
NQSC . . . . .	National Quarantine and Sanitary Convention
NWR . . . . .	Niles Weekly Register
NYAM . . . . .	New York Academy of Medicine
NYH . . . . .	New York Hospital
NYJMCS . . . . .	New York Journal of Medicine and the Collateral Sciences

**NYMGJH . . . . . New York Medical Gazette and Journal of Health**  
**NYMI . . . . . New York Medical Independent**  
**NYMT . . . . . New York Medical Times**  
**NYPA . . . . . New York Prison Association**  
**WJM . . . . . Western Journal of Medicine**  
**WJMS . . . . . Western Journal of Medicine and Surgery**



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## CHAPTER I

### INTRODUCTION

Here and there may be seen a solitary devotee, earnestly engaged in his sanitary and statistical labors, unaided and alone.      Wilson Jewell, M.D.

The office of City Inspector of New York City, chiefly concerned with the public health, was established in 1807 by an act of the State Legislature. The office remained relatively unchanged until 1842, when the Common Council appointed a young New York physician to the post. John H. Griscom, who had received his M.D. degree eleven years earlier from the Medical Department of the University of Pennsylvania, took his job so seriously that he was removed from office and replaced by one not so concerned with reform. The expulsion was directly attributable to two reports in which Griscom outlined a plan to reorganize the health department. For two years after his ejection Griscom gathered evidence on the insalubriousness of New York, which he presented to the Common Council in 1844. The Council, however, returned the report to its author because "they do not think it proper at this time, to go into such a measure." Undaunted, Griscom delivered his report to an enthusiastic audience at the Repository of the American Institute. Thus was aired the first sanitary survey of a major American city.<sup>1</sup>

#### I

During the earlier part of the present century, it was generally believed that the public health movement in the United States began with

the discovery and application of the germ theory of disease. Joseph Lister's discoveries in aseptic surgery reached the United States shortly after the Civil War. About this same period the American Public Health Association was founded (1871). This was only five years after the Metropolitan Health Bill, America's first comprehensive health bill, was passed by the New York Legislature. The improvements in the sanitary condition of the population in the years before the germ theory were relegated to the position of "environmental sanitation." This interpretation of the public health movement was challenged in the early 1940's when Iago Galdston argued that it was rooted in the humanist philosophy which brought about revision of the English poor laws in the 1830's. According to this thesis, public health was:

dedicated to the ferreting out and to the removal of all the disease producing factors, be they noxious working conditions, long work hours, inadequate wages, bad housing, contaminated food and water, ignorance, intemperance or illiteracy.

According to Galdston, public health reform first appeared in the United States when John H. Griscom advanced changes to improve the health of pre-Civil War New York City.<sup>2</sup>

Dr. Griscom was motivated in his efforts to help the poor by several different forces, but the primary influence was that of Edwin Chadwick, the English sanitary reformer and disciple of Jeremy Bentham. On July 9, 1842, sanitary reform was given a lift when Chadwick presented his Report on the Sanitary Condition of the Labouring Population of Great Britain to the House of Lords. It had taken Chadwick several years and a "small army of local investigators" to gather the evidence; indeed, he began working on sanitary reform in 1834 when he was appointed a Poor Law Commissioner. The influence of Chadwick upon Griscom is obvious when one considers the title of the latter's 1845 report: The Sanitary Condition of the Laboring Population of New York. In it

Griscom referred to the "celebrated report of Mr. Chadwick. . . ." Chadwick's influence can also be seen in the fact that Griscom used the information supplied, upon request, by the ward missionaries of the City Tract Society in the same way Chadwick had used the reports of the Assistant Poor Law Commissioners. Furthermore, Griscom's New York activity was mentioned by Chadwick in his Supplementary Report on the Results of a Spiecal [sic] inquiry into the Practice of Interments in Towns. In this addition to his earlier report Chadwick wrote that he had received a copy of Griscom's Sanitary Condition. For Griscom to copy Chadwick's style and then send a copy of the New York report to him is indicative of the esteem Griscom had for Chadwick.<sup>3</sup>

Another individual to sway Griscom toward reform was his father, John Griscom. John Griscom the elder was a well-known educator and reformer who took charge of his son's early education. Later, when the son began his medical career, he commenced by reading medicine in the offices of Valentine Mott and John Godman--both distinguished medical men and both close friends of the elder Griscom. It is more than simple coincidence that both Griscoms were active in prison reform and public health. Obviously the concerns of the father for those less fortunate were passed on to the son.<sup>4</sup>

Besides the influence of Edwin Chadwick, and his father John Griscom, John H. Griscom was a product of his age. The beginnings of his medical education coincided with the beginnings of the humanitarian reform movement in the United States. He wrote his first article on the evils of immigration when the societies in favor of peace, abolition, temperance, and women's rights were coming to the fore. Throughout the remainder of the pre-Civil War period Griscom continued his reform activities while the other groups grew in prestige and numbers. While William Lloyd Garrison sought to bring about the end of slavery and the

Locofocos tried to improve the condition of New York's laborers, Griscom was involved with reforms aimed at easing the condition of the poor, whether they be immigrants crossing the Atlantic, prisoners in Auburn, or tenants in the Five Points.<sup>5</sup>

To any list of nineteenth century reform movements must be added public health reform. It was Dr. Griscom's belief that people who were struggling for life in some dark hovel could not be interested in ending capital punishment. Griscom urged society to first improve basic living conditions for the masses and then strive to improve the rights of prisoners or women. The root of the problem was in the back court, the flooded cellar, or the windowless apartment on the top floor of a firetrap. Inadequate housing resulted in intemperance and in crimes that might ultimately lead to capital punishment. The excessive rents which were charged forced the husband to send his wife and children out in search of work. Griscom saw a vicious cycle, and he stoutly maintained that if the root evil was eliminated other problems would be easier to treat.<sup>6</sup>

Insofar as the conservation movement involved itself with the purity of urban life, Griscom can be aligned with the early ecologists. While men like Henry David Thoreau and John Muir extolled the beauties of the wilderness, Griscom attempted to improve urban conditions. Uses and Abuses of Air, his pioneering work on the nature of ventilation and the importance of pure air to the human system, examined man's relationship to his environment. Griscom clearly understood that man could not continually pollute the earth, expecting no harmful results. It was quite obvious to him that the problems plaguing the urbanites resulted from careless disregard for the laws of nature. Man was a part of his surroundings, Griscom thought, and not distinct from it; poor ventilation, therefore, would have a deleterious effect on a man's health. It was

nature's plan that waste from the body be separated from it, yet by confining himself to a small, virtually airless apartment for many hours at a time, the individual was constantly in close proximity to his exhalations. Griscom repeatedly stated that the tenant must open the windows of his apartment (assuming there were windows) and bring in the air from the outside to live a full and healthy life.<sup>7</sup>

Ventilation would be of value only if the air on the outside was cleaner and less offensive than that inside the tenement. Such purity could be achieved two ways, according to Griscom. First, the free exchange of air must not be impeded by tall buildings, narrow streets and alleys, cul-de-sacs, or structures erected too close to each other. Next, Griscom realized that it was much easier to keep the air clean by avoiding obvious nuisances than it was to try and clean it after it was polluted. But since the atmosphere in the poorer wards was already fouled, this type of action would only work in those areas which were not yet overbuilt. Remedial action, to improve the condition of the overpopulated wards must be combined with careful urban planning to avoid nuisances in the future. Only by such a two-pronged attack could the environment of New York be improved.<sup>8</sup>

Improving the quality of air in lower New York required major changes in land use. As long as slaughter houses, pig sties, gas works, and other noxious establishments were interspersed with residences there could be no significant improvement. Griscom suggested that certain sections of the city be set aside for such places and that they be confined to those areas. Slaughter-houses, for example, were to be located near rivers where the waste material could be easily removed. While the removal of nuisances from areas of dense population would ease the situation, over population was a more important, and harder to solve, problem. Crowding reduced the quality of life in

direct proportion to the numbers involved. More people created more waste which caused more pollution. To Griscom the answer was simple enough--reduce the number of people per unit of land. Putting this into practice was difficult at best; land values and the need of the worker to be close to his place of employment made changing the pattern of urban overcrowding more complicated.<sup>9</sup>

To Griscom the belief in the improvement and possible perfection of man presented a solution to the problems of pollution and overcrowding. The spirit of perfectionism was evident in the various reform movements of the day, and Griscom was probably as interested in the perfection of man as most other reformers. Yet he was also aware of the feelings of anxiety and concern which were brought on by a rapidly changing society. Griscom held that science, especially that branch of science concerned with the health and welfare of the individual, was moving in the direction of ultimate perfection, but that the fears and anxieties of the age threatened its achievement. In 1854 he said:

If in its progress towards its establishment and perfection, true science meets with an occasional traitorous or Know-Nothing interruption, its votaries will still move forward on the great errand of human health and life, enlarging its borders, and strengthening its stakes. . . .<sup>10</sup>

## II

As the influx of workers to the city and the immigration from abroad rapidly swelled the urban populations, decent housing became scarce. Between 1830 and 1860, the population of New York more than quadrupled. Charles Dickens, in his American Notes, vividly described the kind of housing Griscom was to combat as city inspector. Dickens wrote of the Five Points:

This is the place, these narrow ways, diverting to the right and left, and reeking everywhere with dirt and filth. Such lives as are led here, bear the same fruits here as elsewhere. The coarse and bloated faces at the doors have

counterparts at home, and all the wide world over. Debauchery has made the very houses prematurely old. See how the rotten beams are tumbling down, and how the patched and broken windows seem to scowl dimly, like eyes that have been hurt in drunken frays.<sup>11</sup>

Those portions of the city allotted to the working classes, as Dickens noted, were desperately in need of improvement. Streets were piled high with garbage and tenements were filthy and unsafe. The slum districts bred crime, disease, immorality, and intemperance, and, as might be expected, the life expectancy of the inhabitants was notably shorter than in other parts of the city. Griscom devoted his time and energy for the forty years of his public career to regions like New York's Five Points. He reported on the poor living conditions of those who were unable to afford decent accommodations; his activity helped bring about the Metropolitan Health Bill in 1866. While the actual health bill that created the board was written by Stephen Smith and Dorman Eaton, it was based on more than twenty years activity by Griscom. As early as the 1840's Griscom had appealed to the Legislature to create a more efficient health commission for New York City and its environs. Philip Van Ingen stated, in his history of the New York Academy of Medicine, that in 1861 the Academy adopted Dr. Griscom's resolution calling for a committee to approach the Legislature on the subject of the health bill. "This was the beginning of the effort which resulted in the establishment of the Metropolitan Board of Health." The writer of Griscom's obituary in the Medical Register went even further:

After twenty years of untiring zeal, it afforded him great pleasure to see the passage of the present Health Law by the Legislature, which placed the sanitary supervision of the city and its surrounding territory, in the hands of medical men.<sup>12</sup>

Filth was only one of several causes of the extremely high mortality in New York City. The pre-Civil War period saw mortality



rates of most cities declining while New York's death rate kept climbing. The 1850 mortality figures for four port cities were:

New York	1 death per 33.52 residents
Philadelphia	1 per 37.84
Boston	1 per 37.84
Baltimore	1 per 36.19

In 1857 the rates were as follows:

New York	1 death per 27.15 residents
Philadelphia	1 per 44.05
Boston	1 per 39.88
Baltimore	1 per 36.19

The figures show the mortality rate improved slightly in Boston and significantly in Philadelphia, while it remained the same in Baltimore and deteriorated in New York. It was pointed out that New York had nearly reached the death rate of 1650 London. Among the reasons for this rise in the death rate were overcrowding, filth in the streets, badly ventilated tenements, cellar residences, and the system of sub-tenantage, which removed the owner from direct concern for his buildings. A sub-landlord would pay the real owner a yearly rent, and would then collect the rent from the tenants and take care of the buildings. Not owning them, however, he had no concern for their upkeep. Incompetent administrators in the Health Department were the primary reason for the rise in the mortality rate. While other cities gave control of the health to the medical profession, New York maintained the spoils system and an unprofessional health department. Replacing the aldermen on the Board of Health with physicians who could stem the rising tide of disease was Dr. Griscom's basic health reform. Only then could the filth be removed, the sub-landlords forced to improve the tenements, and stricter laws governing ventilation be passed.<sup>13</sup>

Throughout his forty year career John H. Griscom was associated with many New York organizations. Among the more important was the New York Academy of Medicine. Griscom was one of the charter members in

1846 and continued his membership until his death in 1874. He also belonged to the New York Association for Improving the Condition of the Poor, and was responsible for its First Report of a Committee on the Sanitary Conditions of the Labouring Classes in the City of [sic] New York, With Remedial Suggestions. He submitted reports to the National Medical Convention of 1847, having been chosen chairman of two key committees at the 1846 meeting. This was the predecessor of the American Medical Association, to which Griscom was a delegate and an active member for several years. He was elected to permanent membership in the Medical Society of the State of New York in 1860. He served as General Agent of the Commissioners of Emigration from 1848 until 1851 when he was forced to retire because of ill health. He was one of the early members of the New York Prison Association, and served in several key offices of that organization. He was a founder of the New York Sanitary Association, and the New York Association for the Advancement of Science and Art. He was active in the New York Medical and Surgical Society, the New York Pathological Society, the New York Physicians Mutual Aid Society, and the Social Science Association. One of his most important roles was President of the Third National Quarantine and Sanitary Convention, held in 1859. Finally, he was associated with the Juvenile Reformatory and the Home for the Friendless.<sup>14</sup>

Membership in so many organizations involved Griscom in a number of reforms at one time--notably prison reform, immigration reform, and improvement of the sanitary condition of New York, which was constantly on his mind. From 1848 until 1851, for example, he served as General Agent for the Commissioners of Emigration. During his tenure in office he personally visited 7,000 cases of ship fever (typhus) out of 20,000 that were under his supervision. Finally succumbing to

typhus himself he was temporarily forced to give up his work. While he was General Agent, he was also on the Prison Discipline Committee of the New York Prison Association. In 1849 his book, Uses and Abuses of Air, was published in New York. During this same period Griscom was a member of the New York Academy's Standing Committee on Public Health and Legal Medicine, and its Committee on Chemistry and Pharmacy. In 1848 he served a committee on the question of the healthfulness of swill milk (milk produced by cows fed on distillery slop), especially in relation to infants and children. In 1849 he was chairman of a special committee to procure a charter for the NYAM and the next year he was elected to its Board of Trustees. It was in 1848 that Griscom presented to the newly formed American Medical Association his report on the sanitary condition of New York City (at the preceding meeting he had been elected to the Committee of Public Hygiene). Hard work and dedication are certainly indicated by his activity in this three year period; it would also seem to indicate a definite commitment to carrying out the humanitarian philosophy of the day.<sup>15</sup>

Later in his career, in 1864, Griscom was again active in many different reforms. During that year he was one of a team of three men sent to inspect sixty-eight prisons in western New York. This was also the year he wrote his article on the "Physiological and Dietetic Relations of Phosphorus." The Citizens Association, a group concerned with the improvement of the public health, called upon Dr. Griscom to aid in the struggle to make New York a healthier place in which to live. During the late spring he took an active part in the NYAM discussion of typhus and spinal meningitis. Finally, he was an active participant at both the American Medical Association meeting and the meeting of the Medical Society of the State of New York. He was also a practicing

physician, with a family practice that would have kept him fairly busy by itself. In this year, as in most years of his adult life, Griscom was actively campaigning for the rights of others in many different areas.<sup>16</sup>

Dr. Griscom's proposed reforms were always based on his understanding of medicine and medical science. In pre-germ theory days (it can be safely said that Griscom never heard of Joseph Lister or the germ theory) diseases were thought to be caused by the mountains of filth that daily grew larger. Griscom, as did his associates, thought that while the effluvia that rose from the noxious emanations of swamps was bad for the health of the masses, the general filth of the streets was infinitely more harmful to health:

At all seasons of the year, there is an amount of sickness and death in this, as in all large cities, far beyond those of less densely peopled places . . . proving conclusively that the congregation of animal and vegetable matters, with their constant effluvia, which has less chance to escape from the premises, in proportion to the absence of free circulation of air, is detrimental to the health of the inhabitants.

Small pox, cholera, typhus, diarrhoea, dysentery, and malaria were among the diseases that arose from the miasma of putrefying garbage in the street, from the filth that collected in the hallways, from the human excrement that oozed from privies located in already filthy courtyards, and from the rank air of poorly ventilated apartments. (Yellow fever, Griscom thought, could not arise in New York unless the seeds were first introduced from the South.) Consumption, the most common affliction of the tenement dweller, was caused, so the miasmists thought, by the combined evils of dampness and vitiated air. The miasmist theory included the "shears of fate," a theory applied to many of the zymotic (epidemic) diseases. One shear represented atmospheric conditions, which when combined with the other shear of

filth in the streets, created the proper environment for all manner of diseases. Griscom accepted the shears analogy in some cases (cholera) and rejected it in others (yellow fever).<sup>17</sup>

Griscom argued, then, that the answer to the problem of urban disease was a thorough cleansing of the tenement districts and a concentrated effort to maintain cleanliness. By today's standards, of course, such action would only be peripherally helpful--the real answer would be control of the micro-organisms that directly resulted in the various diseases. Such clean-ups however did deprive the more prevalent diseases of breeding grounds. Also, Griscom was close to the truth when he urged drier surroundings for consumption victims. His real significance, however, goes deeper than this; it rests on Griscom's basic assumptions that every human being, regardless of his station in life, was entitled to a clean, healthful place in which to live, work, and raise a family. Underlying all this, Griscom demanded that the laboring classes be treated with dignity, which included clean ships for immigrants, spacious airy apartments, parks and trees, and for those who broke the law, a place of confinement where they could be rehabilitated and not broken in body and spirit. Among public health reformers of the day--John Bell, Isaac Wood, Wilson Jewell, Elisha Harris, and Lemuel Shattuck to name a few--Griscom was the only one who took a broad view of the subject, and dealt with man in his several relations to society.

Though an active lecturer, Griscom's most useful tool was the written word. Of his style Samuel Francis wrote: "as a writer he is full, bold, statistical, and at times facetious. He is successful in making his hearers understand that which he has comprehended." Francis might also have said Griscom was prolific; in his career he published over 110 articles, books, letters, official reports, and reviews. He

was also a witness before two important legislative committees--one on public health convened by the State of New York, the other on immigrant shipping convened by the United States Congress. With few exceptions, his printed letters were editorials to the New Jersey Medical and Surgical Reporter, under the pseudonym "J. Gotham, Jr." His writings are on varied subjects, from theories on the Gulf Stream to the evils of swill milk; but most of them fall under the heading of medicine and public health. In his article on Dr. Griscom, Samuel Francis was very incomplete in recording the work of Griscom; fewer than half of Griscom's articles, reviews and reports are among those listed.<sup>18</sup>

### III

Virtually nothing is known of the early life of John H. Griscom. He was born August 14, 1809, in New York City, the son of John and Abigail Griscom, both strict adherents of the Friends Church. The boy's mother died when he was six, the victim of puerperal fever after giving birth to her eighth child. Young Griscom was primarily educated in his father's schools, except for the year the elder Griscom was in Europe (1818), when he went to his uncle's school in New Jersey. The elder Griscom's schools were run on the monitorial system, and young John was a teacher there before he graduated in 1827.

After graduation, the younger Griscom entered the office of John D. Godman to study medicine. He stayed there until Godman, a professor of anatomy at Rutger's Medical College, was forced to retire because of ill health. Griscom then studied in the office of Valentine Mott, a leading New York surgeon, also a professor at Rutger's. In addition to this private study, Griscom enrolled for the standard two courses of lectures at the Rutger's Medical School. (It was customary

for the young man seeking medical education to study in the office of a practicing physician and then complete his education by attending a medical college. There were, of course, many physicians who never bothered with the medical school and entered practice after "interning" in an office. Further, there were any number of irregular practitioners, or quacks. The regular student would attend two courses of lectures; there was too much to digest in just one term and the shortage of trained instructors made it necessary for the student to take the same courses twice.) Griscom did not receive his M.D. degree from Rutgers as political maneuvering closed the school before he could graduate.<sup>19</sup>

After leaving Rutgers, Griscom entered the Medical Department of the University of Pennsylvania. During the first half of the nineteenth century the Pennsylvania medical school was the "most influential school in the country." He attended two full courses of lectures at Pennsylvania. Their lecture program began the first Monday in November and ended early the following March. To be admitted to their medical department it was necessary to be twenty-one years of age, and to have been the private pupil of a practicing physician for at least two years. Students received instruction in six basic areas: "anatomy, institutes and practice of physic and clinical medicine, materia medica and pharmacy, chemistry, surgery, midwifery and the diseases of women and children." In addition, the student was expected to attend at least one course of clinical instruction at an approved institution. Finally, he prepared an original thesis on a medical subject and defended it before the faculty. Griscom's thesis on the "Apocynum Cannabinum" was printed in the American Journal of the Medical Sciences. He dealt with its use as a diuretic and hydragogue cathartic in the cure of dropsy, and the article was later "quoted as authority in WOOD & BACHE'S Dispensatory."<sup>20</sup>

From March until the new term began in November the young medical student did clinical work at New York Hospital. He worked with some of the leading physicians and surgeons of the day, including David Hosack, Joseph M. Smith, Thomas Cock, Stephen Brown, and F. W. Johnston. Upon graduation he was a resident physician at New York Hospital for six months; then in 1833 he left to become the assistant physician to the New York Dispensary, becoming the dispensary physician in 1834. He refused, at that time, to fill the chair of chemistry at Columbia College, in Washington D.C. In April of that year he delivered a course of lectures on natural philosophy and chemistry in New York. The lectures were "repeated the following years, in consequence of their favorable reception."<sup>21</sup>

Unable to establish a private practice Griscom bought the "good will" of a retiring physician who had practiced in New York's Seventh Ward. This was a family practice, the most respectable type a physician could undertake. He was contracted to treat the illnesses of families for a pre-determined period of time, at the expiration of which the contract could be renewed. It was during this period that he married a daughter of the artist Rembrandt Peale. They had nine children, eight of whom survived infancy.<sup>22</sup>

For two years after he purchased the practice, Griscom continued his lectures on chemistry. In 1836 he was elected Professor of Chemistry at the College of Pharmacy in New York, resigning in 1838. He continued to lecture on varied subjects throughout his career; indeed, a number of his articles and papers were first presented to the public in the form of lectures.<sup>23</sup>

#### IV

With the passage of the Metropolitan Health Bill in 1866, Griscom seemed to slow down; his major concern was finally fulfilled.



The year before its passage he had been quite ill, and had sailed to Europe to rest and recover. (Even though the trip was for rehabilitation, he made observations on the hospitals of Paris and London and studied their treatment of cholera.) During the rest of the decade his activity lessened, until 1869, when he wrote his last pamphlet, On the Physical Indications of Longevity. He continued to see patients until 1873 when his name appeared in the Medical Register with no office hours listed, indicating he had gone into retirement. He died the following year, in the Bloomingdale Insane Asylum, a part of the New York Hospital, with which he had been associated for many years. The death certificate mentioned anaemia and intestinal hemorrhage as the causes of death, although at least one obituary mentioned softening of the brain. As the death certificate was filled out inaccurately, there is no way to ascertain how long he was a patient at Bloomingdale. Griscom left an estate valued at less than \$10,000 to his widow and children. He was quietly buried in the New York Meeting section of the Friends Cemetery in Brooklyn.<sup>24</sup>

## CHAPTER I NOTES

<sup>1</sup>John Duffy, A History of Public Health in New York City, 1625-1866 (New York, 1968), 297. Samuel W. Francis, "Biographical Sketches of Distinguished Living New York Physicians," MSR, XV (Aug. 4, 1866), 118-22.

<sup>2</sup>Iago Galdston, "Humanism and Public Health," BHM, VIII (July, 1940), 1034-36. In 1924 a biography of William T. Sedgwick appeared, entitled A Pioneer of Public Health. The authors wrote that when Sedgwick began his career in the 1870's "the modern public health movement was still in its infancy." They went on to state that only in England had the foundations been laid. The pre-Civil War period was described as the period of the sanitarian who was "almost wholly concerned with the problems of the non-living environment." This is only partially true, because Griscom, who was a sanitarian, was intimately concerned with man in relation to his environment, whereas immediately after the discovery of the germ theory, public health was predominantly interested with physical problems, and not with man in relation to his environment. As Galdston pointed out, however, the pendulum was swinging back toward the center where science and humanism would be joined. Galdston, "Humanism," passim. E. O. Jordan, G. C. Whipple, C. E. A. Winslow, A Pioneer of Public Health (New Haven, 1924), 3-13.

<sup>3</sup>Edwin Chadwick, Report on the Sanitary Condition of the Labouring Population of Great Britain, ed. by M. W. Flynn (Edinburgh, 1965), 1, 47. John H. Griscom, The Sanitary Condition of the Laboring Population of New York, with Suggestions for its Improvement (New York, 1845), 21. Edwin Chadwick, A Supplementary Report on the Results of a Spiecal [sic] Inquiry into the Practice of Interment in Towns (London, 1843), 122, 253-54.

<sup>4</sup>John H. Griscom, Memoir of John Griscom, L.L.D. (New York, 1859), 158-59, 167-82, 219-22, 228-31. Francis, "Distinguished," 118. The Griscom family were Quakers, and the Friends had some influence on the doctor, but how much is debatable. In their article, "Pietism and Public Health: A Note on John H. Griscom and Robert M. Hartley," JHM, XXIII (Jan., 1968), 16-35, Charles E. and Carroll S. Rosenberg contend that public health reform got under way because of the religious backgrounds of Griscom and Hartley. While this is in part true, in reference to Griscom at least his scientific training and the activity in England were of more importance than his Quaker background. Griscom's reforms were always within the bounds of his scientific training; he never, for example, argued in favor of higher wages to improve the living conditions of the laborer because this was not within the scope of his work.

<sup>5</sup>John H. Griscom, "Notice of a Malignant Disease Generated on Shipboard by Filth, Imperfect Ventilation, etc." AJS, XII (May, 1833), 272-73.

<sup>6</sup>John H. Griscom, Sanitary Condition, passim. John H. Griscom, Anniversary Discourse Before the New York Academy of Medicine, November 22, 1854 (New York, 1855), passim. John H. Griscom, Sanitary Legislation, Past and Future: The Value of Sanitary Reform, and the True Principles for its Attainment (New York, 1861), passim.

<sup>7</sup>John H. Griscom, Uses and Abuses of Air (New York, 1850, 1971), passim.

<sup>8</sup>These concepts appear in all of Griscom's major works.

<sup>9</sup>Griscom, Uses and Abuses, passim.

<sup>10</sup>Griscom, Anniversary Discourse, 57-58.

<sup>11</sup>Charles Dickens, American Notes (Gloucester, Mass., 1968), 108.

<sup>12</sup>Stephen Smith, "The History of Public Health, 1871-1921," A Half-Century of Public Health, ed. Mazyck P. Ravenel (New York, 1921), 5-6. Philip Van Ingen The First Hundred Years (New York, 1949), 115. E. M. Purdy, Medical Register of New York, New Jersey, and Connecticut for 1874, XII (New York, 1874), 275.

<sup>13</sup>Griscom, Sanitary Legislation, 15, passim. Griscom, Sanitary Condition, 6-7.

<sup>14</sup>Francis, "Distinguished," 120-21. "John Griscom," Appleton's Cyclopedia of American Biography (New York, 1888), Vol. III, 2.

<sup>15</sup>Francis, "Distinguished," 120. NYPA, Fifth Report, passim. NYAM, Minutes, 1848-51, passim. James Wynne, "First Report of the Committee on Public Health," AMA, Transactions, II (1849), 431-44. John H. Griscom, "Hygiene of New York City," AMA, Transactions, II (1849), 455-58.

<sup>16</sup>NYPA, Twentieth Report, 174-357. John H. Griscom, "Physiological and Dietetic Relations of Phosphorus," AMA, Transactions, XV (1864), 183-202. John H. Griscom, Reply to Citizens Association Committee of Inquiry on the Sanitary Condition of New York (New York, 1864). MSNY, Transactions (1864), 449-73. AMA, Transactions, XV (1864), 9-40.

<sup>17</sup>Griscom, Sanitary Condition, 2-4. John H. Griscom, A History, Chronological and Circumstantial, of the Visitations of Yellow Fever at New York with a Supplemental Report on Yellow Fever (New York, 1858), 22-23.

<sup>18</sup>Francis, "Distinguished," 121-22. NJMSR, IX-XI (Feb., 1856-March, 1858).

<sup>19</sup>Francis, "Distinguished," 118-19.

<sup>20</sup>Ibid. "Regulations of the Medical Department," Catalog of the University of Pennsylvania (1831), 24-36. John H. Griscom, "Observations on the Apocynum Cannabinum," AJMS, XII (May, 1833), 55-71.

<sup>21</sup>Francis, "Distinguished," 118-19.

<sup>22</sup>Ibid.

<sup>23</sup>Ibid. For example, The Sanitary Condition, Sanitary Legislation, Anniversary Discourse.

<sup>24</sup>Francis, "Distinguished," 120-21. New York City, Bureau of Records. Purdy, Medical Register, 275.

## CHAPTER II

### THE NEED FOR REFORM: IMMIGRATION

"Give me your tired, your poor,  
your huddled masses yearning to  
breathe free,"

Emma Lazarus

Within two years of his graduation from medical school, Dr. Griscom was involved in the immigration question. As a result of this interest he was chosen in 1848 to serve as the General Agent of the New York Board of Commissioners of Emigration, an official body charged with the protection of the immigrant and his rights. After three years he contracted ship fever (typhus), which forced him to resign. Then in 1854 New York's senior United States Senator, Hamilton Fish, asked him to prepare testimony for a Senate investigating committee. The Act of March 3, 1855, to protect immigrants during the crossing, was largely the result of Griscom's written testimony. Frederick Kapp wrote in 1870:

Much has been done since the 1820's to alleviate the hardships connected with sea voyages. The liberal legislation of Congress, which, by the Act of March 3, 1855, first conceded and endeavors to secure the rights of the emigrants by giving each of them two tons of space, and by providing the adequate ventilation of the ship, as well as a sufficient amount of substantial and cooked provisions, has done much towards preventing the almost daily occurrence of sickness and privations on board of emigrant ships.<sup>1</sup>

#### I

In the early 1830's, the Dutch ship "Sybilla," under the command of a Captain Thornbill, landed at New York. Of 132 steerage passengers, 94 had died--74 of them children. The trouble had begun before the

passengers boarded the "Sybilla." The immigrants left Wittenberg on canal boats, where they were confined to close quarters and forced to drink canal water for the sixty day passage to the ship. Once on board the "Sybilla" the conditions worsened. Immigrants were pushed, three and four, into spaces built to hold one or two. They were never allowed on deck. The first of many to die succumbed on the second day of the three month voyage.<sup>2</sup>

Griscom's first interest in the plight of the immigrant resulted from the high mortality on board this ship. In a letter to J. K. Mitchell, a Philadelphia physician, Griscom expressed his concern over the effects of bad food, filth, and improper ventilation on the human system. While there was an abundance of good food (a rarity on immigrant ships), he reported that the steerage passengers ate only bread soaked in gin and sugar; this was fed to the children as well as the adults. Of their condition in general, Griscom wrote:

So perfectly listless and inattentive were they to their own situation, and so much a matter of indifference was it to them to be living or dying, that it was found necessary to make it the duty of the crew to go down every morning into the steerage and after first searching out the corpses, and confining them to a watery grave, to turn their attention to cleansing the living; to do which they were obliged to lift even the females from their beds of filth, and endeavor to relieve their bodies from some of the dirt with which they were covered, though without the least assistance from the poor wretches themselves.<sup>3</sup>

Originally it was thought that cholera caused the deaths on the ship; Dr. Griscom, however, was not satisfied with that explanation. None of the symptoms associated with cholera (cramps, diarrhoea, and vomiting) were present, although the victims did complain of intense thirst. As an alternative diagnosis he suggested that the filthy, vermin-infested immigrants suffered from typhus. This could have been avoided, he wrote, if they had been allowed on deck for fresh air, if

their quarters had been properly ventilated, and if they had kept themselves cleaner. In defense of his theory, Griscom noted that the officers and crew "were in excellent health during the whole time."<sup>4</sup>

A typical immigrant ship was the "Thomas Galdston," from Londonderry. It carried between 450 and 517 passengers, all of them confined for the nine week passage to the area below decks. The berths were arranged lengthwise in three rows, with two three foot passageways. A person was obliged to eat as well as sleep in his berth. One berth contained husband, wife and five children; another had six women while the one above that held five men. "These poor immigrants were fortunate in one respect only, for the weather was fine, enabling the hatches to be kept open; otherwise they must have all been smothered, or ravaged by disease."<sup>5</sup>

Passengers were booked on the "Galdston," and similar ships by agents who chartered the lower decks from the ship owner and then arranged to sublet the steerage to immigrant associations. The alternative was for the agent himself to sell the space to individual immigrants, but in either case the captain had no interest in the passengers. To increase his profit, the agent packed as many people as possible on board. The ships themselves were usually the worst afloat: "a vessel which was not good and safe enough to be used as a transport for goods and merchandise was, nevertheless, employed for the conveyance of passengers." The owners reasoned that immigrant shipping had fewer financial risks than cargo transport, because if the immigrants were lost there were no owners demanding compensation, and investigations were rare.<sup>6</sup>

On the early immigrant ships the conditions were equal to those of the eighteenth century slave ships. The lower deck, where the immigrants were confined, was less than five feet high. While the

average mortality on immigrant ships was ten percent, some ships lost twenty percent, and there were instances where thirty percent of the passengers died before the ship left port. The immigrant shipping act of 1819 did little to improve conditions or lower the mortality. Then in the 1830's the situation worsened when ships were built specifically to carry steerage passengers.<sup>7</sup>

Throughout the nineteenth century, New York reigned supreme as the immigrant's chief port of entry. Between 1820 and 1860 two-thirds of all immigrants entered through New York; after the Civil War the flood through Gotham reached four-fifths of the total. Although many immigrants entered the United States via Canada and the Saint Lawrence River Valley, New York, Boston, and Philadelphia were the three main entry ports for the East; in 1840 eight-five percent of their total came through New York. (In 1842 Griscom reported that 75,000 immigrants reached New York, which was an increase of twenty percent from 1840.) Most immigrants saw New York City as their goal, realizing that it was in some way connected to the "promised land." There were cases where captains bound for other ports were forced to first land their immigrant cargo at New York before being allowed to complete their voyage.<sup>8</sup>

The percentage of mortality among the New York bound passengers was considerably higher because their numbers created more overcrowding. Three hundred and twelve ships carried 96,500 passengers in the last three months of 1853. From cholera alone nearly 2,000 deaths were reported among forty-seven ships carrying 21,857 passengers. The ships with the most overcrowded conditions were the ones with the highest mortality.<sup>9</sup>

Griscom reported on the passage of a particularly bad ship. On December 22, 1848, the steamer "Londonderry" left Sligo bound for Liverpool and the United States. The 190 steerage passengers were confined



in an area eighteen by twelve by seven feet high, and, because there was a gale blowing, the crew nailed a tarpaulin over the hatch, "thus hermetically sealing the aperature [sic], and preventing the possibility of any renewal of the exhausted atmosphere." Finally, after shrieks for help went unheeded, one of the male passengers tore a hole in the canvas and managed to crawl out. He summoned a mate, who brought a torch to the hold, but the air was so foul it immediately went out, as did a second. After the tarpaulin was removed, and the crew went below; "they were appalled by the discovery that the floor was covered by dead bodies to a depth of some feet. Men, women and children were huddled together, blackened with suffocation, distorted by convulsion, bruised and bleeding from the desperate struggle for existence which preceded the moment when exhausted nature resigned the strife." In all seventy-three were dead--more than one-third of the steerage.<sup>10</sup>

The close quarters in the steerage combined with the length of the voyage made cleanliness almost impossible. On some ships the captain would occasionally allow the passengers to string clothes lines. Aboard the "North America" the crew went below and forced a steerage family to take all their belongings on deck where the dirty things were thrown overboard. At least twice in the first month of the same voyage the captain ordered the steerage fumigated with tar. All too often the steerage was never disinfected from one voyage to the next.<sup>11</sup>

Restrictions on the use of water added to the filth. Generally three quarts per person per day were provided for drinking and bathing. Since the only place to bathe was the open deck, the modest usually went without bathing. Unfortunately, the laws said nothing about the water's quality, and as the captains were not concerned with its origins, it was usually fetid before the ship was far from port.

Frequently, the captain simply filled the casks which still contained some of the foul water from the last voyage. Even if the casks were emptied they were rarely, if ever, cleaned.<sup>12</sup>

The lack of proper food caused much grief, and a number of deaths, among the passengers. If the ship provided the food, it was normally doled out about once a day. The average amount was one pound of meal, usually spoiled, during the week and biscuit on the weekends. If the immigrant provided his own food, as he often did, there were different problems because his insufficient amounts were rarely properly prepared. By the 1820's stoves replaced the open grates that had been used in cooking. But if the immigrant was sick, and without care, he was likely to starve to death.<sup>13</sup>

Not all immigrant ships were filthy hulks run by insensitive captains. The "St. Vincent," a 628 ton emigrant ship active during the 1840's, carried 240 passengers in relative comfort. The steerage was 124 feet long and six and one-half feet high. Tables, benches and hanging shelves were provided. A double berth was six feet long and three feet wide; a single was the same length but a foot narrower. Each berth had a seat attached to it and each was separated from the others by partitions from top to bottom. Water closets for the women were on either side of the deck; for the men they were located on the upper deck. Ventilation and lighting depended on scuttles (man-holes) and bulkheads. Finally, adequate hospital facilities were provided for both men and women. The "St. Vincent" was obviously the exception to the average class of immigrant ships.<sup>14</sup>

## II

Previous to 1847 a general tax was levied on all passengers arriving at the port of New York. This money was used for the relief of immigrants suffering from contagious diseases; local laws had to

provide for the care of the immigrant should he become a public ward. These bonds, to be paid by the ship owners, were usually avoided; consequently no systematic care for the indigent was provided even before the 1840's, when the heavy immigration caused the financial collapse of the system. During the winter of 1846-47 the fraudulent handling of the immigrants had reached such proportions that a group of concerned New Yorkers called for the Legislature to create a separate agency. As a result of this agitation, an act was passed on May 5, 1847 creating the State Board of Commissioners of Emigration. The function of the Commission was "relief and protection of alien emigrants arriving at the port of New York, to whose aid such emigrants should be entitled for five years after their arrival, the expense of their establishments and other relief being defrayed by a small commutation payment for each emigrant."<sup>15</sup>

The General Agent was in charge of the hospitals of the Commissioners. To handle the sick and indigent, the Commissioners had taken over the Marine Hospital and quarantine grounds on Staten Island. The first agent, Robert Taylor, died in office shortly after his appointment, and was replaced by Dr. Griscom. Of his appointment, the Commissioners wrote:

On the 26th of January [1848] the Commissioners appointed John H. Griscom, M.D., to the office of general agent. . . . Dr. Griscom immediately entered upon the duties of his office. He is well known in this community as a physician of acquirements and ability, and his long connection with hospitals and other institutions of public benevolence, appeared, in the judgment of the Commissioners to give him peculiar qualifications for many of the duties of their chief executive officer, especially in the inspection and care of the extensive sanitary establishments under their charge.

Griscom was in office from 1848 until illness forced him to retire in 1851. During his tenure 700,000 immigrants, mainly from Ireland, landed at New York. Nearly all of them came in filthy, ill-ventilated

ships, and, on the average, seventy percent were landed at Quarantine or the new installations on Ward's Island. Griscom had 20,000 cases of typhus under his charge; he personally treated 7,000 cases in addition to those in New York Hospital, where he served on the staff.<sup>16</sup>

As the Marine Hospital was their only building, it was soon overcrowded and the Commissioners were forced to expand their facilities. Early in 1848 they had acquired nearly one hundred acres of Ward's Island, which lies in the East River off upper Manhattan. The first parcel of ten acres was acquired when Taylor was General Agent; though small it contained a stone building which the Commissioners were able to use. When Griscom took over the Commissioners began building a 250 bed hospital which was completed in November, 1848. Completed at the same time was a nursery building containing dormitories, a play-room, a school-room and a chapel. These new buildings allowed Griscom and the Commissioners to use the Marine Hospital exclusively for patients with diseases then supposed to be contagious.<sup>17</sup>

The new buildings were ready in time to receive the greatly increased immigration of the late 1840's. In 1847, 129,062 passengers arrived at New York, of whom 10,594 required some kind of aid from the Commissioners. The following years it continued to increase:

1848 (Dr. Griscom's first year as General Agent)  
 189,176 passengers arrived at New York  
 27,523 were given relief  
 11,779 were sent to the Marine Hospital or the  
 Emigrant Refuge on Ward's Island.

1849  
 234,271 passengers arrived at New York  
 41,258 were given relief  
 11,717 were sent to the Marine Hospital or the  
 Emigrant Refuge

1850  
 232,768 passengers arrived at New York  
 55,258 were given relief  
 11,450 were sent to the Marine Hospital or the  
 Emigrant Refuge

1851 (Dr. Griscom's last year as General Agent)  
 189,601 passengers arrived at New York  
 85,386 were given relief  
 19,116 were sent to the Marine Hospital or the  
 Emigrant Refuge

The fact that those sent to Staten Island and Ward's Island did not significantly increase as did the immigration does not indicate the passengers were healthier in later years--it means simply that the facilities were filled to capacity and the overflow cases were treated at the public and private hospitals in New York City. The figures for 1851 indicate expanded facilities on Staten Island.<sup>18</sup>

Rules for the Emigrant Refuge and Hospital on Ward's Island were drawn up when Griscom was General Agent, and it is likely he was the author. A physician's report stating the condition of the patient was required before he could be discharged. If a patient died while under the care of the Commissioners the Rules required a complete death certificate. Writing materials, and a secretary if needed, were provided for patients who wished to communicate with friends or relatives. In general the Rules reflect a new concern for the immigrant's welfare.<sup>19</sup>

In November, 1848, Gulian C. Verplanck, President of the Board, Leopold Bierwirth, President of the German Society, and Griscom appended a brief article to the Annual Report in which they outlined frauds perpetrated by boarding-house owners and their various agents. The first problem was runners who would take the immigrant's bags and promise him room and board. Often, shelter was not provided, and if it was it was substandard and sometimes uninhabitable. Crooked agents sold tickets to the West; once the immigrants were on their way, however, they were often forced to make additional payments to complete the journey. In an attempt to gain the immigrants' confidence, men of the same nationality were used to execute these frauds. The three

Commissioners called for a place where the immigrant could land, protected from the swindlers who roamed the docks. Such a place would provide the immigrant with a currency exchange and a ticket booth, in addition to supplying him with information concerning lodgings and employment for as long as he remained in New York. Castle Garden was the result; in 1855 it ceased to furnish New Yorkers with entertainment and began to serve as the leading entry port's immigration reception center, a role it fulfilled for nearly half a century. Here the immigrant found reputable agents from whom to buy tickets, exchange currency, rent an apartment, find a job, or make connections with friends and relatives. Even though it did not begin to serve the immigrant until several years after Griscom left the Commissioners, such a place was first contemplated in the report prepared by Verplanck, Bierwirth and Griscom.<sup>20</sup>

After three years as General Agent of the Commissioners of Emigration, Dr. Griscom caught ship fever himself and tendered his resignation on April 21, 1851. Careful treatment by Drs. John A. Swett and Joseph M. Smith, and a European convalescence brought about his recovery. Although this ended Griscom's official connection with the cause of immigration, his most important activity was still in the future. Purdy reported that

On his return, through the instigation of Hon. Hamilton Fish, U.S. Senator from New York, the doctor prepared a memorial exposing the hardships of emigrants while on shipboard, and pointing out the necessary measures of prevention. This sowed the seed of many improvements in the law.<sup>21</sup>

### III

Until the mid-1850's the federal legislation passed regarding immigration was minimal; even after this period the effective means for enforcement were lacking. The next significant shift in steerage

conditions after the law of 1855 came in the early twentieth century when the whole concept of steerage was replaced by "third class."<sup>22</sup>

The first of many American steerage laws was passed by Congress in 1819. The law of 1847 replaced it, which was modified in 1848 and then replaced by the Act of March 3, 1855. This act was amended in 1860 and stood until it was replaced in 1882. Because it was passed before the heavy immigration of the 1830's and 1840's the law of 1819 did not alleviate the immigrant's suffering. The two bills passed in 1847 and 1848 indicated Congressional attempts to meet the crisis, but neither of them was adequate and the hardship and suffering continued until the passage of the Act of 1855. This law was far from perfect, but it did represent a significant step forward.<sup>23</sup>

On Monday, December 5, 1853, Hamilton Fish offered a resolution to the United States Senate:

Resolved, That a select committee of five be appointed to consider the causes and the extent of the sickness and mortality prevailing on board of emigrant ships on the voyage to this country; and whether any, and what, further legislation is needed for the better protection of the health and lives of passengers on board of such vessels.

Hannibal Hamlin wanted to delay the appointment of such a committee, but Fish would not be put off. "It is a subject of vast and vital importance. Vessels are arriving with a thousand passengers a day at a single port, almost entirely decimated on the voyage by the prevailing sickness. There should be no delay, but prompt action." Two days later the President Pro Tem appointed Fish, Hamlin, James Shields, Charles Sumner, and Judah P. Benjamin to form the Select Committee on Emigrant Shipping.<sup>24</sup>

Dr. Griscom, the New York State Legislature, and President Franklin Pierce all joined Fish's appeal for stricter laws to protect immigrants. Early in 1854, the New York State Legislature sent a

series of resolutions to the House of Representatives calling for a complete investigation of the sickness and death on the high seas. They recommended that Congress "enact such laws as may be necessary to secure the health of passengers on emigrant vessels." In June of the same year Pierce sent a communication to the Senate relative to the conditions on immigrant ships.<sup>25</sup>

Following his appointment as chairman of the select committee, Fish sent a letter to interested parties asking for their cooperation in gathering information on the abuses in immigrant shipping. In his December 29 letter, he requested them to write concerning the adequacy of the present law in regard to five major points. These dealt with space, cleanliness, cooking, provisions, and ventilation. There were several less important points: provisions for a ship's surgeon, hospital facilities, disinfection of ships where disease was present, collection of statistics for the State Department, separation of the sexes, accurate compilation of mortality statistics, and inquests into each death. The final question concerned the number of passengers to be allowed and regulations in regard to the route.<sup>26</sup>

To achieve the best results the questionnaire was developed to probe various groups on the problems of sanitation and police regulation on immigrant ships. The form was

Sent to members of the medical profession (whose opportunities of forming correct opinions on the subject had been furnished by experience, and therefore are entitled to consideration,) merchants, navigators, who had been engaged in the passenger trade, persons connected with the collection of customs, presidents of benevolent societies, for the relief of indigent emigrants, and others throughout the country and in the cities at which the landing of foreign passengers has chiefly taken place. The answers . . . are . . . drawn up with great ability, particularly those from physicians, who, referring to the diseases, which have caused the suffering on board of passenger ships, have properly deemed it necessary to treat their nature and the causes which have given rise to them.



Twice in the introduction to their report, the senators praised the information provided by the medical profession. While more communications were received than printed, of those the committee printed in full, only three were from medical men, and the first was Griscom's. The senators thought that "the communications selected contain all, or very nearly all, of the views expressed in those which have been omitted, the principle difference being in the form in which they are set forth." In addition to Griscom's report, there were medical reports from Isaac Wood, a New York physician, and S. A. Cartwright, a New Orleans doctor. The remaining printed reports were from laymen representing some of the immigrant societies, ship owners and captains, and the Boards of Health of Baltimore and Philadelphia.<sup>27</sup>

The findings of the committee, together with the communications from twenty individuals and groups made up Senate Report 386, which was submitted on August 2, 1854, accepted, and ordered printed. Senate bill 489, passed in May, 1855, accompanied the report. The bill "first concedes and endeavors to secure the rights of emigrants . . ." coming to the United States. From his broad experience in immigration, Dr. Griscom was "able to speak authoritatively" concerning the basic problems and their solutions. Excluding the bill, the report dealt with three major concerns, the first of which was the nature of shipboard diseases. As a result of the reports, the committee concluded that typhus, cholera, and small pox were the worst diseases--nearly all the immigrants who died in transit fell victim to one of these. Second was the extent of the suffering, and the third concern was the prevention of sickness and death, which was easiest done by eliminating the causes.<sup>28</sup>

Dr. Griscom had begun preparing his testimony for the Senate committee long before the letter sent out by Fish reached him. That

Griscom had answered eight of the fourteen questions before the circular was sent out indicates that Fish and Griscom were in close touch before the inception of the committee. It also suggests that Fish considered the testimony of Griscom so important that he did not wait to notify the doctor in the same fashion as the other witnesses. Griscom also considered the subject to be of extreme importance. He wrote to Fish:

I cheerfully comply with your suggestion, to prepare a statement of my views on the nature and causes of the diseases and mortality among emigrants in transit between Europe and the United States, together with such alterations of the present laws and additions thereto, as appear to me to be indicated for the prevention of the disasters which we have recently had so deeply to lament.<sup>29</sup>

In his report Griscom declared that there was no need for the high rate of mortality among the immigrants crossing the Atlantic to find a new home, because it had become clear during the past several years that the cause of certain diseases could often be found in the external circumstances. While medicine did not understand the causes of typhus or measles, or how to prevent the diseases, "an improved knowledge of the laws of hygiene has disarmed them of their terrors in a large degree." Furthermore, some had realized that people suffer when placed in certain surroundings. The laws of hygiene, and the consequences of violating those laws, were an established fact--as established as the laws of Newton or Copernicus. Dr. Griscom wrote that

probably there never was a class of people, or any circumstances in which human beings could be placed, in which the truth of these doctrines was more clearly exhibited, than that class known as emigrants, in their transit from European ports to our own; and there is not a fact more shocking to our sensibilities, nor more disgraceful to humanity, than the condition of these people, under these circumstances.<sup>30</sup>

Dr. Griscom was more than willing to do anything he could to aid the conditions of the poor immigrant. For over ten years he had been

working to improve their housing in New York (see chapter III), and now he had another opportunity to strike the problem at the root. All too often the family that left the Old World to seek a new life in the United States arrived here, broken in health and in spirit, following a voyage that lasted for weeks while they were trapped below decks in the filthy steerage of a decrepit vessel. Griscom thought that it was worthwhile to bring the problem out in the open:

While we have frequent expositions of the sad estate of our poorer classes of city tenantry, and the public is pained with the recital of the story of their crowded and dilapidated tenements, their packed cellars and attics, their filthy yards and streets,--too little has been said of the far more horrible manner in which steerage passengers are crowded into emigrant ships, of their destitution, the filth in which they are allowed to remain, their deficiency of food and cooking, the absence of ventilation, and the too frequent disregard by owners and masters of the spirit, and even of the letter of the laws, both of our own and other countries; the result of which has been an amount of disease and mortality unprecedented in modern times, under any similar circumstances.<sup>31</sup>

In their report the senators held that the control of both cholera and typhus was basically the same, with the possible exception of disinfection, which would only be necessary in the case of cholera if it was contagious. With the addition of vaccination the same rules of prevention were applied to small-pox. In drawing these conclusions the committee quoted from the report of Dr. Griscom, who wrote that typhus was the product of a miasm which was as distinctive as the marsh miasm. Both were easily controlled, and "by preventing the formation of the miasm of ship fever [typhus] . . . that disease will in like manner be prevented or avoided." There were three steps in the development of ship fever. First, a large number of people had to be confined for a long time in close quarters. Second, the excreta of these people, which included the exhalations of the lungs, perspiration and "other more offensive excretions," must also be confined in

the same small space where they will be acted upon by the heat of the room and will "become decomposed, and produce an effluvia which will react poisonously on the persons living in it." The final ingredient in creating the miasm was the careful exclusion of fresh air. The filth generated by these actions was sure to cause typhus, and could perhaps cause cholera and small pox as well, or at least weaken the individual, making him more susceptible.<sup>32</sup>

Whereas cholera and small-pox were occasional killers of the immigrant, the most significant disease was typhus. This problem was intensified because the immigrant came on board in a weakened condition. By quoting contemporary authorities the committee reasoned that the "fomites" of typhus stayed in the bedding, furniture and walls of the steerage for months, perhaps even years, after the outbreak of the disease. The Senators wrote of the experience of Griscom,

whose opportunities of observation have been very numerous as agent of the board of commissioners of emigration, to whom this class of patients is entrusted, thinks that the miasm of typhus is the direct product of the vitiated excretions of the human body, pent up within a small space, and made to engender a malaria, the inhalation of which, to a certain degree, produces this peculiar disease. . . ."33

In his letter to the committee, Dr. Griscom stated that the passengers were most prone to typhus in the form of ship fever. The horror was that fresh air and a cleaner steerage, both readily obtainable, could prevent it. It had been a problem for the past half-century; but only in the past ten years had it risen to epidemic proportions, because of the increase in numbers. One of Griscom's first experiences with the disease in immigrants came in 1847 when he served on a committee of the New York Academy of Medicine, which investigated the situation at Quarantine. The ship "Ceylon" had landed a few hours earlier after a crossing from Liverpool, and Griscom went into the hold.

Before any had yet left the ship, [he wrote] we passed through the steerage, making a more or less minute examination of the place and its inhabitants; but the indescribable filth, the emaciated, half-nude figures . . . crouching in their bunks, or strewed over the decks, and cumbering the gangways; broken utensils, and debris of food spread recklessly about, presenting a picture of which neither pen nor pencil can convey a full idea. Some were just rising from their berths for the first time since leaving Liverpool, having been suffered to lie there all the voyage, wallowing in their own filth.

There was nothing surprising in the number that died--"it was only surprising that so many had escaped."<sup>34</sup>

Seven years later, in making his report for Hamilton Fish, Griscom reported that during the year 1851 there were 1,879 immigrant deaths between Liverpool and New York; most of these were the result of ship fever. As many left the ship "healthy," but then contracted typhus a few days or weeks later, this presented only part of the mortality. In the following year Griscom noted that 3,040 cases--all immigrants--were treated at the Marine Hospital. Of these, seventeen percent died. Further, this was only one of several hospitals that handled immigrant cases. "In considering the hygienic aspects of emigration, we start then with the remarkable fact, that of those who embark for an Atlantic voyage, on any one of a certain class of ships, one in every twelve of them but steps into a coffin; nearly nine percent will either never reach the promised land, or will die soon after."<sup>35</sup>

The worst part of the typhus problem was trying to keep clean. The bunks for the immigrants were built of the roughest, cheapest wood available, and after the voyage they were placed in the hold as ballast for the return trip. Even if they were washed, which was unlikely, the "fomites" remained because of the nature of the wood. Then, on the next trip to America, the wood was brought up from the hold and reused as bunks. Now, Griscom maintained, even if the people who entered the steerage were clean, healthy, provided their own bedding and provisions,

they still stood a good chance of falling victim to ship fever because the disease was in the ship itself. "The pestilential wave, once started, will roll on to engulf one after another of the entrapped and helpless victims, who have confided too readily in the purity of the vessels, and their own cleanliness and care." He went on to point out that even if the bunks were not reused, the timbers of the ship would still hold the "fomites."<sup>36</sup>

Occasionally the steerage passengers were well fed, well clothed and in good health; more often the filth of the ship was combined with problems of overcrowding, improperly prepared, rancid meat, poor ventilation, and a predisposition to diseases on the part of the passengers due to their weakened condition. Typhus prevailed extensively in the towns and villages from which they were escaping, and they unwittingly carried the fever on board the ships. The sickly immigrant would then be packed into the inadequately ventilated steerage. The lack of fresh air was far more important than the size of the hold, and since the hatches and ventilating tubes were kept closed during the winter months the incidence of typhus was therefore much higher. Many people thought that the "fomites" fared better in the cold weather, but Griscom rightly pointed out that the temperature was not important.<sup>37</sup>

Even if enough food was available for the passengers it was usually poorly prepared. This would not result in typhus, but it would lead to diarrhoea and dysentery, which left the immigrant in a weakened condition. Combined with other problems he was then susceptible to more serious diseases.

Famine, therefore, though a frequent precedent, and a powerful adjuvant is only an indirect cause of the fever as we find it on shipboard and in our hospitals; but thus we must continue to be burdened with it, as long as poverty-stricken emigrants are admitted into the transport ships in such great number, with food so insufficient in quantity and quality, and with such total absence of sanitary police during the voyage.<sup>38</sup>

In large measure the answer to the problem was disinfection. Griscom quoted from several reputable authorities to prove the only way to end the threat from typhus was to disinfect thoroughly the ship and all its contents before allowing it to leave Quarantine. The rule was "ONCE INFECTED, ALWAYS INFECTED, UNTIL DISINFECTED." Failure to apply the last two words of this admonition turned immigrant ships into floating "black holes."<sup>39</sup>

Griscom cited two illustrations of the results of pure air on typhus to prove his point. The first came from his experience with the Commissioners of Emigration. When the new hospital was being erected as part of the quarantine facility, there were forty typhus cases in an overcrowded, under-ventilated ward of the old hospital. These victims were given up for dead, and yet as soon as they were transferred, they showed marked improvement. The other case was from Griscom's article, "Hospital Hygiene, Illustrated," in which he reported on thirty-six patients from the ship "Phoebe" who were struck with typhus en route from Liverpool to New York. On arrival at Perth Amboy, they were transferred from the ship to crude huts where they were thoroughly drenched following a thunderstorm the first night. The next day more were added to the open air hospital until they numbered eighty-two, yet not one died.<sup>40</sup>

Typhus was obviously a problem for the immigrant; it also created a problem for the native New Yorkers. Because of the heavy immigration during the 1840's and 1850's, New York City was subjected to continued outbreaks of the disease. It was proving increasingly fatal to the physicians engaged in treating the large numbers of patients, but Dr. Griscom was one of the more fortunate typhus victims.<sup>41</sup>

The second disease affecting the immigrant, cholera, was becoming more and more of a problem. A cholera epidemic rose in the subcontinent

of India and marched across Europe in the early 1830's, reaching the United States via the immigrant ships in 1832. In the next three decades there were three more epidemics. The then current etiology of cholera held that it resulted from foul air and filth--it would not be until the mid-1860's that science discovered that cholera was water-borne. Griscom wrote in 1854:

There is now no longer any room for doubt, that this disease is very frequently produced, and is always aggravated, by filth and foul air. Numerous instances are recorded of its spontaneous appearance in places occupied by people of filthy habits, crowded, badly fed, and ill ventilated. . . . Cholera is the result of the action upon the human system of foul air, defective nourishment, and other vitiated circumstances. . . .

In his communication, Griscom quoted from a member of the British cabinet who said that cholera resulted from foul air and decomposing matter allowed to collect on the ground. Man cannot foul the land and air about him, Griscom contended, and expect nothing to result from it. Filth spread cholera by providing the breeding place for its "seeds." Dr. Griscom rejected the contagion theory of cholera, but even if it was true, he argued, the filth was still needed to provide the breeding ground. To avoid cholera, then, the prescription was similar to the one for typhus--clean up and disinfect the surroundings.<sup>42</sup>

Small pox was ranked the third in importance by the committee. It was different from the other two in that its nature and means of prevention were well known. Griscom noted that it came to the United States on ships from French and German ports, but only rarely on English ships. He wrote the committee that it was of the utmost importance that an agreement be reached between the United States and the French and German governments on vaccination; close inspection of passengers, thorough cleansing of all ships upon which small pox cases were reported, combined with vaccination of all those not protected would eliminate



the threat from the disease. His concern for the immigrant was matched by his concern for New York, because a few cases of small pox would wreak havoc with New York's unvaccinated populace. In respect to small pox, as with cholera and typhus, Griscom was concerned for the immigrant and the city's native poor. He was acutely aware of the relationship between immigration and the city's mortality rate.<sup>43</sup>

One of the many questions raised by the committee dealt with the limitation of passengers in proportion to the size of the ship. The number of passengers that could be accommodated was determined first by tonnage, and then, as a result of the 1848 law, by superficial height. The first method was inadequate because the tonnage register was inaccurate. Further, European ships, built for cargo, had larger holds than American ships which were built for speed. More people could be packed into the steerage of a European ship than in an American, yet they might be of the same tonnage. The changes in the 1848 law included the shift from tonnage to superficial height; therefore, if the height of the steerage was six feet, fourteen square feet of deck space was the legal requirement for each passenger. The lower the superficial height the more deck space allowed, so if the height was five feet, each passenger was allowed twenty-two square feet of space. While this was an improvement, the committee recommended a combination of both methods to further improve conditions. The 1855 law stated, therefore, that no more than one passenger per two tons of the ship's weight could be carried, and that passengers were to be allotted eighteen clear superficial feet of deck space. The new restrictions would limit overcrowding, allow the passengers more air to breathe, and reduce the chances for error.<sup>44</sup>

Griscom, in favor of the changes in the law, had suggested an even stricter plan. He was in favor of limiting the number of passengers

on the basis of the amount of air available, arguing for at least 250 cubic feet of air space for each passenger. "This is the true standard of sanitary capacity, when considered independently of its means of ventilation; and this, in my judgment, should be the basis of a restrictive law, in the allotment of numbers." This would eliminate the favorite trick of shipowners who filled up the allotted space with baggage or cargo; in his letter Dr. Griscom specifically noted that there should be nothing in the passenger's space, and this recommendation was adopted.<sup>45</sup>

In addition to so many square feet per passenger, there should be a minimum height established which would allow a person of average height to walk through the steerage without stooping. In the law of 1848, which the senate committee asked the witnesses to comment upon, passengers could be carried where there were less than five feet of headroom. Griscom, who was a six footer, said that this was an outrage. "The possibility of such a hold being used for the stowage of passengers should be at once, forever, and totally prohibited." He thought the height should be at least enough to allow the tallest man to walk about upright, which would mean more than six feet of clearance. The 1855 law was not quite this generous, but it did prohibit the carrying of passengers in holds where the clearance was less than six feet, which was a decided improvement.<sup>46</sup>

Steerage passage on the second deck was bad enough, but in some ships the presence of an orlop deck, which was the lowest deck in a ship having three decks, made it intolerable. Frequently the owners used the orlop deck to make the voyage as profitable as possible. The select committee wrote that "according to the statements of persons well informed on the subject, these places, when occupied by passengers, not only become the depositories of the most noisome filth, which can

neither be reached nor removed, but they give rise to a stench and effluvia, which, rising to the upper decks, tend to render them unhealthy." Most people, including Dr. Griscom, thought the orlop deck, which was completely below the water line, to be entirely unwholesome.<sup>47</sup>

Again in commenting on the 1848 law, Griscom noted the presence of the orlop deck in steerage passage. The upper steerage was bad enough, and it was just beneath the main deck; the lower one was more than twice as bad. On the orlop deck light was never present, with ventilation and fresh air rare. Griscom wrote:

In broad sunlight, and the hatches all open, and the vessels lying quietly at the wharf, on a recent visit to several of these three deckers, which had arrived with large consignments of emigrants, the dirt and on which we trod could be felt but not seen. At sea when lights are not permitted below, and there are many causes which would intercept the few rays of daylight which struggle to descend, the condition of things cannot be seen, and cleaning is impossible. Almost perpetual night reigns in those sub-aqueous abodes. A residence there of thirty hours must be enough to sadden and depress the coarsest sensibilities of its inmates, and produce great proneness to disease, independently of the filth and foul air which envelopes them before they lose sight of their native shores; but at the end of thirty days the scene is one which humanity shudders to dwell upon. . . .

Considering the innumerable problems connected with the orlop deck, there was no other course than to prohibit its use for passengers. The Senate committee, which paraphrased Griscom's recommendations about the orlop deck, agreed with him that it should be prohibited to passengers. "The committee have no hesitation in coinciding in opinion with those who recommend the prohibition of the use of the orlop deck as a sleeping apartment, and have, therefore, inserted into the law a provision to that effect."<sup>48</sup>

The fifth question the committee asked its correspondents to direct their attention to was the one on cooking arrangements. While

some of the people whose testimony was printed were not in favor of requiring the ship owner to provide the food, Dr. Griscom was among those who did. Regarding the 1848 law, Griscom thought the section on food preparation was inferior to the British passenger laws, which required the ships to provide cooks. Griscom wanted the fuel distribution section of the law repealed and replaced with a "requisition for the appointment of a sufficient number of cooks as a part of the ship's complement, whose exclusive duty it should be to cook for the passengers themselves, under such regulations as may be necessary for the preservation of order and discipline." Food of poor quality, improperly prepared, resulted in diarrhoea and dysentery and a weakened condition, opening the steerage passenger to other, more serious diseases. Good food, Griscom noted, was more important in the steerage than in the cabin because cabin passengers had the opportunity to walk on the deck, were usually better clothed, housed, and in generally good health. The law required ten pounds of salt pork per passenger per voyage; Griscom was in favor of fresh soup or meat for the steerage three times a week. It was true that some passengers provided their own food but the people who needed it the most did not.<sup>49</sup>

The Senate committee inquired how the closely confined, seasick passenger could adequately prepare his own food. All the cooking was done in the "caboose," a cooking area four and one-half feet long and one and one-half feet deep. For the safety of the ship, fires could be lit for certain hours only, and, therefore, the sickest, weakest, or smallest passengers were often too late to use the caboose. Those who needed the best food usually ended up with the worst. The committee agreed, with Griscom and the others, that the ship should provide the provisions, but they did not suggest that the shipowners should hire cooks. They also hoped that this would secure a better grade of food

because the shipowners bought the provisions in larger quantities. The law as passed reflected the concern of the committee, but not to the point of adopting Dr. Griscom's recommendations for fresh food.<sup>50</sup>

Griscom's chief concern for the health of the underprivileged, whether the sick poor, living in a damp, dark cellar in New York City, or the poor, bewildered immigrant crossing the Atlantic with his wife and children in an overcrowded sailing ship, was that they have adequate air to breathe. He was intelligent enough to realize that ventilation was not a panacea, but he did believe that foul air was at the root of a number of their health problems. In relation to fresh air and ventilation, Griscom's comments were "so judicious and practical, and occupy so small a space" that the committee did not "hesitate to insert them entire." The Senators quoted passages from Griscom's letter where he pointed out the necessity of considering the size of the steerage and the amount of ventilation before the number of passengers to be allowed could be determined. The amount of air needed per person per minute is between four and ten cubic feet; unfortunately most ships did not provide that amount.<sup>51</sup>

In making his point concerning the inadequacy of ventilation aboard immigrant ships Griscom referred to the Black Hole of Calcutta.<sup>52</sup> In that instance 146 persons were shut up in a cell eighteen feet square and ten feet high, allowing each individual twenty-two square feet of space. They were so confined for ten hours, and although two small windows at the top of the space provided some ventilation, only twenty-three lived till morning. Griscom compared this horrible example with the conditions on the average immigrant ship:

A recent examination of the two steerages of one of the largest packets belonging to this port, New York (authorized by law to carry over nine hundred,) gave as the cubic feet for each passenger, not deducting the room occupied by the solid contents of the bodies of the

passengers for the upper apartment 103 feet, and for the lower 112 feet. This vessel, on her last homeward voyage, lost one hundred passengers at sea.

While 103 feet is nearly five times the space allotted in the Black Hole, the immigrants were confined for weeks, not hours. Griscom realized that 300 cubic feet per person was high, but he maintained that the inadequate ventilation and the uncertainty of the weather made it necessary.<sup>53</sup>

The three medical men who communicated with the Senate pointed out the importance of ventilation, yet each suggested a different solution to the problem. Griscom repeatedly stated that the size of the apartment was relevant to the amount of fresh air the ventilators introduced, a small well-ventilated apartment being superior to a large, unventilated space. In commenting on the 1848 law Griscom pointed out that the required twelve inch ventilating and exhaust tubes were totally inadequate for the job. He suggested several modifications, including larger tubes with an apparatus at the steerage end for the dispersion of the air, conversion of the exhaust tubes to intake, and use of the hatches to remove the foul air. In addition to the changes in the equipment, he called for trained inspectors because the untrained personnel overlooked violations simply because they were unaware of them. "The means should be, as far as practicable, stoutly defined by law, and what cannot be thus defined, submitted to the discretion of an officer thoroughly informed on the subject." Unfortunately, these improvements did not come about at this time.<sup>54</sup>

The law as adopted disallowed the carrying of passengers between decks with less than six feet of clearance. It was also very specific in defining superficial space as "the spaces appropriated for the use of such passengers, and which shall not be occupied by stores or other goods, not the personal baggage of such passengers. . . ." The law

did not meet the specifications of Griscom concerning cubic feet, but it was moving toward the optimum conditions as he defined them.<sup>55</sup>

The remainder of Dr. Griscom's testimony before the Senate committee was directed to the minor points raised by the committee's inquiry. In answering the query concerning medical personnel, Griscom said that the matter of ship's surgeons was of the "highest importance. I have been cognizant of frequent instances in which the services of a well-qualified physician were greatly needed and could not be had, and I can readily understand that they would be continually in demand for the care of the steerage, in gross and in detail, in preventing as well as relieving sickness." All too often those ships which carried surgeons merely to fill out the roll had the worst men in the profession when they should have had the best. Griscom compared the ship's surgeon with the pilot; both controlled the passengers' lives, yet only the latter was required to serve an apprenticeship and pass a rigid examination. To make the surgeon's task manageable, well trained attendants were also needed.<sup>56</sup>

The committee noted that the use of physicians, nurses, and attendants on shipboard would be desirable. They could treat the passengers, look into the sanitary arrangements of the ship, supply records and reports to prevent the many abuses and, in general, supply vital information to aid medical science. However, "taking into view the uncertainty of the number of passengers that may be on board, and other circumstances, they cannot see how it can properly be made the subject of effective legislation."<sup>57</sup>

The same sense of frustration was felt by the committee regarding the "shocking immoralities said to be practised on board of passenger ships." The free circulation of air would be eliminated by partitions to separate the men's from the women's sections. In older ships having

only one hatch it would be impossible. Griscom favored stricter legislation like the British passenger laws which required separation, but he did not offer any solutions to the ventilation problem. "However desirable, the measure is difficult of attainment by specific legislation."<sup>58</sup>

One of the best suggestions Dr. Griscom made was too far ahead of his time. This was his plan for passenger inspection. The British law then in effect required that each emigrant be given a medical examination before leaving the country, but its superficiality made it worthless. To correct this problem Griscom thought American doctors should examine the immigrants at the port of origin. This would also save the individual the anguish of reaching the United States only to be turned back. The passenger could also be examined regarding his preparedness. If he was inadequately clothed against the weather, he was likely to spend most of his time below decks, creating an unhealthy situation not only for himself but also for those around him. Griscom recommended a surgeon/officer for each immigrant ship who could carry out these examinations before the ship sailed.<sup>59</sup>

Section twelve of the 1855 law required the captain to report on the number of passengers, their age, sex, and occupation, the part of the vessel they occupied, their homeland, and whether or not they desired to become residents. This type of record collecting was in line with recommendations for accurate statistics that Griscom had been proposing in this and other situations for over a decade (see Chapter VI). If the numbers and causes of all immigrant deaths were accurately recorded, then the inspectors would have the information needed to order the disinfection of the ships involved.<sup>60</sup>



## IV

At the close of their report, the committee listed nine recommendations they considered essential, five of which were directly influenced by John H. Griscom. Three related to space per passenger and prohibition of passengers on the orlop deck. Next, they suggested that the sanitary rules of the ship be posted throughout so the passengers would be aware of them, and not be in a position to take the captain to court if he ordered the confiscation or destruction of any of their belongings. Dr. Griscom wrote such posting was necessary if the captain was to enforce vigorously the sanitary regulations and protect the health of all the passengers. Finally, they called for more accurate records.<sup>61</sup>

Of the remaining four recommendations, Griscom's indirect influence can be seen. The committee wanted space on deck set aside for the passengers; Griscom did not mention this specifically, but everything in his testimony pointed towards getting the steerage passengers on deck to allow them more fresh air. The Senators wanted to increase the number of privies, and provide separate ones for the women; these were recommendations Griscom had made earlier.<sup>62</sup>

In his conclusion Dr. Griscom wrote:

I have thus, though I fear too prolixly, frankly given you my views on this subject, which from the magnitude of its interest, both pecuniary and humanitarian, is eminently worthy the attention of our country's legislature, to whom all other nations look for new steps in the improvement of the condition of the race.

Griscom's testimony was the most valuable to the committee. His prolix comments (while most reports were less than three pages, his ran to eighteen) were the only ones extensively quoted. Even the Immigration Commission of 1910 saw the importance of Griscom's comments; the Commissioners devoted one-third of the space on the 1855 law to Griscom's

testimony. (They faulted the doctor for not discussing ventilation on the fourth deck, but his opposition to the third deck would indicate he was equally adamant against the use of a fourth deck.) All the available evidence points to the fact that Griscom's written testimony was the most significant.<sup>63</sup>

His dedication and broad knowledge were invaluable, but unfortunately some of his recommendations were too visionary. His visits to the ships, especially when he went down into the holds and personally inspected the steerages, indicates his humanitarianism. His ability to quote British laws shows the depth of his research into the subject of steerage legislation. It was not until 1882, however, that the number of passengers was limited by the amount of available cubic air space. The majority of his suggestions were incorporated into the 1855 law, which made the passage much safer for the immigrant.<sup>64</sup>

Ending the barbarism of confining the poor to filthy ships was Griscom's prime concern, but he was also aware of the economic disadvantages. Thousands of intelligent, able-bodied, hard-working individuals were dying before they could reach the promised land and add to its greatness. Tens of thousands were being maimed for life, turned into public wards draining the strength of the state instead of increasing it. No one could tell how many Samuel Slaters, or Andrew Carnegies were lost. Finally, no one knew how many stayed behind because they did not want to step into a floating coffin.<sup>65</sup>

CHAPTER II NOTES

<sup>1</sup>Frederick Kapp, Immigration and the Commissioners of Emigration (New York, 1870, 1969), 38.

<sup>2</sup>John H. Griscom, "Notice of a Malignant Disease Generated on Shipboard by Filth, Imperfect Ventilation, Etc.," AJMS XII (May, 1833) 272-73.

<sup>3</sup>Ibid.

<sup>4</sup>Ibid.

<sup>5</sup>Oscar Handlin, The Uprooted (New York, 1951), 51. Edwin C. Guillet, The Great Migration (Toronto, 1963), 67-69, 84. NWR, XLVII (September 5, 1834), 55-56.

<sup>6</sup>Kapp, Immigration, 19-20. Edith Abbott, Immigration, Select Documents and Case Records (New York, 1924), 26.

<sup>7</sup>Kapp, Immigration, 20-24. Marcus Lee Hansen, The Atlantic Migration, (New York, 1940, 1961), passim.

<sup>8</sup>Kate H. Claghorn, "Foreign Immigration and the Tenement House in New York City," The Tenement House Problem, eds. Robert W. DeForest and Lawrence Veiller (New York, 1903), II, 67. Hansen, Migration, 301. John H. Griscom, Annual Report of the Interments in the City and County of New York, for the year 1842, with Remarks thereon, and a Brief View of the Sanitary Condition of the City (New York, 1843), 156-57.

<sup>9</sup>Kapp, Immigration, 36-38.

<sup>10</sup>John H. Griscom, Uses and Abuses of Air (New York, 1849, 1970), 169-70.

<sup>11</sup>Guillet, Great Migration, 71. Esther Bienhoff, ed. and tr., "The Diary of Heinrich Egge, A German Immigrant," MVER, XVII (June, 1930), 127-29.

<sup>12</sup>Guillet, Great Migration, 71-75.

<sup>13</sup>Ibid., 71. Abbott, Select Documents, 26.

<sup>14</sup>Guillet, Great Migration, 68. Bienhoff, "Diary," 125-31.

<sup>15</sup>CE, Annual Reports of the Commissioners of Emigration of the State of New York, 1847-1860 (New York, 1861), 3-4.

<sup>16</sup>CE, Annual Reports, 7. Alfred E. M. Purdy, The Medical Register of New York, New Jersey and Connecticut, for 1874 (New York, 1874), 276-77.

<sup>17</sup>Kapp, Immigration, 125-27.

<sup>18</sup>CE, Annual Reports, 9-10, 42-43, 57-58, 74-75.

<sup>19</sup>CE, Rules for the Government of the Emigrant Refuge and Hospital at Ward's Island (New York, 1850), 5-7.

<sup>20</sup>CE, Annual Reports, Appendix, 380-82. Handlin, Uprooted, 56. Kapp, Immigration, 107-11.

<sup>21</sup>NYS, Report of the Select Committee to Examine into the Condition, Business Accounts, and Management of the Trusts under the charge of the Commissioners of Emigration, Assembly No. 34, Feb. 6, 1852, 26. Purdy, Medical Register, 276-77. On his return from Europe, Dr. Griscom wrote out his experiences for the Illustrated Family Friend, a Columbia, South Carolina newspaper edited by the son of Dr. John D. Godman. Griscom's articles, "The Surgeons's Log," are lost as there are no copies in the United States. It appears that the "memorial" Purdy referred to was the letter Griscom sent to the Senate Committee.

<sup>22</sup>Handlin, Uprooted, 51. U.S., Congress, Senate, Reports of the Immigration Commission, 61st Cong., 3rd Sess., 1911, Senate Doc. 758, vol. 39, 379.

<sup>23</sup>U.S., Reports of the Immigration Commission, 399-410, 368-79.

<sup>24</sup>U.S., Congressional Globe, 33rd Cong., 1st Sess., 1854, Part I, 1, 14, 19.

<sup>25</sup>U.S., Congressional Globe, 33rd Cong., 1st Sess., 1854, Part III, 1577. U.S., Congress, House, Mortality on Emigrant Vessels, 33rd Cong., 1st Sess., 1854, Misc. Doc. 14.

<sup>26</sup>U.S., Congress, Senate, Report of Select Committee on Emigrant Shipping, 33rd Cong., 1st Sess., 1853-54, Senate Report No. 386, 31.

<sup>27</sup>Ibid., 3, 22-23.

<sup>28</sup>Ibid., 4. Guillet, Great Migration, 38. U.S., Reports of the Immigration Commission, 350-52, 56. In 1842, when Dr. Griscom served as City Inspector of New York, he reported that the number of immigrant deaths swelled the mortality statistics. Nearly two-thirds of the white deaths from consumption were Irishmen who had just arrived in New York. The reason Griscom did not include consumption in his list of diseases lies in the fact that the Senate committee was concerned with only the passage, and consumption did not become a problem until the immigrant was safely ensconced in the tenement. Griscom, Annual Report, 156-57.

<sup>29</sup>U.S., Report on Emigrant Shipping, 53, 70. Griscom's letter was dated January 14, 1854; it must have been written previous to his receiving the circular letter, because of the length and scope of his report. At this time Griscom was also a member of an AMA committee appointed to investigate means to control the introduction of diseases by emigrants. Due to the resignation of the chairman, Dr. S. H. Dickson, the committee did not report. AMA, Transactions, VII, 34, VIII, 47.

<sup>30</sup>U.S., Report of Emigrant Shipping, 53-54.

<sup>31</sup>Ibid., 54.

<sup>32</sup>Ibid., 4. The committee quoted from Griscom's letter, page 55. See also, Griscom, Uses and Abuses, 76-77.

<sup>33</sup>Ibid., 4-5. Griscom was well aware that clean air and good food would help in curing even well advanced typhus cases. As proof, he cited 330 cures of 467 cases during one three month period. Since he was unaware of the real causes, he felt the only thing medicine could do was counteract the effects of the foul air and the insufficient food. He further noted that placement of a bed near a window improved chances of recovery.

<sup>34</sup>Ibid., 54. NYAM, Minutes, June 2, July 7, Sept. 1, Oct. 3, 1847. In another article Griscom reported that pure air and wholesome food cured even the most advanced cases of typhus. To Griscom, the implication was obvious--if they would cure the disease they would also prevent it. John H. Griscom, "Summary of, and Observations Upon, the Medical Practice of the New York Hospital in the Months of July, August and September," NYMJ, IX (Nov., 1847), 348-52.

<sup>35</sup>U.S., Report of Emigrant Shipping, 55.

<sup>36</sup>Ibid., 59-60.

<sup>37</sup>Ibid., 55-59.

<sup>38</sup>Ibid.

<sup>39</sup>Ibid., 59. The best disinfectant was clean air, which, Griscom thought, would prevent the formation of the typhus miasm. Ventilation and cleanliness controlled the communicability of typhus, and, therefore, if patients showed no signs of typhus after a thorough cleansing there was no need to quarantine them. "Communicability of Typhus Fever," NYAM, Bulletin, II (July, 1864), 311-12.

<sup>40</sup>U.S., Report of Emigrant Shipping, 57-58, 72-73. John H. Griscom, "Hospital Hygiene, Illustrated," NYAM, Transactions, I (1857), 173-74. Reviews of this article were mixed; D. Francis Condie devoted nearly two pages to an in-depth review in which he agreed completely with the findings of Griscom. D. Meredith Reese, however, panned the article. Reese was a bitter enemy of Griscom, and this attack is characteristic. D. F. C., Review of "The New York Academy of Medicine," AJMS, XXX (July 1855), 134-35. "Editor's Table," NYMG, V (Jan., 1854), 39. Although Griscom made no claim to originality in regard to pure air and typhus, he was given credit for popularizing the idea. Austin Flint quoted Griscom as an authority in the treatment of typhus cases. Austin Flint, A Treatise on the Principles and Practice of Medicine (Philadelphia, 1866), 728.

<sup>41</sup>Griscom, "Hospital," 167-69.

<sup>42</sup>U.S., Report of Emigrant Shipping, 61-63. Again the committee quoted from Griscom's letter in their opening remarks. This time they quoted extensively from Griscom on the causes of typhus and cholera.

- <sup>43</sup>Ibid., 63.
- <sup>44</sup>Ibid., 15. U.S., Statutes at Large, X, 715-16.
- <sup>45</sup>U.S., Report of Emigrant Shipping, 66-69, U.S., Statutes at Large, X, 715.
- <sup>46</sup>U.S., Report of Emigrant Shipping, 66-69. U.S., Statutes at Large, IX, 222.
- <sup>47</sup>U.S., Report of Emigrant Shipping, 12.
- <sup>48</sup>Ibid., 12, 66-67. U.S., Statutes at Large, X, 715.
- <sup>49</sup>U.S., Report of Emigrant Shipping, 64-65. U.S., Statutes at Large, X, 717.
- <sup>50</sup>U.S., Report of Emigrant Shipping, 13-14. U.S., Statutes at Large, X, 717.
- <sup>51</sup>U.S., Report of Emigrant Shipping, 12-13. The extract from Dr. Griscom's letter is taken from pp. 68-69 of the report.
- <sup>52</sup>The Black Hole was in Fort William, where, on June 20, 1756, one-hundred-forty-six British subjects were confined.
- <sup>53</sup>U.S., Report of Emigrant Shipping, 13, 68-69.
- <sup>54</sup>Ibid., 63-64. U.S., Statutes at Large, IX, 220-21, X, 715.
- <sup>55</sup>U.S., Report of Emigrant Shipping, 10-11. U.S., Statutes at Large, X, 717.
- <sup>56</sup>U.S., Report of Emigrant Shipping, 71. U.S., Statutes at Large, X, 716. In 1865, Dr. Griscom, suffering from an "unpleasant catarrhal trouble," accepted the post of ship's surgeon on the "Fulton." While it was pleasant work, it was hard to keep up with current medical progress. John H. Griscom, "Letter to the Editor," Jan. 4, 1866, U.S. Mail Steamer Fulton, MSR, XIV (Feb. 10, 1866), 116-17.
- <sup>57</sup>U.S., Report of Emigrant Shipping, 15-16.
- <sup>58</sup>Ibid., 16-71.
- <sup>59</sup>Ibid., 70.
- <sup>60</sup>Ibid., 71. U.S., Statutes at Large, X, 719.
- <sup>61</sup>U.S., Report of Emigrant Shipping, 20-22, 70.
- <sup>62</sup>Ibid., 70. U.S., Statutes at Large, X, 715-21.
- <sup>63</sup>U.S., Report of Emigrant Shipping, 71, 53-75, passim. Abbott, Legislation, 350-52, 368-69.
- <sup>64</sup>U.S., Report on Emigrant Shipping, 71.
- <sup>65</sup>Handlin, Uprooted, 150. NYAM, Minutes, March, 1850.

### CHAPTER III

#### THE NEED FOR REFORM: TENEMENTS

Griscom was the first outstanding figure in American housing reform--scientific in habit of thought, and direct, practical and far-sighted in his recommendations for future policy.

James Ford

As with the passengers on emigrant ships, the people most in need of the best accommodations in American cities were usually those with the worst. The people's economic self-interest in the nineteenth century prohibited city planning which had social efficiency in mind. Large parks, broad boulevards, plenty of light, and fresh air were needed in the core city, but the high cost of land caused great concentrations of people in this area. To take property from the market to protect the public health was not believed to be good business practice. For the day laborer, decent housing was not one of his options; he did not have the capital needed to provide light, air, and sanitation for himself and his family in the inner city.<sup>1</sup>

Among the duties of the City Inspector, the chief health officer of New York City, was his role as tenant house inspector. According to the law of 1839, under which City Inspector Griscom operated, he was to inspect all boarding and lodging-houses and include in his report the name of the owner, the address of the house, the number of occupants, and the number of apartments. He was to inspect the houses as often as he deemed necessary, but at least once a month between May and November--

the months of high incidence of such diseases as yellow fever and cholera.<sup>2</sup>

There was a close connection between the rapid rise in the system of tenantage and the heavy immigration of the 1840's. In 1842 City Inspector Griscom "made the first detailed and comprehensive report upon housing conditions in the city." Three-fourths of that year's 100,000 immigrants entered the United States through New York port, a good many of whom remained permanently in that city. Nearly all these unfortunates found their way to the city's tenements. In 1859 and again in 1865 surveys showed that three-fourths of New York's people lived in tenements (multi-family dwellings which housed more than three families). A New York Assembly report found that fifty-two percent of these buildings were unsanitary, one-third from causes which could be easily corrected.<sup>3</sup>

New York's increased mortality resulted from high immigration and overcrowding--it was in no way produced by New York's soil, location, or atmosphere. For example, of the 719 whites who died of consumption in 1842, 410 were Irish immigrants. The immigrants were especially susceptible to consumption, in part because of their weakened condition from the long, confined voyage, and in part because of the squalid conditions after they arrived. Griscom wrote of their condition:

Living with their acquaintances awhile in crowded apartments, in cellars, in crumbling tenements, and narrow courts and streets, and upon food poor in quality, and stinted in quantity, they are peculiarly exposed to the inroads of disease, and to none more than consumption.

Immigrants also suffered from yellow fever, which resulted from their residence in the area around the Exchange Slip and the Whitehall dock, one of the filthiest in the city. The dwellings in this part of the city were built before the streets were paved; therefore, when the streets



were surfaced the first floors of many of the houses were partially below ground. As most immigrants who remained in the city had not the funds to leave, they were likely to live first in these "undesirable quarters."<sup>4</sup>

When he was City Inspector, Griscom realized that the concentration of immigrants in tenements resulted in a high disease rate, and, therefore, he became deeply involved in the tenement-house issue. Once in this situation, his methods of investigation were as thorough as possible; in addition to personal visits he was the first in the United States to gather reports from investigators who were intimately involved in tenement life. He also made comparisons with other cities to put New York's problem in the proper perspective.

The problems of the cities, Griscom wrote, could and would be remedied by effective sanitary measures, which would control the filth, the tenements, and the bad streets. New York, which had a perfect location, being washed on two shores by broad rivers, had one-half the population of Paris and one-fourth that of London, yet its mortality rate equalled that of both these European cities. To Griscom, the problem was multifaceted; filth allowed to collect in the streets, rear buildings, cellars, alleys, cul-de-sacs, garrets, and courts trapping foul air, faulty sewerage systems, combined with hot humid summers all contributed to New York's mortality. Neither public nor private buildings were erected with the ideals of health and sanitation in mind as the builders were solely interested in making money by housing the hordes that each year reached America's shores.<sup>5</sup>

As the immigrants moved into the city, the older residents left their homes in the crowded lower wards and searched out more comfortable residences uptown. Their old houses were then divided by real estate speculators into small apartments for the laborer and his family. In

addition to these converted dwellings, transformed warehouses were used to shelter the poor; the "Old Brewery" in the Five Points was perhaps the most notorious tenement in ante-bellum New York. At times it held 300 tenants, yet the only privy was in a rear court. Several years after its conversion to a tenement, Griscom called the Five Points: "that profoundest of all sinks of moral and physical pollution, which sends forth from its pandemonium in the shape of the 'old Brewery' (which is a moral brewery still) the agents who perpetrate the 'stratagems and spoils' there concocted, and bespatter the reputation of the whole city in the eyes of the world." In addition to converted warehouses and homes there were the specially built tenements erected by urban jerry builders.<sup>6</sup>

In 1833, James P. Allaire, "a wealthy engine manufacturer," is said to have erected New York's first tenement-house. That tenements flourished so extensively in New York reflects its role as the main port of entry for immigrants. By the mid-1840's, the beginnings of a tenement-house system could be clearly seen. Contemporary observers often pointed to the connection between the immigrant and the tenement; John H. Griscom was one of the most astute of these observers.<sup>7</sup>

## I

The tenement-house system was allowed to develop for nearly a decade before any concerted attacks were directed against it. In 1834, City Inspector Gerritt Forbes called attention to the problem, but, according to Lawrence Veiller,

The first attempt . . . to give any comprehensive idea of the condition of the dwellings of the poorer classes in New York City was not made until 1842, when Dr. John H. Griscom, the City Inspector of the Board of Health, called attention to the existing conditions.

Griscom found that the population had greatly increased as a result of the immigrants who reached these shores between 1810 and the 1840's. Arriving penniless, disease ridden, and miserable, they were herded into the poorer districts of the city, greatly increasing the population while decreasing the quality of life. New York soon came to have the greatest concentration of people per square acre of any city in the civilized world.<sup>8</sup>

In relation to the tenement-house question Griscom had three significant publications. The first was the Annual Report of the City Inspector, written in 1842. The second, a direct outgrowth of the first, was The Sanitary Condition, which was sent to James Harper, New York's mayor, who in turn sent it to the Common Council. The Council returned it to Griscom. Making no progress in political channels, Griscom expanded the report and delivered it to the public in December, 1844. The third document was the report of the Committee of the New York Association for Improving the Condition of the Poor, On the Sanitary Condition of the Laboring Classes in the City of [sic] New York. It was as a result of this last report that the New York Legislature launched its investigation of tenement-houses, conducted in 1857 (see below).<sup>9</sup>

Dr. Griscom asked his fellow New Yorkers to examine the economy of tenement life and to consider the effects on the poor people forced to live there. In an appeal to the pocketbook, Griscom noted that the cost of maintaining this system of slow destruction was very expensive; not only did it constantly remove individuals from the work force, it also placed large numbers on the relief rolls. In the year 1844 alone, 53,000 sick poor people were treated at public charitable institutions, and this did not include those treated privately. There could be no doubt about the effects on the individual of breathing foul air--every

urbanite saw the difference between the pale city belle who had been shut up all winter, and the same girl after a few weeks of fresh air and sunshine. With this picture in mind Griscom invited his audiences to figuratively descend the cellar stairs to see conditions that were even more deplorable. Taking another tack, Griscom pointed out that the fever which arose in the poorer wards was no respecter of persons, there being no barrier to disease between the rich and poor:

Disorders arising and fostered in these low places, will sometimes become so virulent as to extend among and jeopard the lives of the better classes of citizens; while on the occurrence of general epidemics, these localities constitute minor streams, whose poisonous waters, as they mingle with the great river of diseases, give additional impetus to its destructive current.

Griscom appealed to the residents of New York on behalf of the poor on three levels. First there was the purely humanitarian approach; second there was added the pecuniary entreaty, and finally the appeal was directed to their own safety.<sup>10</sup>

Dr. Griscom put his finger on the heart of the problem when he wrote as follows:

The system of tenantage to which large numbers of the poor are subject, I think, must be regarded as one of the principle causes, of the helpless and noisome manner in which they live. The basis of these evils is the subjection of the tenantry, to the merciless inflictions and exhortions of the sub-landlord.

Large numbers of the poorer residences were leased by their owners to sub-landlords for periods ranging up to several years. The owner was thus insured of a sizeable return on his investment and he was also relieved of the problems associated with the maintenance of the property--making repairs, collecting rents, and the other duties of the landlord. The sub-landlord, or leasee, also interested in making as much money as he could, divided the building into as many apartments as possible, without the slightest regard for decency, health, comfort, or convenience.

Griscom noted that this class of speculators was usually foreign born, with little understanding of the needs of health and safety. He also reported, displaying his temperance leanings, the presence of the grog shop in each of the buildings, which robbed the men of their wages and their dignity. The apartments, "closets," Griscom called them, were rented to the poor on a weekly or monthly basis, rent generally paid in advance. Once the landlord had his money, his concern for the buildings, their surroundings, and inhabitants, ended. The situation rapidly deteriorated.

The families moving in first, after the house is built, find it clean, but the lessee has no supervision over their habits, and however filthy the tenement may become, he cares not, so that he receives his rent. He and his family are often steeped as low in depravity and discomforts, as any of his tenants, being above them only in the possession of money, and doubtless often beneath them in moral worth and sensibility.<sup>11</sup>

Sub-tenantage forced rents up by twenty-five percent because of the middle man. Griscom did not mince words in relation to this problem-- it must either be regulated or eliminated. Not only did this system keep the poor at the bottom of the economic ladder, because of the high rents, but it also dehumanized the occupants. Removals being frequent and sudden, the renter paid little or no attention to his surroundings. When one tenant was evicted, the next moved into the filthy apartment before it was cleaned. The fear of eviction kept the tenants from extensive cleaning, and the apartment was soon unfit for human habitation.<sup>12</sup> The poor moved every few weeks, and left all their dirt behind. The next residents moved their furniture in before attempting to clean; therefore, if any cleaning at all was attempted it was superficial. The floor was generally the only thing cleaned, and all too often it was covered with filthy rugs, which were not shaken out as "they would not bear it." Griscom found dirt everywhere:

In these places, the filth was allowed to accumulate to an extent almost incredible. Hiring their rooms for short periods only, it is very common to find the poor tenants moving from place to place, every few weeks. By this practice they avoid the trouble of cleansing their rooms, as they can leave behind them the dirt which they have made. The same room, being occupied in rapid succession, by tenant after tenant, it will easily be seen how the walls and windows will become broken, the doors and floors become injured, the chimneys filled with soot, the whole premises become populated thickly with vermin, the stairways, the common passages of several families, the receptacle for all things noxious, and whatever of self-respect the family might have had, be crushed under the pressure of all the degrading circumstances by which they are surrounded.

In some places the walls were so badly broken that there were holes which opened to the outside, but Griscom felt these were beneficial as they "left openings for the escape from within of the effluvia of vermin. . . ." Nothing was ever whitewashed, clothes and persons were rarely, if ever, washed; cupboards, stairways, furniture, bedding, and walls were in the most filthy condition. Usually the ceiling was so low and the rooms so small a person could not stand erect. With neither windows nor light, it was difficult to see, yet in these holes the "luckless and degraded tenants pass their nights, weary and comfortless."<sup>13</sup>

The question was often raised, why did the people continue in such situations? The answer was simple; at any time the landlord or sub-landlord could order them out for non-payment of rent. Even if they were only a minute late they could be evicted, and loss of a few day's work, or a brief illness, would be enough to put them out in the street. The system of tenantage was directly responsible for this situation, because there were several instances where, under different circumstances, the poor kept their domiciles clean and their personal lives exemplary. Knowing that they could not be evicted on a moment's notice created the change in their apartment, their appearance, and their health.<sup>14</sup>

The overcrowding was the worst aspect of the problem; more often than not two or three families were forced to share one room. Thus,

when one person contracted a disease, the chances were that all the occupants would come down with it, and the confined space made recovery less likely. There was also the question of modesty, or the lack of it. The close quarters virtually eliminated all privacy, forcing members of the same and different families to eat, sleep, dress, and if lucky enough to have water, bathe, in the presence of one another. In his 1845 report, Griscom sent out a questionnaire to the City Tract Missionaries. The first question on the list concerned the morals of the tenement dwellers, and the effects of overcrowding on their moral outlook. George Hatt, missionary in the First and Second Wards, on the lower tip of Manhattan, reported that one missionary was invited into a one-room apartment where the father was sitting on the bed, "entirely naked," washing the shirt he had just taken off, in the presence of his wife and children. Samuel Russell, of the Eighth Ward, reported that such close quarters, "blunted, ruined and finally destroyed" the sense of shame, "that greatest, surest safeguard to virtue except the grace of God. . . ." This same attitude was confirmed by the other tract missionaries who corresponded with Griscom.<sup>15</sup>

This breakdown of morals led to depression, which made restoration of health more difficult, and in some cases impossible. Further, Griscom wrote, the senses of the residents were soon dulled, and amazing cases of degeneracy were reported. He told the case of two policemen in search of a criminal who entered the cellar at 123 Cedar Street, in the First Ward. Three hogs were kept in the cellar, which was permanently sealed from the front, the boarders feeding them from the rear or ground floor. The top floor of the two story house was occupied by people of "doubtful reputation." The building was condemned and razed, and from the house "eight or ten carloads of manure and filth" were removed. Even

those residents with some remaining moral sense, and not physically incapacitated, simply gave up and wallowed in the filth because they were constantly surrounded by broken people and suffering families.<sup>16</sup>

The lack of ventilation was the next problem of importance. Without proper air to breathe, the people were quickly reduced to a state of ill health, more susceptible to diseases, which the foul air and effluvia supported. Griscom was appalled at the construction of the tenements, because when they were built, the windows and doors were both placed on the same side. "A draught of air through, is therefore an utter impossibility." Furthermore, the windows were so arranged that the upper sash could not be opened, thus preventing the admission of air to the upper part of the room. Also, the poor were in the habit of putting their beds as far from the windows as they could, cutting themselves off from the fresh air even more. (This was perhaps the result of the erroneous concept that the night air carried diseases.) Things were bad enough in the summer when the door was often opened, but in the winter the apartments were almost hermetically sealed against the cold breezes that blew along the streets and alleys, at which point, the smell became intolerable and all manner of diseases were found in the offensive apartments. Griscom, feeling that the readers of his reports might accuse him of being too melodramatic, said "I cannot too highly color the picture, if I would."<sup>17</sup>

One problem as prevalent in mid-twentieth century slums as it was in Griscom's day is the policy of overcharging the tenants for goods. Griscom reported that as they had no place to store anything, they therefore bought their food, wood or coal, and everything else "by 'the small,'" for which the grocer, who might also be the landlord, charged exorbitant rates.<sup>18</sup> While today's slum dweller no longer buys coal to



heat with, he is still faced with the problem of paying more when he buys his goods in smaller amounts.

Again, as in the case of the immigrant ships, water was a problem. In the first place, it was not available in large amounts, because the Croton water was only supplied to the wealthier wards. Only shallow wells which provided water of questionable quality were available in the tenement districts. Further, if the family was inclined to bathing and cleaning, there was no place to hang out the wash, assuming, of course, they had a change of clothing. The lack of water combined with the necessity of carrying on all of life's functions in one room eliminated the bath from the lives of most tenement dwellers.<sup>19</sup>

## II

If tenement living in general was bad, then the worst place in a tenement was the cellar. As Griscom wrote,

The most offensive of all places for residence are the cellars. It is almost impossible, when contemplating the circumstances and condition of the poor beings who inhabit these holes, to maintain the proper degree of calmness requisite for a thorough inspection, and the exercise of a sound judgment, respecting them. You must descend to them; you must feel the blast of foul air as it meets your face on opening the door; you must grope in the dark, or hesitate until your eye becomes accustomed to the gloomy place to enable you to find your way through the entry, over a broken floor, the boards of which are protected from your tread by a half inch of hard dirt; you must inhale the suffocating vapor of the sitting and sleeping rooms; and in the dark, damp recess, endeavor to find the inmates by the sound of their voices, or chance to see their figures moving between you and the flickering blaze of a shaving burning on the hearth, or the misty light of a window coated with dirt and festooned with cobwebs--or if in search of an invalid, take care that you do not fall full length upon the bed with her, by stumbling against the bundle of rags and straw, dignified by that name, lying on the floor, under the window, if window there is;--all this, and much more, beyond the reach of my pen, must be felt and seen, ere you can appreciate in its full force the mournful and disgusting condition, in which many thousands of the subjects of our government pass their lives.

The two things that made these holes exceptionally bad were the dampness and the less than adequate ventilation. Few cellars were reached by the warmth and drying powers of the sun, or wafted by fresh, life giving breezes, but this was especially true of the inhabited cellars where the residents shut out the hot air in summer and the cold air in winter. Following a rainstorm, most of these holes were flooded because the sewer system was totally inadequate. Griscom knew of some courts and alleys where the street was higher than the cellar windows, which caused the water to run into the basements as a matter of course.<sup>20</sup>

Since Griscom did not have much time to prepare his City Inspector's report, he was aware that some of his findings might be inaccurate. Even though he went ahead and prepared a ward by ward census of the cellar and rear buildings (rear buildings were erected on the rear half of a lot that already had a building on the front portion. They were almost completely cut off from circulating air as the only access was via narrow alleys or cul-de-sacs. While not as bad as cellars they were extremely unhealthy places.)<sup>21</sup>

Upon completion of the survey Griscom examined each ward. He found the worst living conditions in the Eleventh Ward, bounded by Fourteenth Street and Rivington on the north and south, and the East River and Avenue D on the east and west. There were 240 cellars with 1,349 people and 157 rear buildings with 799 families. Since average families had four members, the Eleventh Ward rear buildings housed about 3,200 tenants. The Fourteenth Ward, located near the center of the city and bounded by the Bowery and Canal Street on the east and south was not as crowded. It had 796 people in 140 cellars and 775 families in 189 rear buildings. Third in overcrowding was the Thirteenth Ward, directly south of the Eleventh, where 1,267 tenants were crowded into 252

cellars and 686 families in 204 rear buildings. After these three wards came the Seventh and the Fifth Wards. Then the population figures dropped off until the Twelfth and Sixteenth Wards, which were so thinly populated that no statistics were gathered. Griscom noted that in the Thirteenth Ward, there were some cellars with as many as thirteen inhabitants each; however, the Fifth Ward, located on the Hudson River between Read Street and Broadway, contained some cellars with as many as forty-eight people. These filthy basements were located in both front and rear buildings, and "into some the water is continually flowing from the roofs and yards, and the small rooms are so crowded as to have scarcely room to turn."<sup>22</sup>

In 1850, New York's total cellar and rear building population was conservatively estimated at 33,668 (Liverpool's was about 40,000). "Many of these back places," Griscom had written, "are so constructed as to cut off all circulation of air--the line of houses being across the entrance--forming a cul-de-sac, while those in which the line is parallel with, and at one side of the entrance, are rather more favourably situated, but still excluded from any general visitation of air in currents." Despite all these criticisms, cellar residences continued to grow in numbers. In 1842 Griscom estimated the cellar population at 7,196, whereas by 1850 the chief of police reported it had jumped to 18,456, undoubtedly as a result of the heavy immigration of the 1840's. The number must have stabilized at that point since Stephen Smith found the same number in his sanitary survey conducted during the Civil War.<sup>23</sup>

There were three classes of boarders, in addition to those who rented, who inhabited the cellars. The first class paid, on the average, thirty-seven and one-half cents per week for food and lodging, and slept on loose straw strewn on the floor. The second class paid half that and

slept on the bare floor. The third class, paying nine cents a week, were in a precarious position because as soon as second class boarders became available they were turned out.<sup>24</sup>

The fact that these cellars were designed to receive coal, lumber or other goods for storage simply added to the horror of cellar life, and to the crime of those who rented such holes to people unable to afford decent housing. Griscom reported a conversation he had with one resident.

Upon remonstrating, not long since, with a woman, for not keeping her apartment in a cellar in a neater condition, particularly about the floor, which was covered with ten or a dozen pieces of old carpet, and as many varieties of figure, and a great deal of dirt, she said it was no use to try; and the assertion was justified, by exhibiting to me the boards destroyed in many places by rottenness, and in others entirely absent, exposing the bare earth beneath. The place was so dark, that with the broad sunlight without, I could not see distinctly without a candle; and yet this family (in which were several children, all sick) had lived there several years at a high rent, the landlord refusing always to put down a decent floor. In addition to their own family, three or four men were accommodated with lodgings.<sup>25</sup>

Again and again there are instances of Dr. Griscom crawling around in these dens of filth to get an accurate idea of living conditions of the poor. His reports were highly emotional--it would be difficult to treat cellar residences dispassionately when one considers the numbers of children who breathed their last beneath the ground--but they were thoroughly documented. The above illustration was just one of many. As City Inspector, Griscom had assistants who were to tour the wards and report nuisances, but he was not willing to leave such an important task in the hands of non-professionals (few if any of the assistants had medical training); consequently he made inspection tours himself. This lent more weight to the Annual Report, and probably helped bring about the removal of this over-zealous reformer, as he exposed too many evils.<sup>26</sup>

Dr. Griscom was able to cite several examples where families who were healthy when they lived above ground, became ill and charity cases when they moved into cellars. One individual who lived in a cellar adjoining a church cemetery was forced to move the bed as the moisture seeped through and ran down the wall. Most of the case-histories Griscom cited were of women, because the men were able to escape the cellars when they went to work. Even the boys were freed from their tombs on their way to and from school. But the "females, both night and day, inhale the polluted atmosphere of the dwellings, and are more continually under all the other bad influences of their unfortunate situations." More women than men were treated in the dispensaries, proving his point. In one year the ratio was nineteen to eleven, but it was generally twelve to eight and one-half, or twelve to ten and one-half. These figures were even more striking when it is considered that many of the men were treated for problems directly connected with intemperance.<sup>27</sup>

While City Inspector, Griscom prepared a form of seven questions for the City Tract missionaries, who, from daily acquaintance, were most familiar with the problems of the slums. Griscom was interested in learning the effects of overcrowding on morals, how physical discomfort effected their reception of the Gospel, how filth effected morals, whether stronger laws would help the inhabitants stay clean, whether regular visits from a health officer would help, and whether or not there were many who wanted to live cleaner, more decent lives but simply did not know how. Finally, he asked the missionaries to include any of their personal experiences.

Griscom frequently displayed a talent for making the best possible use of available sources. In reference to these tract missionaries he

wrote:

Many of these gentlemen have been a long time engaged in this work, and probably no body of men possesses more thorough knowledge of the localities of this city, of the condition of its inhabitants, of the influence of circumstances upon the tone of morals in all classes, drawn from actual observation, or of the alterations and additions required in the police and sanitary codes, for the improvement of the city at large, and in its various particulars.

Here Griscom added strength to his cause by citing several other reputable witnesses to the degradation of the poor. In an attempt to bring about reform, his questions were designed to illustrate the inferior position of the tenement dweller. In addition to his own personal observations, the public was invited to listen to the conclusions and observations of other medical men and of missionaries--men who worked in the wards and the homes of the poor from day to day. Griscom must have reasoned that while people might ignore him, they would be hard-pressed to ignore the physicians and missionaries who also provided testimony.<sup>28</sup>

J. B. Horton, missionary from the Seventh Ward, replied to Griscom's appeal as City Inspector; he also responded in 1844 when Griscom was preparing his Sanitary Condition. For the latter work Horton wrote "I think there is no intelligent man whose opinion on this subject [cellars] will not entirely accord with yours." The damp, dark, ill-ventilated cellars were well established as the cause of fevers, ague, rheumatism, and a whole list of other diseases. Horton pointed out that Griscom was not attempting to establish a new theory in regard to cellar dwellings, "but to give a history of its bitter experience, and so to impress the mind of the philanthropist and statesmen, that salutary laws may be enacted and enforced to prevent cupidity from being allowed to glut its insatiate maw, by renting tenements to the poor, the widow and fatherless, so near the precinct of death and the tomb."<sup>29</sup>

Several missionaries wrote to Griscom concerning their experiences in the slums; physicians who had worked in the dispensaries also wrote, providing further information on the squalid conditions in the tenements and cellars of New York. Drs. John Swett, Stephen Wood, and Benjamin McCready all wrote concerning the horror of cellars and rear buildings. In one rear building McCready noted the tenement was surrounded by pig sties and stables, and "from the quantity of filth, liquid and otherwise, thus caused, the ground, I suppose, had been rendered almost impassable, and to remedy this, the yard had been completely boarded over, so that the earth could nowhere be seen." The boards had partially rotted away, and by exerting a slight pressure on them a "thick greenish fluid could be forced up through the crevices." This was the scene of nine cases of typhus in six weeks, two of them fatal. The only thing that stopped the spread of the disease was the evacuation of the house by its residents. The reports of the missionaries, though less technical, all emphasized the same point; filth was detrimental to the health and morals of the inhabitants. They also followed a policy which the Salvation Army would use in later years--fill the stomach, then preach to the soul.<sup>30</sup>

From 1832 until 1834 Griscom was attached to the New York Dispensary, the first organized in the city. It was located on the corner of Centre and White Streets, in the Fifth Ward. Then in 1842 he became Attending Physician at the Eastern Dispensary, located on the corner of Essex Market Place and Ludlow Street, having as its domain those regions of the city where the cellars and rear buildings were the most numerous. The physicians attached to these and the other dispensaries were the first to see the diseases that plagued the tenement classes. Dr. Griscom wrote that dispensary physicians easily picked out cellar dwellers by "their peculiar pallor, their straining eyes and ghastly countenances."

Any one of the men who served in this capacity was able to present tales of horror and woe, and of the hopelessness of the losing battle against the rising tide of disease. The easiest part of the job was locating the patient:

I cannot be mistaken when I state, that frequently in searching for a patient living in some cellar, my attention has been attracted to the place by a peculiar and nauseous effluvium, issuing from the door, indicative of the nature and condition of the inmates; and I can point to several, numerously occupied, in which I cannot stand erect [it will be recalled Griscom was a six footer], except with my head between the beams of the ceiling, and to which the entrances seem almost as difficult as that to the cave where Putnam found the wolf.<sup>31</sup>

The effects of the tenement on disease could only be properly understood by the dispensary physician, who worked with the problems on a day to day basis. Griscom noted all sorts of diseases attributable to the condition of living in the poorer wards--rheumatism, fevers, inflammations, pulmonary, and sundry other diseases were all traced to the filthy tenements, squalid courts, overflowing sinks and privies, or the manure filled streets and alleys. In addition to these diseases, small pox, cholera, typhus, and yellow fever usually started in the tenements and spread to the nicer parts of the city. On the appearance of these diseases the city fathers began vast clean-ups, all of which emphasized the false economy practiced. Dr. Griscom explained that if the money had been expended in smaller amounts over longer periods the evils of the tenement might well have been avoided.<sup>32</sup>

The dampness of the cellars--there were many cases where the incoming tides caused the furniture to float about the room--and the lack of adequate air to breathe led to many of these diseases. E. A. Fraser, one of Griscom's reporters, in an understatement said "it should be remembered that, in multitudes of instances, basements of only ordinary dampness, with the little fuel that the poor have to warm them



with, and at the same time being very open and cold, must be very unwholesome to their tenants." In an 1857 address, Griscom noted that troglodytes were more susceptible to disease; Liverpool's 14,000 cellar residents were only twelve percent of the population; yet they accounted for thirty-five percent of the city's morbidity. After an act of Parliament significantly reduced the cellar population, cholera deaths dropped from 500 in one year to ninety-four. Closer to home, one New York ward had 562 blacks, 119 living in cellars, while the remaining 443 were better housed. Only one-fourth of the blacks living above ground suffered from the 1820 outbreak of "Boucher Fever," whereas one-half of the cellar blacks were stricken. "Out of 48 blacks living in 10 cellars, 33 were sick and 14 died; while out of 120 whites, living immediately over their heads, in the same houses, not one ever had the fever." This is just another indication of Griscom's thorough research; he demonstrated with great care the evils of cellar residences.<sup>33</sup>

Ventilation was one of the keys to the problem; in cellars and many of the above ground tenements sufficient air was not available. Dr. Griscom agreed with the English ventilation expert, David B. Reid, who maintained that ten cubic feet per minute were required by each adult. Using these figures, Griscom maintained that the two families of ten people residing in the cellar at 50 Pike Street, which was ten feet square and seven feet high and contained one small window and a slanting door, began breathing contaminated air fifteen minutes after their arrival, yet they would remain in the apartment from ten at night until five the next morning, reinhaling the same air over and over again.

Is it astonishing, [he asked] that the Dispensary is called upon, very frequently to extend its aid to these inmates? and should there not be some remedy for this dreadful state of things? The whole of these premises, besides the cellar, is in a condition unfit for human habitation, and yet crowded to a melancholy degree.<sup>34</sup>

Residences in cellars were bad enough, but schools conducted in them were among the worst abuses known to the poor. An infant school was conducted in a church basement, measuring forty-six by thirty by eight and one-half feet high. Into the room about two hundred children were packed. The surrounding buildings were so close to the church that the blackboard could not be seen because the shadows cut off all light and ventilation.<sup>35</sup>

It is unfortunate that after the exposures of 1842 and 1845, the cellars were allowed to continue. In his 1853 report for the New York Association for Improving the Condition of the Poor, Griscom encountered the problems of living in cellars again. He wrote of the rising water, the smell, the blackness, the lack of air. "Though utterly unavailable for any other use, they are rented at rates which ought to procure comfortable dwellings, to persons who have become as debased in character as the condition is degrading in which they live." The 1850 survey of cellar population showed that each cellar averaged five occupants, and that only half of the 3,742 cellars had more than one room. Obviously things had not improved, the moral degradation, the destruction of health and human life were allowed to continue unabated even though these cellars were "fitter receptacles for the dead than the living." A lengthy residence in such a place was almost certain to shorten one's life.<sup>36</sup>

Still later, during the Civil War, the Citizens Association, formed to put an end to corruption in city hall, directed part of its energies for improved sanitary legislation. The Association sent out a letter to several of the city's distinguished sanitarians, among them John H. Griscom. Griscom was called upon because of his "close study of the subject for the past twenty-two years." He wrote, in responding to the query, that the 20,000 people trapped beneath the ground were at the

nadir of the 450,000 tenement dwellers. "The condition of this part of the population is disgusting in the extreme, and provocative of the worst results, moral, physical, pecuniary, and political." Drawing on his vast knowledge, Griscom compared New York of the 1860's to London of 1666 when 100,000 died of the plague.<sup>37</sup>

### III

The New York Association for Improving the Condition of the Poor (AICP) was organized during the winter of 1842-43. Its leaders felt that there would always be a poorer class and therefore a necessity to improve its condition. On the one hand they wanted to do away with street begging; on the other to visit the poor in their dwellings, examine their circumstances and extend needed relief. Griscom served on several committees of the AICP, but his most significant contribution was the First Report of a Committee on the Sanitary Condition of the Laboring Classes in the City of [sic] New York. Organized in June, 1853, the committee, under Griscom's direction, presented its report in mid-October. The Association was quite pleased with the report: "among the objects claiming the attention of the Board during the year, none have deserved or received more careful consideration, than that relating to the sanitary condition of the laboring classes." The report was to signal the beginning of a distinct organization which would erect model tenements, as was being done in Europe; however, the plan was given up and the blueprints distributed to local builders.<sup>38</sup>

John H. Griscom also served as district chairman, his duty being to visit the poor families of the district, and meet their needs, both physical and moral. The districts corresponded to the city's wards; Griscom's was the Seventh which was one of the worst. One visitor, in 1847, worked with an Irish family. The father was dangerously ill, the

mother was convalescing from a previous illness, and their two children were starving. The visitor called in two physicians, one of whom was Griscom, to aid the family, and after several months the case was happily resolved.<sup>39</sup>

Griscom's 1853 AICP report is something of a minor classic in the literature of progressive action against the evils of the tenement-house. Thirty years after it was written, a New York tenant-house inspector wrote a history of his department of the Board of Health, and cited Griscom's report as the initial step in reform. Lawrence Veiller, intimately involved in the slum problems at the turn of the century and a noted authority on the subject, credited Griscom with beginning the campaign to improve living conditions for those in the inner city. Writing of the 1853 report, he remarked that "one result of the disclosures made by this Association in 1853 was the appointment by the State Legislature in 1856 of a committee of their own. . . ." He went on to discuss the similarity of findings between the Sanitary Condition, the AICP report, and the Legislature's report. In another work on tenements, Veiller quoted extensively Griscom's City Inspector report, finding it "extremely interesting" that Griscom saw the problem of the city not to be its shape but its rapid increases of population. He was also pleased to see Griscom lay the blame where it belonged--at the feet of the municipal authorities. In his "List of Books Important to a Proper Understanding of the Tenement House Problem in the City of New York," Veiller cited first Griscom's Sanitary Survey of 1842 and then his AICP report.<sup>40</sup>

There was a definite progress from Griscom's agitation to the first tenement house laws; unfortunately the wheels of justice move slowly. As James Ford Notes, Griscom's recommendations languished for nearly half a century before some of his ideas were put into effect, and

The first plan of the Association was to erect model tenements, "replete with every requisite for health, comfort and economy, at rents not ordinarily exceeding those paid for the lowest class of tenements." The Association reasoned that "every honest, sober and industrious resident, should at least have it in his power to procure a decent and healthy home for himself and family." As they pointed out, the sad truth was that this was impossible, because of the overcrowding. People must live near their places of work, and that meant they would be shut up in small holes in the most overcrowded districts, sacrificing health, life, and morals. There were thousands of poor families in the lower wards, and more arriving daily, with no apartments where they could live in health and safety. During their inspection tour the committee could not find one building worthy of being called a model tenement. Some buildings had wide stairways but they were inadequately ventilated, or filthy, while some had rooms that were far too small.<sup>42</sup>

To his Annual Report Griscom had appended a section entitled "Preventive Sanitary Measures." In a footnote he discussed a model tenement that had been opened on Anthony Street, between Church and Chapel, "one of the worst neighborhoods to be found in the City." All the important items needed to make the tenants happy and healthy had been included, with no significant rise in the rent. "Light and airy rooms, good dry cellars for fuel and food, well flagged pavements, a hydrant in the court, and other convenient appurtances, with the cheerful aspect of the whole place and of its inhabitants, afford conclusive evidence of the value of such improvements, both to the owner and the City." Griscom had advocated this kind of building for the poorer classes several years earlier and was happy to see such a "refreshing oasis in that desert of wretched tenements, and more wretched inmates."<sup>43</sup>

Griscom, showing his faith in the goodness of man, staunchly believed that if the poor were taken from their insalubrious surroundings, and put into decent housing, at reasonable rents, the result would be a new class of people. Not only would the poorer classes become better housed, they would become active members of society, contributing to, rather than taking from, the public weal. One individual erected a model tenement, in which he provided the necessary amenities for the tenants to live like human beings, and not well-kenneled dogs. His brick building provided each resident with two rooms, separate cellars under lock and key, separate out-houses, piazzas, a copper boiler, and adequate closet space. The tenants were chiefly Irish; even though many were out of work the weekly rent was promptly paid, and with the exception of a few cellar lights nothing needed repair. Examples such as this could be multiplied, but they were still the exception.<sup>44</sup>

The AICP report maintained that the poor were the concern of all; that by providing them with better places in which to live, the city would be doing them a great service while saving vast amounts of money. While other ameliorations had been made in the condition of the poor, "little comparatively has been effected for improving their tenements, though it is doubtful whether in any other city they are less adequately provided for than in New York." There were a number of reasons for this; first, the capitalists with the funds to change the situation were unconcerned; second, it was thought that model tenements would not pay; third, the tremendous immigration created a further strain on the existing housing; and finally, and most important, was the absence of adequate sanitary and housing regulations.<sup>45</sup>

When the poor took over buildings vacated by wealthier people, the large rooms were divided into smaller ones, the one family houses becoming a multi-family dwelling. This same thing would happen fifty

years later when the blacks moved into Harlem. Another parallel with Harlem was the high rent--even though the buildings were in need of repair, and "in so vile a condition they can scarcely be stepped into, without contracting filth of the most offensive kind," they were rented for twenty-five to thirty percent more than was paid in other parts of town. In the lower wards of the city, as in Harlem, one found that

Crazy old buildings--crowded rear tenements in filthy yards--dark, damp basements--leaky garrets, shops, out-houses, and stables converted into dwellings, though scarcely fit to shelter brutes--are the inhabitations of thousands of our fellow-beings, in this wealthy Christian city.

These decrepit buildings on the verge of collapse paid their owners handsomely. The report cited specific examples, such as a rear building, entered through a filthy alley off Oliver Street in the Fourth Ward. Measuring sixteen by thirty, it had two floors and a garret divided into ten small apartments for sixteen families. The rents averaged \$1.50 a week, the building returned \$750.00 a year, or thirty percent of its value. In the same ward there was a front and rear tenement which held fifty-six families. Four lots, chosen at random, rented at seventeen percent of their value; therefore, after the sixth year, the landlord received nearly one hundred percent clear profit on these buildings.<sup>46</sup>

In his ward by ward survey Griscom came upon a block in the Eighth Ward which went beyond his worst expectations. "Rotten Row," a series of eight houses lining both sides of Laurens Street, contained two-hundred fifty families, of 1,250 people, in 18,000 square feet, which left each man, woman and child with fourteen square feet of space. "The pestiferous stench and filth of these pent-up tenements exceed description." One room was occupied by six people, with chickens scratching about the beds. Every inch was occupied, the lower rooms and cellars renting for \$4.50 a month. The owner received \$7,500 per annum, the residents a leaky

roof over their heads and ever increasing poverty. Many of the buildings did not even have fireplaces, the only exchange of air taking place through the windows and doors, both of which were usually shut.<sup>47</sup>

After the survey, Griscom and his committee reached three conclusions they felt to be significant in the formation of such intolerable conditions. First, the apartments were too small, and this was true for at least three quarters of the laboring class residences in the city. A ten by twelve room with a closet for a bedroom was among the better class of accommodations. "What then must be the discomfort, disease, and demoralization of the thousands who have but a single apartment of the most inferior kind, of small dimensions, low ceilings, etc., and that crowded with two, or three, or sometimes four or five families?" Overcrowding in the inside led to invariably disgusting filth on the outside. Second, there were too many people living in too small a space. While a one story building with ten occupants might be salubrious, the addition of a second or third story, with an accompanying increase in the number of residents, could seriously endanger the health of all the occupants. The third conclusion was the neglect of proper ventilation. Many of the buildings were erected with no thought at all to ventilation, and "many of the dwellings of the laboring classes are constructed as if to prevent ventilation."<sup>48</sup>

There was no reason to be shocked by this state of things:

When families of five, eight or ten persons, each live in a contracted apartment, that is applied to every conceivable domestic use, and from fifteen to thirty such families in the same house--having the entry, stairway and yard in common, the last badly drained, perhaps unpaved and the receptacle of all deleterious and offensive things, it would be truly surprising if the tenants did not become filthy, reckless and debased, whatever might have been their previous habits and character.

Conditions such as these turned the residents into creatures without hope



for the future. Griscom and his committee clearly understood that intemperance was the result, and not the cause, of the poverty. As the report aptly put it, it was not odd that so many were constantly in the liquor shops but it was odd that so many would struggle home without stopping for liquid relief.<sup>49</sup>

Even though there were no accurate statistics pinpointing the proportion of deaths in the tenements as compared with the rest of the city, Griscom was certain that it was far higher in the poorer residences. While many of the dead were children who suffered from malnutrition, or immigrants weakened by the crossing, most were from the male working class--men cut off in the prime of life, their families being thrown on the relief rolls. The committee concluded thus:

Hence it is, that so large a proportion of the dependent are widows and fatherless children; and to say nothing of the misery and suffering thus occasioned, hence also the immense tax on public and private charity, attendant upon ill health and premature mortality, from preventable or removable causes.

Griscom was quick to point out that the poor were so not because they were lazy, but because of circumstances over which they had no control. They were caught up in a vicious circle; they had little money and were forced to dwell in the tenements, which ruined their health, yet they remained because they could not afford to leave. Whereas some might escape, the large majority remained in their overcrowded, under-ventilated, filthy tenements until they went to an early grave in Potter's Field.<sup>50</sup>

Griscom was one of the few persons astute enough to realize that tearing down the slums was not the answer to the problems of the poor. He was shocked by the callousness of the city for when it tore down the tenements, a perfect opportunity provided itself to build model tenements. Yet, as Griscom ruefully declared, nothing was done. "They pull down the

habitations of the laboring class without building others of the improved kind, which should take their place; the tenants are consequently driven to find shelter elsewhere, though it be in cellars, and courts, and garrets, amidst vice, and filth, and wretchedness." In a true stroke of understatement Griscom wrote "the wants of the population have evidently been misunderstood."<sup>51</sup>

The evils of the tenement-house stemmed from three groups--the tenants, the owners, and the Legislature. The last group had the power to change the conditions but failed to do so. Griscom closed the AICP report by calling upon capitalists and landlords to work together and create new housing for the laborers. Speaking in terms of the Gospel of Wealth, Griscom argued the rich had a trust, and that they must not always be concerned with a fair return on their investment (although the model tenements usually did return a fair profit). Most of the tenements being erected were as bad as or worse than existing structures, and this was false economy. With the then current state of affairs, the almshouses and prisons continued to drain enormous amounts of the city's revenue; although improved dwellings would require a vast initial outlay a large part of the drain might be stopped. It was the duty of the Legislature to intervene at this point and provide minimum housing requirements, that would specifically guarantee the rights of the individual and yet recognize "no man's right to pollute the atmosphere of a neighborhood by breeding a pestilence in his own domicil." Certain standards for superficial height, heating, ventilation, and minimum space were needed, enforceable by law. Finally, cleanliness needed to be strictly enforced, and where its lack endangered the public health the law should step in and issue a cease and desist order to either tenant or landlord--whoever created the nuisance.<sup>52</sup>

Here Griscom showed his visionary ideals when he called for partial negation of the principle of laissez-faire. More government control of buildings was needed or there would be no improvement for the laboring classes. This was an appeal to the people's pocketbooks; Griscom demonstrated how the welfare costs could be reduced at the same time the city's wealth could be increased.

Griscom, prepared for any eventuality, had answers to four objections that might be raised to model tenements. First, this would not interfere with the rights of property holders, as nothing would hinder their making a fair profit. Further, all the improvements would eventually benefit the owner as he would have fewer complaints and repairs. Next, the rights of the tenants would not be abridged. When they realized that living in filth undermined their health, morals, and will to live, the poor would "discover that their own best interests are promoted by all those measures which are calculated to improve their sanitary condition." Third, as charity was not considered, this plan would not destroy the poor's self-reliance. Finally, with a few modifications, the plan could be put into effect with the existing city and state machinery overseeing the operation. Griscom outlined the bare bones of reform-- it was up to the Legislature to act.<sup>53</sup>

#### IV

As a result of the AICP report, in 1855 state representative John M. Reed offered a resolution which called for the creation of a special committee to investigate tenant housing in New York City. Reed was compelled by reports of poorly constructed foundations, overly tall buildings, undersized apartments, poor ventilation, narrow halls, overcrowding, and a total lack of concern for the tenant's safety. As a result of this interest Reed was made chairman of the select committee

of five appointed the following year to examine the situation. "The committee investigated the problem and became so interested that when the state failed to continue the funds they completed it at their own expense. 54

Their first meeting in the Mayor's office, May 14, 1856, was followed by subsequent meetings when they heard testimony from city officials, health officials, tenement builders and agents, concerned citizens, and the president of the workmen's association. While they did not hear, or at least did not print, oral testimony from Dr. Griscom, they did rely heavily upon his views and thoughts. Of thirty-nine footnotes, ten were references to the Sanitary Condition (twelve of the remaining were references to the Minutes of the Investigation). In addition to taking testimony the committee made two inspection tours of the slums, of three and four days, with police protection. 55

The Assembly committee accepted the ideas expressed by the AICP on the origins of the tenant-house. They further conceded that, given New York's climate, shelter for the working classes was imperative. Because shelter was imperative, and because owners wanted to make a greater profit, buildings were converted into tenements without any regard for their suitability. In addition to the primary cause of overpopulation, the committee agreed with Griscom's findings when they concluded that the "tenement is an offspring of municipal neglect." Landlords were allowed to charge exorbitant rents on the assumption that the poor would ruin their buildings, which quickly fell into decay due to neglect. Yet nothing was done to safeguard the health of the laboring class. The Assembly reported:

No stringent regulations on the part of landlords, no provisions for the maintenance of health, and no convenience for securing neatness, cleanliness, ventilation, or general order

and comfort in the establishment, were ever dreamed of in connection with the tenant-house system, as it spread its localities from year to year.

Had more stringent regulations existed, some problems could have been avoided. As it was, "poverty, as we have seen it in New York, is wedded to despair, and its offspring is vengeance."<sup>56</sup>

In their inspection tours they found, as had Griscom, that words failed to describe the hideous conditions. "The decay and delapidation of the premises was only equalled by the filth of the inhabitants." The committee was quick to agree with earlier conclusions about the rear buildings: "Rear buildings and their surroundings, present, in general, the most repulsive features of the tenant-house system." They were nearly impossible to reach as the

visitor must sometimes penetrate a labyrinth of alleys, behind horse-stables, blacksmith's forges, and, inevitably, beside cheap groggeries, till he finds himself in a dim close, thick with nephitic gases, and nauseous from the effluvia of decaying matter and pools of stagnant water.

Newly erected tenements were often just as bad as the existing structures, a fact which impressed the committee with the seeming hopelessness of the situation.<sup>57</sup>

Again drawing from previous reports, the committee noted the detrimental effects of neighborhood groceries. They charged higher prices than did other places, and at least one per block sold liquor, the result being that both decent families and children found their way to the shops, and the corrupting influences of the drunks lounging about. The committee agreed with Griscom that the temptations were the result, not the cause, of the poverty. The Legislators went one step further and laid the blame for the evils of liquor and policy playing (numbers) at the steps of the government because it did not provide adequate protection.<sup>58</sup>

The committee cited Griscom in their footnotes in relation to several questions. It was confirmed that the landlords, and ultimately the state, did not have the right to force people to live as animals, where crime, vice, disorder, disease, and death were ever present. Again quoting from the Sanitary Condition, the committee used Griscom's examples of cities as sores on the body politic. They quoted Griscom's statement that "history furnishes truths that should be warnings for legislation." With reference to superficial space, they cited a letter to Griscom from Isaac Orchards, missionary to the Fifteenth Ward. Orchards wrote of the overcrowded, insalubrious conditions he encountered during his work as tract missionary, and responded to Griscom's appeal for facts to support his case. Another citation, from another missionary, urgently appealed for reform, and the committee completely agreed. Were all the inmates of these wretched dwellings vicious, desperate, and depraved? Dr. Griscom, the missionaries, and the Assembly committee thought not.

As wild roses may bloom in swamps, and violets upon the edge of charnel pits or the crest of volcanoes, so in these social morasses, Golgathas and Sodoms, there are to be found honest, laborious men, struggling against want and disease; self sacrificing women, toiling and suffering for beloved ones; and little children, with ears and eyes as yet unused to sounds and sights of wickedness, with hearts as yet unseared by the contrast of surrounding corruption.

To save those still within reach, it was necessary to begin legislative reform immediately.<sup>59</sup>

At the end of one month's investigations, the committee reached several conclusions, some of which Griscom had reached a decade earlier. Cellar residences must be eliminated. Next, to prevent fatalities from fires, strict regulation of stairways and halls was needed. If incest, prostitution, and overcrowding were to be stopped, then sub-leasing would have to be outlawed. Finally they thought that a clean, comfortable home would reduce drunkenness.<sup>60</sup>

In their conclusion, the committee maintained, as did Griscom, that low cost housing for the laboring classes was possible. They went, point for point, with the AICP report Griscom prepared in 1853:

The committee have satisfied themselves that houses, affording proper accommodations and conveniences can be erected for the poorer classes; that the providing of such will be productive of incalculable good, in a moral as well as physical point; that investment of capital in the construction of these buildings would be attended with no risk, and would yield a good and permanent interest; that, finally, such building and providing of habitations for the poor is not only a measure of humanity, but of vital necessity to the public, and should be encouraged by legislation and all needful and fitting inducements.<sup>61</sup>

That legislation was the answer to the tenement house problem is undeniable. Taken in conjunction with education on the evils of filth, this would go a long way towards improving the condition of the poor. The recommendations of the legislators, and John H. Griscom, were adopted, but in piecemeal fashion over the next several decades. Changes began in 1866 with the May 4 building law, which was concerned with fire prevention and providing adequate means of escape. The first tenement-house law, which shows the influence of Griscom, was passed the following May. The law stated that each sleeping room be connected with the outside via a window, a door, or at least a ventilating tube. Adequate fire escapes were mandatory as were a sufficient number of water closets. The law stopped the conversion of cellars to residences by refusing to issue new permits after July 1, 1867. To maintain health it required that houses be cleaned to the satisfaction of the Board of Health, or they had to be vacated. The size of rooms, rear buildings and the space between buildings were also regulated. Twelve years later, on June 16, 1879, a new act was passed, which provided more adequate air space. No new tenement could be erected which occupied more than sixty-five percent of the lot, except corner lots. Every room was to have a window at least twelve feet square, and there was to be 600 cubic feet of air space per

occupant. However, discretionary clauses left with the Board of Health nullified the law's effectiveness. Finally, on March 25, 1887, a Tenement House Commission was appointed. As a part of the same law was a section which required each sleeping room to connect directly with the outside. Unfortunately, this was completely unenforceable.<sup>62</sup>

Even though a few model tenements were put up, the more affluent New Yorkers were not ready to take responsibility for the welfare of their less fortunate brothers. Individualism, the Puritan ethic, and self reliance were too firmly entrenched. Griscom's main significance then was as an innovator; he started the ball rolling by focusing the public's attention on the problems of the slum. Although Griscom's soul searching reports started tenement-house reform in New York City, it can be safely stated, considering the condition of today's urban centers, that the last word has yet to be written on the subject.<sup>63</sup>

## V

In 1853, the year in which Griscom conducted his survey of the tenements for the AICP, there was a move in the State Legislature to set aside land for a large Manhattan park. The two sites being discussed were Jones' Wood, an area of land along the East River facing Blackwell's Island, and the middle park area, roughly similar to New York's present Central Park. During the heated controversy over the site, Griscom sent a letter to the New York Times, in which he discussed the issue of parks and their value to the health of the poor. The whole question was one that had attracted the favorable attention of the public; Griscom asked the opportunity to present his views on the sanitary aspects of such a park. When one considered the size of Manhattan Island, the removal of any large parcel of land from the market would, he suggested, force already high rents to a new level. Next, he thought it was not needed



for the poor as an outlet for recreation, as they had other diversions. Finally, it was a question of priorities--other improvements were needed more than a large park. If the Legislature, however, was determined to set aside eight hundred acres for park land, Griscom had an alternative plan; divide the land in fifty acre parcels spread over the island so "that the air, the trees, the flowers, the fountains, and the walks, may be brought within the reach of all. This would certainly be less aristocratic, more democratic, and far more conducive to the public health."<sup>64</sup>

It was thought at this time that parks served as "lungs for the city;" they supplied the necessary fresh air, helping the city "breathe." Griscom pointed out the fallacy of setting aside a large uptown park to make the air healthier in the overcrowded downtown wards. But even more important, the largest problem was the life indoors; women, who spent more time in the tenement, had the higher incidence of disease. Griscom again called for tenement-house reform:

If we would, therefore, ventilate the city, we must begin by enlarging and ventilating the dwellings, by prohibiting the erection and occupation of the thousands of rooms no larger than prison cells, and by prohibiting the occupation as residences, of hundreds of cellars, in which the poor are now compelled to crowd themselves.

These parks and trees were nice, but they would not offset the evils of a Gotham Court, or a Forsyth Street. Jones Wood was particularly absurd as a reservoir of fresh air. In the first place the city was surrounded by swift running rivers which provided a constant change of air with all its freshness. Second, Jones Wood was located at the edge of one of these rivers, nowhere near the center of the city. Using it to ventilate the tenements of the poor would be like "helping the flight of an eagle by giving him the wing of a butterfly, or using a candle to help one's sight under the broad glare of the noon-day sun." The problem involved

getting the people out of doors, not necessarily to a large park but to any spot where they could breathe freely.<sup>65</sup>

Too much emphasis was being placed on the park and the beneficial effects it was to have on the city's health. It was as if the public had caught hold of a park as a cure-all for the laboring classes. "Its advocates would seem to regard it as a panacea for most of the ills, moral and physical, which issue from this great box of Pandora." The park would not serve as a lung for the city, even existing parks had no effect on buildings only a few hundred feet away. Fresh air was available to the poorer classes; the problem was that the construction of the tenements shut off all avenues of approach for the fresh air. The narrow, offal filled streets, blind alleys, courts, yards, and cul-de-sacs precluded all ventilation. These were the problems to be attacked, not a new park which would benefit the gentleman and his lady out for an afternoon's drive.<sup>66</sup>

It was argued by the park's promoters that such a place would provide cheap entertainment for the working classes. Griscom showed the fallacy of this:

A walk through the most beautiful park in the world is not to be compared with a sail upon either of our noble rivers, with their unsurpassed views of city, country and water, and their pure and most invigorating atmosphere; while the rambles at Staten Island, at Greenwood, at Green Point, and above all, at Hoboken, with its Elysian Fields and shady groves and river-side promenade, equal, if they do not surpass, those of either London, Paris, or Versailles;--and all attainable for a few cents.

One could sail to Staten Island for six cents, to Hoboken for three cents, or across the East River for a penny. It would cost more than this to ride up to Central Park. The ferries were readily available, with fourteen on the East and eight on the North River. The ferries were near to the places where the laborers lived and worked while the park sites were quite a distance away.<sup>67</sup>

Griscom's article was not entirely negative; in closing he anticipated the turn of the century garden plans that would be used in some of New York's outlying districts. He wanted to combine dwellings and gardens by laying off streets one hundred feet wide, and in the intervening areas, erecting modern, well ventilated apartments, not more than three stories high (taller buildings, he noted, cut down on air and light, and by limiting the height Griscom seems to have anticipated the city's later set-back regulations for skyscrapers, which allow more light and air to reach the street). There would be at most one or two families per floor in these open, clean apartments. At the center of each group there would be a garden for the use of all.

These interspaces, now usually occupied as private yards, could easily, and without loss, be spared for common use, and if well arranged with walks, trees and flower beds, with two or three fountains, would form little parks of themselves, to which the neighbors would daily resort with their children, always in sight, and where, by more frequent and free intercourse, the kindly feelings would be cultivated with far more likelihood than elsewhere.

Perhaps such a plan was too idealistic; but it did offer an alternative to the stinking hovels in which the poor were forced to live. John H. Griscom's plan would have provided the poor with a nice place to live, one with enough amenities to restore their sense of worth and dignity, and yet one that would not be terribly expensive. He further reasoned that the poor would return to work, and being taken off the welfare rolls, would add to the city's wealth, thereby offsetting the cost of the buildings. "There might be accommodated, in the way I propose, comfortably, healthfully, cheaply, and elegantly, and with a revenue too, a population not less than 250,000, who, otherwise must be crowded into narrow spaces, at high rents, greater certainty of sickness and early mortality."68

Thirteen years after his death, in 1887, the Small Parks Act was passed which authorized the creation of parks south of 155th Street.

Three sites, totalling thirteen acres, were selected, but little was done prior to 1895. The most important site was Mulberry Bend, the park which was so dear to the heart of Jacob Riis. In 1895 another commission recommended the creation of two more park sites, to be located east of the Bowery and south of Fourth Street. The Commissioners also thought that each new school should be built with adequate space for playgrounds. Though dead, the influence of Griscom is just as apparent in these small parks as that of Jacob Riis or the commissions which developed them.<sup>69</sup>

### CHAPTER III NOTES

<sup>1</sup>Thomas C. Cochran and William Miller, The Age of Enterprise (New York, 1961), 62, 252-53.

<sup>2</sup>New York City, By Laws and Ordinances of the Mayor, Aldermen and Commonalty of the City of New York, (1845), 70.

<sup>3</sup>John H. Griscom, Annual Report of the Interments in the City and County of New York for the year 1842, with Remarks thereon, and a Brief View of the Sanitary Condition of the City (New York, 1843), 155-57. Kate H. Claghorn, "Foreign Immigration and the Tenement House Problem in New York City," The Tenement House Problem, eds., Robert W. DeForest and Lawrence Veiller (New York, 1903), II, 67-69.

<sup>4</sup>Griscom, Annual Report, 155-57. John H. Griscom, A History, Chronological and Circumstantial, of the Visitations of Yellow Fever at New York (New York, 1858), 17.

<sup>5</sup>John H. Griscom, Uses and Abuses of Air (New York, 1850, 1970), 175-79.

<sup>6</sup>Roy Lubove, The Progressives and the Slums (Pittsburgh, 1962), 3. Griscom, Uses and Abuses, 186-89.

<sup>7</sup>Douglas T. Miller, Jacksonian Aristocracy: Class and Democracy in New York, 1830-1860 (New York, 1967), 135. Oscar Handlin, The Uprooted (New York, 1951), 150. Claghorn, "Foreign Immigration," 67, 69-71.

<sup>8</sup>Lawrence Veiller, Tenement House Reform, 1834-1900 (New York, 1900), 5. Stephen Smith, The City that Was (New York, 1911), 19. George Rosen, in his History of Public Health (New York, 1958), stated that "it is no accident that the first penetrating study of the health problems of the community was published by John C. [sic] Griscom in 1845. The depth of Griscom's analysis is related to his work on the slum economy and its connection to the sanitary condition of the population." 237

<sup>9</sup>The 1853 AICP report is not signed by Griscom; however, from the style, force, use of witnesses, conclusions, and overall organization it is attributable to him. Furthermore, Griscom made use of an illustration in the report (see page 89) on the number of occupants on a site. that appeared in his article to the New York Times (see pages 87-91).

<sup>10</sup>John H. Griscom, The Sanitary Condition of the Laboring Population of the City of New York, With Suggestions for its Improvement (New York, 1845), 11-15.

<sup>11</sup>Ibid., 67. Rosen, History of Public Health, noted that sub-tenantage was still one of the major ills in the mid-twentieth century slums, 237-38.

<sup>12</sup>John H. Griscom, AICP, First Report of a Committee on the Sanitary Conditions of the Laboring Classes of the City of [sic] New York, with Remedial Suggestions (New York, 1853), 9, 23-24.

<sup>13</sup>Griscom, Sanitary Condition, 7.

<sup>14</sup>Griscom, Report of Interments, 174.

<sup>15</sup>Griscom, Report of Interments, 161. Griscom, Sanitary Condition, 25-34.

<sup>16</sup>Griscom, Report of Interments, 173.

<sup>17</sup>Griscom, Sanitary Condition, 7-8.

<sup>18</sup>Ibid., 8.

<sup>19</sup>Ibid.

<sup>20</sup>Ibid., 8-10.

<sup>21</sup>Griscom, Report of Interments, 162-65.

<sup>22</sup>Ibid.

<sup>23</sup>Ibid., 163-65. NYAM, Minutes (March, 1850). Smith, City that Was, 81.

<sup>24</sup>Norman Ware, The Industrial Worker, 1840-1860 (Chicago, 1964), 15-16.

<sup>25</sup>Griscom, Report of Interments, 172.

<sup>26</sup>Ibid.

<sup>27</sup>Griscom, Sanitary Condition, 9-10, 13-14.

<sup>28</sup>Ibid., 24-25.

<sup>29</sup>Griscom, Report of Interments, 167.

<sup>30</sup>Griscom, Sanitary Condition, 15-19, 25-38.

<sup>31</sup>Griscom, Report of Interments, 171-72. See also, Griscom, Sanitary Condition, 10.

<sup>32</sup>Griscom, Sanitary Condition, 45.

<sup>33</sup>Griscom, Report of Interments, 165, 170-71. John H. Griscom, "Improvements of the Public Health, and the Establishment of a Sanitary Police in the City of New York," MSNY, Transactions (1857), 114-15. Griscom, Report of Interments, 170-71.

<sup>34</sup>Griscom, Sanitary Condition, 10-11.

<sup>35</sup>Ibid., 11.

<sup>36</sup>Griscom, AICP, First Report, 9, 18.

<sup>37</sup>John H. Griscom, Reply to Citizens Association Committee of Inquiry on The Sanitary Condition of New York (New York, 1864), passim.

<sup>38</sup>AICP, First Annual Report of the NYAICP For the Year 1845 (New York, 1845), 8-10, 13-15, 17. Fourth Report (New York, 1847), 20. Tenth Report (New York, 1853), 26.

<sup>39</sup>Ibid.

<sup>40</sup>Veiller, Tenement House Reform, 6-8, 11-12, 14-17. Lawrence Veiller, "Tenement House Reform in New York City, 1843-1900," The Tenement House Problem, eds., Robert DeForest and Lawrence Veiller (New York, 1903), I, 73-75. George M. Price, "History of Tenement House Department and Advice to Inspectors," Sanitary and Tenement House Inspector Examination Instruction, ed. John L. Pleines (New York, 1917), 1.

<sup>41</sup>James Ford, Slums and Housing (Cambridge, 1936), I, 108.

<sup>42</sup>N.Y., Assembly, Report of the Select Committee Appointed to Examine into the Condition of Tenant Houses in New York and Brooklyn, Doc. No. 205, 80th Sess., 1857, 27-28. Griscom, AICP, First Report, 5-7. While the committee realized that the model tenement was not the answer, they failed to realize that the businessman was principally interested in making a fair return on his investment. As Lubove pointed out, "most builders subordinated the pleasure of serving humanity to the maximization of profit." However faulty Griscom's reasoning, it is another example of his faith in his fellow man." Lubove, Progressives, 9.

<sup>43</sup>Griscom, Report of Interments, 198. Anthony Street was in the Sixth Ward, which was among the worst for cellar residences and rear buildings.

<sup>44</sup>Griscom, AICP, First Report, 27-28.

<sup>45</sup>NYSA, Reports (New York, 1859), 6. Griscom, AICP, First Report, 4-5.

<sup>46</sup>Ibid., 7-10.

<sup>47</sup>Ibid., 12, passim.

<sup>48</sup>Ibid., 14-17.

<sup>49</sup>Ibid., 20-21.

<sup>50</sup>Ibid., 22-24.

<sup>51</sup>Ibid., 6, 25-26.

<sup>52</sup>Ibid., 28-31.

<sup>53</sup>Ibid., 31-32.

- 54 N.Y., Assembly, Select Committee, 1-2.
- 55 Ibid., 2-3, passim.
- 56 Ibid., 12-13, 19-20.
- 57 Ibid., 14-19, 23-24.
- 58 Ibid., 26.
- 59 Ibid., 31-32, 37-40.
- 60 Ibid., 3.
- 61 Ibid., 46-53.
- 62 Ford, Slums, I, 151-55, 164-65.
- 63 Ibid., I, 138. Lubove, Progressives, 11.
- 64 New York Times, June 30, 1853.
- 65 Ibid.
- 66 Ibid.
- 67 Ibid.
- 68 Ibid.
- 69 Ford, Slums, I, 193-97.



## CHAPTER IV

### NUISANCES AND THEIR ABATEMENT

The poor, and the destitute, and the degraded, have been too long allowed to remain in their ignorance, to grovel in their filth, and while suffering acutely themselves, to spread around them the contamination and contagion of the diseases of body and of mind, which inevitably result from their neglected condition.

John Bell, 1859

The fundamental health problem among the poorer classes in New York was a lack of fresh, wholesome air; inside the tenements there was little exchange of air, and outside, the neighborhood was usually so dirty the air itself was fetid. The closeness of the buildings prohibited the passage of any stray breezes, which meant all the noxious odors remained for days and weeks. Dr. Griscom, as were his contemporaries, was a miasmist, and attributed the common diseases to the vitiated air of the apartment, or the neighborhood, or else to the incredibly common piles of filth in the streets.

Such nuisances as slaughter houses, pig sties, and rag and bone piles added to the filth, and the case that the miasmists had built against life in the slums. To these were added the problems associated with rapid urban growth--inadequate sewerage, insufficient water supplies, unregulated building codes, haphazard garbage pickups, and the necessity of draining low-lying lands--all issues that Dr. Griscom continually raised. Other problems, swill milk, for example,

weakened infants and children and if it did not kill them outright it made them more susceptible to other diseases. In the view of the miasmist, these nuisances frequently resulted in epidemic or endemic diseases; cholera, small pox, typhus, consumption--all had their origins in the laboring-class districts of the city.

Griscom found in 1849 that animal and vegetable refuse was being thrown into the street in ever increasing amounts. The introduction of the Croton water system caused abandonment of city wells, which resulted in more water percolation and, it was thought, more disease. A growing pig population combined with a rising human population added to the health problem. What made the situation more regrettable was that New York could end most of the problems and take her place as one of the healthiest spots in the world.<sup>1</sup>

It was beyond the ability of a Christian such as Griscom to understand how the human body could be so susceptible to disease, even from the necessities of life. The air he breathed and the food he ate were capable of causing disease, and in many cases, death. "But strangest of all, they [food and air] become so too often by his own perversion of their properties." What made this even worse, nature had the power of cleansing the earth and water if left to herself. There was no question then, that the insalubrious condition of New York was the result of man's spoilage.<sup>2</sup>

European travelers who frequented the shores of the United States during the nineteenth century often commented on the condition of the cities. Dickens vividly described his 1840 tour of the Five Points. He mentioned the filth, the pigs, the blank faces staring out from emaciated bodies. When Charles McKay toured Gotham a decade later he wrote: "Broadway monopolizes nearly all the good

pavement as well as cleanness of New York; and the streets that branch off from it on each side are uneven, dirty, and full of deep holes and ruts. . . ." Such holes became pools of stagnant water, and collection pits for animal and vegetable refuse.<sup>3</sup>

In the pre-germ theory era, most medical research was related to preventing obvious nuisances. Preventive medicine centered on sanitary improvements, and it was in this field that Griscom made some of his most important contributions. The laborer, living in the poorer sections of the city, was more susceptible to disease because most nuisances were centered in his district. It was the purpose of the AMA's "First Report of the Committee on Public Hygiene," prepared in 1849, to examine the major cities of the United States and their sanitary condition. Griscom presented the report for New York, one of the best in regard to coverage and content. (These individual city reports were attached, as appendices, to the main report, which outlined the conclusions of the committee, along with a brief summary of their duties. The main report was the joint effort of the committee.) They made up a list of nine significant points they saw as central to the issue. After dealing with population, location, geographic features, they analyzed the healthy and unhealthy parts of the city, drainage and paving, street cleaning, ventilation, schools, hospitals, dispensaries, water supply, and its source and purity. Griscom answered the final query, "Are the municipal regulations on the above subjects effective or not?" in the negative. His answer would remain so until the Metropolitan Health Bill of 1866 passed.<sup>4</sup>

The American Journal of the Medical Sciences published a very favorable review of Griscom's AMA report. It reported Griscom's pleasure with the geological formation of the island, but wrote that

he felt improvements in ventilation and sewerage were desperately needed. "His descriptions of the wretched situation of the poor in many of the closed alleys and crowded courts are calculated to excite philanthropists to the most active efforts to accomplish reform."<sup>5</sup>

In addition to Griscom, the AMA "First Committee" was made up of other notable sanitarians. James Wynne, who prepared the report of Baltimore, was later to serve with Griscom on the National Quarantine and Sanitary Conventions of the late 1850's. Edward H. Barton, of New Orleans, prepared an in-depth report on Yellow Fever in the next decade, and Isaach Parrish, of Philadelphia, was another notable figure in preventive medicine. Although these men served only one year, devotion to the subject was the keynote of the committee; as soon as the members were appointed, they set about to collect as much information as possible, in part to provide "authentic data for future research." Their work, accomplished in 1848-49, was one of the earliest examinations of health in the major cities. With the exception of Griscom's Sanitary Condition, prepared four years earlier, there was virtually no recorded evidence on sanitation in America.<sup>6</sup>

In his report Griscom concluded that while the geology, location, and population of New York were quite good (population was 400,000, soil was rocky, and the island was basin shaped, and washed by two rivers which had six foot tides), the health of the city did not reflect its salubrious condition. Mortality rates were higher in New York than in other cities, primarily because of the unsanitary conditions. "Diseases of asthenic character are very prevalent . . . arising doubtless, from the impurities of the air." Griscom concluded that since the diseases were particularly prevalent among the working classes, they were a result of living in filthy surroundings and breathing foul air.<sup>7</sup>

Nuisances were classified as any manufactories, butcheries, public works or foundries which gave off noxious gases, smoke or unpleasant odors. The worst industries were those which used acids, with brass, lead or copper smelting foundries next in offensiveness. Both groups filled the air with impurities harmful to animal and vegetable life; the building of tall chimneys to carry off the pollutants was only a partial solution. Among the other blights cited by the committee were soap and candle works, zinc and iron sulphate works, and phosphorus and friction match establishments. Solutions to the problem were simple. "If the neighborhood of manufactories are found to be more unhealthy than other places, it becomes the duty of every municipal body to interdict them in populous parts of the town. . . ."8

Generally speaking, these nuisances were of two classes. The first were the internal offenses; foul air resulting from overcrowded conditions, lack of proper food and clothing, both in quality and quantity, and a lack of cleanliness of the apartments and the tenants. There were also evils found outside the domicile--the terrestrial emanations, changes in the weather and their influence on filth, and wastes removed from the buildings, which were improperly collected, if collected at all.<sup>9</sup>

## I

For several hundred years the pig had served the cities of the world as the principle scavenger, as there was no regular means of trash and garbage removal. During his American trip Dickens reported that New York's pigs, which numbered 10,000 in 1842, led "a roving, gentlemanly, vagabond kind of life. . . ." They ate everything from cabbage stalks to offal, and usually roamed the streets in bands,

threatening dogs and small children. The day of the pig as scavenger, however, was rapidly drawing to a close, with Griscom in the forefront of the attack. In his 1842 report as City Inspector Griscom found no justification for keeping pigs in the lower wards of Manhattan. They did not compete, financially, with the pigs grown and slaughtered elsewhere and sold in the city. The problems caused by the keeping of pigs far outweighed any benefits.<sup>10</sup>

Griscom admitted there were laws to control pigs; an owner, providing he could be identified, could be fined for keeping more than three in a pen, or four in an enclosure. "I would recommend therefore, that the keeping of these animals in any place south of Fiftieth-street, be prohibited by law; the penalty for its violation be a forfeiture of all animals, and some competent officer be authorized to remove them from wherever found, to the public yard." During the next fifteen years the pig population was significantly reduced.<sup>11</sup>

The piggeries were a direct result of the number of slaughter-houses within the city limits; if the latter were removed then the number of pigs would be reduced. As regards, then, sanitary nuisances needing to be removed, City Inspector Griscom "would mention particularly that of slaughter-houses, which in themselves and their various concomitants, can be regarded as perhaps second to none, whether we consider their influence upon the health, the decency, or the morals of the community."<sup>12</sup>

Most city officials, and the general public, surmised that these houses were not injurious to the public health. Griscom, taking the other side, thought the city should view them as harmful until they were proven innocuous, because no one believed animal and vegetable material in a state of decomposition was innocent of any ill effects

to those who lived nearby. His own experience made him aware that simply walking past these places in the summer was dreadful. It was difficult to say just how harmful slaughter-houses were, and to cause their removal they needed to be the beginning point of an epidemic. Whether or not it was possible to keep them clean was a moot point--they were never anything but filthy. Griscom thought the city fathers should consider the facts--slaughter-houses filled with hungry cattle, calves, and sheep, constantly crying out from pain or hunger, floors covered with blood and offal, and the whole place reeking of a disgusting stench--and then reach a decision on the healthfulness of slaughter-houses.<sup>13</sup>

With the exception of the Grahamites, few saw slaughter-houses as unnecessary. Griscom was in favor of concentrating them in a few places along the city's rivers, where they would be out of sight of children, easily cleansed, and readily inspected. This would reduce complaints from citizens; close inspections would allow the neighborhoods to be kept clean, and free from the usual nuisances associated with such places. In 1849, in a more radical stand, Griscom called for the removal of slaughter-houses beyond the city limits. If fresh vegetables were brought in from the country, why not fresh meat? There was no need for slaughter-houses located within the city, yet in 1850 a police department survey found 206; what was needed was an informed populace to force the city officials into action. With the passage of the Metropolitan Health Bill the worst of these nuisances were ended, after more than twenty years of agitation by Dr. Griscom.<sup>14</sup>

If the health menace, the offal, the smell, and the dirty streets were not enough to cause the removal of slaughter-houses, what about their effect on the moral sensibilities of the people? Griscom asked

the government to examine this aspect: "they are no ordinary schools of vice. Children of both sexes, and boys of considerable age, often gather around to see the work of death, and familiarize their young minds with scenes of suffering and cruelty, well calculated to blunt every natural sensibility, and harden their hearts to every sentiment of pity." The character of the apprentices and journey-men made matters worse; they swore, were insensitive to pain and suffering, and had loose moral character. This could "but add to the pernicious influence of those places, upon the morals of the low and neglected children around them." Griscom saw the slaughter-house as a natural breeding place for crime and vice, and maintained that many of the city's criminals received their early education in crime at such places. The way the animals were abused when carted about the streets of the city was also offensive to the morals of the people. That such inhumane treatment was carried on in a Christian nation was a sign of moral dullness. "If we would not tolerate the Spanish bull fights, still less should we indulge a worse cruelty practiced under more revolting circumstances."<sup>15</sup>

## II

Rag-picking and bone-boiling were common, though not lucrative, nineteenth century New York vocations of the poor. The rags were washed and sold while the bones were boiled for sale as fertilizer. Griscom maintained, incorrectly, that chiffoniers from the major European cities had only lately immigrated to the United States; actually many native Americans were involved. This was the only aspect of rag-picking that Griscom misunderstood: he was acutely aware of the health hazards, both to the rag pickers and their neighbors. The pickers used a long iron hood to rake through the rubbish and garbage



of the street in search of rags, bones, and paper. These were put either in large sacks carried over the shoulder or a basket carried under the arm. They searched for their treasures from dawn until darkness compelled them to stop. For food, "they may not unfrequently be seen picking up the garbage thrown into the gutters from the adjacent houses, which they either deposit in a separate receptacle, to be re-cooked at home, or eat upon the spot." All ages and both sexes were represented. They lived in the filthiest parts of the city; the 1857 New York Assembly committee which investigated tenant houses reported that a row of tenements in Sheriff Street was known as "Rag Picker's Paradise." The area "was infected for squares around by the effluvia of putrefying flesh, from numerous bone-boiling places, and bales of filthy rags stored in the cellars and sheds." The committee reported that bones gathered from the slaughter-houses, with the flesh still attached, were lying all about.<sup>16</sup>

The accumulation of rags added to pollution and provided a breeding place for vermin. This practice had to be abolished to improve the city's health, yet this could cause problems. Griscom wrote that 2,000 chiffonniers rioted in Paris during the 1834 cholera epidemic when the city tried to clean the streets. "Their ignorance, debased morals, and recklessness, with their wretched vocation, followed at the expense of public health and cleanliness, aptly fit them for turbulence and riot. . . ." Street cleaning, however, was the only way to remove the bones, rags, and other "treasures" of the chiffonnier, and with them his occupation as well. The necessity for this was two-fold; if nothing was done the children would grow up to be a new generation of rag pickers; equally important, the collection of filthy rags constituted "the lurking-places of those contagious fevers

that occasionally devastate the neighborhoods in which the houses for these wares are kept."<sup>17</sup>

### III

In their general report, the AMA public hygiene committee recognized the necessity of street cleaning; it was, it pointed out, obvious to all who pondered the city's condition. Furthermore, streets should be laid out in such a way as to prevent the collection of standing water. They reported that suburbs were most likely to suffer from malarial diseases because of the pools of stagnant water that were everywhere to be found. Whereas main streets were cleaned once or twice a week, "the smaller streets, although frequently inhabited by a denser population, are seldom visited by the street cleaners oftener than once or twice a month; and the courts are seldom or never cleaned, except when reported as nuisances." Costly, inefficient, and superficial as the cleaning was, the shortsighted city officials refused to make it more effective and, therefore, less expensive in the long run.<sup>18</sup>

Most towns had ordinances against throwing garbage in the streets; however, as they had no effective means of trash removal the laws were usually meaningless and unenforcable. To Griscom, the foul streets which produced harmful odors and gases combined with the closely built, overcrowded houses to become sources of disease. "So long as badly drained and filthy quarters are permitted to exist in a city, so long will it be scourged by fevers, and liable to the invasions of epidemics." The effects of filth and improper cleaning were reflected in the mortality rates.<sup>19</sup>

Griscom's individual report repeated the conclusions that he and his colleagues presented in the committee report. Since the Revolutionary War New York's laws had undergone several changes;

no longer was it required for each resident to clean up the area in front of his house two or three times a week, the piles then being collected by public cartmen. The problem with that plan was that in multiple family dwellings no one took the responsibility, and the city became dirtier. Then the city created a municipal department to clean the streets. The next change came when one contractor was hired to sweep the streets, and finally the city was divided into districts and several contracts let. Unfortunately, none of these plans proved effective, even though the annual cost to the city was over \$100,000. The solution involved the use of street sweeping machines. Of these Griscom wrote:

Street sweeping machines have not been permitted, it is believed, for the principle reason that they cannot exercise any political influence--they cannot vote--the street sweepers forming a strong, and important corps of voters, who cast their suffrages as they are required by the party in power.<sup>20</sup>

Griscom's conclusions were supported by George Templeton Strong, who in his diary wrote that the streets developed a stench, the "kakodyle" (cacodyl) of civic chemistry. In June, 1851, he noted that the streets were the worst they had been for many years.<sup>21</sup>

Twelve years after Strong's comments, the New York Times joined the fight and reported that the streets had reached an all time low. The main streets were clean, "but for one street that is moderately clean, there are one hundred immoderately and disgustingly unclean. And these latter too, are the very ones that should be kept clean. They are not inhabited by the wealthy, but lined by the residences and shops of middling and poor folks, who suffer fearfully by the neglect." The Times blamed the filthy streets for the increased mortality; they reported a sharp weekly increase from the previous year.<sup>22</sup>

To a large degree, the filth in the streets was directly related to the improperly constructed sewers and sinks. City Inspector Griscom drew the attention of the Common Council to the need of reforming the laws related to sewers when he presented his report on their cleaning. Even though his proposals were not adopted, he was able to point to some improvements:

Important improvements have been adopted by the scavengers, so that the public are now relieved from much of the unmentionable nuisance, that formerly rendered the open streets insufferable at night. The Watch Department has rendered essential service to the public, by a more careful surveillance of the workmen, and reporting offenders.

Griscom thought that proper legislation was necessary to maintain this state of cleanliness; otherwise a lax city inspector could undo the improvements made. One had to consider always the "liability of officers to fall back into the careless habits of former days."<sup>23</sup>

A few months after his appointment as City Inspector, Griscom prepared a report, delivered to the Board of Aldermen on September 12, 1842, concerning the emptying of sinks, cess-pools and privies. In his opening remarks he wrote that he had long been aware of the evils related to the cleaning of sinks in the city. Knowing New York's laws to be among the worst in the nation, he prepared a new ordinance in his report. It was the custom to clean the privies using open tubs, and hauling the wastes away in open carts to be dumped into the nearest slip. The boxes on the carts were covered with an unfastened lid, "whereby a large portion of the contents of the box is jolted out as the cart goes to the dumping place, and the greater the quantity scattered along the streets, in this way, the less is the labor of the horse, and the sooner is the work performed."<sup>24</sup>

The evils connected with this method of removal were many; the atmosphere for many blocks was "perfumed" by the wastes, and people for

for blocks around were forced to close their windows during the warm summer months to keep out the odor. This deprived everyone, but especially the sick, of the healthful properties of fresh air. The bad odors of the streets, even though freshly swept, resulted from the droppings of the carts. Finally, dumping the contents in the river from the nearest pier presented problems. Ships tied up at the wharves often found their ropes and hawsers covered with filth. Small boats were often partially or wholly filled with night soil, "and instances are said to have occurred of their being carried to the bottom with their unnatural load."<sup>25</sup>

Even though this type of disposal was illegal, the fines were minimal and the chances of being caught slight. Often the slips were filled with the contents of the sink cleaner's carts. "Some piers hence become nearly useless, and much of the expense for cleaning slips, for which the citizens are taxed, is attributable to this cause." The alternative that Griscom suggested was turning this material into useful fertilizer, a process in which many cities in the United States and Europe were already involved. Besides providing a saleable commodity it kept the city's streets, piers, wharves, and slips clean. Griscom also proposed changes in the law to enforce cleanliness; first, tightly covered containers to transport night soil (the 1839 law made no mention of the containers). He also recommended an increase in the fine from \$10.00 to \$25.00 for failure to observe the regulations. Finally he wanted to prohibit the emptying of the contents of any privy into the river below Twenty-First Street, with a \$50.00 fine for violators. Griscom could see "no reason why this disgusting and unnecessary nuisance should be submitted to any longer by citizens or allowed by the authorities. . . ." Proper regulation would eliminate

it, perhaps delaying or mitigating an epidemic. It would also reduce the tax burden and provide needed fertilizer.<sup>26</sup>

Two years later the Board of Aldermen presented a report based on Griscom's recommendations. They agreed that the contents of sinks and privies should be collected in tightly covered containers, but they thought that the night soil should be collected on several docks, south of Twenty-First Street, where the ships of two fertilizer companies regularly tied up. Even with this modification, the regulation changes suggested by Dr. Griscom were closely adhered to and adopted by the Board of Aldermen. The result was a somewhat cleaner New York.<sup>27</sup>

In a supplement to the City Inspector's report, Griscom asked the Common Council to address their attention to several preventive sanitary measures, the first being sewers. If constructed correctly they carried off street refuse which resulted from markets, stables and slaughter-houses. Adequate supplies of water were needed to flush the sewers periodically; Croton water was thought adequate to do this job.<sup>28</sup>

Sewers were inadequate in New York, and in one way the introduction of Croton water made the situation worse. Many people knocked the bottoms out of their cisterns and began using them as cess-pools. "It needs no prophetic vision to perceive, that an immense mass of offensive material, will thus be soon collected, its decomposition polluting the air, in the immediate precincts of our chambers and sitting rooms, and generating an amount of miasmatic effluvia, incalculably great and injurious."<sup>29</sup>

Dr. Griscom's expertise in matters related to health and cleanliness were quickly recognized by the New York Academy of Medicine. Shortly after its founding in 1847, B.I. Meserole, from City Hall,

sent a letter to that society, in which he reported that the Common Council had appointed a committee to investigate sewerage facilities. The Academy appointed its own committee in October, with Griscom as one of the members. After a study made over a period of two years, Chairman James R. Manley made some remarks on the subject, but it appears that he took his responsibilities half-heartedly. (It is likely that Griscom used some of the material he gathered for the NYAM committee in his AMA report.)<sup>30</sup>

The AMA committee reported that one of the most important functions of city government was devising efficient means of waste removal. Surface removal was unacceptable, and sewers, having an atmosphere of their own, must be properly constructed to carry away all the wastes produced by the area's inhabitants. "It need hardly be said that educated engineers are the only persons competent to direct the execution of these important works." Most cities were sadly lacking in this respect to sewers; Boston, with twenty-five miles of them was far ahead of her sister cities. In his report Griscom stated that New York's conditions were "good and improving" in relation to sewers and drainage. Surveys were being made and new sewers were constantly being planned. Even though there was enough slope for good runoff "stagnant water is by no means uncommon."<sup>31</sup>

Several years later, in his report on sewerage attached to the Report on the Internal Hygiene of Cities, by John Bell, Griscom maintained that good sewers were absolutely essential to the public health. If water and garbage were allowed to collect in the streets, fevers, diarrhoea, dysentery, cholera, "and a general depression of the vital powers, which renders every other disorder more dangerous" resulted. It was equally harmful to allow such filth to collect in sinks and cess-pools. The kinds of sewerage which collected, human and animal

excreta, vegetable refuse, and residue from tan pits, slaughter-houses, gas works, and factories were deleterious to human health. To remove it successfully, however, a reservoir fifty percent larger than the then present one at Murray Hill was needed to provide the necessary pressure to wash the sewers clean.<sup>32</sup>

In a review of Bell's work, which included comments on Griscom's report, the North American Medico-Chirurgical Review wrote that "New York very modestly comes in at the end of the book with her views upon special subjects of sewerage, water supply, etc.: minor, but very important subdivisions under the general head of sanitary regulations. . . ." They commended Griscom's report as one devoted to the preservation of the public health.<sup>33</sup>

#### IV

Next in importance to the public health was the existence of pools and marshes in the city. These often led to malarial type diseases; as City Inspector Griscom reported that in the Twelfth Ward (north of Fortieth Street along the East River) they had caused bilious, remittent and intermittent fevers. This ward, the largest in area but the smallest in population, was getting worse each year. The water was collected during the summer to harvest ice in the winter. While Griscom had no figures on the benefit derived from the ice, he was sure the draining of the pools would benefit the city more than the sale of ice. He urged the Common Council to pass an ordinance to prevent damming for any reason.<sup>34</sup>

In addition to the artificially formed pools there were natural marshes which rendered parts of the island almost uninhabitable. This was especially unfortunate because a few of the locations were quite beautiful, situated near either of the rivers, or the Croton reservoir.



Many mansions were unfinished, or if finished, unoccupied because of these marshes. Those who did live in this area did so only at the risk of their health. Money had been appropriated for the draining of one, and possibly two marshes, "but the safety of the inhabitants, and the protection of property, call loudly for a thorough drainage of the whole of this section." Dr. Griscom urged the Common Council to act in behalf of the citizenry so that these beautiful locations could be opened for safe residency. In his City Inspector's report he wrote:

Very few sections of the country of equal extent, contain so many eligible sites for cottages or mansions, and it is doubtful whether any city in the world possesses within its corporate limits, so extensive a variety of beautiful scenery. Washed on either side by a noble river, traversed on one verge by a romantic road, on the other, by a well Macadamized avenue, and in the center, by a costly rail-way--studded with villages--containing, among other objects of attraction, the two Croton resevoirs, the termini of the most stupendous work of modern times, one of them an artificial lake of over thirty acres--this beautiful part of the Island is greatly injured as a residence, and its value much diminished, by the existence of these pestiferous spots.<sup>35</sup>

Sunken lots created the same sort of problems as the marshes and the artificially created pools. As City Inspector, Griscom was empowered to order the filling in of all sunken lots that created a nuisance. In July, and again in September, 1842, he called upon the Board of Aldermen to fill in sunken lots, which, in his opinion, created health hazards. In both instances he was successful.<sup>36</sup>

During the summer of 1859, Drs. Griscom and Alexander H. Stevens offered several resolutions to the NYAM in relation to the drainage of New York. In July, Stevens recommended that the committee of public health and legal medicine, of which Griscom was chairman, examine the situation. The next month Griscom asked permission to

have the Fellows of the Academy answer some questions which pertained to the drainage of the various wards. The suggestion was adopted, but the results were, unfortunately, not recorded in the Minutes.<sup>37</sup>

Griscom replied to a letter of the Citizens' Association when they were making their sanitary survey during the Civil War. In 1814 the city was as healthy as London, but it was getting worse each year. New York had "by neglect, fraud, and official ignorance, degenerated to a condition almost as bad as that of London of 200 years ago. Without the establishment of a speedy and thorough reform, there is no reason to apprehend that no remedy short of that which visited London in 1665, will suffice for a restoration to its former Sanitary standard." While there were innumerable instances of the benefits of sanitary reform, New York's officials chose to ignore them. The increase of mortality in 1863 was greater than in any year except 1854, which was a cholera year. In March, 1864, Griscom stated that the mortality returns were 700 ahead of 1863, which would make 1864 the most unhealthy year in the city's history. What was worse, they were the result of extra-domiciliary causes that produced typhus and other zymotic diseases in the Five Points. "The want of suitable drainage and imperfect sewerage" coupled with the internal problem of poor ventilation were pushing the mortality figures ever higher.<sup>38</sup>

These problems of sewerage and drainage were not confined to New York; its neighboring city across the East River, Brooklyn, faced a similar situation. In the closing years of the 1840's there was a growing awareness of the needs for a more comprehensive city plan to protect Brooklyn from evils created by a lack of sewers, improper drainage and filth in the streets. The health officer's report for

1851 emphasized the need of street cleaning and urged an annual city sanitary survey, such as "existed in New York City."<sup>39</sup>

Griscom realized, as did his fellow sanitarians, that there was only one solution to the high mortality in the tenement districts of New York and other major cities, and that was a massive clean-up campaign followed by periodic cleanings. To prevent, however, minor outbreaks of disease from turning into full blown epidemics, disinfectants of various types were recommended by Griscom and his associates. Problems developed when the city officials tried to use disinfectants as a substitute for cleaning the streets and slum districts. As the AMA committee noted, disinfectants "were useful in limited areas;" privies, sinks, sick rooms and hospitals were all made better because of chloride of lime or nitrous acid, but "no-one would be visionary enough to think of disinfecting the unwholesome atmosphere of a populous city by means of any chemical agency, however extensive, within his reach."<sup>40</sup>

Various disinfecting agents had to be tested to establish their effectiveness, and one was sent to the NYAM. On July 1, 1863, the Academy's president received a letter from the Ridgewood Chemical Works, along with a package of their disinfectant, for examination by the Academy; the president turned it over to the Committee on Public Health and Legal Medicine, which Griscom was carrying on by himself at that time. In mid-September Griscom reported that he had found the Ridgewood product to be of superior quality. On motion, his report was accepted and ordered printed.<sup>41</sup>

Griscom was eminently qualified to examine the product, as he was a well accepted sanitarian as well as a chemist of some note; it will be recalled that he served as Professor of Chemistry at the New York College of Pharmacy from 1836 until 1840. The doctor was quick

to mention the connection between preventive medicine and chemistry. "In few things has modern chemistry been of more value, or better appreciated, than in the means it has furnished to check the influences of poisonous effluvia, arising from decaying animal and vegetable matters." He went on in his report to explain that until the nineteenth century the cause and effects of decomposition were generally unknown. Griscom had the beginnings of an understanding of the process of putrefaction and its results as well as ways to prevent it.<sup>42</sup>

In one sense Griscom equated cleanliness and fresh air with disinfectants:

We must not, for a moment, in considering the general question of disinfectants, leave out of consideration the first in value, the easiest attainable, and most effective of all, cleanliness and pure air. It is the neglect of these alone, in general, that renders necessary any other appliance. But the great variety of conditions to which the human being is exposed, especially in his artificial relations of life, with his peculiar susceptibility above all other animals, to external causes of disease, gives great importance to any invention of discovery which promises in any degree to mitigate or remove

'Whatever shapes of death  
Shook from the hideous chambers of the globe  
Swarm through the shuddering air.'<sup>43</sup>

Griscom conducted seven experiments on the Ridgewood powder, with the help of some of the Academy members. The experiments were of two types; in the first they sprinkled it on dead animals exposed to the summer heat, and in varying stages of decomposition. In each instance the body sprinkled was preserved and the odor and decay halted, while the unsprinkled control body continued to putrefy. It was also used in a camp latrine, and found to be most effective. Finally, Griscom asked Dr. W. D. Butler, Assistant Surgeon in the Army, to test it. Butler used it in the dead house and found it stopped the "offensive effluvia" from badly decomposed bodies.<sup>44</sup>

There were five principle requirements if a disinfectant was to be of value; it must stop offensive effluvia, prevent putrefaction

or fermentation, combine with and preserve fecal material to prevent loss of valuable material which could be used as fertilizer, be inexpensive and readily available, and add nothing of a harmful nature. Griscom found the Ridgewood powder to be very acceptable in respect to each of these criteria. Griscom and the Academy were not the only ones of this opinion; the reviewer of Griscom's report for the American Medical Times was also impressed. "Its general use in the filthy courts, cellars, privies, and even in the streets and gutters of the city . . . would doubtless have a happy effect in purifying these nauseous localities."<sup>45</sup>

A few years later, in 1867, Griscom was appointed chairman of a special committee of three (Alfred Post and Stephen Harris were the other members) to report on the possibility of making changes and improvements to the "Rankin Disinfecting Chamber Pail." Griscom reported that the device disinfected the water closet, and also destroyed various sewer gases. At the December 13, 1867 meeting of the Academy, Griscom presented his report, in which he recommended no changes. The report was accepted.<sup>46</sup>

## V

If Dr. John H. Griscom had been forced to choose only one remedy for the city's ills, it would undoubtedly have been fresh, pure air provided in abundance by adequate ventilation. Built closely together on blind alleys and dead end streets, the largely windowless tenements cut off much of the air. Furthermore, the height of some of the taller buildings cut off exchange of air from that direction. People had no choice but to live in houses, but they could at least attempt to change the air in the house frequently. Griscom found, however, that most people kept the doors and windows tightly closed and breathed the same air over and over. "We seem, generally, to be

too fearful of the presence of fresh, pure air." This was especially true of the night air, which was popularly believed to carry all manner of diseases, and yet in the nighttime people badly needed the fresh air, as they were shut up inside their houses for long periods of time. In his novel about the 1878 yellow fever epidemic in Memphis, George Kibbe Turner had one of his characters make this typical remark: "'Come in here! Come out of that poison night air!'"<sup>47</sup>

The overcrowding and poor ventilation were harmful not only because they affected the physical aspects of human life; they also undermined moral stability. To a miasmist, such as Griscom, these conditions caused disease and debility, which in turn produced a moral laxness that made the disease harder to cure. Trapped in the ghetto, the poor gave up hope, and in many instances the will to live. There were also milder effects on the moral character of individuals. An "ineptitude for study and therefore ignorance" could be seen by comparing the achievements of pupils from poorly ventilated schools with their peers who attended better ones. The lack of fresh air perverted the judgment, and encouraged intemperance and alcoholism, because, Griscom maintained, when the natural stimulant of pure air was unavailable, people found a substitute. Alcohol was even given to infants and young children to help them sleep in the contaminated atmosphere of their tenements. Griscom also pointed out that the man who constantly breathed the foul air of the cellar or court was often incapacitated, and unable to work. "Add to this the mental debility, and extinction of moral sentiments, inseparable from a cellar life, and we at once arrive at one of the efficient causes of poverty, of low ideas of comfort, and of dishonesty and prostitution. . . ." The poisoned air produced cowardice, Griscom continued, because constant

filth broke one's spirit. Finally, overcrowding and poor ventilation tended to produce idiocy, imbecility and deformity.<sup>48</sup>

Whereas people were aware of the need for wholesome food and clean water to sustain life, few spoke of the necessity for pure air. Griscom was quick to note that food was changed before it was of use to the human system, yet air was taken in and used immediately, regardless of its purity. Further, the stomach had the power to separate some harmful substances from the food, but "impure air is the direct cause of very many, and an aggravation of all the diseases incident to the human frame."<sup>49</sup>

Griscom's book Uses and Abuses of Air, appeared anonymously in 1849. The American Journal of the Medical Sciences reviewer who ventured "to impute its paternity to a writer of authority in matters of hygiene," was totally favorable to Griscom's efforts, declaring that the book would help convince the populace of the false economy of building unventilated houses. In this early work of Griscom's on the subject of ventilation, it is clear he was in the forefront of the reformers. "We bid this new laborer welcome to so broad and almost uncultivated a field of usefulness. So extensive is the ignorance of the connection of life with air . . . that too many works which shall teach the law to the people and stimulate them to obey it, cannot be produced."<sup>50</sup>

In his perennial tenement house inspections Griscom made clear the necessity for agitation of the air--a window in the same wall as the door was useless. Yet even agitation was not the whole answer, because if the filthy air of the court was exchanged for the vitiated air of the apartment, little was gained. To help bring fresh air from the outside, Griscom called for the adoption of a ventilating system by J. L. Mott, which was attached to the tops of chimneys. Several

years later Griscom turned theory into practice when he patented his own ventilation system.<sup>51</sup>

In their report the AMA committee outlined the need for the exchange of air. They found that it was fouled most quickly in areas of high population concentration. "Those parts of town, therefore, which are built up with innumerable courts and tortuous or narrow alleys, are permanent abodes of infection, . . ." Set-back laws, parks and open spaces, and more concern on the part of the public officials were desperately needed. In his New York report Griscom cited the lack of internal and external ventilation. Even in the public buildings, located in the older parts of the city, the situation was bad; schools, hospitals, and dispensaries were all in need of improved ventilation because of overcrowding or the lack of a central ventilator. In the newer parts of the city ample provisions were made, the changes were needed in the older sections.<sup>52</sup> This was in large measure why Griscom was so opposed to a Central Park; it would not benefit the tenement districts.

John H. Griscom was a very busy lecturer; when he was not lecturing on physiology, chemistry, or sanitation, he spoke on the necessity of ventilation. One such discourse was delivered in the Broadway Tabernacle, in January, 1852. The New York Times reporter who covered the lecture on the physiological, chemical, and mechanical aspects of respiration reported that it was attended by a "highly respectable audience, . . . and much attention was paid to the enlightened suggestions of the lecturer." Griscom's activity on the platform is another indication of his belief that the only way to end the evils of poverty and despair was education. He reiterated the importance of pure air, and how, in considering food, water, and air the latter was usually overlooked. To drive home his point, he cited statistics



showing that over fifty percent of all deaths were of young people under twenty, and that the majority of these were related to improper ventilation.<sup>53</sup>

When in 1854 the NYAM invited Griscom to deliver the Anniversary Discourse, his choice of halls left his judgement open to question. Griscom gave the address in the lecture room of the Mercantile Library Association, on Astor Place. The audience of 2,500 made it one of the Academy's best attended lectures. The editors of the New York Medical Times, Drs. H. D. Bulkley and J. G. Adams, enjoyed the speech immensely but they objected to the basement hall, which they claimed was "not susceptible of proper ventilation." Griscom replied in a letter dated January 18, 1855, that although that room was well ventilated, "subterranean residences are objectionable, but for reasons which do not apply to the room in question." In the same issue the editors stood by their position, stating that the ventilators Griscom spoke of in his letter did not change the room's "damp, vault-like atmosphere. . . ."<sup>54</sup>

In the Anniversary Discourse Griscom cited an illustration of the effects of poor ventilation. In a school of 1840 children, the air was foul after six hours of study, when the teacher went off into a corner to tutor a few children. She fainted because of the lack of oxygen, one of the frightened children screamed "fire," and in the ensuing panic forty-two children died. "The commencement of that disaster, the mustard seed from which sprang this tree so full of death and woe, was the total absence of ventilation." In a footnote to the printed version of the discourse, Griscom included a letter from Dr. Wm. Hibbard of the school board, who wrote that \$8,000 had been spent to "fire-proof the schools, but not one cent was expended to ventilate them; therefore the same kind of disaster could happen

over and over." Hibbard was, however, hopeful. "Your remarks will go far towards producing a safe and efficient remedy."<sup>55</sup>

When they met in 1857, the New York Assembly committee investigating the tenement houses, made a reference to Griscom's expertise in the area of ventilation. Using a quotation from the Sanitary Condition, they called for improved ventilation in the tenements of the laboring classes to protect the rich and ease the rising costs of supporting paupers.<sup>56</sup>

Griscom's interest in ventilation carried him into a study of battlefield conditions during the Civil War. He prepared an article on the causes of disease in the armies, and discovered that the tents in use cut off most ventilation. In rainy weather the flap was closed, and the canvas, which was porous when dry, became nearly air tight. Those tents called "self-ventilating" were only a little better. As were his associates, Griscom was aware that disease was carrying off large numbers of soldiers, and that many were felled or weakened by this poor exchange of air.<sup>57</sup>

Griscom, a frequent reviewer for the journals, reviewed A Knowledge of Living Things by A. N. Bell, another noted sanitarian of the mid-nineteenth century. Bell wrote that adding moisture to heated air was harmful to health because the air already contained enough moisture. Griscom disagreed completely; he thought the moisture was needed to make the air more pleasant and healthy. It was the rapid loss of moisture from the body that made rooms heated with hot air uncomfortable.<sup>58</sup>

Dr. Griscom turned theory into practice when he invented his own plan for the ventilation of buildings. In 1859 he received a patent for his system using the heated air of the furnace to ventilate buildings. His method consisted of heated flues which operated as

ventilators as long as they were warmer than the room. The idea was to build separate ventilating flues to use the excess heat of the furnace. For example, if the register was closed at ten in the evening, the heat would then go into the ventilating shaft, warming it. Then at six A. M. when the register was again opened, the heated flue would continue to ventilate the room as it held its heat for many hours. The system could be used in new or older houses. It was safer than forcing the heat back into the furnace, and since it used heat that would otherwise be wasted, there was no additional expense.<sup>59</sup>

Several people wrote to Dr. Griscom in praise of his method of ventilation. One was showman P. T. Barnum, who reported Griscom's plan a "complete success." Barnum had lost two whales within forty-eight hours of their arrival at his American Museum, but after Griscom's system of ventilation was installed, a third whale survived. "Stronger evidence of the effects of impure air, the value of pure air, and the efficacy of your principles and practice of ventilation cannot be found, and I regard the latter [Griscom's ventilating system] as one of the interesting objects of my institution." H. D. Butler, in charge of the live exhibits, concurred completely.<sup>60</sup>

Griscom's plan received high praise from fellow physician John Bell:

Among the latest and most valuable for efficiency and general applicability, is the plan of ventilation of dwellings and other edifices, suggested and put in execution by Dr. John H. Griscom, of New York.

English sanitarian D. B. Reid also approved Griscom's plan. Citing Griscom's work, Reid was convinced that the subject of fresh air was well understood in American medical circles. He was especially pleased to see how concerned Griscom was with schools. "The testimony of Dr. Griscom, of the Hon. Henry Barnard, and of the Inspector of

Schools in Brooklyn, presents striking and important evidence on this point as to one class of buildings that demands the most scrupulous consideration, particularly where the capacity and energy of the lungs are apt to fall below the proper standards, in early youth, from the want of due facilities for exercise and appropriate play-ground." Several years earlier, in 1845, Griscom addressed a letter to William Walker, County Superintendent of Common Schools, on the subject of adequate school ventilation.<sup>61</sup>

A sub-committee of Public Health and Legal Medicine of the NYAM was appointed to prepare a report on the ventilation issue, and naturally enough, Griscom was named chairman. The report was read and received at the meeting on May 30, 1866, and following a discussion the president ordered it printed. Working under the assumption that their goal was to present the easiest, most efficient means of ventilation, the committee favored any system that used the principle of hot air. A simple chimney could be effectively used as a ventilator; Griscom's method, although using the same principle, was more effective. In those few buildings where hot air exchange was impractical they analyzed other methods, such as external wind or chemicals. The sub-committee aptly concluded they were not as effective; on a still day those systems which had ventilators on the roof were useless.<sup>62</sup>

Griscom kept up with the new improvements in ventilation; in 1868 he supported a plan by Dr. William Thoms which provided adequate ventilation for all buildings. The following year Griscom was appointed chairman of a special committee of three to prepare a report on a specific ventilator for the New York Association for the Advancement of Science and Art. This was a new apparatus that reportedly removed dust, foul air, excess moisture, and carbonic acid (carbon dioxide)

from the atmosphere of the room. The committee reported that it could be used in tenements, churches, all public vehicles and passenger vessels.<sup>63</sup>

## VI

There were a few nuisances that Griscom commented on briefly. If pure air was the most important element in life, then clean water, available in abundance, was second. Dr. Griscom was quick to explain that in buildings of five and six stories the absence of water from the upper floors raised the mortality rates for those floors. Understanding that water should be as available as air, Dr. Griscom praised the work of Stephen Girard and John Jacob Astor in providing the city with Croton water.<sup>64</sup>

The Croton system not only brought water for washing and bathing, it also provided water for recreational uses. "A swimming bath of sufficient dimension, may now be brought within the reach of every citizen, for a very modest price, so that all may indulge in this health-provoking exercise; and if used as swimming schools, every child would be enabled to learn the noble life-preserving art." In a more utilitarian vein, Griscom maintained the water would allow for bathing at home. Time and energy would be saved because the people would no longer be required to carry water from the neighborhood well to the house. Water pipes attached to the house would drastically reduce the need for servants, Griscom thought, because cleaning would be made that much easier. The lower classes would then be able to use the money they saved more wisely; they could "procure more wholesome food, better rooms, better education for their children, and other things needful for their happiness." Unfortunately, even though

fifteen million dollars were spent, little of this water reached those who needed it the most--the poor.<sup>65</sup>

In addition to the uses already listed the AMA committee saw water as useful in maintaining life, carrying off wastes, and putting out fires, which were a constant problem in the wooden tenements. They discerned that whenever water was scarce, or of insufficient purity, it was the poor who suffered first. When he was commenting on the water supply of New York, Dr. Griscom mentioned the Croton system, but did not bring up the distribution.<sup>66</sup>

The tenement-house investigating committee cut to the heart of the problem when they wrote that the costs of providing the poor with water were prohibitive. It was too expensive for the landlord to run pipes to the buildings, and where there were pipes, the landlords complained that the laborers wasted the water or let the pipes freeze in the winter.<sup>67</sup>

Light was essential to public health just as were pure water and fresh air. Griscom addressed the New York Sanitary Association on the subject of "Light in its Sanitary Relations." He discussed the "baneful effects of dark cellars, dark offices, dark tenement houses, restaurants, parlors, school-rooms, &c., upon their occupants." He frequently spoke of the absence of light in his exposes of the tenement-house evils when he prepared reports for the City Inspector's office, and the AICP. Besides creating health and safety hazards, the dark recesses provided spawning grounds for crime and vice. Prostitution and disease thrived in the dark rooms of the tenement, cut off, as they were, from the life-giving rays of the sun.<sup>68</sup>

A minor evil was the city's numerous vaults and graveyards. When Griscom was writing the Sanitary Condition, a young man came to

him seeking medical attention. The man had entered a vault to view the coffin of a relative, and was overcome within a few minutes. This particular vault contained about two hundred coffins, and was frequently complained of as a nuisance, yet nothing was done by the city government. Although the city no longer permitted burials on Manhattan, Griscom was unsuccessful in his attempt to force the cleanups of those burial grounds already in existence.<sup>69</sup>

## VII

Milk, when produced by healthy cows grazed in open country, was an essential commodity for New York's youth; when it was produced, however, by cows kept in small, dirty stalls and fed on distillery slop, it often produced disease in those who drank it, and, not infrequently, death. As farming declined in the suburbs during the 1840's, more and more swill milk from distillery cows was being sold to the laboring population. As City Inspector, Griscom heard the complaints from a group that maintained that milk from distillery cows was being openly sold in the city. (Such milk had been almost banned from the city, but it was on the rise again in the early 1840's.) City Inspector Griscom asked the Common Council to prohibit the introduction and sale of such milk; "it is," he said, "justly to be placed by the side of decayed or poisonous meat, or bad bread, and subjected to the same interdiction and removal, wherever found." There was abundant medical evidence to prove the ill effects of swill milk on infants and children, and the worst part of it was that the poor and ignorant were the ones who bought it. They could not tell it from good milk, and even when they could, the cheaper price made the product more attractive.<sup>70</sup>

In 1847, the New York Tribune joined the attack on the swill milk producers. A complaint against a Mr. Johnson was publicly

aired in its article entitled "New York's Augean Stable." City Inspector Alfred W. White toured Johnson's distillery and found the area healthy, but on the following day another petition signed by "Thousands" was submitted, which called for a grand jury indictment against Johnson. The grand jury visited the stables, and found them "sweet and agreeable." This is just one example of the problems faced by reformers like John H. Griscom.<sup>71</sup>

The NYAM was quick to join the battle against swill milk. At the meeting on August 4, 1847, Dr. A. K. Gardiner offered a resolution calling for a committee to examine the influences of several nuisances in New York, among them swill milk. Gardiner was chosen chairman, and John H. Griscom a member. The committee was charged with examining all nuisances, but were particularly to look into the effects of milk from diseased cows. The committee reported in March 1848 that the milk produced by ill-cared-for cows was less nutritious and "positively deleterious, especially to young children and. . . a fruitful cause of many fatal diseases." The committee proposed a resolution to inform city hall of these evils, but the motion was tabled. A milder, substitute resolution was offered at the June meeting, which declared that milk from swill fed cows was "injurious to young children." Griscom moved the resolution be amended to read "as an article of diet is injurious, especially to young children." The amendment was carried, making a slightly stronger resolution, closer to the original's intent.<sup>72</sup>

Perhaps as a result of his investigations with Dr. Gardiner, Griscom included a few words on swill milk in his Uses and Abuses of Air, published the year after the committee's dissolution. He thought consumption and scrofula might result from swill milk. The cows, shut



up day after day in their foul, overheated stalls without ventilation, quickly contracted the diseases and possibly transmitted them through their milk.<sup>73</sup>

For the next several years Griscom made no statements on swill milk; then in 1857 he asked the NYAM to allow his Public Health and Legal Medicine committee to "undertake an extended investigation of the subject of milk sickness, calling in when needed outside assistance." Heavy opposition forced Griscom to recall his resolution. The situation relaxed the next year, however, and Dr. Gardiner presented and had adopted a preamble and resolutions condemning the use of milk from swill-fed cows. "These were warmly seconded by Dr. Griscom." In commenting on the meeting, the American Medical Gazette reported that Gardiner's resolutions were designed to draw the Academy into line with the position of the Board of Health, which was waging war on swill milk. The editors were hopeful for a favorable conclusion to this practice. "Drs. Griscom and Gardiner are clearly right in this instance, and with the veteran Dr. [John] Francis to sustain them, we predict the overthrow of this abominable nuisance."<sup>74</sup>

"J. Gotham, Jr." was Griscom's pseudonym for his column in the New Jersey Medical and Surgical Reporter, and in the November, 1857 issue J. Gotham depicted the production and sale of swill milk. Pure milk, he said, had nearly disappeared from the city:

I presume it is safe to state that it is never drunk in its pure, unadulterated form in this city, except by some few who keep cows in their private stables. It is stated upon good authority that about two-thirds of the milk sold in this city is obtained from cows fed upon distillery slops, which is the refuse liquor from the grain from which whiskey has been made, and which is served to the animals as they stand at the troughs in long sheds, and which, once they have entered and are placed in the stalls, they will never leave until carried out dead. The numbers of cows thus confined in this city alone, from which milk of a very innutritious quality is drawn, is stated to be about 4,000.

As bad as the milk was, it was usually adulterated with water before it was sold. One pint of water, plus plaster of paris, or chalk, to give it color, then magnesia, flour, starch and an egg to give it body, and molasses to give it a rich look were added to one quart. Robert Hartley, Secretary of the AICP, agreed with Griscom on the matter of swill milk. It was impure, innutritious, and unhealthy, "yet this milk is the chief aliment of children in all places where the population is condensed in great numbers."<sup>75</sup>

Frank Leslie began a campaign to end the evils of milk from distillery cows in a spring, 1858, issue of his weekly. This full scale attack forced the Common Council to make a study of the issue; unfortunately it was a half-hearted investigation. However, the population had been aroused, and in 1862 a swill milk law was passed by the state legislature providing for fines for the production and sale of this product. Three groups were in the vanguard of reform; the AICP, the NYAM, and the New York Sanitary Association, and in each of these groups Griscom was an active, office-holding member (or had been, as in the case of the AICP). Further, when Leslie opened his campaign he wrote to Griscom, asking his opinion "as to the effects of swill milk upon the health of children and adults. . . ."<sup>76</sup>

Griscom's reply to Leslie was printed in the columns of Leslie's Illustrated Newspaper along with the reports on the campaign. The doctor wrote:

It seems scarcely necessary to reiterate the opinion which has been so often expressed by myself and others as to the value of good milk as an article of diet, and the disastrous effects of the impure substances which are called milk, and which are in great quantities supplied to our citizens, possessing scarcely any of the attributes of that important article of consumption. Medical books contain abundant evidence of the deleterious effects of an imperfect diet in children, and that swill milk is an article of that description is indisputable.

Griscom wrote of some of the diseases which resulted from drinking swill milk; diarrhoea, dysentery, cholera morbus were directly related, and it was partially responsible for a host of other diseases. Griscom stated that in 1856 just under half of the 13,373 deaths of children under five years were attributable to defective diet and bad air. In his letter to Frank Leslie, Griscom wrote:

In considering this dark catalogue of infants slaughtered, we are not to overlook the important fact that it is very often owing to the debilitated condition of the body, arising from insufficient nutrition, that great havoc is made by several other diseases. It is not difficult to understand how a child, whose veins are filled with good blood, the result of nutritious diet and pure air, may withstand the shock of scarlet fever, or measles, or inflammation of the brain or lungs, or any other of the numerous ills which infant flesh is heir to, to which the victim of swill milk must almost certainly succumb.

When he considered the number of diseases aggravated by swill milk, Griscom concluded that at least 1,000 additional deaths annually resulted from its use.<sup>77</sup>

In conclusion, Griscom thanked Leslie for his strong stand in exposing the "death in the milk pail as it is brought to our doors." He attacked the Health Department for failing to perform its function in years past. He also took the opportunity to explain that swill milk was only one evil.

But swill milk is by no means the sole cause of the enormous amount of sickness and mortality of our people. I could point out to you a number of others which are as potential as this over the public health and which are equally disregarded by those who are sworn and paid to suppress them. These I hope you may find opportunity to delineate and describe, and the blessing of thousands of lives saved will be your continual reward.<sup>78</sup>

To attack and expose swill milk as an evil detrimental to health was important, but if nothing was presented in its place it would be a hollow victory. Griscom and his public health committee, therefore, investigated some of the alternatives. Fresh milk from the country was

out of the question, but an early form of powdered milk was quite acceptable, Griscom reported to the NYAM, in 1854, that although there were marked improvements in the preservation of food, canning, smoking, and salting were useless when it came to milk. Several earlier attempts had changed the structure of milk, or reduced its nutritional value. The problem was that this most healthful and necessary food quickly deteriorated in the air. In the early 1850's, however, Blatchford's "Solidified Milk" was introduced; it did not lessen the nutritional value and kept indefinitely. Blatchford removed the water, which made up ninety percent of all milk, and replaced it with sugar. The process was both simple and safe. In his report Griscom wrote that, "it has been fully subjected to our critical examination; we have traced the milk from the rich pasturage of Dutchess county, from the udder to its final conversion into the solid tablet; and we find it, in all its stages and appliances, to be based upon a thorough knowledge of the chemistry and dynamic tendencies of the natural fluid."<sup>79</sup>

This solidified milk was especially valuable to all classes of city dwellers, because they had no way of testing the nutritional value of the milk sold from door to door. By using Blatchford's Solidified Milk, Griscom wrote, there was no question of purity and quality. It came from only well-fed, exercised, healthy, country cows. Griscom was careful to point out that this was not a milk substitute, but real milk which could not be adulterated. The only drawback was the expense--it came in one pound blocks, which cost twenty-five cents and made five pints of milk. However, as Griscom wrote, "as an article of diet in sickness, considerations of economy become insignificant in comparison with purity and high nutritive character, and your committee deem it but a duty to their fellow

practitioners, to call their attention to it as a valuable adjunct in the sick-room, especially in the convalescence of children."<sup>80</sup>

To insure honesty in the testing of Blatchford's product, the editor of the American Medical Times was invited to go with the inspection team of the Academy. Griscom led his committee, and observers, to the small town of Amenia, near Poughkeepsie. He took his duties as chairman seriously; "by day-break the Chairman of the Committee was aroused (the penalty of office) to be present at the milking, that he might testify as to the purity of the source of the milk, and the appearance of the cattle." The committee viewed the entire process, the editor describing it in detail.<sup>81</sup> The editor's presence was an indication of the importance attached to the product and the inspection of the process.

Several favorable reviews appeared in the more important medical journals. The reviewer for the American Journal of the Medical Sciences thought that the report had come entirely from the pen of Dr. Griscom. It reflected the "very thorough examination of the whole subject" typical of Griscom's work. Another reviewer, for the AMA, was sanguine: "These opinions, expressed by so able a committee, after a personal inspection of the process and a careful investigation of the whole subject are sufficient, doubtless, to satisfy the members of this Association that the 'solidified milk' is all that the manufacturer claims it to be. . . ." N. S. Davis, who wrote the review, cited a case where the solidified milk was used to restore a two week old infant to health when his mother was unable to produce enough milk herself.<sup>82</sup>

Griscom kept abreast of other improvements in food processing, and in 1857 wrote favorably of Mr. Borden's condensed milk. When this replaced regular milk at the city nursery, the children showed a

marked improvement in their condition. The AMA committee on Materia Medica and Botany had the subject of condensed milk referred to them, and when the time came to examine the product, Griscom, who had "kindly volunteered his assistance in the investigation of this most interesting subject", went along as a consultant, and viewed the entire process from milking to the manufacture of the finished product.<sup>83</sup>

### VIII

The use of tobacco was one nuisance that Griscom wrote about from the heart, not the head. In a little propaganda tract written after the Civil War, he preached on the evils of tobacco, and called for its suppression by public authorities on the grounds that smoking was offensive to all nearby. His position became untenable when he maintained that the dryness of the throat and the narcotic effect of the weed led to drinking. Smoking also reduced the moral senses, and was likely to result in evil deeds and the neglect of religion and the intellect. The only relevant statement in the pamphlet connected cancer to heavy smoking. But Griscom also saw a connection between smoking and insanity. The review for the Western Journal of Medicine, who obviously held Griscom in high regard, was as kind as possible:

Instead of a calm, scientific, and logical discussion of the use of tobacco and its effects, such as the enviable reputation of the author would lead us to anticipate, we have a presentation of wild, loose fact and fancy, and illogical conclusions about the toxic evils of the plant and its destructive influences, that finds a fitting name only in tirade.

The reviewer expected much more from a man of Griscom's professional standing, experience, and intellect, and was forced to conclude that Griscom's position could "only be accounted for on the supposition that he mounted a hobby and galloped away from his wits."<sup>84</sup>

As an accepted authority on questions of sanitation and public health, Griscom was asked to review a few works by the editors of the American Journal of the Medical Sciences. He reviewed, in January, 1859, a book by James H. Pickford on Hygiene, Edward Greenhow's Papers Relating to the Sanitary State of the People of England, with an Introduction by John Simon, and David B. Reid's Ventilation of American Dwellings. The appearance of these works allowed Griscom to report happily that people, both doctors and laymen, were becoming increasingly aware of the importance of public health and preventive medicine. He said that the nineteenth century had opened with a promise, Jenner's discovery of the cow pox vaccine, and that public health had been improving ever since. But there was still much to be done:

It behooves every member of the profession to see that he is no laggard in the road towards a full knowledge of the science of public hygiene, even though he may not choose to engage its practical application; for the time is rapidly approaching when the suppression of every health-impairing circumstance will be demanded by the public voice, and the medical practitioners of very vicinage will be authorities for magisterial action.<sup>85</sup>

Each of the three works was related to a different aspect of public hygiene. Pickford's was related to the philosophy of public hygiene--natural causes and their influence on health for good or evil. Greenhow and Simon's book (it had not been published at the time of the review, but Simon had sent Griscom a copy, an indication of the writer's esteem for the New York doctor and his opinion); was a work based on an evaluation of death returns for England. The work by Reid was purely practical, and concerned with how to put different modes of ventilation into effect.<sup>86</sup>

Griscom quoted extensively from each of the works reviewed, as was the custom of the day. He was quite pleased with each of the works,

but perhaps he was the most pleased with Reid's as it was a practical treatise along the same lines as his own book on ventilation. The reader of the reviews was given a good critique of each book.<sup>87</sup>

Since the basic solution to health nuisances was education, Griscom was pleased to see new works on public health which would help people bring up their children in the knowledge that fresh air was healthy and not something to be feared. With adequate ventilation even the hovel of the laborer could be made more healthy. "If it is admitted that many of the improprieties of life are due to ignorance of its laws, then a knowledge of these laws would cause a diminution of the improprieties."<sup>88</sup>



## CHAPTER IV NOTES

<sup>1</sup>John H. Griscom, Uses and Abuses of Air (New York, 1849, 1970), 194-95. Water from the Croton River was brought to the city, via aqueduct, when the population reached such proportions that the wells were no longer adequate. The system opened in 1842, John Duffy, History of Public Health in New York City, 1625-1866 (New York, 1968), 396-97.

<sup>2</sup>John H. Griscom, "Improvements in the Public Health," MSNY, Transactions (1857), 107-108.

<sup>3</sup>John Bach McMaster, History of the People of the United States (New York, 1910) VII, 76. Charles Dickens, American Notes (Gloucester, Mass., 1968), 105-109. Charles McKay, Life and Liberty in America (New York, 1859), 18.

<sup>4</sup>James Wynne, Chrm., "First Report of a Committee on Public Hygiene of the American Medical Association," AMA, Transactions, II (1849), 443-44. John H. Griscom, "Hygiene of New York City," AMA, Transactions, II (1849), 455-58.

<sup>5</sup>G[ouveneur] E[merson], "Transactions of the AMA," AJMS, XIX n.s. (April, 1850), 428-29.

<sup>6</sup>Wynne, "First Report," 431.

<sup>7</sup>Griscom, "Hygiene," 455-56. John H. Griscom, Anniversary Discourse (New York, 1855), 37-38.

<sup>8</sup>Wynne, "First Report," 438-40.

<sup>9</sup>John H. Griscom, "Report Upon Sewerage, Water Supply and Offal," in John Bell, Report on the Importance of Sanitary Measures to Cities. (New York, 1860), 237.

<sup>10</sup>John H. Griscom, Annual Report of the Interments in the City and County of New York, for the year 1842, with Remarks thereon, and a Brief View of the Sanitary Condition of the City (New York, 1843), 180-81. Duffy, History of Public Health, 385-86. Dickens, American Notes, 105.

<sup>11</sup>Griscom, Annual Report, 180-81.

<sup>12</sup>Ibid., 181-84.

<sup>13</sup>Ibid., 181-82.

<sup>14</sup>Ibid., 184. Griscom, Uses and Abuses, 192. Duffy, History of Public Health, 381-83. In 1849, the AMA committee on Public Hygiene urged "the establishment of one general butchery, at a convenient distance from each town, . . ." Wynne, "First Report," 438-40.

<sup>15</sup>Griscom, Annual Report, 183-84. Griscom was one of the earliest members of the medical profession calling for more humane treatment of animals. In the next few decades a number of physicians spoke out against vivisection, and in 1866 Henry Bergh founded the American Society for the Prevention of Cruelty to Animals.

<sup>16</sup>Ibid., 177-79. N. Y., Assembly, Report of the Select Committee Appointed to Examine into the Condition of Tenant Houses in New York and Brooklyn, Doc. No. 205, 80th Sess., 1857, 20-21.

<sup>17</sup>Griscom, Annual Report, 177-79. Griscom, Uses and Abuses, 192.

<sup>18</sup>Wynne, "First Report," 434-35.

<sup>19</sup>Ibid., 435-36.

<sup>20</sup>Griscom, "Hygiene," 456.

<sup>21</sup>George Templeton Strong, Diary, eds., Allan Nevins and Milton H. Thomas (New York, 1952), II, 52.

<sup>22</sup>New York Times, May 10, 1863.

<sup>23</sup>Griscom, Annual Report, 180.

<sup>24</sup>N.Y.C., Board of Aldermen, Communication of the City Inspector, With an Ordinance Regulating the Emptying of Sinks, Privies, and Cispools, Doc. No. 18, Sept. 12, 1842, 163-66.

<sup>25</sup>Ibid.

<sup>26</sup>Ibid., 167-71. N. Y. C., By Laws and Ordinances of the Mayor, Aldermen and Commonalty of the City of New York (New York, 1845), 356.

<sup>27</sup>N.Y.C., Board of Aldermen, The Committee on Ordinances, Doc. No. 16, Aug. 26, 1844, 187-92. As City Inspector, Griscom bemoaned the fact that men had to be engaged in the degrading business of removing night soil; they were shunned by all classes of society, yet Griscom offered no alternative, because none was available. Griscom, Annual Report, 179-80.

<sup>28</sup>Griscom, Annual Report, 188-92.

<sup>29</sup>John H. Griscom, The Sanitary Condition of the Laboring Population of the City of New York, with Suggestions for its Improvement (New York, 1845), 52.

<sup>30</sup>NYAM, Minutes (Oct. 6, 1847, July 5, 1848, Oct. 3, 1849).

<sup>31</sup>Wynne, "First Report," 432-34. Griscom, "Hygiene," 456.

<sup>32</sup>Griscom, "Sewerage," 238-40.

<sup>33</sup>NAMCR, V (Sept., 1861), 832-34.

<sup>34</sup>Griscom, Annual Report, 185-86.

<sup>35</sup>Ibid., 187.

<sup>36</sup>N.Y.C., Board of Aldermen, Proceedings from May 10 to November 14, 1842 (New York, 1843), XXIII, 146, 315.

<sup>37</sup>NYAM, Minutes, July 6, Aug. 17, 1859.

<sup>38</sup>John H. Griscom, Reply to the Citizens Association of Inquiry on the Sanitary Condition of New York (New York, 1864).

<sup>39</sup>Jacob Judd, "Brooklyn's Health and Sanitation, 1834-55," JLIH, VII (Winter-Spring, 1967), 47-48. It is possible that C. Goodrich, the Health Officer, was referring to Griscom's reports on the sanitary condition of the city, as he delivered one each year.

<sup>40</sup>Wynne, "First Report," 440-41.

<sup>41</sup>NYAM, Minutes. July 1, Sept. 16, 1863.

<sup>42</sup>John H. Griscom, Chrm., "Report on the Ridgewood Disinfecting Powder," NYAM, Bulletin, II (July 1863), 143-44.

<sup>43</sup>Ibid., 144-45.

<sup>44</sup>Ibid., 147-51.

<sup>45</sup>Ibid. "A Report on the Properties and Composition of the Ridgewood Disinfecting Powder," AMT, VII (Oct. 10, 1863), 170-71.

<sup>46</sup>"Discussion of Disinfectant," NYAM, Bulletin, III (July, 1866), 126. NYAM, Minutes. December 13, 1867. This was apparently the "Ready Disinfectant" that Griscom urged for the use in prisons. See Ch. VII.

<sup>47</sup>Griscom, Annual Report, 161. George Kibbe Turner, Hagar's Hoard (Lexington, Kentucky, 1970), 60, 201.

<sup>48</sup>Griscom, Annual Report, 160-61. Griscom, Uses and Abuses, 147-55. Although Griscom was a temperance man, he was aware of a more pressing reform. "Do you ask for a prohibitory liquor law? Very good. But would that have rescued from the grave the 13,734 children who in 1853 went down to it ere they saw their tenth year? . . . the stimulus of a little oxygen would have saved them, and prevented the sickness of ten times the number." Griscom, Anniversary Discourse, 46.

<sup>49</sup>Griscom, Uses and Abuses, 8-14, 74.

<sup>50</sup>[Edward] J[arvis], Review of Uses and Abuses of Air, AJMS, XVIII n.s. (July, 1849), 146.

<sup>51</sup>Griscom, Uses and Abuses, 196-214.

<sup>52</sup>Wynne, "First Report," 438. Griscom, "Hygiene," 456-58.

<sup>53</sup>New York Times, Jan. 21, 1852.

<sup>54</sup>"Dr. Griscom's Oration," NYMT, IV (Dec., 1854), 101. "Dr. Griscom's Reclamation," NYMT, IV (Feb., 1855), 179-81.

<sup>55</sup>Griscom, Anniversary Discourse, 42-45. Earlier, in his City Inspector's Report, Griscom attacked the poorly ventilated schools, blaming them in part for the high mortality rate among children. "Seminaries thus conducted should be avoided by every parent, as they value the health and safety of their offspring." Griscom, Annual Report, 162.

<sup>56</sup>N.Y., Assembly, Select Committee, 31. Again, in the City Inspector's Report, Griscom estimated that ten years could be added to the life of the average laborer if his place of work was adequately ventilated. Griscom, Annual Report, 202-03.

<sup>57</sup>John H. Griscom, "The Causes and Prevention of Some of the Most Important Diseases in the Army." A Discourse Delivered Before the NYSA. AMM, XVIII (December, 1862), 411-12.

<sup>58</sup>J.H. G[riscom], Review of A Knowledge of Living Things, . . . by A. N. Bell, and The Physiology of Common Life, Studies in Animal Life, by George Henry Lewes, AJMS, XLII n.s. (Oct., 1861), 529.

<sup>59</sup>U.S., Report of the Commissioner of Patents, (1859), I, 172. John H. Griscom, An Improved Method of House Ventilation (New York, 1862), 5-9. Griscom received much praise for his invention. D. B. Reid preferred it because it was simple, sure to operate, economical, easy to install, repair, and operate. D. B. Reid, Ventilation (New York, 1864), 21. In his New Family Physician (New York, 1867), Dr. John C. Gunn hailed Griscom's plan as one of great value to urban dwellers. 1092-93.

<sup>60</sup>Griscom, Improved Method, 12.

<sup>61</sup>Bell, Sanitary Measures to Cities, 125-27. Reid, Ventilation, xvii, 3. Samuel W. Francis, "Biographical Sketches of Distinguished Living New York Physicians," MSR, XV (Aug. 4, 1866), 122.

<sup>62</sup>NYAM, Minutes, May 30, 1866. At the Oct. 3, meeting, Griscom read a paper on "Domestic Hygiene," which dealt with the ventilation of private houses. "Report of the Sub-Committee on Ventilation," NYAM, Bulletin, III (May, 1866), 92-97.

<sup>63</sup>William F. Thoms, "Ventilation," NYAM, Bulletin, III (June, 1868), John H. Griscom, Chrm., Report of a Special Committee on the Merits of a Proposed Method of Supplying Pure Air. . . . (New York, 1869), 4-8.

<sup>64</sup>Griscom, Uses and Abuses, 3-5. Griscom, Sewerage, 237-38.

<sup>65</sup>Griscom, Annual Report, 196-201, 188-92.

<sup>66</sup>Wynne, "First Report," 436-37. Griscom, "Hygiene," 458.

<sup>67</sup>N.Y., Assembly, Select Committee, 35-36.

<sup>68</sup>"New York Sanitary Association," AMG, X (June, 1859), 462. "Editorial and Miscellaneous," AMM, XI (June, 1859), 486-87.

- <sup>69</sup>Griscom, Sanitary Condition, 52.
- <sup>70</sup>Griscom, Annual Report, 184-85. Judd, "Brooklyn's Health," 43.
- <sup>71</sup>New York Tribune, July 21, 22, 1847.
- <sup>72</sup>NYAM, Minutes. Aug. 4, Sept. 1, 1847, March 1, June 7, 1848.
- <sup>73</sup>Griscom, Uses and Abuses, 111-12.
- <sup>74</sup>NYAM, Minutes, Sept. 2, 1857, June 2, 1858. "Editor's Table," AMG, IX (July, 1858), 434-35.
- <sup>75</sup>"J. Gotham, Jr.," "Editorial Correspondence," NJMSE, X (Nov., 1857), 559-62. Robert M. Hartley, The Cow and the Dairy (New York, 1850), 108-09.
- <sup>76</sup>FLIN, V (May 22, 1858), Duffy, History of Public Health, 431-36.
- <sup>77</sup>FLIN, V (May 22, 1858).
- <sup>78</sup>Ibid.
- <sup>79</sup>John H. Griscom, Chrm., "Report on Solidified Milk," NYAM Transactions, I (1857), 181-84.
- <sup>80</sup>Ibid., 185-87.
- <sup>81</sup>Edward H. Parker, ed., "Solidified Milk," AMM, II (Oct., 1854) 316-17.
- <sup>82</sup>D. F[rancis] C[ondie], Review of The Transactions of the New York Academy of Medicine, "AJMS", XXX n.s. (July, 1855), 135-36. N.S. Davis, "Report of the Committee on the Means of Preserving Milk and on the Influence of Pregnancy and Menstruation on the Composition and Nutritive Qualities of that Fluid," AMA, Transactions, VIII (1855), 541-44.
- <sup>83</sup>Joel Foster, Chrm., "New York Academy of Medicine. Report of Condensed Milk," AMG, VIII (Dec., 1857), 709-10.
- <sup>84</sup>John H. Griscom, The Use of Tobacco, and the Evils, Physical Mental, Moral and Social, Resulting Therefrom (New York, 1868), passim. J. F. H[ibberd], Review of The Use of Tobacco. . ., WJM, III (Sept., 1868), 576-78.
- <sup>85</sup>John H. G[riscorn], Review of Reid, Pickford and Greenhow, AJMS, XXXVII (Jan., 1859), 143-44.
- <sup>86</sup>Ibid., 144.
- <sup>87</sup>Ibid., 145-46.
- <sup>88</sup>Griscom, Sanitary Condition, 56.

## CHAPTER V

### DISEASES--AND THEIR CONTROL

The horseman on the white horse was clad in a snowy and barbarous attire. His oriental countenance was contracted with hatred as if smelling out his victims. While his horse continued galloping, he was bending his bow in order to spread pestilence abroad. At his back swung the brass quiver, filled with poisoned arrows, containing the germs of all diseases. V. B. Ibanez

John Hoskins Griscom received his medical degree from the University of Pennsylvania Medical Department--one of the leading schools in the country--and practiced medicine from 1831 until shortly before his death in 1874. All the problems that he encountered as a reformer of the mid-nineteenth century were approached, to one degree of another, from the physician's point of view. Immigrants and laborers suffered because the terrible conditions in which they were forced to live and work brought about incapacity and early death. Most of the diseases involved were either entirely avoidable, or at least their stranglehold on the slums could have been relaxed. Among the more important diseases that Griscom treated as medical and social problems were cholera, yellow fever, small pox, and consumption. Griscom felt these diseases were all preventable if only society would face its responsibility to the poor.

Overcrowding, lack of air, and filth, he believed, allowed these diseases to rage uncontrolled. In 1852, 13,194 deaths, or nearly sixty percent of the total city mortality, resulted from preventable

diseases; "in other words," Griscom wrote, "under the most favorable circumstances of life, these diseases, and consequently the deaths from them, might have been avoided." To make matters worse, it was conservatively estimated that there were twenty-eight cases that did not prove fatal for each one that did. The suffering, the expenses, and the time lost from work were all unnecessary.<sup>1</sup>

The most deadly of the diseases was consumption; between 1854 and 1860 it carried off more people than did cholera in all its epidemic years. The other three diseases were not as deadly, but the fact that yellow fever was controllable and small pox preventable made their presence intolerable to a man like Griscom. The problem as Griscom saw it was to excite the populace enough so they would force the city to take action. In part motivated by this, and in part by purely medical reasoning, Griscom urged strict registration of all deaths, and later called for the registration of all vital statistics. While the laws he helped pass were of inestimable value to later generations, it was the shock of cholera sweeping across Asia and Europe that shook New York from its doldrums and forced the passage of the Metropolitan Health Bill in 1866.<sup>2</sup>

## I

Even though it was not the most deadly of the diseases that afflicted New York, cholera created the most excitement among the residents. There were several forms of cholera, each of them present in New York. (It was not until 1855 that Dr. John Snow discovered that cholera was water-borne. He found one family in an unaffected London neighborhood that came down with cholera, and traced the source of the infection to the Broad Street Pump, which was infected. When Snow removed the pump's handle, the disease subsided.) Cholera morbus

was brought on by hot weather, or changes in the weather, or proximity to marshland. However, this was not a true cholera. Bilious cholera attacked the individual suddenly, and was rarely fatal. Cholera infantum struck children between four and twenty months of age; in 1853 it accounted for the deaths of 922 children. Griscom thought that under more favorable circumstances at least 900 would have survived. It was a slum disease, attacking infants who lived in damp cellars and dark tenements. The most dreaded--asiatic cholera--began with diarrhoea which progressed to total collapse, and, if left untreated, death in three to five days. Each of these types of cholera differed from the others in visible symptoms, but each produced the same reaction in the general public--fear.<sup>3</sup>

John C. Peters, a noted authority on cholera in the nineteenth century, saw two ways to prevent its introduction and spread. First, even though Europe did not use it, a strict, effective quarantine would help. It kept the Moravians safe three times, and although cholera reached Staten Island's Quarantine Station fourteen times, it penetrated New York only four times. Combined with a strict quarantine was the need for a massive clean-up, as an important ingredient of cholera was "an atmosphere impregnated with the products of fermenting human excrement. . . ." Whereas nothing could be done about the high temperatures and humidity that aided the diffusion of cholera, "we can remove decomposing filth. We can have the streets cleaned. . . . We can open up close and crowded neighborhoods, and exert a rigid guardianship over the condition of the tenement houses. . . ." Beyond this, personal cleanliness was urged for all people.<sup>4</sup>

Nineteenth-century etiology maintained that cholera was both portable and communicable, being carried about by ships, persons, clothing, and baggage. It only effected those regions into which it was directly



imported, and only the discharges from the patient produced by vomiting and purging were infectious. This matter infected air, water, and soil, as did soiled linen, towels, bedding, or clothing. Disinfection, however, stopped the spread of infection. The most dangerous carriers were those people already sick; filth, unless contaminated directly, could not produce cholera. It was always brought to the United States by ship.<sup>5</sup>

Previous to the 1866 outbreak, there were four major cholera epidemics. The first time it reached New York was in 1832, remaining off and on until it reached a new high in 1834. Cholera next reached epidemic proportions in 1849, and then again in 1854. The final outbreak came in 1866, shortly after passage of the Metropolitan Health Bill by the State Legislature. During its first appearance the people felt cholera was a visitation from God--the result of immoral living; to be afflicted with cholera was a public display of God's wrath on the unjust. During the 1849 outbreak, however, the populace began to realize that it was the poor who were hardest hit. In his Diary, George Templeton Strong reported that in the 1854 epidemic the scourge took an odd turn: "there is a strange flare up of this epidemic just now, among people of the more 'respectable' classes." No longer was the disease confining itself to the "lowest and filthiest classes, whose existence from one day to another in their atmosphere of morbid influences is a triumph of vital organization and illustrates the vigorous tenacity of life. . . ."6

During the summer of 1852 cholera infantum was exceptionally bad, the number of deaths reaching 100 in one week. The August 4 meeting of the New York Academy of Medicine was devoted to a discussion of the problem, with Griscom as an active participant. The problem, he said, was that medicine knew nothing of the pathology of the disease.

"He inquired whether it could be set down as an inflammation, a relaxation of the intestines, or a disease of the general system. Post-mortem examinations reveal nothing satisfactory." Griscom did, however, consider cholera infantum to be a true cholera--that is, a disease with symptoms similar to cholera.<sup>7</sup>

When asiatic cholera reached New York in 1854, Dr. Griscom suggested that the Academy spend one meeting in a discussion of the disease, and the meeting of August 2 was devoted to an in-depth study. At that meeting Griscom stated that while the pathology was not unimportant, the treatment of cholera was the main concern. He felt cholera was a "created" disease:

On Ward's Island in 1849 and 1850 it originated at that place, and at a time when there was no cholera hundreds of miles away. This year the disease has occurred almost exclusively among the destitute, the wretched and the ill-fed. The pre-disposing causes are in the atmosphere, aided by impure air, filth, &c. The disease itself is started by errors in diet. Another important fact is its occurrence on ship-board. . . . A remarkable fact is its sudden invasion at sea, and its subsiding with equal abruptness. The disease will commence in the morning of a certain day and last for six days, and then suddenly stop, another case perhaps not occurring during the rest of the voyage. But that the disease often has a local origin there can be no doubt.

Several others made comments, and Griscom himself added another note of interest: when he stated that the use of anathesia on cholera patients quieted their restlessness. Whether it aided in their recovery he did not report.<sup>8</sup>

Early in 1866, before the cholera outbreak of that year, Dr. Griscom toured Europe, and while there he translated and sent to the Medical and Surgical Reporter an article on the treatment and prevention of cholera. The author, a Dr. Worms of the Military Hospital of Gross Cillow, Paris, recommended frequent doses of lemonade to stop the evacuations, raise the pulse, and warm the skin. Worms had treated

cholera cases this way in 1848 and again in 1866 and found it to be quite effective. In translating this article, Griscom was presented a new theory, but did not necessarily advocate it.<sup>9</sup>

Griscom returned to New York in time to participate in the Academy's discussion of cholera. In his inaugural talk, he discussed the ominous future:

Already a subtle and malignant enemy has flaunted its flag in our sight, and for our present immunity from a repetition of the disastrous results of its four previous visitations, we may hold ourselves indebted, not to any foresight or precautionary measures of our own, but to an indulgent Providence which has given us another warning to amend our habits and modes of living, with the almost positive assurance if we do not, that the same penalty must be paid as before.

The stated purpose of Griscom's paper was fourfold; to make clear the approach of cholera on its victims, the case of cholera control, the necessity of constant vigilance to avoid a repetition of past disasters, and finally, and perhaps most important, Griscom wanted to correct some of the errors people made in connecting cholera and the poorer classes.<sup>10</sup>

In pre-germ theory days, three approaches to cholera existed. There were the contagionists, the non-contagionists, and those who believed the disease was spread by contagion and the right "conditions." Dr. Griscom belongs with the last group. As later events showed, the contagionists were right; this does not totally discredit the work of Griscom and others who believed as he did; they were partially right. Basically the doctrine which Griscom subscribed to was the "shears of fate," one blade representing the terrene conditions, the other atmospheric conditions. One blade alone would not cause cholera, but by

a combination of these circumstances, by a union of the meteoric epidemic influence with the emanations from undrained, overcrowded, filthy tenements, unswept streets,

damp cellars, noxious manufactories, and the thousands of other nuisances of neglected cities, we have the two blades of these destructive shears in fatal conjunction, ready to divide the vital chordes in thousands of cases.<sup>11</sup>

In New York, and other cities, Griscom noted the terrene was usually present. In 1864, for example, nearly 26,000 deaths resulted from the foul conditions of the tenements. Moreover, the city had gotten progressively worse--filthier--over the previous twenty-five years, which made it even more inviting to epidemics. No one was more familiar with the results of living in filth than Griscom; he saw it when he was City Inspector, when he examined the holds of immigrant ships, when he examined tenements for the Association for Improving the Condition of the Poor, and during the twenty odd years he worked with the New York Hospital and the Eastern Dispensary. Clearly, he felt that cholera was related to the bad conditions in the city, and to support this contention Griscom cited the research of several respected authorities. Among them was Dr. John Sutherland, a public health physician in England who reported that cholera "followed the usual tract of fevers by which those towns are scourged [Edinburgh and Leith], locating itself in the same filthy closes. . . ."<sup>12</sup>

In an attack on contagionist theories, Griscom pointed out the 1832 epidemic in New York did not begin among the traveling community or near the wharves, but that it appeared in the heart of the city among the lower classes. It made scattered appearances in the Third, Fourth, and Sixth wards, the last being the location of the Five Points district. He reached these conclusions through a careful study of mortality returns to the Health Department; furthermore, he was attached to New York Hospital at that time and probably treated many of the cases himself.<sup>13</sup>

Griscom's major concern in the paper was to make it abundantly clear that cholera struck the homes of the poor and the indigent, not because they had sinned and were being punished, but because they lived in squalor. If cholera did not carry them off in 1866, then any one of a hundred diseases probably would in 1867. To drive home this point, he quoted extensively from other physicians interested in public health. Men like Sutherland in England, Dr. A. H. Buchanan in Nashville, Dr. T. S. Bell in Louisville, and Dr. Austin Flint in Buffalo were cited to bolster his case against the unpaved streets, damp, flooded cellars, and filthy tenements. As regarded the 1849 epidemic in Nashville, Buchanan reported that one entire block was nearly depopulated--192 deaths from cholera. "But the street opposite had never been paved; the situation is damp, the cellars were filled with water, and the premises otherwise filthy."<sup>14</sup>

From his own experiences and those of his colleagues, Griscom used the shears of fate theory (this was applied to numerous epidemic diseases) to prove cholera could only appear when the correct terrene conditions were present. It was generally accepted that cholera did not attack those who lived in the cleaner parts of the city with the same fury it attacked the slums. After several minutes of nauseating detail, Griscom asked the assembled physicians:

Have we not, in these instances, incontrovertible demonstrations of the inestimable value of sanitary appliances, and do they not show the splendor of the opportunity offered to the administrators of our Metropolitan Board of Health of the achievement of similar glorious results, the demand for which was initiated in this Academy twelve years ago; the bread which it then cast upon waters now returned to it?<sup>15</sup>

For years the battle between contagionists and non-contagionists raged; by the early 1860's, however, the contagion theory had gained more acceptance. Griscom, who supported the quarantine facility and

the contagion theory in relation to other diseases, did not accept it in relation to cholera, in part because if the contagionists were right that filth had little effect on the spread of the disease, then his work in sanitation had been for naught. Furthermore, he thought a quarantine was unable to control cholera, and as an example he cited the case of Turkey where such a Quarantine establishment had failed to stop its spread. Griscom was not denying contagion as a cause of cholera as much as he was denying the contagionists dream of preventing cholera by strict quarantine regulations.<sup>16</sup>

At the same time he rejected quarantine as a control, Griscom re-emphasized the shears of fate. The first blade, atmospheric, was beyond human control but the second, terrene, was not, and because of the terrene he stressed the importance of strict sanitary controls. In the closing minutes of his address, Griscom spoke of the medical treatments available.<sup>17</sup>

The discussion of epidemic cholera continued during the next several meetings of the Academy. Several members presented papers calling for steps to control the approach and spread of cholera. Dr. Elisha Harris, a noted nineteenth century sanitarian, resumed the discussion at the April 26 meeting. After the presentation of a report he had made for the Board of Health on asiatic cholera and the steamship "Virginia," he offered a resolution calling on the Academy to develop a systematic procedure to meet the impending crisis:

Resolved, that the Committee on Public Health [Griscom was still chairman] be further increased by the appointment of three members, and that it be directed to report to the Academy, at its next meeting, upon systematic medical and preventive measures in epidemic cholera.

The resolution was adopted; Stephen Smith read the paper at the May meeting.<sup>18</sup>

Smith's report was more concerned with control of cholera by stopping the spread of the disease. In his approach Smith saw the lessons of the past as most valuable, especially the fact that previous epidemics were usually preceded by diarrhoea. Since cholera habitually struck the poor first, the way to control it was simple:

Any system, to be effectual, must be aggressive, not passive. It must send its agents into the homes of the people, and by the most systematic and persistent effort search out the pestilence in its incipient stages, and apply the remedy at the bedside. It must be a house-to-house visitation, so thorough as to actually reach every member of the family.

Griscom had called for this at the discussion a month earlier. It was reported in the "Discussion on Cholera" that "he urged the practicability in case the cholera should come, of each and every physician having a particular locality under his charge; his duties being to hunt from house to house for diarrhoea patients to provide them immediate aid." This was, of course, a clear admission on Griscom's part that cholera was contagious.<sup>19</sup>

Griscom and Smith were not primarily concerned with the treatment of individual cholera cases; they hoped that wide scale treatment would prevent an epidemic. This simple plan called for a superintendent, assistants, and a corps of visitors. The first two groups were medical men; the visitors could be laymen. When the first case of diarrhoea was noticed, the visitors would comb the area, searching out new cases. Once found they would either administer first aid or direct the individual to the dispensary or district physician. A careful follow-up program would make sure the disease was treated. This plan was originally used by Griscom as City Inspector when he employed the City Tract missionaries to collect information on the slum dwellers. It was also used by Smith and the Citizens Association when they prepared the sanitary survey of 1864. Finally, it was the plan of

the Metropolitan Board of Health, which divided the city into dispensary districts, of which there were six, each employing ten physicians, with a corps of reserve physicians who were available to work in any district.<sup>20</sup>

Elisha Harris, a physician as interested in sanitation as Griscom, presented several resolutions at the June meeting. Harris took the position that "the utility of general and specific hygienic measures . . . [is] the best means of protection against the pestilential prevalence of cholera in any locality where it makes its appearance; and that the most thorough scavenging, cleansing, and disinfection are absolutely necessary means of averting this pestilence in the cities and populous towns of our country at the present time." The resolutions also stated the best means to control cholera was vigilance and effective sanitary measures. Following discussion, at which time no mention of quarantine was made, the resolutions were adopted as the position of the Academy in relation to asiatic cholera.<sup>21</sup>

After their lengthy discussion of cholera, the Academy heard more on the subject when Dr. N. W. J. Heath delivered a report on the steamship "England." It was Heath's contention that cholera was brought on board the ship by the passengers, but Griscom--ever the sanitarian--disagreed:

Dr. Griscom contended that the cholera was not introduced upon the ship from the shore, but was generated upon the ship itself. Excessive filth, personal and general, absence of ventilation, and other circumstances, showed that foul miasma was absorbed into the system by respiration, by local causes generating disease. He was satisfied that Dr. Heath's report demonstrated the local cause of what is called cholera, and that the cholera in this city was not an epidemic, but an endemic disease, produced by local causes, combined with the excessive hot season.

Stephen Harris followed with a few points about other, filthier ships which did not report cholera cases. The difference, Harris maintained,



was their origin--the "England" came from a port where cholera raged, whereas the others came from non-infected ports. Since Griscom voted in favor of Heath's paper, apparently Harris showed Griscom the error of his thinking. It seems that at times Griscom became so involved in sanitation that his first reaction was to reject any theory which might undermine the necessity for clean-ups; in this instance, however, he quickly recognized the merits of a colleague's theory.<sup>22</sup>

## II

J. Gotham Jr. reported in the fall of 1856 that yellow fever had been the only topic of discussion during the preceding summer. Although the city was spared, the disease had a strong foothold at Quarantine in addition to infecting several soldiers at Brooklyn's Fort Hamilton. Only six cases were reported in New York, all of them treated at New York Hospital, perhaps under Griscom's supervision, and all of these were traced either to Quarantine or the Atlantic docks. "The seeds which have been scattered at the doors of our city, have found no soil to take root in." In general, the city was quite healthy.

In fact [wrote Gotham] it is a distressingly healthy season, physicians, apothecaries, and undertakers all complaining alike. The coolness and freshness of the atmosphere, and the cleanliness of the streets from combined artificial and natural causes (brooms and rains in abundance), conspire to produce an extraordinary plethora of population; Broadway and Wall Street never appearing more crowded and lively, while this very salubrity creates a dearth of subjects suitable for a medical journal.

One is left with the feeling that Griscom had enjoyed the peace and quiet.<sup>23</sup>

"Dull Times" continued for the last few weeks of the summer, and J. Gotham reported that only the physicians at Quarantine were busy. The overall mortality of the city was lower than usual, and, even though yellow fever raged at its borders, only an occasional case

slipped into the city. Griscom noted that the physicians at Quarantine were well paid, and deservedly so because the Health Officer was a highly trained professional, who served in a "post of exceeding great danger . . . to save the lives of thousands of people and millions of property, at the imminent daily risk of his own." Because of his work the fever missed New York, though it did strike lower Brooklyn, where two physicians were numbered among the dead.<sup>24</sup>

Even though yellow fever was not in New York, a threat still existed and in the face of that menace the New York Academy thought it should prepare a report on the fever. In the absence of a chairman of the public health committee, Griscom was appointed to the post at the August meeting. Two months later he delivered his report, which was printed in the American Medical Monthly. After its delivery, Dr. John W. Francis asked whether the Academy agreed with the conclusions reached by Dr. Griscom. With the exception of Griscom's theory on origins, Francis himself accepted them completely. Since there was an outbreak at Quarantine at the time, Griscom asked permission to prepare a supplemental report after that outbreak had subsided. He did so the following summer. At that time Dr. John Watson objected to Griscom's conclusion that the disease never originated in New York. Dr. Joseph Smith inquired whether there was anything that could be done to limit the spread of yellow jack. Griscom responded to Watson, saying that originally yellow fever was imported from Africa, and had not always been endemic in New Orleans. The answer to Smith was embodied in the thesis of the report--strict quarantine and clean cities would prevent its spread. The report was accepted and Griscom was given permission to reprint it, an indication that it came mostly from his pen.<sup>25</sup>

The purpose of the study made by Griscom was to examine the disease's effects on the city's sanitary condition and how to best prevent it. The first step then was a presentation of the causes, which Griscom felt were two-fold. First there was the filth, and second, the right temperature. In his History . . . of the Visitations of Yellow Fever, as in the City Inspector's Report, The Sanitary Condition, the AICP Report, and countless letters and talks, Griscom always cited as prima-facie evidence the filth of the city. As regards yellow fever this was attached to a thorough historical analysis of the epidemics of yellow fever. While he traced its history throughout the United States, Griscom gave more attention to the New York visitations, analyzing each and searching for a pattern which was not long in coming. He pointed out what he most assuredly expected to find--the disease struck the poor and recently arrived. In 1795 it killed 730, of whom 500 were recent immigrants living in the poor wards along the East River, near the slips of the incoming ships where piles of filth accumulated. Until 1822 the advocates of the domestic theory of yellow fever had strong material for their case.

in the vast accumulations of filth of every description, in the docks and slips, and in the depraved and vitiated position and character of the dwellings and inhabitants of the quarters heretofore infected, the advocate of the theory of the domestic origin of yellow fever found strong reasons for the faith that was in him, but the circumstances, as well as the scene, are now changed.<sup>26</sup>

The outbreak of 1822 did not follow the well defined rules the non-contagionists established. It began on Rector Street and slowly spread in every direction from Broadway. All the streets were thinly populated, well kept and neat. Griscom attributed this outbreak to some infected sugar which came in from Quarantine.<sup>27</sup>

Between 1791 and 1807, then, there were thirteen attacks of yellow fever, all centering on the eastern margin of the city, which

was one of the filthiest sections. From 1807 until 1822 there were only two attacks, and this long period of exemption was coeval with the filling of the slips and the "general improvements of these ancient haunts." Whereas this substantiated the domestic origin theory, the 1822 outbreak in the cleaner part of the city supported the contagionists. Yellow fever had always attacked the edges of the city, close to the slips where foreign shipping landed. Further, while the lull after 1805 was concurrent with the clean-up, it was also a period of strict enforcement of quarantine regulations. The quarantine took definite shape during the nineteenth century, and by 1806 two important regulations had evolved. After 1805 all infected vessels stood 300 yards off shore to unload their cargoes, and in 1806 all vessels from southern ports arriving between June and October were ordered to anchor at Quarantine for four days before proceeding to New York. "And since that time, though yellow fever has frequently hovered along our border, it had but on two occasions, up to the present year [1856] planted its foot beyond."<sup>28</sup>

Griscom and the committee concluded that while it was possible for yellow fever to originate in New York, it was not likely to do so. More likely was its introduction along the shipping lanes. According to this prognosis there were two simple solutions to the problem of yellow fever: a strict quarantine and a clean-up of the city.<sup>29</sup>

At the time the report was being made there was an attack of yellow fever raging at Quarantine. Griscom felt he lacked the proper perspective to report on the 1856 outbreak; the committee prepared a supplemental report the following year. This supplement bolstered the conclusion originally reached--that yellow fever was imported. Griscom took a stronger stand on the issue, however, when he completely

rejected the theory that yellow fever originated in New York. In doing so he rejected one-half of the findings of the New Orleans Sanitary Commission of 1853.<sup>30</sup>

That commission had advanced the theory that the disease was local in origin, being produced by the correct atmospheric and terrene conditions (Griscom accepted the idea for New Orleans but he did not want it accepted generally). The New Orleans Commission applied the shears of fate analogy which Griscom rejected in relation to this disease. There were several instances in New York's past when both shears were present and there was no yellow fever. More important, there was conclusive evidence that the disease was exotic in origin. The 1856 outbreak began with the arrival of a ship from Havana which had yellow fever on board. The vessel was ordered to tie up at Quarantine, and subsequently several cases were reported at Gravesend Bay. In June the "Lucy Heywood" tied up, and a stevedore from Maine was hired for the unloading. The man remained on board constantly; after seven or eight days he contracted yellow fever, and died shortly thereafter. He came directly from Maine and had never left the ship; Griscom concluded, therefore, that "there could have been no other source for the origin of the fever in that man . . . than such infection as imbued in the cargo and cavities of the 'Lucy Heywood.'"<sup>31</sup>

Griscom was the type of man people had strong feelings about, either for or against; the editor of the American Medical Gazette, Dr. D. Meredith Reese, was one of those usually opposed to him. In an editorial following the 1856 report, Reese wrote that Griscom presented "nothing either novel or interesting." When the final report was made the following year, however, even Reese recognized its merit. He described it as "a document of great merit and importance. . . ."

But two years later he accused Griscom of plagiarism, citing evidence that the theory had been presented as early as 1840. Reese failed to mention, however, that Griscom never claimed originality for the concept; in fact he mentioned three sources that supported the contagion theory years earlier. In this work, as in many others, Griscom presented not so much new ideas as he popularized older ones.<sup>32</sup>

Griscom was not the only one preparing reports on yellow fever; his colleague, and physician to the Marine Hospital, Elisha Harris, prepared an official report for the State Legislature. Harris attempted to report every case of yellow fever which occurred at New York port, and discovered 558 cases involving seventy-nine vessels, although there may have been more cases which went unreported. Yellow fever reached the outlying districts, according to Harris, because nature, in the form of prevailing winds and tidal currents, carried the disease from the infected southern ships anchored at Quarantine to the Fort Hamilton district. Griscom agreed completely with the findings of Harris, but noted that, unfortunately, he had become a victim of party politics:

In an evil hour for humanity and science, the Executive of the Empire State prostrates his independence and patronage before the Moloch of party, and in the face of remonstrances from three who honor intelligence and virtue, he stabs them both. Before this report, honorable alike to the head and heart of the author, was yet dry from the press, he was removed from office, to make room for a partisan, who, if rumor is correct, never saw a case of yellow fever or ship fever.

With a pen like this, it is little wonder that Griscom made enemies-- both medical and political. If Governor Seward was in the habit of reading the New Jersey Medical and Surgical Reporter, he must have smarted under this attack.<sup>33</sup>

Although Griscom was unable to attend the Second National Quarantine and Sanitary Convention, held in 1858, he sent along a letter of

apology, along with a number of copies of his yellow fever report, which the officers had requested. Griscom also presented a plan for ridding ships of fever, which may have been impractical, but which showed his concern for the public's health. Well aware that yellow jack was not native to New York, he maintained that freezing temperatures on shipboard would kill the poison, and once removed it would probably not return. To accomplish this Griscom suggested two mixtures of ice and salt. "The subject is respectfully submitted to the consideration of the Convention, in the hope that it will be deemed of sufficient importance to justify a recommendation from that body to the proper authorities of every vulnerable locality, for the establishment of a practice which may prove a preventive of great evils, for which many have heretofore helplessly suffered." Even though the plan would not have worked, as physicians were unaware of Aedes aegypti, the last phrase is significant because Griscom's whole life centered about alleviating the suffering of helpless New Yorkers.<sup>34</sup>

The next year Griscom was still trying to have the Academy agree on the non-communicability of yellow fever. At the June 15, 1859 meeting the members tabled his resolution to that effect, even though the National Quarantine and Sanitary Convention had accepted similar ones. Again in October, after he read a paper on yellow fever, Griscom attempted to have his resolution passed, and again it was tabled. In its report on these meetings, the American Medical Monthly editors thought that members were splitting hairs, although they did look favorably on Griscom's report.<sup>35</sup>

Obviously there were still many advocates of the domestic origins of yellow fever; but by the close of the century the theory advanced by Griscom was the accepted one. "There can be no doubt that the prevalence of the disease in the United States depends upon the

introduction of an exotic germ; but it also depends upon local conditions which favor the development of this germ." Of seven local causes that helped spread the disease, two--unsanitary conditions and the abundance of decomposing animal matter--were items Griscom had agitated against years before.<sup>36</sup>

### III

When Edward Jenner discovered that the mild cow pox gave immunity to the dread disease small pox, the means for control of small pox was established. Although there were difficulties at first, because of fear and a few deaths caused by vaccination, the practice was well established before the 1850's throughout most of the United States. In Boston, for example, compulsory vaccination for all school-age children was required, and from 1857 until 1859 there were no deaths. The same was true of Providence, Rhode Island. In New York, however, the situation was not as admirable; even though the city had the means of total elimination of small pox at their disposal, there were 425 small pox deaths in the first six months of 1858. Since it was generally accepted that there were ten cases for each death, that meant over 4,000 people contracted the disease. For the decade of the 1850's the average was 400 small pox deaths--except in 1858 when there were 681--and in the first five years of the 1860's it averaged just under 400 deaths a year. (Indeed, in the first half of 1862, the deaths reached 450, and they were expected to exceed 600.) The experience of Boston and Providence proved that nearly all of these were needless.<sup>37</sup>

Griscom was aware that the then current etiology of small pox held that it was present in the air and taken into the lungs, from which it found its way into the blood. Medical science was unaware



of the exact cause of small pox, but there was no question about its prevention. Serving committees for both the state and national medical societies, Griscom examined the feasibility of providing vaccine for the poorer classes. At the 1857 state meeting, a resolution was offered which would provide depots for vaccine where the physicians would be able to dispense it; unfortunately nothing ever came of it. The AMA committee which reported on compulsory vaccination in 1864 found that "compulsory vaccination in this country is, at this time, impractical." The committee at first thought the idea a good one, but they soon recognized problems. The general public was not sufficiently aware of the safety and value of vaccination, and the idea of compulsory vaccination was repugnant to the philosophy of freedom upon which the country was founded. But the committee saw that if the public was educated to the value of vaccination, the fact that it was compulsory would no longer be a problem.<sup>38</sup>

The public had two general complaints about vaccination. They feared that it might cause disease and death, and they objected to the physicians lack of unanimity on the necessity of re-vaccination. (Because the inoculation was not permanent, some died of small pox who had been vaccinated decades earlier, and some, therefore, concluded that vaccination was useless. To decide the issue of re-vaccination, Griscom called on a physician friend for aid. Griscom asked Dr. Henry Cook, who lived in an isolated Long Island town, to make notes on the necessity of re-vaccination. In a letter which Griscom was permitted to print, Cook recorded his experiences. After a case of varioloid reached the town one woman died and a man was quite ill, both of whom had been vaccinated years earlier. Cook proceeded to re-vaccinate forty-five as a precautionary measure; it took effect

in thirty-one cases. By examining the vaccination history of these people, Cook determined that re-vaccination was needed every decade.<sup>39</sup>

## IV

Consumption, and related lung disorders, were the most deadly diseases in New York, and they were directly connected with the city's immigration and tenantage problems. The poor European immigrants spent several weeks in foul ships, and then the rest of their lives in airless tenements. It was little wonder that they were especially susceptible to consumption. Even if healthy when they left the homeland they were "peculiarly exposed to inroads of disease, and to none more than consumption." When he was City Inspector, Griscom reported 1,339 consumption deaths, or a ratio to the whole mortality of 1 in 6,329.<sup>40</sup>

Consumption was directly related to the quality of air. Even if the victim worked out of doors all day he was likely to shut himself up in a close apartment at night. He was not, however, as prone to the disease as those who spent all their lives in close quarters. Urbanites in general were twice as susceptible as country dwellers.

Several years after Griscom wrote Uses and Abuses of Air, he began to agitate for the establishment of a consumption hospital, and in doing so he ran afoul of Dr. Reese. The "complaisant legislature" granted a charter for such an institution in 1856. Reese thought there was no need for such a hospital, and New York was not the place to have one. The fact that "the most prominent and noisy . . ." trustee was Griscom may have influenced Reese. The final blow fell when Griscom was elected president of the hospital.<sup>41</sup>

In a more favorable view, J. Gotham Jr. reported that the hospital was a state institution, with a number of prominent New Yorkers

on the Board of Trustees, among them Peter Cooper. A sanitarium was planned which would allow the patients outdoor exercise in a pleasant locality. That such an institution was needed was undeniable; each year 6,000 New Yorkers died of lung disorders, of whom 1,500 died in public institutions. Further 18,200 people yearly visited the dispensaries, with diseases of the lungs and related disorders, such as scrofula, a tubercule problem particularly troublesome to the laborers of the city.<sup>42</sup>

Reese was extremely vitriolic in 1857 when he reported that Griscom and his associates had asked for \$30,000 to support the hospital. "We took occasion last year to expose this concern as a stale scheme for giving a profitable monopoly of practice in this department to certain parties who wish to figure as Consumption curers, by parading their names in the newspapers as physicians to a Consumption Hospital, thus creating the impression that they have peculiar or exclusive skill in this specialty, and thus securing patients and fees." Reese was able to report that the "rustic members" of the Legislature had defeated the proposal, and then a few months later he reported that the hospital was finished.<sup>43</sup>

## V

Griscom was concerned with general hospitals as much as he was with specialized institutions. During his medical education at the University of Pennsylvania he was a junior and senior teacher at the New York Hospital, and upon graduation he was resident physician for six months. After an absence of ten years he returned as fourth attending physician, remaining until 1865 when he retired as second attending physician (see appendix I). The hospital, chartered in 1771 and opened in 1791, cared for the indigent with state funds, but "ordinarily it did not offer a haven for immigrants."<sup>44</sup>

Since the hospital was in the heart of the business district it received many accident cases. The hospital treated some immigrants, but they remained under the care of the Commissioners for Emigration. Sick seamen were attended through an arrangement with the federal government. All patients able to were expected to contribute to their hospitalization at the rate of \$4.00 a week; "other patients, whose circumstances appear to require such aid, are received gratuitously, and these usually constitute from one-third to nearly one-half the number of patients." Each year the hospital handled more patients--in 1856 the total of nearly 4,000 was 386 more than the previous year, and each year more of the patients were indigent.<sup>45</sup>

Dr. Griscom's relations with the hospital were always warm. Shortly after his return there in 1844 he wrote an article about the important cases of the summer. It was extremely busy, each bed was filled and patients were turned away for lack of space. During the three months of July, August and September the care was exemplary:

782 were treated, of whom  
     683 were discharged  
         501 cured  
         20 relieved  
         1 transferred  
         27 requested discharge  
         7 were disorderly  
         85 died  
         2 eloped

"There were, on the average, about 150 patients under treatment daily, for the term of 92 days; and the deaths from all causes were 85, being less than one a day." Typhus contributed 467 cases; of the remaining 215 Griscom mentioned only forty-nine.<sup>46</sup>

In one of his letters J. Gotham expressed his joy at being associated with an institution as fine as New York Hospital. "Its organization is a very happy one, and the liberal spirit by which it is

governed and conducted renders it one of the most pleasant places of professional resort in the city." Griscom went on to explain a few changes in the hospital; the competition for walkers (interns) and residents was now open to all medical students once they reached a certain level and the practice of the house was opened to observation by students. The hospital was always in the forefront of education; these changes simply improved its position.<sup>47</sup>

Griscom was one of the several physicians who lectured to students at the hospital. During one lecture, in which he reviewed the cases that students had seen the previous month, he indicated the type of clientele the hospital had. He went over several types of fever present, and then carefully explained the diagnosis of delirium tremens. At New York Hospital, he told the students, it was easily spotted because the family and friends of the patient were not the type who would hide the true cause of the illness.<sup>48</sup>

If New York Hospital was the best in the 1840's, Bellevue was the largest. In addition to the hospital on Manhattan, there were several related institutions on Blackwell's Island. Actually Bellevue contained seven separate centers; the Alms House and hospital were on Manhattan, the small pox hospital, children's hospital, male and female penitentiary hospitals, and insane asylum were on Blackwell's Island. A few years after his return to New York Hospital, Griscom wrote four articles about conditions at Bellevue. The Common Council followed Griscom's expose with a study team to report on conditions.<sup>49</sup>

Griscom wrote that he had been "for some time past" an observer of the conditions at Bellevue. He thought those conditions "indicate the most serious and disgraceful departure from the principles which should actuate those having the care and government of these extensive charities." By thorough examination and extensive use of statistics he

concluded that Bellevue was one of the worst hospitals in the country, if not the world. During a July visit he found 1,145 persons scattered over the seven hospitals, all under the care of one physician. Even though the number was sometimes larger, he only had eight assistants; one in charge of the lunatic asylum, and one in charge of the children's hospital, and the other six for the remaining five buildings. (Griscom found seventy-one patients in the children's hospital and 385 in the asylum.) The first two assistants were graduates or licenates, whereas the six were "all very young men, who seek situations for the purpose of studying the practice of their art." Before entering Bellevue they probably never wrote a prescription or conducted a simple operation; yet they were in charge of one hundred or one hundred-fifty patients.<sup>50</sup>

The resident physician supervised both locations, even though they were on different islands and several miles apart. "The improbability of his doing this, or even of his giving the proper professional counsel, in the acute cases alone, must be at once seen, even if he had but naught else to engage his time and attention, and all were in a convenient area." The resident supervised the nurses, who were either paupers or convicts, oversaw all medication, and was responsible for the Alms House registration and to the police for the penitentiary hospitals. "Yet from the age and qualifications of the assistants, and the number of the cases, there is not a hospital in the land in which professional counsel of the most experienced kind is more required than in this." When Griscom visited the hospital in July he found the resident sick with fever and two of the assistants resigned, yet no replacements were made.<sup>51</sup>

Griscom was not opposed to the use of students in the hospital, but he wanted them placed under proper supervision. At New York

Hospital three resident physicians and three resident surgeons, and six assistants cared for 250 patients. The Philadelphia Alms House had the same physician-patient ratio, as did the other major hospitals of the nation. To add to Bellevue's problem, the students were rotated from building to building before they had an opportunity to acquaint themselves with the procedures and practices. Finally, there was no adequate instruction, so that "all the advantages of a systematic medical education are wholly lost, while the crudest notions alone can be acquired."<sup>52</sup>

Griscom compared Bellevue with a mine--both possessed valuable ore but both had to be worked. Bellevue's ore, knowledge, would be gained only after it was made a teaching hospital. While popular opinion believed the opposite, Griscom pointed out that such a hospital provided its patients with the best care. The physician-teacher was experienced, and his reputation rested on each case; therefore the pauper was treated as well as the banker. The scrutiny under which the physician-teacher worked prevented "the least display of harshness." Since Bellevue was not a teaching institution "the absence of clinical instruction is therefore a positive detriment to the patients and a serious loss to the public weal, and to the science of medicine, which is cultivated solely for the benefit of the public." Griscom called on the authorities to open Bellevue to teaching, and remove it from the "dark recesses of ignorance and death."<sup>53</sup>

Few denied Griscom's statement that "to relieve those laboring under disease, and to endeavor to rescue our fellow-beings from death, are among the first efforts of humanity, for which everything else is disregarded or forsaken." To provide such care, well-run hospitals were needed because medical breakthroughs and cures that prolonged life were discovered there. As the years passed, the hospital was

losing its stigma as a place for paupers to go and die; indeed more and more private hospitals were being founded for paying patients.<sup>54</sup>

Dr. Griscom explained that it was not his intention to malign the work or character of Dr. Hasbreuck, and consequently he did not mention the resident by name. Instead he left the reader with the impression that the resident was a victim of circumstances who could be accused of nothing more than overwork. But he did condemn the system which allowed such gross inhumanity, "especially amidst the profuse abundance of willing scientific aid our study affords." Griscom was merely interested in improving the quality of care at Bellevue by bringing the abuses to the attention of the public. While he did not dictate terms for the improvement of the hospitals, he offered suggestions. Basically, the situation was allowed to exist because the people were unaware of the abuses.<sup>55</sup>

To prove how bad the conditions actually were, Griscom compared Bellevue with New York Hospital and a few institutions in other localities.

<u>Year</u>	<u>Hospital</u>	<u>Admissions</u>	<u>Deaths</u>	<u>Proportion</u>
1839	Bellevue	948	245	1 in 4
	City Hosp.	1864	169	1 in 11
1840	Bellevue	1667	346	1 in 4 7/8
	City Hosp.	1797	173	1 in 10 3/17
1841	Bellevue	1874	501	1 in 3 3/5
	City Hosp.	2000	193	1 in 10 7/20
	Penn's Hosp.	785	67	1 in 10 1/2
	Boston Hosp.	404	26	1 in 15 1/2
1842	Bellevue	2389	531	1 in 4 1/2
	City Hosp.	1836	150	1 in 12 1/4
1844	Bellevue	2442	368	1 in 6 6/10
	City Hosp.	2191	155	1 in 14
1834	All Parisian hospitals	61785	5886	1 in 10 1/2



In a comparison with Copenhagen's Royal Free Hospital, Bellevue's mortality rate was two hundred percent higher. Griscom then asked

Who, in viewing these facts, will not loudly join in the exclamation, that the first promptings of humanity call loudly for thorough and immediate reform in this department, especially when materials for the purpose are abundant, and without cost. Every life there sacrificed may be the weight of a millstone upon the necks of those who refuse to admit the light of science and experience within the walls of that abode of sickness and death.<sup>56</sup>

Any well-run hospital recorded diagnosis, treatment, and result of each case as a part of the statistical analysis. These records served a variety of purposes, from teaching to providing a basis for suit against a doctor for malpractice. But adequate statistics such as these were not kept in Bellevue or its related institutions; according to Griscom's calculations, fully one-fourth of the patients went to their graves without the benefit of adequate medical attention.<sup>57</sup>

When he considered that the resident and his two senior assistants were well paid, Griscom was at a real loss to explain the dreadful service. In addition to the lack of effective lay control, the only explanation Griscom could offer was that the hospital was a political football, the spoils of office overshadowing the interests of the poor. The legislators, he wrote,

have thus suffered to exist, a system, which, under the guise of humanity, is productive of the most inhumane results; which, inviting the poor and the sick to its ostensible shelter, treats him with neglect and error. May the demands of charity, a human consideration of the wants of the sick pauper, and a more elevated regard for the claims of science, stimulate our present city fathers to an immediate correction of these glaring evils; may they have the firmness and magnanimity to place the management of these charities in independent hands, out of the reach of those who, literally, grind the poor to dust.<sup>58</sup>

It was not long before a response was printed in the Post; "L" wrote an attack on Griscom's letters that was based more on misleading

information than fact. His refutations were weak at best; in regard to the death figures, "L" maintained that Bellevue could not be compared to New York Hospital, but he failed to mention the other hospitals Griscom had cited. The resident physician, "L" wrote, provided adequate supervision for the apprentices. Perhaps the oddest criticism was on the management; "L" did not understand how Griscom could complain of it as the hospital was under the control of the Common Council. The fact that the Council had an entire city to run and was not overly concerned with the hospital did not occur to him.<sup>59</sup>

"L" accused Griscom of a number of things of which he was himself guilty. He noted Griscom used a nom de plume (there was no reason for Griscom to do so), but so did he; he attacked Griscom, unfairly it might be added, for using vague arguments when none of "L's" arguments could be substantiated; "L" accused Griscom of attacking Dr. Hasbreuck, the resident, when in reality Griscom was careful never to accuse the resident of anything but overwork. In general, "L" avoided all the direct statements of Griscom, and never made it clear whether Bellevue had any good points.<sup>60</sup>

"L" did come out strongly against making Bellevue a teaching hospital. He thought the patients at New York Hospital were badly treated because they were used as examples, whereas Bellevue patients were "allowed to die peaceable in their beds. . . ." Yet what "L" did not recognize was that the patients in New York Hospital did not die with the distressing frequency as did those left to themselves in Bellevue. In a second article "L" continued his tirade against Griscom without ever really grasping the point of Griscom's articles--better hospital care for the indigent was needed than the care they received at Bellevue and Blackwell's Island.<sup>61</sup>

Shortly after Griscom's articles on Bellevue, the Common Council appointed a ten-man investigating committee. A number of New York's top physicians were included, and their findings closely paralleled Griscom's. They recommended that the hospitals on Blackwell's Island be administered separately from Bellevue, and that the number of physicians be increased. Medical boards, which continued the reforms suggested by Griscom, were soon given control of the hospitals. In 1848 the board ended the use of convicts and prostitutes as nurses because, in addition to drinking the medicinal liquor, they were said to be corrupting the morals of patients--that is, when they were not ignoring the patients. A full teaching course was introduced, with hospital rounds for the students, stiff entrance requirements and close competition for advancement. As a result of these improvements, the death rate quickly dropped.<sup>62</sup>

A decade later, when Bellevue moved to a new location, J. Gotham Jr. took the opportunity to praise the hospital. "This institution, which was formerly a bone of political contention, tossed about annually from one party to another, without reference to the good of the patients, is now under the same kind of professional supervision as almost all other large hospitals, having a strong staff of visiting physicians and surgeons. . . ." It was also a good teaching hospital because of the proximity of medical colleges and the free access given medical men. Both residents and visiting physicians made the most of the infinite variety of cases which presented themselves at Bellevue.<sup>63</sup>

In a lecture on medicine during the Civil War, Griscom discussed the horrible battlefield conditions and ways to avoid the suffering. Adequate hospital space was needed; Dr. Griscom reported that after one battle some soldiers were left in the rain for two days before they were covered. His solution was simple (John H. Griscom was not a

military strategist): take tents to the battle-ground with the soldiers for use as field hospitals. One type of tent was illustrated during Griscom's talk; it provided adequate ventilation and was so constructed that no-one had to lie on the ground. (Dr. Griscom also dealt with the need for adequate ambulances, properly sprung so that the wounded would not suffer. When ambulances could not be used he suggested a European litter that was carried on a mule's back.)<sup>64</sup>

During his European trip in 1865-1866 Griscom toured hospitals in London and Paris, recording his experiences in letters to the Medical and Surgical Reporter. In London he visited the City of London Hospital for Diseases of the Chest, guided by Dr. J. Ridson Bennett, attending physician. Griscom was very much impressed with the high ceilings, ventilators and lack of crowding. The hospital treated many outpatients, a function carried out in New York only by the dispensaries. Griscom was invited to observe two operations at King's College Hospital. Later, in Paris, he settled a question for New York's medical men--did Paris have small pox hospitals? Dr. Griscom wrote that they did not because, due to of extensive vaccination, the small number of patients did not justify a separate hospital, and there was no threat of spreading the disease, as the other patients were protected. Griscom did write, however, that three cases in one hospital at the time he was there seemed to contradict the alleged infrequency of the disease.<sup>65</sup>

## VI

Vital statistics serve as a barometer for the public health; the registration of births, marriages and deaths provide officials with information that indicates which districts of a city are unhealthy, and, to some extent, why. Without such statistics, accurately recorded, there can be little told about the salubrity of a particular city.

A uniform nomenclature, in which each physician uses the same name to describe diseases, is an integral part of the system.

Dr. Griscom's interest in vital statistics, or more particularly, death registration, was three fold. First, accurate records which included the cause of death, and an autopsy, whenever necessary, would help reduce the number of unsolved murders. Second, adequate mortality figures would prove more people died each year of consumption than cholera, and the citizenry might realize the cleanups to ward off cholera were not the only answer. Finally, adequate statistics would provide material for future research into health problems.

Very early in his career Dr. Griscom became interested in the collection of statistics, and this interest is reflected throughout the rest of his medical life. Shortly after his graduation he was asked to collect statistics on the occurrence of influenza, cholera and fevers in New York. The request came from Thomas Hancock, a friend of the elder Griscom and author of an article on influenza in the Cyclopedia of Practical Medicine (published in London in the early 1830's).<sup>66</sup>

Griscom's first official action came in 1842, when, as City Inspector, he demanded a stricter law for death certificates. The law of 1839 stated that each sexton of a church had to supply the City Inspector's office with an accurate list of interments, but the required form was not lengthy enough to provide sufficient information. There were no provisions in the law to prevent the removal of bodies from the city limits for burial, and as this became more common, a person could be murdered and buried outside the city without the law's knowledge. But in 1842, according to Alfred E. H. Purdy,

Dr. Griscom originated that excellent ordinance preventing the removal of the dead from the city, without a permit from the City Inspector. . . . Compare his rigid

enforcement of this law, with the recent exposure of that same office, just before the new Board of Health took charge of the sanitary welfare of Gotham. What can be said strong enough to convey the idea of one, in authority, issuing blank permits, signed, so that sextons kept them in their drawers, without any physician's certificate to justify such actions. How many, who came to their death by violence, have been rapidly hurried to a secret grave and thus the end of justice been eluded, a merciful Providence only knows. Even when passed by the Common Council this bill was vetoed by the Mayor; but by Dr. Griscom's energy it became a law over his head.

This work of Griscom gave the city its first complete bills of mortality.<sup>67</sup>

In mid-July, 1842, Griscom called the Common Council's attention to the loop-holes in the burial laws (Henry Dunnell, City Inspector in 1838, also suggested changes, but he did not follow through). Beyond the question of justice, problems of inheritance and life insurance were also created by hasty burials. Griscom proposed that the captains of boats, keepers of bridges, conductors of railroads, and all others who conveyed people from the city be subject to the same rules as sextons. The fine for conveying or burying a body without a proper death certificate was to be raised from \$25.00 to \$250.00, and a more complete certificate was to be used. After attempts by the Board of Aldermen to kill the bill which included these provisions, it was passed and sent to the Mayor, who vetoed it on the ground that the city did not have the power to make such changes. As a result of Griscom's persistence, however, the law was passed over the Mayor's veto.<sup>68</sup>

Griscom used mortality figures to analyze the city's health instead of simply enumerating deaths. He was the first to declare that it was the "duty of the Board of Health to prevent disease as well as remedy the conditions which inevitably caused it. . . ." With complete mortality figures, health officials (assuming they were medical men) would be able to locate and prevent epidemics. Had accurate records been kept, Griscom could have built a stronger case against the

slaughter-houses. When he called for inclusion of the decedent's occupation at the time of death, he attempted to determine which occupations were the most dangerous. Such information might indicate ways to make dangerous occupations healthier.<sup>69</sup>

As a part of his report as City Inspector, Griscom included a section on "Preventive Sanitary Measures," in which he provided an interpretation of the statistics collected. In an attempt at uniform statistics, he used the nosology compiled by the Registrar General of England. He chose the English system, with a few modifications of his own, because it "appears to approach nearer to a true scientific classification than any other that has been observed, and is well adapted to the purpose of exhibiting, in connection with each other, the deaths by diseases of similar character." Griscom's report was unique; those before his and most of those after his were little more than a quick compilation of statistics. The report for 1839, for example, prepared by William Walters consisted of ten pages--eight charts and one and one-half pages of explanation (Griscom's report was nearly fifty pages). To some extent Griscom did set a pattern, however, for the reports that followed made at least a rudimentary attempt to analyze the sanitary condition of the city.<sup>70</sup>

Griscom's tables were numerous and complete. He included, for example, the nativity of the deceased; it appeared that the largest group of foreign born who died in the city were Irish, followed by the English and the Germans; but his figures proved only thirty percent of the total mortality was among the foreign born. The heavy immigration, therefore, was not the cause of New York's insalubriousness, as many liked to believe. Griscom included tables which listed the number of deaths in each of the city's hospitals, and also tables for those who were residents of the city but who died elsewhere. He enumerated the

number of still births, and the number of deaths in each five year age group--the unhealthiest group was children under five. Although others had included some of the tables earlier, Griscom's report is significant because he used all of them together with a uniformity that made the information more valuable. He concluded that the total ratio of deaths for men was one to thirty-six and one-half, and for women one to forty-two and one-half. The nosology employed was divided into eleven classes, each containing several diseases.<sup>71</sup>

Griscom was able to use mortality statistics throughout his career; one of the best uses was in his sanitary study of 1845. He was compelled to go abroad for statistics showing the connection between occupation and disease because these figures were not available for the United States. Citing the report of his mentor, Edwin Chadwick, Griscom proved that those engaged in the professions had a life expectancy that was twice as long as that of common laborers. He also proved that the urban centers of England and the United States were unhealthier than the rural areas. While their rural brothers were better housed and worked in the open, the urbanite generally lived in a hovel and rarely worked outdoors in the fresh air.<sup>72</sup>

A constant watch had to be kept on the progress of diseases in New York if the public was to be saved from their consequences, and the best way to do this was through a careful collection of statistics. This was the duty of the City Inspector, and, as Griscom pointed out, anyone with a simple knowledge of addition could keep the weekly bills of mortality, but "to derive the proper and full advantage from the returns of mortality, we must look beyond the mere name of the diseases, and ascertain the sources of these diseases." To do this, a medical man was needed because only a physician had the expertise to interpret the facts, search out the causes, and bring about their prevention.



"All this knowledge can only be obtained, and the improvements properly urged and applied, by an individual of good medical education, and one who has a taste, and willingness for the work."<sup>73</sup>

Massachusetts began to keep accurate statistics in 1842--the year City Inspector Griscom demanded them for the city of New York--but New York State had not yet acted. Then, in 1847 the Legislature considered a bill requiring each school clerk to send a complete record of all births, marriages and deaths to the Legislature. Such reports were to record the month and day of the event, sex, color, disease, cause, residence and age of the deceased, and names, ages, dates of birth and residences of marriage partners. While this law was not as comprehensive as Griscom's--it did not include occupations--it received his warm support. He presented a memorial at the February meeting of the Academy asking the officers and fellows to sign it as an indication of their support. The signed memorial was then sent to the Legislature, and the bill was passed in April.<sup>74</sup>

Griscom's single most important contribution to improving vital statistics came when he served as chairman for two National Medical Convention (forerunner of AMA) Committees. At the first convention, in 1846, he moved that a committee of five be appointed to "consider the expediency, and if deemed expedient, the mode, of recommending, and urging upon the several State governments, the adoption of measures for a registration of the Births, Marriages, and Deaths of their several populations." Griscom was appointed chairman, the other members of the committee being Drs. G. Emerson, A. Clark, C. A. Lee, and J. Stewart. At the same meeting Griscom moved the appointment of a committee to prepare a nomenclature of diseases that could be used in the registration of deaths. He suggested that such significant figures in statistical analysis was Lemuel Shattuck, Drs. Edward Jarvis and

T. R. Beck be appointed to said committee; one motion from the floor Griscom was made chairman of this committee as well. Since both committees dealt with different aspects of the same subject, this was especially important.<sup>75</sup>

The next year Griscom delivered both reports, which were accepted without dissent and ordered to be printed. At a later session it was decided that a standing committee on registration should be appointed, and Griscom was made its first chairman.<sup>76</sup>

The committee on registration found great need for uniform statistics, thinking that physicians the country over would see the necessity and actively support such a move. Even though the mobile population and the federal system of government made such reporting difficult, "it is of such primary importance to the best interests of the people, as to justify our urging its adoption upon the several State governments, with the confident belief that when its merits are once fully understood, all will unite in its support." An address was prepared for distribution to the state medical societies, with a sample form to encourage uniformity, because the committee thought that the physicians best understood the problem and would make the most effective lobby. Accurate vital statistics would illuminate increases of population, the stability of the society, and its unhealthy spots. "By commencing a Registration now, our successors will be furnished with the necessary material in time for any exigency that may arise." Griscom saw the day when such figures would be as important in determining the public health as temperature and barometric readings.<sup>77</sup>

Registering vital statistics was virtually useless unless some standard nomenclature of diseases was adopted. (Massachusetts reports were excellent, but something national in scope was needed, as the same

disease often had several names.)

It is of great consequence to all of us to know when, where, in what form, and under what circumstances, sickness and mortality take place; and whether they are uniform, or dissimilar in different places, or in the same place in different seasons, and under different circumstances. Wherever this knowledge is possessed, remedies for the amelioration or extinction of existing evils can be applied more intelligently, and with better hope of success.<sup>78</sup>

Eleven items were suggested that would made death registration uniform and would include all the necessary information.

1. correct names and cause of death.
2. specific causes--not simply "inflammation."
3. use exact terms--pneumonia rather than inflammation of the lungs.
4. in multiple causes, list them in order of importance.
5. state, in months, weeks, and days the duration of the disease.
6. if recurrent, list previous attacks.
7. surgeons should list number of operations, and results.
8. if external cause, was it accidental or not.
9. when poison was used, list type and time between dosage and demise.
10. disease should be clearly listed.
11. doctor or other qualified person should fill out certificates.

Each suggestion was aimed at the most precise information possible; the committee wanted to end the "act of God," or "unknown," causes.<sup>79</sup>

The committee adapted the nomenclature prepared by English statistician William Farr. In every instance the simplest possible terms were used to avoid confusion. There were three major classes, each subdivided into specific causes. The first class was epidemic or zymotic--diseases, like cholera which endangered the public health. The second, and largest class was sporadic--consumption and other diseases which were not contagious. The third class was deaths not related to disease--external causes such as hanging, malpractice or, oddly enough, hydrophobia.<sup>80</sup>

The committee presented a sample death certificate, which included spaces for the name, age, sex, address, date of death,

condition (marital status), occupation, place of birth, names of parents and residence, and place of interment. Space for primary and secondary causes of death and duration of each was provided. The physician and informant (the person who provided the personal information) were both required to sign and date the certificate. This was a vast improvement over the death certificates the committee examined, which presented such vague causes of death as "abcess" or "amputation." The form the committee prepared included all the information Griscom had deemed vital when he was City Inspector several years before, and was complete enough to be strikingly similar to a death certificate blank issued by the census bureau in the early twentieth century.<sup>81</sup>

The following year, in accordance with his appointment as chairman of the standing committee on registration, Griscom reported the activity of the various states. He was hopeful that the agitation in the states resulting from his address would bring about the needed reform. In at least two states, New Jersey and Georgia, there were bills to require registration, and there was activity in several other states. Griscom urged each member of the AMA, to "feel the weight of his responsibility, and exercise his influence in his local society and section of country to set on foot a proper action for the purpose" of bringing about the passage of legislation. Griscom felt the time was near at hand; indeed, by 1852 seven states had registration laws.<sup>82</sup>

In the next decennial year, the Census Bureau added a volume on mortality to their compilations. The nosology used by the Seventh Census was a modified version of that adopted by the National Medical Convention three years earlier. In 1853, when the New York Times crusaded for adequate registration, they reported that the AMA classification was "a very good one. . . ." As late as 1859 Edward Jarvis reported that the AMA nosology was prepared with great care, and "it

is probable that no better system could now be adopted. . . ." Considering the fact that Griscom and his committee prepared this in pre-germ theory America, it is a tribute to the soundness of their work that it stood until medicine was revolutionized in the 1870's.<sup>83</sup>

J. Gotham Jr. reported on vital statistics for New York City during the year 1855. While the mortality figures (21,241) were accurate, Griscom thought that the birth and marriage statistics were inaccurate. "The law requiring the report of births and marriages is not properly enforced. . . . We are sadly in need, in that department, of men of the right spirit, and imbued with the true philosophical order." What was worse, the mortality figures were not properly enumerated; there were 5,465 deaths from respiratory complaints, but only 255 were explained. "Many blunders, even more ridiculous than these, might be enumerated, were it worthwhile."<sup>84</sup>

A new law to provide adequate registration was discussed before the state medical society, and J. Gotham Jr. covered it in his column. The plan was to record all cases of diseases treated by a physician in the state. "Next to a State registration of births, deaths, and marriages, that of its medical and surgical practice would constitute the most valuable addition to our knowledge of its sanitary character." No action was taken in 1856 or 1857, and in 1858 Griscom was added to the committee; but still nothing was done because they learned that the American Association for the Advancement of Science had a committee of statisticians to study the question. However, both committees petered out with no results.<sup>85</sup>

A project dear to Dr. Griscom was begun by the Medical and Surgical Reporter when it listed weekly bills of mortality in its columns. In a letter in the October 10, 1860 issue, Griscom praised the editors for their worthwhile service. "It will, undoubtedly cost

you no little labor, time and money, but you may be sure of a reward in the gratification which your readers will feel, in having before them, every week, a perfect coup d'oeil of the sanitary condition of the country." He thought such an accounting might lead other cities to follow suit, but unfortunately the editors discontinued, in 1861, the practice before it caught on, probably due to secession. Griscom had offered two suggestions; that they include each city's population in addition to its mortality, and second, that they use parentage rather than nativity (this would distinguish second generation immigrants) of the deceased. He praised the editors for including still births, which many did not, because he thought that they were a good indicator of the sanitary condition of the city.<sup>86</sup>

## VII

To the miasmist, diseases were caused by conditions within the city, such as filth, or they were imported along the transportation routes. In the port cities, this meant some sort of quarantine to control those diseases which did not originate within the city limits. Such regulations had first been used in sixteenth-century Venice. The Venetians chose forty days as the period of quarantine (it was either the length of Lent, or the number of days after which diseases became chronic as opposed to acute, that led the Venetians to choose forty); by the nineteenth century most people felt that forty days was too long. The commercial segment of society was opposed to it because it raised prices and caused expensive delays, and it was not proven effective in disease control.<sup>87</sup>

This opposition from commerce and the marked differences in quarantine regulations persuaded Philadelphia sanitarian Wilson Jewell to call delegates from the Atlantic port cities to meet with in in

1857 to establish a "uniform system of revised quarantine laws." This was the inception of the National Quarantine and Sanitary Conventions of the late 1850's, held in Philadelphia, Baltimore, New York and Boston. The 1857 meeting was composed of health officials, and, as Griscom had no official post in that year he was not invited. He was also unable to attend the Second Convention, although he did send a letter of regret.<sup>88</sup>

The Third Convention was held in New York, and Griscom was elected president. "Though evidently surprized at this choice," the Times wrote, "he ran sanitary statistics, of course, since he is always gushing with them." Temporary president William Kemp relinquished the chair to Griscom, saying that "it gives me great pleasure to resign my place into your hands, for I feel that the interests of the Convention will most assuredly be promoted greatly by your presidency over its deliberations." In his acceptance speech Griscom made it clear that the convention was concerned with internal as well as external sanitary measures. Elisha Harris recommended the appointment of four committees to investigate drugs, food, civic cleanliness, and architecture. When objections arose on the grounds that the Convention was concerned only with quarantine, Griscom left the chair and argued so persuasively in favor of the Harris report that it was adopted.<sup>89</sup>

Naturally enough, Griscom served on the committee appointed to investigate the internal hygiene of cities, dealing with the specific problem of waste removal and water supply. His report was accepted with the thanks of the Convention and was printed in the Transactions as well as separately, which proves that Griscom and Harris had won out over the segment concerned only with quarantine. One reviewer praised Griscom's report as the result of many years of patient investigation "related to sanitary science." In the report, he said, "Griscom

condensed the fruits of his labors, in this department, for the public benefit."<sup>90</sup>

Despite these sidelights, the primary concern of the Convention was quarantine, and which diseases could be prevented by efficient procedures. A. H. Stevens, prominent member of the Academy of Medicine, accepted the shears of fate illustration in relation to yellow fever, an idea which Griscom refuted. When C. B. Guthrie made the point that although quarantines were imperfect they helped control this disease, Griscom again left the chair to agree--imperfect though they were, he said, they stopped the spread of yellow fever in New York. The Convention went on record in favor of quarantine, stating that its effectiveness rested with an absolute exclusion of infected articles and uniformity of laws throughout the United States.<sup>91</sup>

President Griscom spoke first at the New York meeting's closing banquet. He connected morals and disease because, in his opinion, the same abuses caused both problems. He told New York's Mayor Daniel F. Tiemann "that if you wish to improve the morals of those over whom you are called to administer the laws, the first step to be taken is to improve their health."<sup>92</sup>

The following year the Convention was held in Boston, and Griscom was again an active participant. He favored a resolution that would require a certified pharmacist to handle the sale of all dangerous drugs, and keep a record of all transactions. The idea was to stop the illegal drug traffic, and eliminate the use of drugs in crimes of violence. But, since the delegates could not agree, the whole question was tabled.<sup>93</sup>

Griscom also served on the committee of permanent organization, as he was very much in favor of an American Sanitary Association (similar to the New York Sanitary Association which he helped found the previous



year). That it would be organized by the spring of 1861, which was the date of the next Convention, he had no doubt. However, the Civil War intervened, and the 1861 meeting did not occur. According to Harold M. Cavins, these Conventions laid the groundwork for the American Public Health Association, the national society that Griscom dreamed of.

Part of the Hippocratic Oath states, "that into whatsoever house you shall enter, it shall be for the good of the sick to the utmost of your power. . . ." Whether actively lobbying for the collection of statistics, treating cases of consumption or small pox, guiding a national convention, or lecturing students on medical theory and practice, John H. Griscom's entire life was devoted to "the good of the sick." Everything he did was an attempt to improve medical science and make man's life--especially the poor man's--more pleasant and productive.

CHAPTER V NOTES

<sup>1</sup>John H. Griscom, Anniversary Discourse Before the New York Academy of Medicine (New York, 1855), 33-35.

<sup>2</sup>John Duffy, A History of Public Health in New York City, 1625-1866 (New York, 1968), 586-88.

<sup>3</sup>J. S. Chambers, The Conquest of Cholera (New York, 1938), 190-92. John C. Peters, A Treatise on the Origin, Nature, Prevention, and Treatment of Asiatic Cholera (New York, 1866), 75-80.

<sup>4</sup>Peters, Asiatic Cholera, 23-25, 94-99, 100-05.

<sup>5</sup>Ibid., 3-6, 39, 53, 60-61.

<sup>6</sup>Allan Nevins and Milton H. Thomas, eds., The Diary of George Templeton Strong (New York, 1952), II, 94, 177-79. It was during the 1849 outbreak that a sanitary commission was appointed by the Board of Health to investigate the sanitary organization of New York City. Their conclusion was something Griscom had discovered ten years earlier--the Health Department was entirely ineffectual. "It requires an entire re-organization." Unfortunately, they, along with Dr. Griscom and the rest of New York City, would have to wait for nearly twenty years for the needed reform. N. Y. C., Board of Health, Report of the Proceedings of the Sanitary Committee of the Board of Health, in Relation to the Cholera, as it Prevailed in New York in 1849 (New York, 1849), 36-37.

<sup>7</sup>NYAM, Minutes, Aug. 4, Sept. 1, 1852.

<sup>8</sup>Ibid., July 5, Aug. 2, 1854.

<sup>9</sup>Letter from John H. Griscom, Paris, Jan. 20, 1866, MSR, XIV (March 10, 1866), 196-97.

<sup>10</sup>John H. Griscom, "The Where, the When, the Why, and the How of the First Appearance and Greatest Prevalence of Cholera in Cities," NYAM, Bulletin, III (Feb., 1866), passim.

<sup>11</sup>Ibid., 8.

<sup>12</sup>Ibid., passim.

<sup>13</sup>Ibid., 11.

<sup>14</sup>Ibid., 12.

<sup>15</sup>Ibid., 21.

<sup>16</sup>Charles Rosenberg, The Cholera Years (Chicago, 1962), 196. Griscom, "Cholera," 21-23.

- <sup>17</sup>Griscom, "Cholera," 22-23.
- <sup>18</sup>"Discussion on Cholera Resumed," NYAM, Bulletin, III (April, 1866), 48-49.
- <sup>19</sup>Stephen Smith, "Report on the Measures of Prevention and Relief to be Adopted During the Prevalence of Epidemic Cholera," NYAM, Bulletin, III (May, 1866), 59-62. "Discussion on Cholera," 50. For some reason Griscom did not feel that cholera was an imminent danger to New York.
- <sup>20</sup>Smith, "Report on Prevention," 68.
- <sup>21</sup>NYAM, Minutes, June 20, 1866.
- <sup>22</sup>N.W.J. Heath, "Asiatic Cholera, As it Appeared on the Steamship 'England,' in April, 1866," NYAM, Bulletin, III (Sept., 1866), 131-39.
- <sup>23</sup>J. Gotham, Jr., "Editorial Correspondence," NJMSR, IX (Sept., 1856), 513.
- <sup>24</sup>Ibid., (Oct., 1856), 513.
- <sup>25</sup>NYAM, Minutes, Aug. 6, Oct. 1, 1856, Aug. 5, 1857. Griscom again spoke on yellow fever before the Academy, on "The Personal Communicability of Yellow Fever," but his remarks were not printed. May 18, 1859. Thirty years later Albert Buck agreed with Griscom that yellow fever was not endemic anywhere in the United States. Albert Buck, A Reference Handbook of the Medical Sciences (New York, 1889), VIII, 55-59.
- <sup>26</sup>John H. Griscom, A History, Chronological and Circumstantial, of the Visitations of Yellow Fever at New York, with Supplemental Report (New York, 1858), 2-17. It also appeared in AMM, IX (Feb., 1858), 81-117. Griscom noted the work of Noah Webster, N. Y. May, and John Cruger. The history began in pre-colonial days with the disease that decimated the New England Indians in the winter of 1618-19. Webster concluded that disease was yellow fever, but Griscom thought it was typhus. However, Alden Vaughn concluded it was either measles or plague. New England Frontier (Boston, 1965), 21-22.
- <sup>27</sup>Griscom, "History of Yellow Fever," 18-19.
- <sup>28</sup>Ibid., 22-23. Griscom noted that the disease was not present in the colonies during the American Revolution. Webster attributed this to either the presence of comets or a sign that God was on the colonists side; Griscom thought it was directly related to the interruption of foreign commerce.
- <sup>29</sup>Ibid., passim. J. Gotham reported on the outbreak at Fort Hamilton, where there were sixty-three deaths from 175 cases. The disease spread there because the ships were forced to anchor close to the fort, the infection spreading via the atmosphere, and indirectly through the rags, bedding and clothing. "Editorial Correspondence," NJMSR, IX (Nov., 1856), 561-66.

<sup>30</sup>Griscom, History of Yellow Fever, 24-35.

<sup>31</sup>Ibid., 29-30.

<sup>32</sup>"Editor's Table," AMG, VII (Nov., 1856), 685. "Editor's Table," VIII (Sept., 1857), 564. "Quod Erat Demonstrandum," X (Dec., 1859), 881-83.

<sup>33</sup>"J. Gotham, Jr.," "Editorial Correspondence," NJMSR, X (May, 1857), 247-49.

<sup>34</sup>Second NQSC (Baltimore, 1858), 17-20. Griscom's proposals were accepted and referred to the Committee on Quarantine and were never heard of again. The following year a W. A. Royce presented a plan similar to Griscom's. His received the same fate. Third NQSC (New York, 1859), 86.

<sup>35</sup>NYAM, Minutes, June 15, Oct. 5, 1859. "Editorial and Miscellaneous," AMM, XII (Dec., 1859), 461-62.

<sup>36</sup>Buck, Reference Handbook, VIII, 45-46.

<sup>37</sup>John H. Griscom, Report of the Sanitary Association (New York, 1859), 12-13. Griscom, Anniversary Discourse, 36. John H. Griscom, Sanitary Legislation, Past and Future (New York, 1861), 10-11. Duffy, History of Public Health, 583. J. Gotham, Jr. wrote of the small pox problem on two occasions, appalled at the number of needless deaths. "Editorial Correspondence," NJMSR, X (March, 1857) 130-31, XI (March, 1858), 198-99. Griscom continued to watch the small pox figures, and reported to the NYAM in 1865 that one week had forty-two small pox deaths while the previous week had thirty-three. Minutes. Jan. 18, 1865.

<sup>38</sup>James F. Hibberd, Chrm., "Report on Compulsory Vaccination," AMA, Transactions, XV (1865), 161-66. "Proceedings," MSNY Transactions, (1857), 248-49. NYMI, I (June 15, 1864), 102.

<sup>39</sup>John H. Griscom, "Is Revaccination Necessary, and When?" NJMSR, VIII (Oct., 1855), 487-88.

<sup>40</sup>John H. Griscom, Annual Report of the Interments in the City and County of New York, for the Year 1842, with Remarks Thereon, and a Brief View of the Sanitary Condition of the City (New York, 1842), 154-56.

<sup>41</sup>"Editor's Table," AMG, VII (Jan., 1856), 52. "Editor's Table," (March, 1856), 175-76.

<sup>42</sup>"J. Gotham, Jr.," "Editorial Correspondence," NJMSR, IX (March, 1856), 128-29. John H. Griscom, The Sanitary Condition of the Laboring Population of the City of New York, with Suggestions for its Improvement (New York, 1845), 19-20.

<sup>43</sup>"Editor's Table," AMG, VIII (Feb., 1857), 112-13. "Editor's Table," (March, 1857), 180. "Editor's Table," (May, 1857), 307. In addition to his interest in a consumption hospital, Griscom was one of several physicians who petitioned the Legislature and brought about the

establishment of the first inebriate asylum in the world. N.Y.S., Senate, Second Annual Report of the New York State Inebriate Asylum, Doc. No. 45, 87th Sess., 1864, 15-16, 21, 25.

<sup>44</sup>Duffy, History of Public Health, 481-82. Samuel W. Francis, "Biographical Sketches of Distinguished Living New York Physicians," MSR, XV (Aug. 4, 1866), 118-19. NYH, Report of the State of the New York Hospital and the Bloomingdale Asylum for the years 1843-68 (New York, 1868), passim.

<sup>45</sup>NYH, Annual Report, 12.

<sup>46</sup>John H. Griscom, "Summary of, and Observations Upon, the Medical Practice of the New York Hospital in the Months of July, August, and September, 1847," NYJMCS, IX (Nov., 1847), 347-54.

<sup>47</sup>"J. Gotham, Jr.," "Editorial Correspondence," NJMSR, IX (July, 1856), 534.

<sup>48</sup>John H. Griscom, "Synopsis of a Clinical Lecture," AMT, I (Oct. 27, 1860), 289-92.

<sup>49</sup>Duffy, History of Public Health, 484. G., "Observations on the Organization of the Hospitals at Bellevue and Blackwell's Island," New York Evening Post, Oct. 30, Nov. 1, 5, 6, 1845.

<sup>50</sup>Ibid., Oct. 30, 1845.

<sup>51</sup>Ibid., Oct. 1, Nov. 1, 6, 1845. With the lack of supervision, and the age of the students, Griscom thought immorality was inevitable. "Many a time have been heard within those walls, mingling with the groans of the suffering and the prayers of the dying, such sounds of revelry as were wont to echo by the walls of a college, whence their authors have been permitted prematurely to escape. . . ."

<sup>52</sup>Ibid., Nov. 1, 1845.

<sup>53</sup>Ibid., Nov. 5, 1845.

<sup>54</sup>Ibid., Oct. 30, 1845.

<sup>55</sup>Ibid., Nov. 1, 1845.

<sup>56</sup>Ibid.

<sup>57</sup>Ibid., Nov. 5, 1845.

<sup>58</sup>Ibid., Nov. 6, 1845.

<sup>59</sup>L., "Hospitals, Alms Houses, &c," New York Evening Post, Dec. 5, 6, 1845.

<sup>60</sup>Ibid., Dec. 5, 1845.

<sup>61</sup>Ibid., Dec. 5, 6, 1845.

<sup>62</sup>Duffy, History of Public Health, 483-85. "Bellevue Hospital, It's History and Organization," NYJMCS, XVI n.s. (May, 1856), 392-93.

63"J. Gotham, Jr.," "Editorial Correspondence," NJMSR, IX (June, 1856), 309. "Bellevue Hospital," 392.

64John H. Griscom, "The Causes and Prevention of Some of the Most Important Diseases of the Army. A Discourse Delivered Before the New York Sanitary Association," AMM, XVIII (Dec., 1862), 402-04, 413. The next year Griscom chaired the AMA committee to investigate ambulances and report to the President on the feasibility of an ambulance corps. They were discharged in 1864, but their report was not printed. Minutes, AMA, Transactions, XIV (1863), 25. XV (1864), 30.

65John H. Griscom, "Hospitals of London and Paris," MSR, XIV (March 17, 1866), 216-17.

66Letter from Thomas Hancock to John Griscom, Liverpool, June 5, 1832, in the New York Public Library.

67Alfred E. M. Purdy, The Medical Register of New York, New Jersey, and Connecticut for 1874 (New York, 1874), 274-75.

68N.Y.C., ByLaws and Ordinances of the Mayor, Aldermen and Commonalty of the City of New York (New York, 1845), 354. N.Y.C., Proceedings of the Board of Aldermen, XXIII (July 18, 1842), 91-94. (Sept. 5, 1842), 258-61. Board of Aldermen, Doc. No. 32, Oct. 17, 1842. Proceedings of the Board of Aldermen, XXIV (Nov. 28, 1842), 28-30. (Feb. 1, 1843), 336. Journal and Documents of the Board of Assistants, XXI (April 17, 1843), 332-33.

69J. J. Walsh, History of Medicine in New York (New York, 1909), I, 285-86. Griscom, Annual Report, 206. Charles F. Bolduan, Over a Century of Public Health in New York City (New York, 1916), 5-6.

70Griscom, Annual Report, 149-54. Perhaps feeling responsible for the high ratio of deaths Griscom offered a partial explanation; New York had well stocked charity hospitals, to which the indigent of the surrounding area came during the winter, and where many of them died. Annual Report, 157.

71Ibid., passim.

72Griscom, Sanitary Condition, 21-22.

73Ibid., 54. Griscom, Annual Report, 206.

74NYAM, Minutes, Feb. 3, 1847. N.Y.S., Laws of the State of New York, Ch. 152, 70th Sess., 1847, 148-49. U.S., Mortality Statistics of the Seventh Census of the United States (Washington, 1855), 7-8. Unfortunately, the New York law quickly fell into disuse.

75"Minutes," NMC, Proceedings (Philadelphia, 1847), 20-21.

76Ibid., 34-35, 43.

77John H. Griscom, Chrm., "Report of the Committee to Consider the Expediency, and (if expedient) the Mode of Recommending and Urging upon the Several State Governments the Adoption of Measures for a Registration of the Births, Marriages and Deaths of Their Several Populations," NMC, Proceedings (Philadelphia, 1847), 125-31.

78 Ibid., 129.

79 Ibid., 134-36.

80 Ibid., 137-44.

81 Ibid., 141, 144-45. U.S., Bureau of the Census, Registration of Births and Deaths (Washington, 1904), 5. In his history of New York's State Medical Society, J. J. Walsh found the dual reports of Griscom "very full and explicit." History of the Medical Society of the State of New York (New York, 1907), 181.

82 J. H. Griscom, Chrm., "Report of the Standing Committee on Births, Marriages and Deaths," AMA, Transactions, I (1848), 339-40. "Minutes," AMA, Transactions, VIII (1855), 49, 54. Mortality Statistics of the Seventh Census, 7-8.

83 Mortality Statistics of the Seventh Census, 10-16, 17-28. New York Times, March 19, 1853. Edward Jarvis, "Report on the Law of Registration of Births, Marriages and Deaths," AMA, Transactions, XI (1858), 533-34.

84 "J. Gotham, Jr.," "Editorial Correspondence," NJMSR, IX (Feb., 1856), 86-87.

85 Ibid., X (July, 1857), 358-59. "Abstract of Proceedings," MSNY, Transactions, (1856), 215-18. (1857), 245-46. (1858), 501, 605-06.

86 John H. Griscom, "Letter to the Editor," MSR, V (Oct. 20, 1860), 73. After the Civil War Griscom prepared a blank book, which was printed for the use of families to record their vital statistics. He recommended it for the use of information that the family would not want in their family Bible, but which would record all information related to health and the "private sanitary history" of each family member. John H. Griscom, The Family Record, Biographic and Photographic. Arranged for Recording in Detail Incidents in the Life of Each Member of the Family (New York, 1868).

87 "Quarantine and Health," NAR (Oct., 1860), 442-46, 449-50. John H. Griscom, "Improvements of the Public Health, and the Establishment of a Sanitary Police in the City of New York," MSNY, Transactions (1857), 113-14. Griscom maintained that this the causes of epidemic diseases were still hidden to medical science, no method of control should be overlooked.

88 First NQSC (Philadelphia, 1857), 37-43. Second NQSC (Baltimore, 1858), 17-20.

89 Third NQSC (New York, 1859), 15-18, 211-16. New York Times, April 28, 1859.

90 "Third NQSC", NAMCR, V (Sept., 1861, 832-34).

91 Ibid., 367-68.

92 Ibid., 677-79. At the banquet General Prosper M. Wetmore spoke

thus of Griscom; "John H. Griscom, bearing a name always dear to the lovers of science, has devoted almost a lifetime to the same noble object; Griscom, who bears our banner now, and whom we follow with the confidence and hope that always attaches to an able and faithful leader. . . ." 690.

<sup>93</sup>Fourth NQSC (Boston, 1860), 38-45, 7, 70, 146.



## CHAPTER VI

### GRISCOM AND THE METROPOLITAN HEALTH BILL

When regard for health shall  
exceed the desire for gain, and  
the cry of humanity be heard  
above the calls of party, then  
the sanitary condition of the  
city and state will be improved.  
New York Assembly, 1861

Most of the significant advances in the broad field of public health during the years of John H. Griscom's active career resulted from legislative action. Beginning with the change in the law preventing the unauthorized removal of bodies from the city, passed as a result of Griscom's insistence in 1842, through the AMA action in favor of state-wide registration laws, and the periphery areas, such as the 1855 immigration act, most activity strengthened the legal framework. With this in mind, Griscom suggested to the New York Academy of Medicine that a memorial be sent to the State Legislature in 1856--a memorial which began the lobby that was largely responsible for the 1866 Metropolitan Health Bill, not only revolutionizing public health in greater New York, but also providing a model for other cities.

Reform was needed because the health laws and organization dated back to the early nineteenth century, when the city's population had been less than 75,000. By the mid-1840's the population was about 350,000; there having been no significant legal changes the old health laws simply could not handle the increased population. Three separate departments looked after the city's health. The first, the Health Office, was established in 1796 to take charge of Quarantine. The Health Officer, Health Commissioner and Resident Physician (epidemic cases

were referred to him) were state appointees, but generally not involved with internal health matters. The City Inspector's Office was created in 1804 to protect the internal health of the city; the City Inspector, his assistant and twenty-two health wardens (one for each ward), were responsible for the health of the populace. The final group was the Board of Health, made up of the Mayor, Recorder, and Common Council. They rarely met as the Board of Health because, once convened, they could meet in perpetual session. Hence, the Mayor was not likely to gather the Board of Health, except in cases of rare emergency.<sup>1</sup>

As the city became more and more unhealthy, the physicians, city officials in favor of change, and informed laymen banded together in voluntary associations to improve conditions. However, the reforming zeal of these men was blunted by the numerous and varied opportunities for spoils and graft which were the province of the party in power. Although corruption made their job more difficult, it did not stay reformers like Griscom, who called for slum clearance, ventilation, pure food and drug legislation, and health education.<sup>2</sup>

## I

Dr. Griscom's first official action in relation to improved health legislation came shortly before his removal as City Inspector.<sup>3</sup> Late in April, 1843, he sent a communication to the Board of Aldermen, "recommending a Reorganization of the Health Police." His rationale was simple--"no department of the government of a great city can be deemed of more importance to its inhabitants, than that devoted to the preservation of the general health." The prevention of disease, endemic and epidemic, and the removal of nuisances were necessary for the health and happiness of the general public, in addition to being the first step in lessening the impact of crime and pauperism in the city.

However, to effect such a change the health inspectors (sanitary police) would have to be highly trained, competent people. They must be able to determine the nature of the nuisance, and the best means of prevention; they must also be dedicated to the preservation of the public health. Since the usual health wardens of New York were cartmen, grocers, painters, or men without visible means of support, such standards were out of the question. "It is plain that these qualifications for an efficient Health Police (and their necessity it is presumed none will gainsay), can be found only in the ranks of the well-educated portion of the medical profession."<sup>4</sup>

Griscom planned to reduce the number of health districts from twenty-two to twelve sanitary districts by using the boundaries of the city's dispensaries. The new officials would be called health inspectors, and together with the City Inspector would constitute the city's health police, directly responsible to the Board of Health. In addition to searching out nuisances, the health inspectors would see that everyone in their respective districts was vaccinated. They would take care of the professional needs of the police, who were usually treated haphazardly if they were injured in the line of duty. By uniting the health districts with the dispensary districts, the dispensary physicians would serve as the health inspectors.

The combination of the salaries of the two officers would enable them [dispensary trustees] to select from the body of the profession, men of greater experience and qualifications. This would insure to the poor who depend upon those valuable institutions for all their medical aid, a larger amount and better quality of attendance; while it will at once be perceived that the labors of the Dispensary Physician will be lessened in proportion as the sources of the ills, which, in the former capacity, he is called upon to administer to.

The dispensary physicians were aware of the nuisances because their duties required them to go into the tenements and treat patients.

Further, if they were health inspectors, they would be able to avoid or prevent nuisances by maintaining a constant vigilance on health problems. The city would save money and lives by avoiding the false economy of massive clean-ups to avert epidemics.<sup>5</sup>

With physicians as health inspectors, the department, it was hoped, would be raised above "the corrupting atmosphere of partizanship, and we should then no more hear of public duties neglected for fear of making a political enemy. . . ." Is it any wonder that Griscom was removed from office after one short year? The city had the talent, the funds, and the basic organization to put this plan into effect in 1843, thereby relieving "thousands of suffering and depressed people" but it was not to be, as the city fathers were not about to give up control of that department which afforded tremendous opportunities for graft.<sup>6</sup>

Removal from office did not silence Dr. Griscom, as he continued the fight in his 1844 address on the sanitary condition of the laboring classes. When the city council refused to act on the measure, Griscom delivered it as a lecture and then had it printed. In 1874 E. M. Purdy wrote of Griscom's efforts:

From that time to the present a continued warfare has been in existence between philanthropists and sanitarians, and political speculators; and it is likely that, though matters may mend to a certain extent, the all-powerful dollar will find many advocates, while the prevention of disease and the welfare of the poor will ever want a few friends among a lobby rule. For many years Doctor Griscom launched his annual pamphlet, portraying troubles and unfolding the remedy; but though some were convinced and not a few seconded his views, hired voters and moneyed influence postponed the cure.<sup>7</sup>

Until the mid-1840's the post of City Inspector was occupied by a physician, but then the practice of awarding it to non-medical people started. Thus, with non-professionals in the health warden posts, and a non-professional as head of the internal public health

organization, the city reached a new low. Griscom told his 1844 audience that not one of the present incumbents was endowed with a medical education, a point which he reiterated throughout his career. In 1857, for example, he told a group of physicians that the wardens were paid \$1,000 a year for doing virtually nothing. They made inspections only after a complaint was made. To make matters worse they maintained their usual occupations "unconscious of any professional responsibility." He made it clear that the combined evils of the tenement and the filthy street would be partially alleviated because of the inspections and the powers of the health police, who would be in a position to end cellar residences and order the clean-up of foul alleys and courts. "Is it not then, clearly the duty of the appointing powers, to fill the offices having the control and direction of sanitary matters, with men of the largest experience and most cultivated capacity in medical science, having regard to the important consideration that a man may be a good prescribing physician, without the kind of knowledge or the taste requisite for the due discharge of public duties of this character." The dispensary physicians had both the desire and the temperment to carry out these duties.<sup>8</sup>

Not only could these physicians put an end to nuisances, they would be in a position to educate the people to the dangers of living in filth. "Their time would be principally devoted to the purpose of teaching the poor the rules which should regulate their household operations; and the value of fresh air, ventilation, cleanliness, temperance, would form constant themes for them." Education of the poor would alleviate future problems, and make the passage of legislation more important. If Griscom's health plans were put into effect, but nothing was done in education, it would be a hollow victory.

These two themes of legislation to improve the health department and education of the poor were constant with Griscom.<sup>9</sup>

In his review of the Sanitary Condition, Gouverneur Emerson struck right to the heart of the problem when he said "few people have a notion that legislation for the preservation of health in the poor and laboring classes is any part of public duty, which seems confined to measures for taking charge of them only when reduced by actual disease to helplessness." Emerson concurred completely with Griscom's conclusions, quoting extensively from the report. He hoped, as did Dr. Griscom, that more people would make the legislators aware of the horrible conditions in the slums, because that was the only sure road to real reform in the areas of health, housing, and sanitation.<sup>10</sup>

Those City Inspectors who followed Griscom generally followed his example. Cornelius Archer, City Inspector in 1845 and 1846, called for the same kind of improvements that Griscom wanted--an improved sanitary police, stricter registration, and free public baths. Unfortunately Archer was not a physician and was therefore unaware of the problems raised by the health abuses. As he was forced to call on medical personnel to corroborate his findings, the Archer reports were not as vigorous as Griscom's. Archer complained about the dirt, but not the system which allowed its continuance.<sup>11</sup>

When the First Committee of Public Hygiene filed its report for the AMA, two of the questions dealt with the legal aspects of the sanitary situation. In answer to both queries, Griscom responded that New York laws were far from adequate, but he thought that they were improving. It was hoped that the new city charter would allow the health department more power. If the laws regarding the number of passengers on an emigrant ship were enforced on land, Griscom wrote, the terrible overcrowding could be partially alleviated.<sup>12</sup>

Griscom, perennial chairman of the New York Academy of Medicine's Public Health Committee, prepared a report ostensibly on the dispensary system, but in reality it was a proposal to reorganize the Health Department. In the summer of 1852 Griscom and his committee outlined the shortcomings of the dispensary system in treating the indigent poor, and their report was printed in full in the New York Times, from which the other papers copied at least the more important parts. This report was presented to the Academy on July 7, printed in the Times a week later, revised early in August, and then printed for distribution to city officials in September. "The report was received with great favor by the Academy. . . ."13

The ideal solution was to end poverty, but as Griscom was a realist, he approached the question from the point of view of adequate medical care for the indigent sick. Griscom was well aware of the gospel dictum, "for you always have the poor with you. . . ," and realized that they could become carriers and spread disease and death all over the city. "Hence the necessity in all civilized communities, not more on account of benevolence to the poor than for the sake of the well being of all, and their protection against the ravages of disease, for some provision for the dispensation of medical aid to the indigent, upon such a basis that, while it will afford to all the requisite succor to them in actual sickness, will also supervise their condition at all times, with a view to its arrest or prevention." Griscom directed his appeal towards the middle and upper classes on behalf of the poor, hinting at control of poverty by control of the diseases which created it.<sup>14</sup>

Griscom made the distinction between public and private hygiene. Those diseases which originated from causes within the body were the subject of private hygiene, and were unaffected by public health

measures. Those diseases which originated from causes without the body--consumption, small pox, cholera, and a host of others--were the subject of public hygiene. This class was divided into extra- and intra-domiciliary causes, a distinction used again in the Anniversary Discourse, a few years later. The first dealt with the filth outside the house, and the second with the overcrowding and poor ventilation of the tenements. It was the latter which was more dangerous because the public was unaware of it. When one drove through the streets he could see the filth, and sense a coming epidemic; but the intra-domiciliary causes went unnoticed by outsiders, unless they were trained, and the inhabitants, uninformed, did not change things. Therefore Griscom warned against acting like the blind Pharisee who cleansed only the outside:

To do the poor and the subject of public Hygiene full justice, the Health Inspector must penetrate into their private dwellings; he must open the closed sashes and cut windows where there are none, he must ventilate their workshops, their bedrooms and their school-houses; he must pump the stagnant water from the cellars; he must connect their drain pipes and privies with the public sewers, white wash their walls, fill up the hollows, and drive the troglodytes from their caves to the open air.<sup>15</sup>

When Griscom was a physician in 1834 at the New York Dispensary, and then later at the Eastern Dispensary (1842-1856), he realized the wasted talent that could be used for sanitary inspections. He wrote in 1852:

The duties of the Dispensary physicians carry them in the very track of the nuisances which require to be corrected, and how great a proportion of the rheumatisms, the fevers, the inflammations, the various forms of scrofula, the pulmonary and other diseases are attributable to the damp cellars, the filthy tenements, the foul yards, courts, and alleys, in which the poor are crowded, can be known only to them who spend much of their time amid these wretched scenes, where they are powerless for any preventive action that may occur to them.



The last phrase is the key; the city officials ordered massive clean-ups to prevent cholera, yet they refused to spend a few dollars to allow those who had it within their power to prevent much of the disease and death to which the city was subject. Griscom had not changed his argument in the ten years between this report and the earlier one when he was City Inspector. Unfortunately, this plan of using dispensary physicians in the dual capacity did not allow the city fathers their spoils.<sup>16</sup>

The entire dispensary system was outmoded; it began when the population was 150,000. In 1850 the population was nearly 500,000, and the funding and organization were inadequate to meet the needs, much like the whole Health Department. There were two reasons, according to Griscom, why the physicians had not moved to improve the dispensary system; in addition to having no control they felt the medicine practiced there was sub-standard. Since the positions were not lucrative, few of the experienced physicians felt moved to volunteer their services. Griscom thought that if the entire profession was made aware of the problems, then some solutions would be presented and acted upon; therefore he presented his report to the Academy which was a good cross section of the profession.<sup>17</sup>

Griscom and his committee favored a complete overhaul of the dispensary system because the care of the sick poor was an obligation not to be trusted to the hands of a few. "It is a public interest, and the public should provide for it as bounteously and as efficiently as they do for the cause of education." The solution remained the same; replacement of the inefficient dispensary system with health police. Public health had reached new heights of scientific discovery, making the problems of the past avoidable. As one example, Griscom

pointed to the sewer system, which could carry off waste, but did not. Again, hundreds of thousands of dollars were expended each year to clean the streets, but still "the air grows more and more tainted with disgusting odors." The reasons for this and other problems were the lack of adequate inspections and law enforcement.<sup>18</sup>

The dispensary physicians complained because they were overworked. Griscom's plan of expanding the personnel to allow more physicians per district, coupled with their increased control would reduce their work load. Further, there would be less to do because the physicians would be improving the health of the area residents by disseminating information, enforcing laws, and ordering changes. The physician would not only treat the case of typhus, but would remove the source of the disease by ordering the cleaning of the yard or alley, or closing the tenement or cellar.<sup>19</sup>

This new plan of operation would eliminate many of the objections to the dispensary system. First, by providing better pay it would attract experienced personnel. Second, the districts would no longer be unmanageable, and the patients would receive better care. Finally, the lack of supervision would be eliminated because more mature physicians, needing less supervision, would be employed.<sup>20</sup>

The emphasis in the paper on the evils of filth and improper ventilation, and the similarities between this and the 1842 report indicates that it was mostly, if not totally, from the pen of John H. Griscom. The New York Medical Gazette's editor realized the importance of the work, but was over optimistic about reform. "It is an able document, and will soon be published, when it will attract, as it deserves, a very large share of public attention. We hope the public authorities will be moved to some prompt and effectual measures of reform in the department of the City Inspector, where it is imperatively demanded."<sup>21</sup>

In 1852 a new attack against the city officials was launched by Griscom. At a meeting of physicians, presided over by Thomas Cock, Griscom was unanimously nominated as their candidate for City Inspector. The physicians met to examine the subject of public health, and as the Democratic and Whig candidates did not propose any improvements, they nominated Griscom. Later in October, the Tribune reported that they were heartily in favor of the physician's candidate, but they refused to support Griscom because they thought that would help the Locofoco candidate. A few days later they publicly endorsed the Whig candidate, who, with Griscom, was defeated by the Democrat Thomas Downing. (As Downing was later indicted by a grand jury for "downright villainy--corruption, peculation, robbery. . ." Griscom was obviously a better choice.) Election results showed that the physicians polled about ten percent of the vote.<sup>22</sup>

The opportunities to improve society by improvement of the public health were of primary importance to Dr. Griscom, and his closing comments in the Anniversary Discourse of 1854 reiterated his plan for health improvements. First was a broad based educational program for the schools, in which each child would receive education on human mechanism and physiology. There were a number of suitable texts available (Griscom himself had written one), but in case the educators felt the need for a new one, Griscom suggested a cash prize to stimulate the medical profession to produce a suitable text. As for the teaching of such a course, "to every school, especially every public school in this city, state and the United States, there should be attached a medical man as one of its corps of tutors, who, by spending a few hours a week in instructing its classes in this interesting branch of science, would exert an influence for good in the matter of individual

and public health, in the protection of the people against the nuisance and danger of charlatantry. . . ."23

He further advised the formation of a voluntary association to deal with hygiology (a term coined in the mid-nineteenth century to refer to public health). "Its objects of inquiry and action would comprise the entire field of the preservation of public and private health, in all its varied and multitudinous relations." Such an organization was needed to unite the labors of physicians and sanitarians and then disseminate the information. It would also establish adequate registration procedures. In his lecture Griscom said:

Such a society would study the true method of city sewerage. . . . It would infuse into the public mind, into our legislative bodies, and our magistracy, a more intelligent regard for the proper construction of private and public edifices of every description; it would point out where and why certain diseases prevail, and how they might be avoided; it would obtain an influence in the proper regulation of health measures and the enactment of sanitary laws, which would be of incalculable benefit of the commercial prosperity of this and other cities, and the happiness and comfort of their every inhabitant.

Griscom saw this dream turn into reality when he helped found the New York Sanitary Association in the winter of 1858-59.<sup>24</sup>

This third suggestion was the establishment of the health police--the most important ingredient in his plan of reform. Using the 1854 City Inspector's office as an example (any year would do), of the twenty-nine people directly involved, there was only one medical man, and he was in a clerical position. Even though few argued with the concept of having medical men for medical positions, New York was in the Dark Ages in this regard. "We need to know the causes of the diseases, where they are, what they spring from, and how to avoid them; information which can only be obtained and properly disseminated by men of good medical education, and possessing the proper taste and energy for such work." In all of this, Griscom's purpose was never to

condemn those in power, but to point out the need for proper medical education. Public health needed trained personnel as much as the trans-Atlantic steamer needed a trained captain.<sup>25</sup>

Griscom was the first, and one of the most important sanitarians calling for reform, but he was not the only one. The 1854 presidential address of the New York State Medical Society was an accolade to the reform physicians. "The public are indebted to the philanthropy of our profession for those valuable suggestions, which have resulted in such sanitary regulations as now, in a great measure, protect our cities from the ravages of those fatal epidemics. . . ."26

## II

The activity from 1842 to 1854 might be considered the preliminary sparring between a few physicians and the city and state governments over the issue of major health reform; then the period which commenced in February, 1856 can be characterized as the campaign for a metropolitan health bill--one which would encompass the greater New York area, for in that year there was a bill before the State Legislature to establish a new city charter for New York. At the February meeting of the Academy, Dr. I. M. McNulty offered a resolution calling on the members to memorialize the Legislature in favor of improved sanitary regulations. A committee of three, including Griscom, was appointed to examine the situation and recommend action. The next month the memorial was sent to the Legislature, which declared that "a large portion of the annual mortality of this city results from diseases, whose causes are more or less within control, but which are totally unchecked by any public administration of proper sanitary precautions, and that from this neglect, in addition to a very great and unnecessary loss of life, the city and State endure an incalculable detriment in

in their commercial and moral interests." This memorial was the beginning of a decade long war on the State Legislature, the City Inspector's office, the city government and the apathetic population of New York City to force passage of a bill to place control of the health of New York Port in the hands of professionals, and out of the reach of political hacks.<sup>27</sup>

Griscom used his column in the New Jersey Medical and Surgical Reporter to advertise the Academy's memorial and his own campaign for changes in the health laws. J. Gotham wrote that "the administration of our public sanitary affairs is, at present, and has been for many years past, confided entirely to the hands of non-medical men, a large proportion of whom are said to be possessed of only a very moderate, common education." Not all medical men were in favor of reform, however; a few months later Dr. Reese editorialized that the health of the city had never been better (Griscom agreed) and that it was the result of the work of the sanitary officials (a theory which Griscom and several other physicians vehemently denied). Reese wrote that "if he [the incumbent City Inspector] is sustained by the Board of Health, our citizens will have no cause of regret that this office is not filled by a medical man. . . ."28

Later in the same year the AMA joined the New York Academy and Dr. James Newman delivered a paper in which he expressed his agreement with the earlier report issued by the Committee of Hygiene, of which Griscom was the New York member. Newman saw the need for strong legislative action to control the purity of water and air as long as there were poor people.<sup>29</sup>

The following year the State Legislature debated a number of health bills, one of them prepared by Dr. John H. Griscom. To clear

up the situation, the state medical society appointed Griscom chairman of a committee to investigate methods of improving the health of New York City in particular, and large cities in general. Griscom's report was forwarded to the Legislature, where it was included with the documents of the Senate. Griscom wrote thus:

"With the abundant and excellent material afforded by that great city a model sanitary police may be created, which for efficiency and good results, would be unsurpassed in the world, the good influence of which would be felt throughout the State and country."

Following his report, a resolution was adopted that "the thanks of this society are hereby expressed to Dr. Griscom, for his very able, interesting and scientific report. . . ."30

In general, the report dealt with the various epidemic diseases that were totally, or at least mostly, preventable--typhus, for example. Griscom made the point again that there was simply no equity in the health departments of the city. The fifteen dispensary physicians had made over 67,000 visits in the last year, for which they each received \$400. Compare this with the health wardens, non-professionals, who had received nearly \$1100 for fewer than 300 visits, and "it will be readily and correctly inferred . . . that the dispensary physicians and health wardens never meet."31

Since England was the leader in public health reform, Griscom naturally pointed to its success in this area. London reported a reduction of thirty-one percent in mortality after rigorous health measures were put into effect. Liverpool and other English cities reported similar results, and there was no doubt that the massive clean-ups, and control of filth would improve the health of all cities. Given this, Griscom moved into a discussion of the duties of the health officers. "The very first duty which should be required of an officer of health is, vigilance in the discovery of the actual

existence of disease." Since this required a man familiar with the causes and symptoms of illnesses, a health officer needed careful medical training.<sup>32</sup>

Among his lesser duties, the health officer would make reports on the source of disease, or the circumstances which aided its dispersion. The sanitary officer would be aware of particular afflictions which caused increases in the city's mortality as well as the general complaints. Griscom again called for a complete renovation of the health department to control the abuses which killed off large numbers of the tenement poor. The sanitary officer who could fulfill the obligations Griscom outlined would have the power to issue cease and desist orders to the slaughter-houses, gas works, and other noxious establishments. He could order landlords to clean up their property, ventilate their apartments, and close cellars. He would be in a position to order architects and contractors to put in more windows, install plumbing, and make larger rooms. He could force the city to extend the Croton water system and sewers. Finally tenants would be required to clean up their apartments and to refrain from throwing garbage in the yard, street, or hallway. Under such a system, hopefully, "the routine of daily labor and daily cleaning should prevent any accumulation of noxious substances, and render unnecessary any cleaning works of magnitude to meet the extraordinary visitations of disease." A little later Griscom added "we need scarcely add that the sanitary department of every city should be empowered by law, to enforce all measures calculated to promote these important results."<sup>33</sup>

Two periphery areas in which sanitary officers would aid the poor would be inspection of food and drugs. Bread, for example, was adulterated with "potatoes, plaster of paris, alum, and sulphite of copper. . . ." The federal government controlled with the importation



of adulterated food and medicine, but this simply resulted in the local production of fraudulent products. Because he had less to spend, the slum dweller was especially susceptible to tainted food and medicine.<sup>34</sup>

Griscom persisted with his plan of making the dispensary physicians serve also as the sanitary police. "There cannot be a question that had the two systems of preventive sanitary police, and dispensary medical aid, been united in one, under an energetic administration, during the period of their mutual existence, the expenses of both would have been many, many times saved, together with innumerable lives." Unfortunately, the past half-century had seen the continuance of two separate institutions that did not cooperate in any fashion, to the detriment of the city budget and the laborer's life expectancy. All this had to change if New York was to take her rightful place among the more healthful spots in the world, and to this end, Griscom said, it was the duty of the Legislature to "interpose between us and disease those safeguards of science and law which are able to save us from a large proportion of this loss of property, health and life." Improved public health would reduce crime, vice and pauperism while it increased the wealth and structure of the city and the nation.<sup>35</sup>

This report of Dr. Griscom and his committee was presented to the medical society on February fifth; that the committee had been appointed only three days earlier suggests that Griscom had done a great deal of work before the meeting. Whether or not he knew that the New York City delegates would be called upon to report on the health bills before the Legislature is unknown; what is known, however, is that he was intimately acquainted with the subject and was therefore chosen by the delegates to chair the committee and present the report.

As with most of the committee reports presented when Griscom was chairman, this one was prepared by him.<sup>36</sup>

J. Gotham was hopeful that the Legislature would pass the medical reform bill that he had prepared. It would provide the model for the rest of the nation, a fact which made the bill an issue of importance to urbanites everywhere. Even though petitions and memorials were received from physicians and medical organizations, including the New York Academy, the bill did not pass.<sup>37</sup>

Since Dr. Griscom left no personal papers or journal, all material related to his lobbying activity comes from medical journals; the fullest accounts are the unfavorable reports of Dr. Reese. It was Reese who sent a petition against the bill, and he was quite pleased when it failed. He reported that after Griscom had spent weeks in Albany he was unsuccessful in the passage of his bill, which would have ended the City Inspector's office as it was then organized. The new bill would have put the appointment of medical men into medical hands; the Academy of Medicine, for example, would have been consulted in the appointment of the physicians to serve the dispensary posts and of the executive head to replace the City Inspector. Reese accused Griscom of selfishly desiring the executive post for himself (along with any other paying position), but this was the petty complaining of a short sighted doctor. In a few years Reese himself would be calling for reform.<sup>38</sup>

Griscom was not the type of man to give up in the face of adversity; the next year saw him again in Albany lobbying for the health bill which he had prepared, and which was endorsed by the Academy. Reese again accused Griscom of simply creating a fat office to occupy, and gleefully reported the bill's defeat. Reese was, however, in a distinct minority, as Griscom was appointed chairman of the Academy's

special committee to memorialize the Legislature. The New York Association for Improving the Condition of the Poor also sent a memorial.<sup>39</sup>

Griscom offered several resolutions to the state medical society in support of health reform in New York (It was at this 1858 meeting of the society that Griscom was nominated for permanent membership, an honor accorded him two years later.) The resolutions protested the unsanitary condition of New York and other large cities, and called upon the Legislature to pass the health legislation before them. After some discussion the resolutions were adopted, thus putting the state society strongly in support of Griscom's health bill.<sup>40</sup>

Later in the year the New York Times joined the campaign for improved conditions. For the next eight years the Times actively supported reform legislation before the state government, and they closely reported the debates for their readers. The paper bemoaned the fact that untrained personnel were in such important places, and agreed with the majority of physicians who loudly called for reform. Its "great hopes that a reform will be initiated at once" did not come to pass, however.<sup>41</sup>

Just before Christmas the Times reported that a movement, which began in the Academy to improve the sanitary condition of the city, had resulted in the formation of the New York Sanitary Association. The physicians held five informal meetings through the fall and early winter, and then on December 21 they held their first public meeting. After a general discussion of the sanitary evils of the city, a constitution was proposed and accepted. Provisions were made to promote personal and public hygiene, to disseminate information on the laws of health and their application, and to best utilize the existing health agencies. John H. Griscom was among the founders and he was one of the

prime movers of this organization, which would do a great deal in the coming years to force passage of sweeping health reforms.<sup>42</sup>

The Association's first report was submitted in 1859. Griscom, who was vice president and chairman of the committee to procure health legislation, prepared most of it. It is much the same as the earlier reports that called for health improvements in the city because the problems were the same, and there were only a few ways to say that the filth in the street and the cramped, disgusting quarters of the poor were the causes of the high mortality.<sup>43</sup>

That the Association was a product of its time is undeniable. It began as an attempt to inform the city officials, and then the public, of the need for sanitary reform in the city. With an active membership of 250, the Association's regular meetings showed a rising interest on the part of the general public. The meetings "have afforded the proper opportunities for a free interchange of thought and the discussion of a great variety of practical questions relating to sanitary improvements and various departments of hygiene." The Association had other interests; it was concerned with the establishment of a health journal, improved drainage, control of adulterated drugs, and other related issues, but improvement of the city's health was uppermost.<sup>44</sup>

The constitution of the Sanitary Association was completed by February, 1859; Reese reported that Drs. Elisha Harris, Griscom, David Reid, and John Watson were the leaders of the movement. Reese had begun his change towards health reform by this time, as he wrote that the physician-reformers were backed by public spirited laymen who were in favor of reforming the health department, "irrespective of politics, and agree with the claims of our profession, that medical offices should be filled by medical men, and not by party demagogues who know

nothing of sanitary science, and care less, going in only for the spoils." In addition to the conversion of Meredith Reese, the reformers gained the help of the Mayor when he nominated a physician for the post of City Inspector.<sup>45</sup>

Griscom kept the subject of health reform before the Academy of Medicine. He presented facts and figures from the office of the City Inspector, "the writer's intention being to prove the necessity of an earnest investigation of the questions relating to the Public Health." In October, 1858, he asked the president to increase the membership of his committee, and sixteen fellows, including President Simon Batchelor, were added to the Section on Public Health and Legal Medicine. Nine months later Griscom reported that the efforts of the Section to force change were unsuccessful because the Mayor failed to endorse their reforms. In an interesting exchange, Dr. McNulty asked Griscom whether he had informed the Mayor that it was not necessary for him to appoint a physician as City Inspector. "Dr. Griscom replied that he had not done so. The discussion stopped here, the President declaring it out of order."<sup>46</sup>

The demand for reform again reached Albany, and in February, 1859, a special committee of the State Senate presented its report on the sanitary condition of New York City. In this long document they presented the testimony of twenty physicians, two city officials, including the incumbent City Inspector, George W. Morton, and eight other witnesses. The first witness to appear was John H. Griscom, and those who testified after him generally referred to his testimony. Griscom himself was present for the remainder of the hearings in the Mayor's office, frequently adding comments and taking part in the questioning. That the committee was appointed in April, and held meetings in New

York City from mid-October through mid-December, indicates the comprehensive nature of the report.<sup>47</sup>

The report of the five Senators, led by Smith Ely, Jr., of the Fifth district, New York City, was divided into two sections; a small section with the conclusions of the committee, and the bulk of the report made up of the witnesses' testimony. The committee raised specific questions in three general areas. Witnesses were asked to comment on New York's mortality in comparison with other cities and if it was higher, why that was so, and what means were available to reduce it. The committee concluded that New York was decidedly more unhealthy than other cities. As to the second question, "the causes of the excessive mortality are mainly attributed to the over-crowded condition of tenement houses; the want of practical knowledge of the proper mode of constructing such houses; deficiency of light, imperfect ventilation; impurities in domestic economy; unwholesome food and beverages; insufficient sewerage; want of cleanliness in streets and at the wharves and piers; and finally, to a general disregard of sanitary precautions; the imperfect execution of existing ordinances, and the total absence of a regularly organized, efficient sanitary police." There were so many suggestions offered to correct these abuses that the committee did not feel they could print them in the report's introduction; instead they referred the reader directly to the testimony. They noted that the mortality of the city was rapidly increasing, and thought the increase was directly connected to the rapid rise in population. The only solution was for the state to step in and improve the law.<sup>48</sup>

The committee quoted extensively from the 1853 AICP report, which Griscom had prepared on the tenement house problem (see chapter III). In general, the Senators strongly reflected the influence of Griscom,

as the problems were those which he had exposed as early as 1842. That Griscom testified first, questioned many of the subsequent witnesses, and cross-examined the City Inspector is indicative of the committee's esteem for the doctor.<sup>49</sup>

Friday, October 22, was the first day devoted to testimony. In his opening remarks Griscom reaffirmed his belief in the duty of government to protect the lives of the citizens who made up the strength of the state. He used his extensive correspondence with European sanitarians to prove that the health of New York was inferior to that of the major European cities. He based his testimony on a comparison of New York with other cities, and with the New York of earlier days. Using tables and charts, Griscom proved that New York had become unhealthier in recent years, and that it was still on the decline. He made the distinction between internal and external causes of disease, and carefully spelled out for the committee the effects of various diseases on the rate of mortality. Small pox killed 425 people in the first six months of the year, and it was totally avoidable. But his most devastating comments involved a comparison of the New York of 1859 with the London of 1665. With bubonic plague raging in the latter city, the London of earlier days was only slightly more unhealthy than New York. Nineteenth century London was far healthier than New York, simply because it had strict sanitary codes.<sup>50</sup>

To explain the causes of the high mortality, Griscom listed all the evils he had revealed in past years. The filth, poor ventilation, lack of sewers, slaughter-houses, cellars, tenements, and the crushing poverty were the primary causes. The whole question of sub-tenantage and a fair return on property were listed as evils to be remedied before real reform could commence. When questioned by committeeman John Mather on the causes of the mortality, Griscom quickly listed eight.

Chairman Ely asked Griscom whether he could recommend remedies, to which he answered, "Well, in a word I suggest as a remedy, 'remove the causes.' If you ask how they are to be removed, I say by legislation in the proper direction; and that direction is indicated by science, by the example of other cities and by common sense." In his earlier testimony Griscom listed a number of diseases that were causing a rise in the mortality because they were on the increase, and each of the diseases was preventable. "There is no question about it at all. I can prevent them in my own house; I do prevent them there, and in the houses of my patients, where I have authority."<sup>51</sup>

Griscom was asked if he could control the diseases in the tenements, and his answer was an emphatic yes. Then, in a brief exchange with Richard Schell, Griscom cut to the heart of the problem:

Mr. Schell.--There is a statute law conferring authority upon the proper officers, to have these errors corrected; why is it not exercised sir; I would like to ask you that question.

Mr. Ely.--(interposing)--Because I suppose, there is a limit to the power of the officials.

Dr. Griscom.--No, that is not the reason. Rather, the reason is because the officers don't know how to carry out those laws in the proper manner.

Mr. Schell.--That is the best reason in the world.

Dr. Griscom.--Incompetency is the word. When an individual appointed to an office of this kind is called to see a case of small-pox that is said will prove fatal if not immediately attended to, if the health warden is a grocer on the corner, or a carman, it frightens him and he runs away.

Mr. Schell.--Doctor, we have a board of health here in which there are three physicians, and of which the city inspector is a member.

Dr. Griscom.--The commissioners of health have nothing to do with the general health of the city, except that when a case of malignant disease is reported it is their duty to visit and examine it. But for the ordinary sanitary regulation of New York there is no medical man in office, and there has not been one in office for fifteen years.

After he had cited the health act of London, which required medical men in medical positions, Griscom stated his own thoughts on the



subject, which was to put the dispensary physicians in charge of the public health. Ely supported Griscom's plan, and his bill. Putting responsible people in charge and forcing landlords to care for their buildings, by levying \$250 fines if necessary, would ease the burden on the poor and make for a cleaner New York.<sup>52</sup>

John McNulty, sometime member of the Academy's public health committee, and one of the Academy's officers, testified next. "Of course, Mr. chairman," he said, "I will not be able to give you as full and lucid a statement as Dr. Griscom has given, because . . . he has made the subject a matter of study for several years. . . ." Much of what McNulty said was in support of Griscom's testimony; on two occasions he specifically stated that he was in complete agreement with Griscom's testimony and saw no reason to repeat what the sanitarian had already made clear. During this testimony, as with the others, Dr. Griscom was there, offering suggestions and comments, and drawing out the witness for the benefit of the committee.<sup>53</sup>

There was little change in the testimony of the physicians--they all saw the same causes and the same cure for New York's excessive mortality rates. When Prof. Alfred A. Post testified, committeeman John Mather questioned him as to the health ordinances of the city; and Griscom, apparently concerned that Mather was not getting to the heart of the issue, took over the questioning on infant mortality. When Post stated that many healthy foreigners left the city while their less able-bodied companions remained behind, Griscom asked if the character of the infant mortality among this class was not connected to the residences. Post agreed that it was, and Griscom then asked whether they were native children who died. Post replied yes, native children born of foreign parents. Griscom then said to Post, "I asked the question for the purpose of hearing from you whether an improvement

in the residences would save them, although they are the children of foreign parents." Post's answer: "It would, undoubtedly, to a very considerable extent." Apparently satisfied that his point was made (i.e., immigration was not the major cause of mortality), and that the questioning was on the right track, Griscom allowed Chairman Ely to resume.<sup>54</sup>

When D. B. Reid, the English sanitarian and ventilation expert, testified before the Senators, he and Griscom were involved in a dialogue on the necessity of an efficient sanitary police. There was some feeling on the part of city officials that physicians would not want to serve as health inspectors, and since Reid had brought the subject up, Griscom asked, "Does the appointment of a medical man as a sanitary policeman degrade him in any way?" Reid answered, that on the contrary, it was an honor for a physician to be in a position in which he had the opportunity to prevent disease instead of merely treating it. "If a medical man by any proper preventive system can stop many diseases where he formerly cured some, and had no proper opportunity of combatting others, he is contributing more essentially to the public service. . . ." A few minutes later Griscom again asked Reid, this time more specifically, whether the spirit of the physicians in New York would allow them to take a post as health warden. Reid responded that there were several different ways a physician could serve, and this was certainly one of the most important.<sup>55</sup>

Reid was the last physician heard before the committee got the official view from Richard Downing, superintendent of sanitary inspection, and City Inspector Morton. Since Morton was not ready to testify immediately after Reid, Griscom and McNulty discussed the qualifications of the chief health official. Griscom thought that the man should be well versed in sanitary matters, and the inspection of European

sanitary arrangements would help. He favored the health officer's having "an almost arbitrary power" in regard to the city's health. In regard to European sanitary matters, Griscom recommended that the committee ask Robert M. Hartley, Secretary of the AICP, to testify on European sanitary conditions, as he had just completed an extensive tour to study their health. McNulty objected, but Griscom's arguments were more persuasive, and Hartley was invited to testify. (It was not, however, possible for him to attend.) When Morton did not show up, the committee scheduled Downing to testify on Tuesday, and Morton to follow him.<sup>56</sup>

Downing admitted that he was unfamiliar with the sanitary arrangements of other cities; he would leave that to the City Inspector. He conceded that the sewerage system was in a poor state. He maintained that since filthy people would always live in the city, and the state laws were "as full and ample as possibly could be devised," some nuisances would always be present. He felt stronger powers given to the City Inspector would be unjust, and really unnecessary because the health department had all the power it needed--after an epidemic struck. It was exactly this mentality of locking the barn door after the horse was stolen that put New York in its unsanitary state.<sup>57</sup>

Homoeopathy, an irregular practice not recognized by most regular physicians, was the training of Dr. Henry Dunnell, who was City Inspector in 1838. According to Downing, Dunnell was the last physician who provided real leadership in that office. "But Dr. Griscom, who held the office in 1842, left no visible evidence of having attempted by any ordinance or otherwise, to enlarge the powers of the city inspector, or to do more good than those who had preceded him." To praise a homoeopath in front of a regular practitioner was an obvious slap in the face, but the comment which mentioned Griscom by name was such a patent

lie that it hardly deserves comment. If nothing else, Griscom's interment law revolutionized registration in New York. Downing maintained that all the improvements in the public health were the result of the work of the last two City Inspectors, neither of whom were M.D.'s; the fact that the public health was rapidly deteriorating apparently did not influence Downing's thinking. In fact, he thought that conditions were so good that he "would not regard any change in the City Inspector's department as of any benefit to the public health of New York. . . ."58

After his testimony had been completed, cross examination by Mather, Ely, Griscom and McNulty destroyed it. When asked by Mather about the law preventing the removal of bodies from the city without a permit, Downing answered that he had no idea how long it had been in effect, because he was a "young man, comparatively speaking." When asked by Griscom the symptoms of cholera infantum, he said he did not have any idea; he followed this with an announcement that he did not miss a medical education at all. He also had no conception of the causes, or cure, of typhus.<sup>59</sup>

George Morton, City Inspector, testified at length, constantly repeating the same point--a medical education was not a prerequisite for the City Inspector. After a few members of the committee had questioned him, Griscom asked the City Inspector a series of questions. After three attempts to get Morton to answer whether or not he was capable of performing a vaccination, Morton finally said he never had vaccinated, but would be competent to do so. Perhaps the most devastating question and answer exchange was related to still and premature births. Griscom, and most of the medical profession maintained that still births were a barometer of the health of the city. When Griscom asked Morton's opinion, all he could respond was "that, sir, certainly our medical men should be able to answer." Whether he realized it or

not, he was saying, in effect, that Griscom was right--medical men should run the health department.<sup>60</sup>

Street cleaning machines were a device which Griscom had argued for in years past, to no effect, simply because machines could not vote and therefore were useless to the political boss. Mr. R. A. Smith demonstrated his street sweeping machine before the committee, but they did not have enough opportunity to test it. They did note that it removed a lot of the dirt more cheaply than the means in use at the time.<sup>61</sup>

D. F. Condie reviewed the Senate report on the health of New York, and reported the main conclusions from the testimony "of many of the most eminent physicians. . . ." The conclusions he cited were all related to the testimony given by Griscom. Since Dr. Griscom was the first to testify, it was difficult to present new material. Condie concluded, along with the committee, that the "excess of mortality beyond that of other populous communities, are mainly attributable . . . to a general disregard of sanitary precautions, and the total absence of a regularly organized, adequate, and efficient sanitary police."<sup>62</sup>

The health bill prepared in 1859 by Griscom and the New York Sanitary Association easily passed the Senate, in part as a result of the committee report and in part because of the many petitions and memorials, one of them from the NYAM. When the bill reached the Assembly, its key supporters there refused further support when they learned that its passage would cause three friends to lose their jobs.<sup>63</sup>

The Times urged the people to support the findings of the Senate committee, and the Griscom health bill, which they printed in an editorial. The significance of this bill is that it represented a compromise measure, not as strong as Griscom wanted, but constructed

with passage in mind. The Mayor, presidents of the Board of Supervisors, aldermen and councilmen, the president of the Croton Aquaduct Board, medical members appointed by the medical colleges, and a member each from the institute of architects and the commissioner of police made up the board which allowed for the political, medical, police, engineering, architectural and financial interests of the city to be equally represented. The major changes envisioned by Griscom was the end of the City Inspector's office and the establishment of an independent board of health. Several months later, after the bill's defeat, the Times reported, in relation to the high infant mortality, that as long as the board of health "is left at the mercy of irresponsible greed and the uncontrolled lust of gain, we must expect Herod steadily at his work among the children of the poor."<sup>64</sup>

In 1859 the office of City Inspector was still the main health office; the medical profession therefore, pushed for the election of a physician to the post. Among those listed as possibilities, John H. Griscom was the most qualified, according to the profession. The office was given to Daniel E. Delavan, who was not a physician.<sup>65</sup>

The next year the Legislature was again besieged by the medical profession in support of Griscom's health bill. A revised bill was prepared by Griscom and the Sanitary Association which was an improvement over the earlier bill because the framers now had "a better knowledge of the health laws of other cities, both foreign and domestic." Introduced in February the measure was referred to the committee on incorporation of cities and villages, who reported in favor of the bill in March. The Times again urged passage and offered a practical suggestion-- it asked the friends of sanitary reform to assemble in Albany to force passage, because all too often a few people were able to defeat a bill by active lobbying. In a note of quite desperation the Times editors

begged the legislators: "give us at once a thorough, efficient, non-partisan Board of Health, with power sufficient to place New York under constant sanitary supervision." If the bill needed amendment, the Times suggested that it be modified after passage.<sup>66</sup>

"Again the office-holders of this city," Griscom wrote, "one of whom, from the City Inspector's Department, itself, was a member of Assembly, so wrought upon the fears and pockets of the friends of those measures, that the Health Bill was again defeated. . . ." The Times editors were equally bitter. "We are perfectly aware that it is hopeless to command the attention of a Legislature absorbed in schemes of public plunder and private gain, for a measure which merely involves the lives and the health of a million of people."<sup>67</sup>

In 1861 there were a number of health bills presented, including the one by Griscom. Again the Assembly prepared a committee report in favor of the Griscom bill, which involved the tri-county area of New York, Kings, and Staten Island. They felt that passage of the bill would come when "regard for health shall exceed the desire for gain, and the cry of humanity be heard above the calls of party. . . ." To prove the necessity of the health bill the committee quoted from many authorities on public health, the first of them Dr. Griscom. For their section on atmospheric conditions they relied entirely on Griscom's Uses and Abuses of Air, using it also to prove the unhealthy state of the public schools. The committee also praised the work of the New York Sanitary Association, which led the campaign for health reform. "To these men are due those investigations into the sanitary condition of the city, which have startled and instructed the public mind on this subject." The bill passed the House but was defeated in the Senate. "It is averred that about \$30,000 was raised in this city, among the office-holders and expended to defeat the Health Bill. . . ."

Griscom waxed eloquent about this last defeat of a health bill that he had prepared: "The dying eagle saw on the arrow whose barb had pierced its vitals, feathers plucked from its own wing; so, through the salaries of its officials, the taxpayers of this city supplied the motive power of the machinery which did this death-dealing work among themselves."<sup>68</sup>

Philip VanIngen, historian of the New York Academy, erroneously credits Griscom with beginning the campaign for health reform in 1861. It was in the fall of the year that Griscom urged "that a committee of five of whom the President shall be one, be appointed to cooperate with the New York Sanitary Association, in endeavoring to obtain a reformation in the laws pertaining to the Public Health of this city, and in their administration." Griscom's resolution was adopted, and the committee formed. According to VanIngen, "this was the beginning of an effort which resulted in the establishment of the Metropolitan Board of Health, the precursor of our modern Department of Health." His point was that the emphasis had shifted from the establishment of a Board of Health for New York City to a more radical plan--the establishment of a Board of Health that would serve a multi-county area.<sup>69</sup>

Late in November, 1861, Griscom delivered two lectures before the Sanitary Association, in which he lamented the past failures and hoped for future passage of sanitary legislation. The addresses were given in the fall of the year because at that time the "friends of sanitary reform" began their drive for passage of a health bill. Griscom was quick to point out they were only a minority; most people had not demanded reform, being indifferent "to their own death records." He told his audience that year after year the Legislators listened to appeals "in behalf of the thousands of dying infants" and were turned from their drive for reform at the last moment when "the demon of bribery drops a golden curtain between them and the pictures of desolate



misery which have so moved them. . . ." Their pockets were filled with money and the city cemeteries filled with those who died before their time.<sup>70</sup>

In this propaganda tract Griscom again spelled out the classes of diseases that infected city dwellers, and noted that the city's "sanitary measures were in a state of retrogression. "For the past twenty years the city's health had been in the hands of machine politicians, and while the cost of public health was on the rise, so was the mortality. "In this respect the city of New York has pursued a course directly the reverse of that of almost every other large city." The constant improvements in sanitary science made this discrepancy even worse. Griscom again made the point that the strength of the state rested with the people, and, therefore, New York was weakened with each passing day. To prevent this, Griscom argued that it was the duty of the state to provide for the health of its inhabitants, not only to protect itself, but because it was the inherent right of the individual to have a healthy place in which to live.<sup>71</sup>

In concluding his addresses, Griscom summarized the sanitary arrangements of the city as they existed. In a comparison with the United States Sanitary Commission, he outlined what could be accomplished. The Commission pledged that with \$50,000 it could save 50,000 lives. This was markedly dissimilar to the city's three health organizations which spent ten times that much and allowed (caused?) the death of 50,000 citizens over the past several years. To make matters worse, the office of assistant health warden was created in 1861. Each assistant was to be paid \$1,000, making the health department more expensive but not necessarily more efficient.<sup>72</sup>

Griscom saw two requirements for attainment of true sanitary reform. As there were many diseases which know no boundaries, the

first was a national board of health. He thought, however, that Article Ten of the Constitution prohibited that. The state was the next logical division for a board of health, but passage of such a bill was so unlikely that the Sanitary Association turned to the metropolitan New York area for a sanitary board. The second requirement was thorough education for every sanitary officer, and the simplest way to insure that was to appoint medical personnel.<sup>73</sup>

A glowing editorial review of the report on sanitary legislation appeared in a Philadelphia journal. "From an excellent address, read before the New York Sanitary Association recently, by Dr. John H. Griscom, we learn some facts relative to the sanitary condition and health arrangements of New York City. . . ." The editors were shocked at the condition of America's largest city, and thought that "some Hercules in sanitary science, like the author of the pamphlet before us. . ." should drive the party hacks from office and replace them with qualified physicians. The editors were sure that if they lived in New York, they would join Griscom in his efforts for reform.<sup>74</sup>

### III

The year 1862 saw the separation of Dr. Griscom from active campaigning for the health bill. A bill was presented in the Senate which would unite the metropolitan area under one board of health, with representatives from the counties in question. Four of the seven members would be physicians, and two would be police commissioners. This arrangement would effectively separate health and politics. That year also saw the beginnings of the Council of Hygiene of the Citizens Association, and this organization, devoted to a number of reforms, must be credited with the final drive to secure the Metropolitan Health Bill.<sup>75</sup>

Although Griscom no longer lobbied for the bill, his role in the past had been such that he was still attacked. A minority report of the Assembly, prepared by David S. Coddington, supported a milder health bill, one which did not call for sweeping changes. In the report Coddington accused Griscom of abandoning health reform when a different bill was introduced. "Where is Dr. Griscom, with his rising death rate and falling prosperity, his damp eye and shocked bosom, since his bill was abandoned?"<sup>76</sup>

Griscom responded to Coddington's attack in an open letter printed in the New York Times. Griscom answered each of Coddington's statements as he pointed out the representative's faulty logic and inaccuracies. By twisting death statistics, Coddington had made New York look healthier than it actually was. (What Coddington wanted was enough reform to silence the reformers, but still allow for graft.) Griscom suggested that Coddington could make New York look even healthier if he disregarded all deaths due to small pox, or scarlet fever. Coddington lived on Fifth Avenue, where 300 dwellings averaged five persons apiece. "There all that ingenuity can devise, or wealth purchase, contributed to the comfort and health of the occupants of its palatial mansions." But one block away in the Fourth Ward there were fifty-nine buildings which housed over 1,500 people. Less than twenty-five percent of the children went to school, and two-thirds of the adults were illiterate. There were thirty-three cellar residences and twenty grog shops where fifty prostitutes plied their trade. "Such a picture as this had probably never been presented to your sight or your imagination. Permit me to say that thirty years experience as a practitioner of medicine, in connection with the Dispensaries and Hospitals of this City, have made me familiar with such scenes, and

thus it is that I have become convinced of the necessity of a reform." To Coddington's charge that he had deserted the health bill Griscom replied that he had not "haunted the halls of the legislature" because he felt the lobbyists there were all very capable. The bill being discussed was everything Griscom wanted in health reform, being much stronger than the bills he had prepared for the Sanitary Association.<sup>77</sup>

This was Griscom's last public statement regarding the passage of the Metropolitan Health Bill. He ceased active lobbying, even though much remained to be done, because he realized his presence in Albany was more of a hindrance than a help. Over the years Griscom had made many enemies, and certainly his article on sanitary legislation, in which he outlined the bribes and corrupt bargains that defeated successive health bills did not endear him to State Legislators. Realizing this, he left active campaigning to Stephen Smith and Dorman Eaton, the physician and the lawyer who jointly prepared the bill which passed in 1866.<sup>78</sup>

Even after Griscom "retired" from the lobby, attacks against him continued. A letter in one of New York's medical journals called for the establishment of a prize of \$1,000 "for the best essay on sanitary improvement in reference to New York. . . ." The winner would be in charge of the health of the city, instead "of worn out and incapable old fogies" like John H. Griscom and Joseph Smith.<sup>79</sup>

Following Griscom's example of 1842, the Citizen's Association made a sanitary survey of the city in 1864, and fittingly enough, Dr. Griscom reviewed it in the American Journal of the Medical Sciences. As might be expected, the elder statesmen of the health movement used the review as an appeal for new health legislation. He also presented a report on the City Inspector and his inadequacies, along with the

shortcomings of the office itself. "The entire sanitary service is in the hands of carmen, mechanics, grog-vendors, common labourers, et id genus omne."<sup>80</sup>

About the same time the survey was made, the Council of Hygiene of the Citizen's Association sent a circular to several leading physicians, asking for their advice in updating the health laws of the city. Griscom's reply stressed the evils and corruption of the City Inspector's office, and party politics in general. "It is vain, in my judgment, to expect any improvement in our health arrangements, from any law which leaves the power in the hands of men appointed by, or amenable to, the city authorities." For this reason Griscom was very pleased with the state appointed tri-county health board.<sup>81</sup>

The bill failed to pass during the years of the Civil War, the interests of the state being otherwise directed. At the war's conclusion, however, the bill was guided through both houses of the Legislature, and signed by the Governor, becoming law on February 26, 1866. The new law created a Board of Health with four police commissioners, the Health Officer, and four gubernatorial appointees, three of whom had to be physicians. They were required to appoint an experienced physician as sanitary superintendent, who was to have two assistants. Broad powers gave these men full and complete control of the city's health. They could, as Griscom so dearly wanted, issue cease and desist orders to anyone who created a nuisance or unhealthy situation, and the power of the police was there to support their actions. For their success one need look no further than the blunted cholera epidemic of 1866 (it was in part fear of cholera that helped ensure passage), which "was limited to a comparative handful of cases."<sup>82</sup>

More important is the fact that the bill served as a model<sup>83</sup> and an inspiration--public health took precedence over machine politics.

Its passage was made certain as early as 1842 when Griscom called for a "Reorganization of the Health Police." From that small beginning, Griscom argued, cajoled, lobbied, and berated the medical profession, politicians, and the general public through a number of articles, pamphlets, addresses, and reviews into passing strict health measures that would reduce the senseless mortality among the laboring classes of New York City.

## CHAPTER VI NOTES

<sup>1</sup>John Duffy, A History of Public Health in New York City, 1625-1866 (New York, 1968), 279-81. N.Y.S., Assembly, Report of the Committee on the Incorporation of Cities and Villages, on the bill entitled "An act concerning the Public Health of the Counties of New York, Kings, and Richmond," 83rd Sess., March 9, 1860, Assembly Doc. 129.

<sup>2</sup>George Rosen, A History of Public Health (New York, 1958), 240. Duffy, History of Public Health, 356-74. Howard D. Kramer, "Early Municipal and State Boards of Health," BHM, XXIV (Nov.-Dec., 1950).

<sup>3</sup>In his Annual Report, City Inspector Griscom said that simple concern for people was enough to force legislation prohibiting cellar residences. "The power given to a magistrate to pull down a building, whose risk of falling endangers the lives of the inmates or passers-by, may with equal reason be extended to the correction of the interior condition of tenements, when dangerous to health and life. The latter should be regarded by the legislator and executive, with as much solicitude as the property of citizens." John H. Griscom, Annual Report of Interments in the City and County of New York, for the year 1842, with Remarks thereon, and a Brief View of the Sanitary Condition of the City (New York, 1843), 175-76.

<sup>4</sup>John H. Griscom, "A Reorganization of the Health Police," Board of Aldermen April 24, 1843, Doc. No. 111, 1313-15. The occupations cited, and numerous others, were the norm for the health wardens.

<sup>5</sup>Ibid., 1316-21.

<sup>6</sup>Ibid., 1319-21. Griscom's reports were reviewed in the NYJM, LI (July, 1843), the reviewer being in complete agreement with Griscom on the necessity of trained physicians serving as health police, as opposed to cartmen and grocers, who usually occupied these positions of importance. 99. The New York Tribune, which joined the reform forces later, noted that the Board of Aldermen received Griscom's report, along with a communication "respecting the removal of dead animals from the city." April 25, 1843.

<sup>7</sup>Alfred E. M. Purdy, The Medical Register of New York, New Jersey and Connecticut for 1874 (New York, 1874), 275.

<sup>8</sup>John H. Griscom, The Sanitary Condition of the Laboring Population of the City of New York, with Suggestions for its Improvement (New York, 1845), 43-50.

<sup>9</sup>Ibid., 50-54. John H. Griscom, Uses and Abuses of Air (New York, 1850, 1970), 140-44.

<sup>10</sup>[ouveneur] E[merson], "Review of The Sanitary Condition. . .", AJMS IX n.s. (April, 1845), 396-400.

<sup>11</sup>N.Y.C., City Inspector's Reports, 1845, 1846, passim.

<sup>12</sup>John H. Griscom, "Hygiene of New York City," AMA, Transactions, II (1849), 458.

<sup>13</sup>NYAM, Minutes, July 7, Aug. 4, Sept. 1, 1852.

<sup>14</sup>New York Times, July 13, 1852.

<sup>15</sup>Ibid., John H. Griscom, Anniversary Discourse Before the New York Academy of Medicine, November 22, 1854 (New York, 1855), 37-38.

<sup>16</sup>New York Times, July 13, 1852.

<sup>17</sup>Ibid.

<sup>18</sup>Ibid.

<sup>19</sup>Ibid.

<sup>20</sup>Ibid.

<sup>21</sup>"New York Academy of Medicine," NJMGJH, III (July 15, 1852), 188-89.

<sup>22</sup>New York Tribune, Oct. 8, 25, 29, Nov. 6, 1852, Oct. 23, 1855.

<sup>23</sup>Griscom, Anniversary Discourse, 51.

<sup>24</sup>Ibid., 52-53.

<sup>25</sup>Ibid., 54-56.

<sup>26</sup>Jenks S. Sprague, "Annual Address," MSNY, Transactions (1854), 14-15.

<sup>27</sup>NYAM, Minutes, Feb. 6, March 5, May 6, 1856. In its report on the February meeting, the Times noted that the matter was warmly debated for one and one-half hours by Dr. Griscom, and others. Feb. 8, 1856. N.Y.S., Assembly, 83rd Sess., March 9, 1860, Assembly Doc. 129, 1.

<sup>28</sup>"J. Gotham, Jr.," "Editorial Correspondence," NJMSR, IX (March, 1856), 128. AMG, VII (July, 1856), 442. Reese and his journal, the American Medical Gazette, joined the drive for health reform much later than Griscom, but that did not stop Reese from accusing Griscom of stealing "his" plan for health reform. Griscom wrote the Mayor, urging health reform along the lines he had been using for the past thirteen years, yet Reese accused Griscom of copying the idea from the pages of the Gazette. The story is ridiculous, for Reese admitted the plan was first suggested by him in 1850, fully eight years after Griscom suggested it to the Board of Aldermen. AMG, VI (Nov., 1855), 517.

<sup>29</sup>James M. Newman, "Report on the Sanitary Police of Cities," AMA, Transactions (1856), 453-72.



<sup>30</sup>"Abstract of Proceedings," MSNY, Transactions (1857), 256-57. N.Y.S., Senate, Report of Select Committee relative to improvement of Public Health, and a Sanitary Law in the city of New York, 80th Sess., March 11, 1857, Doc. No. 115. John H. Griscom, "Improvements of the Public Health, and the Establishment of a Sanitary Police in the City of New York," MSNY, Transactions (1857), 122.

<sup>31</sup>Griscom, "Improvements," 122.

<sup>32</sup>Ibid., 115-16.

<sup>33</sup>Ibid., 116-17.

<sup>34</sup>Ibid , 118-19.

<sup>35</sup>Ibid., 120-21.

<sup>36</sup>"Abstract of Proceedings," MSNY (1857), 249-50.

<sup>37</sup>J. Gotham, Jr., "Editorial Correspondence," NJMSR, X (March, 1857), 130-31. N.Y.S., Senate, Journal, 80th Sess., 1857, 44, 275, 410. N.Y.S., Assembly, Journal, 80th Sess., 1857, 64-65. Duffy, History of Public Health, 543-44.

<sup>38</sup>AMG, VIII (May, 1857), 307. N.Y.S., Senate, Report of the Select Committee appointed to investigate the Health Department of the city of New York, 82nd Sess., Feb. 3, 1859, Doc. 49. As regards medical men and the City Inspectorship, Reese wrote in 1861 that although Griscom was one of three medical candidates being considered by the Mayor, "we should not be surprized if the doctors should all be laid on the shelf, and the old wheel horse of the Democracy should receive the nomination." AMG, X (Jan., 1859), 76.

<sup>39</sup>NYAM, Minutes, May 5, 1858. AMG, IX (April, 1858), 237, 243-44. N.Y.S., Assembly, Journal, 81st Sess., 1858, 90, 188. N.Y.S., Senate, Journal, 81st Sess., 1858, 34.

<sup>40</sup>"Abstract of Proceedings," MSNY, Transactions (1858), 594-95.

<sup>41</sup>New York Times, Nov. 20, 1858.

<sup>42</sup>Ibid., Dec. 22, 1858.

<sup>43</sup>NYSA, Reports (New York, 1859), 5-15, 22.

<sup>44</sup>NYSA, Second Annual Report (New York, 1860), 3-8, 17, 20-21. Griscom's report was printed in the AMM, XVIII (Dec., 1862), 401-18. The Association only prepared two reports (1859, 1860) and apparently petered out after the passage of the Metropolitan Health Bill in 1866.

<sup>45</sup>AMG, X (Feb., 1859), 154.

<sup>46</sup>NYAM, Minutes, Oct. 6, 20, 1858, July 6, 1859.

<sup>47</sup>N.Y.S., Senate, 82nd Sess., Feb. 3, 1859, Doc. 49, passim.

<sup>48</sup>Ibid., 1-8.

<sup>49</sup>Ibid., 14-16, *passim*.

<sup>50</sup>Ibid., 24-29.

<sup>51</sup>Ibid., 34-35.

<sup>52</sup>Ibid., 35-41. New York Times, Feb. 4, 1859.

<sup>53</sup>N.Y.S., Senate, 82nd Sess., Feb. 3, 1859, Doc. 49, 43-59.

<sup>54</sup>Ibid., 76-77. Griscom did the same thing when his close friend and associate Joseph Smith testified. The doctor spoke of the need for control of the number of people per apartment, and Griscom asked him whether a window connecting with the open air for each bedroom was necessary. Smith agreed, modifying the statement to make it a window or door. The point, however, was made.

<sup>55</sup>Ibid., 144-45.

<sup>56</sup>Ibid.

<sup>57</sup>Ibid., 149-53.

<sup>58</sup>Ibid., 153-55.

<sup>59</sup>Ibid., 156-58.

<sup>60</sup>Ibid., 160-98, 199-200.

<sup>61</sup>Ibid., 208.

<sup>62</sup>D. F. C[ondie], Review of Report of the Select Committee appointed to Investigate the Health Department of the City of New York, A.M.S., XXIX n.s., (Jan., 1860), 180. The NYAICP also reviewed the Senate Report, and spoke of the important testimony given by Griscom. NYAICP, Sixteenth Annual Report (New York, 1859), 45.

<sup>63</sup>N.Y.S., Assembly, Journal, 82nd Sess., 1859, 214, 227, 419, 499-500, 594. John H. Griscom, Sanitary Legislation, Past and Future (New York, 1859), 4-5.

<sup>64</sup>New York Times, Feb. 4, Aug. 31, 1859. NYSA, Reports, 15.

<sup>65</sup>AMG, X (June, 1859), 458-60 (Aug., 1859), 617.

<sup>66</sup>New York Times, March 6, 9, 14, 20, 1860. N.Y.S., Assembly, Journal, 83rd Sess., 1860, 273, 348, 579, 1100-01. Griscom, Sanitary Legislation, 5-6.

<sup>67</sup>New York Times, April 7, 11, 1860. Griscom, Sanitary Legislation, 5-6. The New York Assembly prepared a report on the health bill, and it followed Griscom's thought so closely that he might have prepared it. It found the same evils and reached the same conclusions in regard to solutions, adding "no bill has ever been presented to the

Legislature based upon sounder views of public policy, or more urgently demanded by the welfare of the people, than the health bill which we now have the honor to report. . . ." Still, it did not pass. N.Y.S., Assembly, 83rd Sess., March 9, 1860, Assembly Doc. 129, 17, 23-24.

<sup>68</sup>N.Y.S., Assembly, Report of the Committee on the Incorporation of Cities and Villages, on the bill entitled, 'An act concerning the public health of the counties of New York, Kings and Richmond, and the Waters thereof, 84th Sess., Feb. 7, 1861, Assembly Doc. 59, 7-9, 12-13, 35-40. N.Y.S., Assembly, Journal, 84th Sess., 107, 241, 292, 364, 588, 614. N.Y.S., Senate, Journal, 84th Sess., 62, 71, 429, 811-12, 906. Griscom, Sanitary Legislation, 6-7. The Times was again in support of Griscom's health bill. It further noted a change in the City Inspector's office, the incumbent being replaced by a crony of Fernando Wood. Although Griscom was not at the meeting where this occurred, "he was an object of special bitterness." New York Times, Feb. 15, March 22, April 6, Sept. 22, 1861. Dr. Reese accused Griscom of "running about from one city editor to another, trying to get them to endorse and advertise a certain "health bill which he had concocted. . . ." Reese, obviously, did not read the Times. AMG, XII (April, 1861), 305.

<sup>69</sup>NYAM, Minutes, Oct. 2, 1861. Philip Van Ingen, The New York Academy of Medicine, the First One Hundred Years (New York, 1949), 115.

<sup>70</sup>Griscom, Sanitary Legislation, 3-4.

<sup>71</sup>Ibid., 7-11, 12-22.

<sup>72</sup>Ibid., 23-28, 30-31.

<sup>73</sup>Ibid., 32-37. At the 1862 meeting of the State Medical Society, T. C. Brinsmade called for the appointment of a committee to "draft a Sanitary Code for the State of New York." Griscom was one of the members, and at the 1863 meeting, in Brinsmade's report, he submitted a code for New York City. The Central Board of Health, controlled by physicians, would handle registration of vital statistics and all matters pertaining to the health of the state. The Local Board would care for streets, sewers, water, and the care of the sick. It would also be composed of physicians. "Abstract of Proceedings," MSNY, Transactions (1862), 478. Thomas C. Brinsmade, Chrm., "Report of the Committee Appointed to Draft a Sanitary Code for The State of New York" (prepared by Griscom and Theo. L. Mason) MSNY, Transactions (1863), 337-39.

<sup>74</sup>"Sanitary Arrangements in New York," MSR, VII (Jan. 11, 1862), 349-51.

<sup>75</sup>N.Y.S., Senate, Journal, 85th Sess., 1862, 36, 45, 128, 156, 593. New York Times, March 24, 1862. Report of the Council of Hygiene and Public Health, of the Citizens' Association of New York, Upon the Sanitary Condition of the City (New York, 1865), vii.

<sup>76</sup>N.Y.S., Assembly, Report of the Minority of the Select Committee of Nine, Upon the Metropolitan Health Bill for the City and Port of New York and Counties of Kings and Richmond, 85th Sess., April 7, 1862, Assembly Doc. 203, passim.

<sup>77</sup>New York Times, April 21, 1862.

<sup>78</sup>Duffy, History of Public Health, 558-70.

<sup>79</sup>"Really Independent," NYMI, I (July 27, 1864), 186-87. John Duffy, leading historian of public health, cites Griscom and Smith as first and third of the physician-reformers of ante-bellum New York. History of Public Health, 567.

<sup>80</sup>John H. Griscom, "Sanitary Condition of New York City," AJMS, L n.s. (Oct., 1865), 419-28.

<sup>81</sup>John H. Griscom, Reply to the Citizens Association Committee of Inquiry on the Sanitary Condition of New York City (New York, 1864).

<sup>82</sup>Duffy, History of Public Health, 560-63. Gert Brieger, "Sanitary Reform in New York City: Stephen Smith and the Passage of the Metropolitan Health Bill," BHM, XL (Sept.-Oct., 1966), 407-29. Charles Rosenberg, The Cholera Years (Chicago, 1962), 192-93. For a complete analysis of the passage of the bill in 1866, see Duffy, Brieger, or the New York Times, Winter, 1865-66.

<sup>83</sup>Susan Wade Peabody, "Historical Study of Legislation Regarding Public Health in the States of New York and Massachusetts," JID, Supplement 4 (Feb., 1909), 24-29.

## CHAPTER VII

### GRISCOM AND THE NEW YORK PRISON ASSOCIATION

I was in prison and you came to me. Lord, when did we see thee sick or in prison and visit thee? Truly I say to you, as you did it to one of the least of these my brethren, you did it to me.  
Matthew 25

The Anglo-American impulse for humanitarian reform that was so prevalent during the middle years of the nineteenth century reached the lives of most Americans, including the prisoner, were he a convicted felon or only a witness held for safe-keeping. In the 1840's, the New York Prison Association was founded to safeguard the rights of all those held behind bars, and to improve their condition in whatever way possible. John H. Griscom was a member of many of the inspection teams that criss-crossed the state. He also served in a variety of executive positions, which varied from Vice-President to Chairman of the Executive Committee to Chairman of the Committee on Prison Discipline. His name is attached to many of the executive papers as well as to many of the NYPA's inspection reports. At the suggestion of the Association he prepared an essay in 1868, on Prison Hygiene, which was praised in both penal and medical circles.

#### I

Griscom came by his interest in the prison through his father, John Griscom, who was instrumental in the founding of the House of Refuge for juvenile delinquents. During a trip abroad in 1818-19, the

elder Griscom visited penal and charitable institutions in England and on the continent, and spoke to several leading reformers, including Elizabeth Fry. When he returned to New York he worked with the Society for the Prevention of Pauperism (which he had helped form in 1817) to establish a reformatory in the United States.<sup>1</sup>

In 1823 the elder Griscom was appointed chairman of a committee to persuade the public to support a house of refuge, and in December of that year the Society for the Reformation of Juvenile Delinquents was formed to supersede the Society for the Prevention of Pauperism. Incorporated by the state in 1824, it was authorized to establish a house of refuge, which it did in 1825.<sup>2</sup>

Many years later Dorothea Dix wrote of the institution in these words: "The House of Refuge in the city of New York, appeared to me in all respects, one of the best regulated institutions of the kind I have seen. It admits to some changes for the better, . . . but, as it is, is one of great usefulness; it is a blessing to its inmates, and to society."<sup>3</sup>

Unfortunately, the elder Griscom's activities in prison reform for older offenders was not as successful. "In 1819 and again in 1821 he was instrumental in the passage of legislation which resulted in the solitary system at Auburn. While the idea might have been of value, no one stopped the contractor from building the cells three and one-half by seven by seven feet high. Keeping the prisoners locked up in such cells soon had a detrimental effect on their mental and physical health; within a few years however, the prisoners were employed in the prison shops during the daytime and locked up in their cells only at night, providing some improvement in their condition. (In his 1863 inspection report, Griscom vigorously attacked the smallness of the cells. See below, p.238. The elder Griscom also preceded his son in

visiting the prison near the village of Sing Sing. He and an associate, the humanitarian Thomas Eddy, visited the site, then called Mount Pleasant, in 1825, and "found the prisoners busily cutting marble, burning lime, laying masonry, and making iron beds for their own cells."<sup>4</sup>

The general condition of the prisoner was almost beyond belief. Flogging, douching, and solitary confinement on bread and water were commonplace, as were public hangings. The conditions in the prisons were equally appalling; filth and disease were everywhere present. But conditions were improving as the more responsible elements in society called for an end to barbarous conditions. Indeed, during this period Maine and Vermont did away with capital punishment.<sup>5</sup>

The improvements helped, but conditions were still frighteningly bad. During his American visit in 1842 Charles Dickens toured the Tombs in New York's Five Points district. The building itself was cold and uninviting, made up of four tiers of cells. Each tier was in two sections, connected by a bridge where guards chatted, dozed or read. The novelist discussed the cells with his guide:

"Are those black doors the cells?"  
 "Yes."  
 "Are they all full?"  
 "Well, they're pretty nigh full, and that's a fact, and no two ways about it."  
 "Those at the bottom are unwholesome, surely?"  
 "Why, we do only put the colored people in there. That's the truth."  
 "When do the prisoners take exercise?"  
 "Well, they do without it pretty much."  
 "Do they never walk in the yard?"  
 "Considerable seldom."  
 "Sometimes, I suppose?"  
 "Well, its rare they do."

Upon inspection, Dickens found the cells small, with only a place to wash, a table, and a bedstead. Light, and probably the only fresh air to enter the cell, came through a small hole high in the wall. The man in that particular cell had been there for one month without the opportunity for fresh air and exercise, and he would be there for at

least one more month before his trial. The guide then led Dickens across the bridge to the women's cells, which, with the exception of a small hole in the door, were the same. The son of the man they had just visited, a twelve year old boy, was shut up in one of these cells, his only offense being that he was a witness against his father.<sup>6</sup>

## II

Two years after Dickens sailed back to England, John W. Edmonds was placed at the head of the Board of Inspectors of Sing Sing Prison. Edmonds and his fellow inspectors were almost able to eliminate the flogging of prisoners, substituting more humane punishments. While prison life at Sing Sing was improving, Edmonds saw the need for an organization that would educate the public and spread reform beyond Mount Pleasant. Therefore, on December 3, 1844, he inserted a notice in the New York Tribune, calling for a public meeting to organize a "prison reform association." Within one week the New York Prison Association was created, with Edmonds its moderate head. He stood between the extremes of seeing the prisoner as totally vicious or as someone who needed nothing more than compassion. "The new prison association, he said, should wed itself to neither the congregate nor the solitary method, but rather 'select from both that which is wisest and best.'"<sup>7</sup>

After the organization was formally approved by those who were present, a committee was formed to improve the condition of all prisoners, guilty or innocent. Other committees were appointed to examine the diverse questions of prison discipline, management, and discharged convicts, which included finding the latter a job and easing their re-entry into society.<sup>8</sup>



Soon the NYPA revealed that their program was to make a break with the past. Whereas earlier reformers assumed that little or nothing could be gained in a study of European conditions, the members of the Association corresponded with the leading penologists of the continent. They also looked into the possibility of founding a national organization, but as this did not materialize until 1870, most of their early work was limited to New York state.<sup>9</sup>

A special act of the Legislature incorporated the Association in 1846. Its charter stated the Association's three objects:

1. The amelioration of the condition of prisoners, whether detained for trial, or finally convicted, or as witnesses.
2. The improvement of prison discipline, and the government of prisons, whether for cities, counties or states.
3. The support and encouragement of reformed convicts after their discharge, by affording them the means of obtaining an honest livelihood, and sustaining them in their efforts at reform.

The charter demonstrated the Association's concern for justice; they wanted the guilty punished and the innocent released. They felt justice would best be served by better separation of the sexes, enforced discipline, and separation of juvenile offenders, witnesses, and hardened criminals. The Association worked to rehabilitate those who could be reached, but they freely gave the police the names of those beyond help. The charter granted the NYPA the right to inspect the state penal institutions, and report to the Legislature "their state and condition, and all such other things in regard to them as may enable the Legislature to perfect their government and discipline." It must be added that the Association performed more as a lobby than as an official arm of the Legislature.<sup>10</sup>

The work of the Association was divided into three departments to correspond to the aims set forth in the charter. The detention department visited and assisted those awaiting trial; during the course

of their operations they were able to free many first offenders or innocent victims. NYPA investigations also turned up evidence which assured speedy arrest and trial of the guilty. The discharged convict department helped men recently released find employment. In addition they gave advice, and assistance--food, money, or clothing--where needed. The prison discipline section inspected the penal institutions of the state and made annual reports to the Legislature.<sup>11</sup>

The results of the NYPA and its work are impressive. After fifteen years of existence the Association had visited and counseled 50,750 prisoners. Their activity and intervention had resulted in the release of 17,605 innocent people or youthful offenders. They had aided 6,973 prisoners with food, clothing, or money while 2,578 had been found honest employment. The Prison Discipline Committee had visited and investigated the situations at seventy-one prisons on the state and county level and had carried on an active correspondence with penologists and philanthropists. "Organized under a legislative charter of ample powers, the Association possesses great facilities for investigating prison abuses, alleviating prison miseries, and reforming prison inmates. For persons thus situated--who, though fallen, are still our brethren--we, as members of the Prison Association, interest ourselves, and during the past year, have materially assisted 1075 discharged prisoners to regain their lost position and character."<sup>12</sup>

### III

The year after the Association's founding, John H. Griscom joined the Committee on Prison Discipline. For the next twenty-five years he served on that committee, sometimes in addition to other duties within the Association, and always carrying out his other reform activities. He held such positions as Chairman of the Executive Committee

from 1855 until 1864, fourth Vice-President from 1854 until 1859 and then third Vice-President from 1866 until 1872. In 1867 and 1868 he chaired the Committee on Discharged Convicts and then served on that committee until his retirement from the Association in 1873. In 1853 he chaired the Committee on Prison Discipline.<sup>13</sup> Obviously, in this organization as in so many others, Griscom provided constant leadership directed towards improving "how the other half lives." As a contemporary of his noted:

For fifteen [actually twenty-five] years he was a member of the Prison Association, and was for ten years chairman of its executive committee. It has for its object an annual inspection of all the prisons in the State, and much that is connected with sanitary regulations. Not a few of the amended laws of the state, in reference to the physical welfare of the prisoners, are due to his zeal.<sup>14</sup>

Griscom's earliest work in prison reform related to prison discipline. The general duty of this committee was to supervise "the internal organization and management of prisons in which convicts are confined, embracing the moral and physical influences to be exerted on the prisoners during their confinement." The committee's responsibilities included:

health, which included cleanliness, diet, ventilation, medical treatment and dress.  
classification, by age, sex, crime, and number of offenses.  
morals, instruction and visitation rights of prisoners.  
supervision of prisons, appointment of officers and their qualifications.  
comparison of prisons in New York and other states.  
tabulation of accurate statistics.  
prison visitation.<sup>15</sup>

As a Gothamite, Griscom was especially interested in the condition of the penitentiary on Blackwell's Island. In 1846 a committee was formed to investigate the penitentiary, and one of their first actions was to send a memorial to the Common Council. "It is a reproach to the city, and to the administration of criminal justice. It is alike

inimical to the comfort, health, moral government, reformation, and punishment of its inmates." It was so overcrowded that some prisoners had to be transferred to the city prison. The prison was overcrowded and this condition resulted in the mixing of condemned men with witnesses and those awaiting trial. "The state of things in the Penitentiary is subversive of order, incompatible with reformation, and destructive of the diet and of punishment."<sup>16</sup>

Much of the problem was related to the practice of jailing vagrants with hardened criminals. To alleviate this, the special committee recommended the establishment of a workhouse for vagrants, which would save the city money (the labor of the inmates would pay for their keep), rehabilitate them (the guards would serve as moral instructors) and reduce the overcrowding. The strength of this plan lay in the fact that it was extremely successful with the youthful offender; in 1845 there were 662 vagrants, seventy-one under twenty and 460 under thirty. With the right kind of help, these wayward youths could be taught an honest trade. "To erect and conduct a prison which will prevent the natural contamination of prisoners, which by its own labor shall relieve the honest part of the community from the burden of its support, and which shall bring to bear upon a neglected and degraded portion of our population every practical appliance for education and moral reform, are the ends which the Prison Association now proposes to itself."<sup>17</sup>

The committee on the workhouse had a sub-committee, chaired by Griscom, concerned with the location and erection of the structure. From July until October, 1846, he reported the progress of the group as they examined floor plans of the Poor Law Commissioners, which Griscom thought could be adopted, in modified form, for New York City. Furthermore, in searching the official city records he discovered that

a cost analysis had already been made. He concluded that the employment of convict labor would result in lower construction costs. (Griscom never made mention of the controversy between labor organizers who complained that convict labor hurt their cause and the officials who favored use of such labor because of its economical benefits. Apparently, Griscom did not see the connection between low wages and convict labor, or if he did, he failed to mention it.)<sup>18</sup>

The next year the Executive Committee of the Association reported that the workhouse had not been built because they were unable to get the necessary funds from the Common Council. Yet the Association was "confident that patient perseverance will yet overcome all obstacles." It did, because a temporary workhouse was completed by mid-June, 1849, which, with a population of 250 inmates earned \$2,000 a week in its first six months. The city penitentiary, with over twice as many prisoners, earned considerably less. In a letter attached to his report, Superintendent of the workhouse Harman Eldridge wrote:

I have no hesitation . . . in saying, from daily and careful observation, that with buildings properly adapted for a workhouse, with a view to the classification of the various grades of characters, and with stringent rules and regulations for its good government, that it will not only ameliorate and improve the moral condition of the inmates, but it will be more satisfactory to the taxpayers of the city of New York.<sup>19</sup>

While the workhouse proved a success, the situation at Blackwell's Island was not as good. It was one of the largest penitentiaries in the United States and Europe, yet the administration was badly in need of reform. The discipline was so lax that some criminals looked forward to a few months on the island as "rather pleasant." While the NYPA made some progress in cleaning up Blackwell's Island, there was still a great deal to be done before the penitentiary could be considered a first-rate institution.<sup>20</sup> (This was only a few years after Griscom's disclosures about the hospitals on Blackwell's Island. Ch. V, Sec. v.)

Finally, at the beginning of the Civil War a permanent workhouse "for the purpose of receiving all disorderly persons, and persons committed as vagrants, and to keep, detain and employ them, &c." was erected on Blackwell's Island. The NYPA had discovered that the project was beyond its means, and the Common Council was not very much interested in its construction; nevertheless, "the workhouse, proposed and for many years earnestly labored for by this Association, has been erected, and is now in happy and successful operation."<sup>21</sup>

## IV

Dr. Griscom became involved in the inspection of prisons early in his association with the NYPA. As early as 1845 a Prison Discipline sub-committee was appointed to inspect the city prisons and submit a report. Griscom was among the five members who, after discussing the type of criminal incarcerated, spoke of the ventilation:

Each cell will provide pure air to the lungs of its inmates, (supposing it is pure when he enters it, which it is not), for a period of thirty minutes; he then begins to re-inhale the air, and it may easily be perceived that in the morning, after twelve hours' confinement, the atmosphere must be of a very offensive description.<sup>22</sup>

The cells themselves were bad enough, but for punishment of the incorrigible two air-tight holes were used. The prisoner was confined to one of these for one or two days, depending on the severity of his offense. The committee was decidedly opposed to such treatment: "if the keeper of a prison cannot be permitted to maim a convict for life, neither should he be allowed to subject him to such a horrible ordeal as this, inevitably sowing the seeds of disease, which half a lifetime of the best air and nourishment may not eradicate."<sup>23</sup>

As might be expected, prison officials were not always happy to see the members of the Association on an inspection tour. When the NYPA was incorporated, however, the Legislature had made it its duty to

inspect prisons regularly. One of the first inspected by Dr. Griscom was Clinton Prison in the far north of the state, near the city of Plattsburgh. Called Dannemora after the Swedish ore center, it was an attempt on the part of the state government to mine iron ore through the use of convict labor; although the ore gave out ten years after the prison was opened in 1844, the other prisons were so badly crowded that the state was forced to keep it open. Although the ventilation was primitive and inadequate, Griscom and Judge J. W. Edmonds gave the prison a clean bill of health. This report was, as were all Griscom's reports, carefully documented; it included a number of tables which listed the prisoner's vital statistics, and the mortality of Dannemora. Among the more favorable aspects of the prison noted was the end of the silent system, the most severe punishment being solitary confinement on bread and water. The inspectors happily reported that many opportunities existed for the men to improve themselves. The next year two different gentlemen toured Clinton Prison and were equally impressed with the facilities. They did not, however mention the inadequate ventilation, and in general their report was not as complete as that of their predecessors.<sup>24</sup>

Inspections of the various prisons of the state was good in that it brought the public into the prisons to see what was happening; but if it went no further, then it was little more than a gesture. After four years of work, the Executive Committee was able to say that "the paralyzing thought, that man, once fallen, is irreclaimably lost, is fast losing its influence, and society is awakening from the dreary night of hopeless indifference to the sun light of a more promising day."<sup>25</sup>

Griscom and his fellow inspectors exposed numerous evils which would have otherwise gone unnoticed. "In this manner was obtained the

clue of numerous abuses, which through our instrumentality, were corrected, but which never met the public eye in the annual reports made to the Legislature." The Association exposed cruelties which the wardens never included in any of their official reports. For example, one inmate was beaten with a hickory club and repeatedly jabbed with bayonets. Finally, covered with blood, he was dragged out and given fifty lashes, after which he was confined for eight months on bread and water. "Yet not one word of this affair ever reached the public eye except through our report." Dr. Griscom was one of five members of the Executive Committee who signed and transmitted this report to the state authorities.<sup>26</sup>

Another section of this same report contained figures used to illustrate the Association's activity. In 1847 the number of lashes laid on at Sing Sing equalled only three percent of the 1843 total. Further, "in the language of a person recently discharged this society has given convicts new hope, a new hold on the community, they feel as though they were no longer hunted as wild beasts, but cared for as rational beings and they are determined so to conduct while in prison as to merit our assistance when they come out." Since it was generally accepted that the state government had little interest in the treatment of the prisoner, the NYPA filled this void. Within the Association Griscom was actively working to further the humanitarian work.<sup>27</sup>

Unfortunately the State Legislature was not entirely in favor of this help. During an extra session in 1847 the NYPA was made the subject of an attack by a Senate committee. The Committee on State Prisons had been called to inspect a prison, and they had concluded that the NYPA was undermining discipline, agreeing with the State Prison Inspectors Board that the Association's inspections interfered with the normal discipline and order of the state penal institutions. The NYPA was



also accused of preventing the correction of abuses in criminal justice. Therefore, in 1848, the Board of Inspectors adopted a rule which virtually eliminated prison inspections.<sup>28</sup>

Through the early years of the 1850's Griscom was chairman of the Prison Discipline Committee, the problems with the Legislature continued. While the NYPA had the legal right to inspect, the State Inspectors refused to grant its members access. Griscom lamented the end of the inspections: "These examinations," he said, "had they been continued, most have led to a more careful and honest discharge of the duties imposed, and would have undoubtedly tended materially to a higher discipline, and a more conscientious discharge of duties."<sup>29</sup>

Because of the interdict placed on their activities, the Prison Discipline Committee was forced to present a shorter report for 1851. Before 1851, Griscom and his fellow committeemen had been concerned with prison inspections and comparison of various systems; now they were forced to turn their attention to other activities. For example, "spotting" by police must be ended. Just before a prisoner was released the police would come up and observe him, on the premise that "once a rogue, always a rogue." The committee thought that many men "have left the prisons with virtuous resolutions who have been driven back into crime by the knowledge that the watchful eye of the police was upon them. . . ." The committee also called for a reexamination of the policy of executive clemency which made it impossible for the poor to be pardoned.<sup>30</sup>

In 1852 the NYPA's entire report was given over to its right to inspect prisons. It had had a suit in court to force the Prison Inspectors to allow them access, but the Association withdrew it hoping for a favorable response from the Inspectors. Despite the ban, the Prison Discipline Committee had been able to inspect several prisons

in the New York City area, and reported the institutions to be in a deplorable condition. The gist of the report was that more inspections were needed to improve conditions, and the ban was lifted.<sup>31</sup>

Until the last year of his chairmanship of the Executive Committee, Griscom was too busy to inspect any prisons. Then in 1863 he managed to visit several houses of correction located in central New York. He toured the prisons and penitentiaries of the counties of Monroe, Erie, Niagara, Orleans, and Schuyler and the Western House of Refuge in Erie County during the early summer. (A penitentiary stood between the county jail which housed minor offenders and the state prison which was for hardened criminals. Penitentiaries were usually connected with a workhouse. Generally, the opportunity for the reformation of criminals was greater there than at either the county or state prisons.) At the Monroe County penitentiary Griscom found the food and clothing allowance adequate but the water and ventilation sub-standard. Although there was a library, there was no opportunity for secular instruction. Inmates were allowed to write to relatives and receive visitors once a month. In general his reports were more complete and factual than those of other inspectors, in part because Griscom inspected everything--cell blocks, hospitals, workhouses, and libraries. While in the county Griscom also visited the county jail, and found it entirely wanting. "The premises were altogether in a most deplorable condition."<sup>32</sup>

The Western House of Refuge was a juvenile reformatory with which Dr. Griscom was very much impressed:

Here were found about 400 youths, in a spacious and even elegant building, under admirable government and discipline, well fed and clothed, receiving good school instruction, and taught various useful trades and lessons of industry, to fit them to act the part of good American citizens, as many hundreds of the former inmates are now doing,

who but for these institutions would doubtless have become inmates of severe penal institutions.<sup>33</sup>

Unfortunately he was not as impressed with the rest of the prisons he visited that year; in general he found them wanting in the area of instruction, although most of them were relatively clean.

Two penitentiaries visited several times by Griscom were those of Erie and Monroe counties. He saw them both for the first time during the visits of 1863 and he returned in 1865, 1868, and 1870. Of the two, the penitentiary at Erie was far superior. In 1868 he noted that there were 200 cells for men arranged in five tiers in one building and 80 cells for women in another building (at the time of his visit the inmates numbered 167 men and 77 women). His report reflected his pleasure:

The very salubrious condition and excellent management of this prison, are illustrated by the fact that only one death occurred during the present fiscal year, and that resulted from a previous life of intemperance and dissipation. Further no sickness whatever appears to have been occasioned by local causes in the institution. A more worthily and felicitously managed prison is probably not to be found in the United States.

The superintendent of the penitentiary, Charles E. Felton, had just been reelected to a third term. The institution was almost self-supporting, with the prisoners working to earn their own keep.<sup>34</sup>

The Monroe County penitentiary was also well run, but it was not up to the standards of Erie. The former was much larger, housing 558 men and 166 women. Griscom found that both places had equal numbers of foreign born and native American inmates. Although half of the prisoners were intemperate he did not draw any conclusions about intemperance and foreign birth. Both penitentiaries provided religious as well as secular instruction, and both hospitals were excellent. He was pleased with the ventilation provided at the county facilities, although he thought water was scarce at Monroe. Finally, he reported that the men

and women confined in these penitentiaries had committed minor offenses.<sup>35</sup>

When Griscom visited these places in 1865 they were only two stops on a very busy schedule, as he visited similar facilities in several other counties as well. In his reports Griscom was mainly concerned with the physical aspects of the building and the health and well being of the prisoners. To keep the prisoners healthy location was of prime importance, and Griscom thought that although the ventilation was poor at Monroe, its excellent location made up for the other shortcomings.<sup>36</sup>

Dr. Griscom visited county jails several times between 1864 and 1870, and saw little in the way of improvement (since the Metropolitan Health Bill no longer occupied him, he was free to make extended trips at this time). In 1868 he was one of three to visit 68 county jails; their report, in which they discussed the jails individually and collectively, took up half of that year's Annual Report. The crux of the inspection reports was in seventeen tables which showed the causes and nature of the crimes the prisoners had committed. Several tables were devoted to marital status, age, sex, color, education, and religious interest. In addition to these statistics, the reports were concerned with the administration of jails and their place as schools for crime. One evil that appeared repeatedly was the detaining of hardened criminals, first offenders, condemned men, and witnesses in the same cells. In the smaller jails men and women were occasionally confined together. Finally, the trio addressed themselves to the physical plant, the opportunity for moral and secular instruction, and the cleanliness and health of the prisoner.<sup>37</sup>

In the spring of 1867, Dr. Griscom again inspected the county jails in western New York. "With a single exception, no improvement

whatever in their moral or sanitary arrangement was observable." The worst problem was the night sanitary facilities for the prisoners. "Every prison cell is furnished with a night-pail, in which the poisonous emanations of the occupants are concentrated and retained for several hours, giving forth their foul and poisonous gases to an extent productive in all instances of more or less depression of vital powers, and in some instances risking the production of typhoid diseases, not only in the prison itself, but also in the adjoining buildings." The Waterloo jail was the exception which Griscom mentioned in his report. It was a new prison in Seneca county, and the only one that used disinfectants. Griscom devoted half of his report to outlining the improved condition of that institution.<sup>38</sup>

Griscom returned to the same counties in 1868 and for a last official visit in 1870. Things were about the same in 1868 as they had been the previous year: "In general I feel obligated to report that no very marked improvements were observed in said county jails, as having been made since the last report of them, though it is gratifying to be able to state that in some instances the local managers are more than ordinarily impressed with the importance of the reformatory and hygienic interests of the inmates." There were no improvements in the physical plants; the ventilation was still inadequate and odors overpowering. Even though the NYPA had been investigating prisons for years, Dr. Griscom's last report noted the same evils to be still in existence: even though the NYPA had been investigating prisons for years,

Their internal arrangements are, for the most part, inconvenient and unsatisfactory; old and young, novices and professional criminals, the innocent and the guilty, are generally huddled together in the daytime, and imperfectly separated at night; there is little in the jails of what may be called discipline, and less use of moral agencies for the benefit of their inmates; the prisoners have no regular employment, no secular instruction, no libraries, and generally, no provision is made for a due

supply of their religious wants; their sanitary condition, as respects ventilation, drainage, air and sunlight, is seldom what it should be; overcrowding is not infrequent; very often there is no adequate separation of the sexes;-- such is the detail--by no means an exhaustive one--of the imperfections, defects, and objectionable features of our system of common jails. The sheriffs usually do the best they can with the means at their command; but the system itself needs a radical reform.<sup>39</sup>

While Griscom usually inspected the county jails alone, the NYPA sent a committee to inspect the state prisons. Twice during the Civil War and once immediately after it, Griscom served on the committee appointed to inspect the state facilities. In 1863 he and two others visited Sing Sing. They were concerned with the physical plant, the administrative personnel and the convicts. Among their recommendations was the immediate erection of a wall, to be built with prison labor. It was pointed out that the cells were far too small for the health and wellbeing of the inmates. As regards the administrative personnel, the committee examined the activity of the guards, the chaplain, and the secular instructors. Griscom and his associates examined the health of the prisoners, the amount of correspondence they were allowed, their food, and their personal cleanliness, which included bathing, bedding, and clothing. Ventilation, the treatment of diseases, and the prison hospital were also investigated. The committee made a complete record of the prisoners--number, age, sex, color, crime, length of sentence, release, pardons, education, and occupation were included in tabular form.<sup>40</sup>

The NYPA sent a committee of three the following year to examine the prison at Dannemora, and Griscom was again one of the members. Whereas they had been generally displeased with the physical arrangements at Sing Sing, they found Clinton prison to be superior:

To the better ventilation here found, conjoined with the general salubrity of the situation, the regular hours of labor and the good diet, is to be attributed the small

amount of sickness observed, cases of acute disease being very rare, and such as require medical care being mostly hereditary in their origin, or the result of evil habits prior to admission.<sup>41</sup>

The physical condition of the prison had a great deal to do with the mortality rate of the prisoners. Griscom reported that confinement in an eighteenth century European prison was about the same as a death sentence. As the sanitary conditions improved, the death rate dropped proportionately; in Lyons it was one in nineteen from 1800 to 1806 whereas it had dropped to one in forty-three by 1820. New York City provided an even better illustration. With the exception of the city prison, sanitary rules were not followed. There, as a result of the work of the medical officer, a Dr. Covell, there were no deaths from cholera in 1849, even though the prison was located in the Sixth ward--the ward hardest hit by the cholera epidemic. During the cholera season 6,000 people passed through the prison, and despite its poor construction, Covell maintained his perfect record. Thus Dr. Griscom could say with complete assurance, that the sanitary condition of the prisons and jails of the state was a prime concern to the government.<sup>42</sup>

As interest in humanitarianism developed, the method of disciplining prisoners was altered. There was a movement away from the more primitive, barbaric means of handling men. Where the cat had been used extensively earlier in the century, the douche or shower became the chief means of control in the 1830's. The prisoner was stripped, placed in a seated position and strapped down; then cold water fell on his head more quickly than it could run off, giving the victim the sensation of drowning. Some men were sick for months afterwards, some went insane, and many died. Yoking the prisoner was next in cruelty. An iron bar, four or five inches wide and five or six feet long, with a strap to fit around the neck and straps for the wrists, was placed

on the shoulders of the prisoner. Weighing from thirty to forty pounds, it continually forced the man to stoop, but the more he stooped the greater the pain. By 1847 all three of these tortures had been outlawed, but Griscom and his committee found numerous instances where they were still in use.<sup>43</sup>

Dr. Griscom showed his concern for the treatment of witnesses in this report, in which he again called for the separation of the innocent witness from the convicted prisoner. He realized that the one sure way to cure the evil of treating witnesses more harshly than the guilty was to end the practice of imprisoning witnesses. "Their testimony may be required, and it is their duty to give it when called on; but until they refuse to give it they are entitled to their liberty." The report cited the case of a woman who had been swindled. She went to the police and the swindler was arrested and immediately released on bond. The witness, "not having amassed wealth by crime, she was not as fortunate as the accused in finding a friend to bail her, and she was cast into prison and made to expiate the crime of daring to enforce the law of the State by an imprisonment of 57 days." The trial was held, the criminal fined ten dollars and both were released. The woman was not given "one cent compensation for her loss of time and the derangement of her affairs, and probably taught by her sufferings never again to seek redress from the law on a similar occasion."<sup>44</sup>

Detention of those accused of crimes was also a problem. Griscom cited the case of a man and his son who were held for five weeks and then honorably released.

Who pays for their loss of character [Griscom wrote], their loss of time, and of money? One would suppose it would be a sufficient sacrifice for the good of society, for an innocent man to be incarcerated for so long a time, even if he was paid the ordinary price of a day's labor, but to compel him to suffer the loss of liberty,



and the loss of money at the same time, is a sacrifice too great to be borne patiently. This detention falls most exclusively where it is least able to be borne.<sup>45</sup>

Griscom and the Prison Discipline Committee were concerned with the confinement of prisoners within the bounds of health and cleanliness. The committee favored the radiating prison plan, in which two to four story cell blocks were connected to a central hub. The number of spokes ranged from two to six, with four being ideal. Each cell block had individual cells which could be converted to the congregate system. The workshops and cafeteria were below the hub, the chapel above it. With numerous barred windows, fresh air and sunlight were no problem. "The plan enables the prisoners to be constantly engaged, whether in work, study, instruction, sleeping, feeding, or other necessary occupations, and thus preventing the ennui and the diseases created by idleness." Such a prison would be self-supporting. The primary advantage to Griscom was, however, the individual cells which would keep hardened criminals from first offenders, thus preventing the prison from becoming a seedbed of crime.<sup>46</sup>

One subject close to Griscom's heart was the compilation of useful statistics. He had labored long and hard for the adequate registration of vital statistics. He had concluded that the prison records kept in the United States were not equal to those of Europe. On his suggestion, therefore, the Committee proposed that the crimes be divided into two classes--those against person and those against property. Under each, the inmates' age, sex, color, health, state of instruction (literate or not), place of conviction, sentence, occupation before conviction, manner of discharge, number of convictions, and marital status would all be included. To be of value the statistics must be kept on a yearly basis, and in the same general form. (Although the necessity for such records was recognized, they were not kept during

Griscom's lifetime.<sup>47</sup>

Failure on the part of prison officials to adopt suggestions from the NYPA was nothing new--as early as 1846 the Prison Discipline Committee had called for the establishment of district prisons instead of the inadequate county jails. This would have made possible the use of the individual cell system, and in the long run would have saved the state money as such prisons were self-supporting. Albany and the surrounding towns operated such a system, and in five years they earned \$1,013.07 over expenses. The Committee was convinced of the success of the plan. "We have no doubt that the several counties of the State would be entirely relieved from the support of adjudged crime, and the number of such crimes be materially diminished." The failure of state officials to adopt such a program at the time was attested to by the fact that twenty years after the report was made Griscom was still inspecting unhealth, crime-breeding, county jails.)<sup>48</sup>

The report of the Prison Discipline Committee in 1853 was the fullest and most accurate report since the founding of the Association. Dr. Griscom covered all the subjects usually left untouched; cruel and unusual punishment, treatment of witnesses, and fines. In regard to the latter, he noted another instance where the legal system hurt the poor. The rich man paid his fine and was freed with no real loss, but the poor man, unable to pay, went to jail, and his family went hungry. "It would seem, therefore, to be the dictate both of justice and humanity to provide for the poor some means of escape from the severity of this sentence other than the discretionary powers of judges who are liable to the same frailties, and are influenced by the passions and feelings with other men."<sup>49</sup> The following year, the Prison Discipline Committee was under a different chairman and although the report was just as long

it did not include the charts and tables. The committee had made fewer visits to the state prisons and county jails.<sup>50</sup>

In 1863 Dr. Griscom and his executive board were considering the effect that the end of the Civil War would have on life in New York. Griscom was chairman of a committee to investigate the necessity for a new penitentiary and its costs. A. B. Tappan, a member of the State Board of Investigators, sent the NYPA a letter calling for the new installation because of the probable rise in the crime rate associated with the end of hostilities. The new penitentiary could provide a model for the older institutions to follow as well as easing the already overcrowded penal system. This committee was concerned with the physical aspects of such a structure; it maintained that it should be located in a dry and healthy place and be well ventilated. "It may be said with truth, that not one of the existing institutions can claim to be properly and thoroughly supplied with fresh and wholesome air, while in a great majority of them no attempt whatever has been made to furnish it in any systematic manner, even by the ordinary method of windows." Considering the tone of the report and the makeup of the committee it is safe to assume that it came almost exclusively from the pen of John H. Griscom.<sup>51</sup>

While the NYPA investigated the need for a new penitentiary, they continued to inspect the old county jails, of which there were sixty-eight for the sixty counties of the state. For the most part the sheriffs were honest, hard working, dedicated, and humane men, but the jails were something else. Griscom wrote that their old, run down condition was a disgrace to a civilized society:

Insecurity, scant room, crowded corridors, bad ventilation, vicious air, horrible odors, abundance of vermin, want of personal cleanliness in the prisoners, too ample facilities for outside communication, defective separation of the sexes, compulsory idleness, the absence

of all means of intellectual culture, very inadequate agencies for religious instruction and moral reform, and, above all, the promiscuous association of prisoners of all classes and all ages--forming, as they do, a fetid, seething, mass of mutual contamination and pollution--are, if not universal, at least far too common points in the picture presented by our common jails.

Griscom saw a simple solution; instead of the district prisons in which no official interest was shown, build new county jails on the single cell principle. This would eliminate the mixing of prisoners, and as the buildings would be new they would employ the most modern principles of health and ventilation.<sup>52</sup>

Party politics, which resulted in a lack of permanence in prison administration, was at the heart of the problem with the state prison system. The Executive Committee under Griscom's leadership wrote that "it is of the utmost importance that the government of our State prisons should be freed from a controlling subjection to political influence, and that some provision to that end should be incorporated into the fundamental law, when the convention to revise the the [sic] Constitution shall meet in 1864." Since reformation of the convict was of primary importance, the careful selection of prison personnel, from warden to guards, was an absolute necessity. Under the spoils system this was as impossible as a well run health office in New York City.<sup>53</sup>

Related to the question of politics was the commutation system. The system was poorly organized and it was sometimes difficult to tell whether the prisoner was ready for release at the earliest possible date. He could be freed after twenty months, but this did not give prison officials enough time to evaluate his reformation, especially when it is remembered that a change in office might mean a change in the control of the prison. In addition, the system was so loosely structured that almost any interpretation of a prisoner's record could be made. This problem was partially eased when the new constitution went into

effect because it had a provision that called for the appointment of experienced men to manage the prison.<sup>54</sup>

The dual problems of the incorrigible prisoner and rehabilitation were of major concern to Griscom and the Executive Committee. He was opposed to the system of contract labor because it stood in the way of rehabilitation by introducing an outside element into the care of prisoners and by adding to the communication among them. (To help make their institutions self-supporting, prison officials contracted with outsiders to use inmates as menial laborers. The convicts were released in the custody of a foreman who paid the prison a certain amount for their use.) The system allowed the incorrigible to influence other prisoners; it also undermined prison discipline and generally retarded reformation. Finally, it took up too much of the prisoner's time and all too often it was detrimental to his health. Central to the rehabilitation of the prisoners were moral and religious instruction, and these were hindered by contract labor as the prisoners were often gone. Under the individual cell plan drawn up by Griscom and his associates, however, instruction could be easily carried on in the central hub.<sup>55</sup>

In 1864 Griscom spoke out at length on the question of sentencing since the same crime often brought widely different terms from different judges. He thought that very long sentences were of no real value and could actually do more harm than good, because even though a prisoner was separated from his old associations, the length also separated him from the hardships of life. Griscom wrote:

A prisoner, who has been for years a machine in the hands of others, loses at length the ability for independent exertion. A convict discharged from Sing Sing, some years ago, had become incapacitated for walking other than in the lock step practiced there; and even in the streets of New York, took his position behind whomever he happened to be walking with, and trode invariably

in his footsteps to the infinite amusement of the crowds who beheld him.

It was the opinion of the Executive Committee that a term of from two to five years was of sufficient length; if a prisoner could not be reformed during that time a longer sentence would also be of no value.<sup>56</sup>

Whatever the length of sentence, there was always the problem of releasing the prisoner who had no visible means of support. Since idleness forced him back into a life of crime, Griscom suggested an alternative:

We would propose as a remedy that convicts be allowed after the hours allotted to their task-work, to labor at what is styled over-work, for which the state is credited by contractors for the task-work, and at the end of the term of imprisonment, the amount thus earned be paid to them, thus affording means for a new start in life.<sup>57</sup>

During the first year of the Civil War, Griscom included in his Executive Committee report a summary of the NYPA's work:

During its sixteen years of experience and effort our association has steadily labored on in its philanthropic work, amid many discouragements and against numerous obstacles. Its committees have, at their own cost and not without frequent personal sacrifice, visited such of the prisons as they could; and, as our successive annual reports attest, have fairly and frankly stated their condition. These reports, we have reason to know, have been of service in reforming abuses, in stimulating the erection of better county prisons, in suggesting improvements upon existing methods of management, and in influencing the more careful selection of prison officials.<sup>58</sup>

There were still a few points of contention between the NYPA and the state government. The governor had called for salaried prison inspectors the previous year, but Griscom thought this would open the door for graft. There was also a plan in the Legislature to give the well-mannered convict one day off per week of his sentence. Dr. Griscom argued that this would only hasten the release of the cunning criminal while the more impulsive but less dangerous individual would remain behind bars for the full term.<sup>59</sup>

In his next report Chairman Griscom included statistics showing the association's work over the previous twenty years:

55,714 people had been visited  
 5,630 people had been released due to work of NYPA  
 18,911 complaints had been investigated  
 4,908 complaints had been discontinued due to lack of cause  
 6,676 discharged convicts had been aided with clothing, money or both  
 2,729 discharged convicts had found employment; less than five percent had returned to prison  
 75 inspections of state prisons had been carried out<sup>60</sup>

In 1862 a commutation law was passed in New York state which allowed prisoners to work for their early release. After its passage John V. Andrews, a prisoner confined at Sing Sing for a federal offense, asked the District Attorney for the southern district of New York whether the law applied to him. Attorney Samuel G. Courtney replied that it did not. Courtney then wrote Griscom and explained the situation, asking if something could be done to make state laws applicable to federal prisoners when they were being held in state prisons. In December, 1866, Griscom went to Washington as the NYPA Commissioner appointed to see President Johnson on behalf of Andrews and the other federal prisoners in New York prisons. He presented Johnson with a memorial, "with a view to obtain for United States prisoners, confined in the penal institutions of New York, the same commutation which is allowed by the laws of the State to its own prisoners, for good conduct and industry." Armed with a letter of introduction from Senator Edwin Morgan of New York, Griscom called on President Johnson on Saturday morning, December 8th. Ushered in to the President's office immediately upon his arrival, Griscom found him to be in complete agreement with the plan. Dr. Griscom was sent to see Attorney General A. G. Stansbury, who drew up the required order and sent it to Johnson for his signature.<sup>61</sup>

While in Washington, Griscom also called on New York's other senator, Ira Harris, to submit a draft of a plan for a general commutation bill to apply in all the states. Harris introduced the bill on Monday, and it was referred to the Committee on the Judiciary. The proposed law would have made federal prisoners subject to the rules and regulations of the state prisons in which they were incarcerated (there were no federal prisons at the time). They would also be eligible for any benefits, the NYPA hoping that federal prisoners would be allowed time off for good behavior and hard work.<sup>62</sup>

## v

Undoubtedly, the single most important piece of work John H. Griscom did in relation to the NYPA was the submission of his report, Prison Hygiene. As usual his report was well documented. He quoted from prison records, reports, doctors, wardens, and officials in addition to relating the experience of the prisoner. He collected material from prisons in New York, Ohio, and England. To aid in understanding the problem of disease in prisons he traced the history of "jail fever," which was first reported in 1577. This report is illustrative of Dr. Griscom's wide knowledge, varied interest, and thorough concern for the betterment of human situations. All his findings were securely grounded in facts gained by painstaking research.

Prison Hygiene stemmed from a request of the Executive Committee after Griscom had relinquished the reins:

At the request of the Executive Committee, one of our colleagues, Dr. John H. Griscom, has prepared a paper, for insertion in the present report, on the subject of prison hygiene. This report is a learned and exhaustive discussion of the question to which it is related, and is at the same time eminently practical in its suggestions. It may be profitably studied by all who have any thing to do with the construction and administration of prisons.<sup>63</sup>

Those entrusted with the control of prisoners were concerned not



only with the physical health of the inmates, but also with their morals and discipline. To Griscom the inmate was a person in a unique situation:

With the strength of a man, he is become, in many respects, as a child. From being his own master, to clothe, feed, and house himself how and when he pleased, he is now passive in the hands of others, to be treated herein as they may dictate. Deprived of all the aspirations and prospective pleasures which sweeten life and give a zest and stimulus to his feelings and functions, both mind and body are immured in the narrowest possible precincts, and pursue their unrequired labor in an unending and never-varying routine.<sup>64</sup>

Obviously Griscom understood both the mental and physical problems of prison life.

A key factor in the salubrity of a prison was its location. Since the four grey walls cut off the view, a dry, readily accessible location was more important than anything else. While Dannemora was dry, it was seventeen miles from the nearest town; Sing Sing, easily reached, was built too close to the Hudson River, making the men's cell blocks damp. Rheumatism and pulmonary disorders afflicted the prisoners, while the locks in the cell doors rusted. A dry location was important, but it also had to have the means for adequate drainage and sewerage facilities as well.<sup>65</sup>

Even with perfect physical conditions, if the prisoner was not treated humanely he withered away. A correct balance between exercise and good food was needed, because "he who eats and does not work, shall surely suffer." In addition, the right kinds of food were needed--all too often the prisoners came down with scurvy as a result of dietary deficiency. To counter this the Auburn prison physician asked that land beside the prison be set aside for the cultivation of vegetables by the inmates.<sup>66</sup>

Nearly half of Griscom's report was devoted to the subject of ventilation. He worked on the theory that the most important thing to the human system was good clean air in abundance, because without the necessary ventilation the individual could not benefit from wholesome food, pure water, or sufficient exercise. Air underlay everything else, but few people realized this. Whereas food is taken only three times a day, and digestion separates the good from the bad, Griscom pointed out that respiration goes on continuously and the lungs are forced to take whatever air is introduced. "At all times, in whatever position, the air respired should be in perfect purity. The slightest deviation, by so much, impairs the sustaining and invigorating power."<sup>67</sup> The problem with the air in prisons was the lack of ventilation; even if the air started out pure, the prisoner was forced to reinhale it several times during the night when he was locked in his almost airtight cell. The typical prison had a scene such as this:

At the most favorable estimate, supposing no air to be admitted into the building from without, which is the fact, except by the occasional opening of a door, the prisoners reinhale the air every two hours [based on the size of the cell and the needs of the man]. Shut up for twelve hours, they breathe it over six times, and on Sundays being confined therein from noon, until six the next morning, the same air passes through the lungs nine times. Nor is this all; there being no specific or sufficient method of changing the atmosphere of the prison, even while the prisoners are in their workshops through the day, they must enter nearly the same atmosphere they quitted in the morning, and this must be repeated for weeks and months.<sup>68</sup>

While the regular cells at Sing Sing were bad there were nine cells for solitary confinement that were even worse. These were virtually air and light-tight and were opened only for the prisoner to receive food. "The air of one of these cells was tested with lime water by the writer, and was proved to consist of an immense proportion of carbonic acid gas."<sup>69</sup>

Several different diseases prevailed because of the unhealthy atmosphere in the prisons; by far the worst was typhus, known in its prison appearances as jail fever. Reported cases date back as far as 1577 when William Camdem (1551-1623) recorded a case in an Oxford jail. It was in his discussion of typhus that Griscom best illustrated his research abilities. Not satisfied to document his paper with cases of his own acquaintance he cited several cases from history and then quoted extensively from Dr. John W. Francis of New York, who had been active in the city prisons in the early part of the nineteenth century. To Griscom the answer to this problem was simple: "There cannot be much doubt," he wrote, "that a great proportion of the fever reported as occurring in prisons in the present day are due to the vitiated atmosphere of the cells and workshops."<sup>70</sup>

Griscom offered a partial solution to the problem. By surveying prisons it was learned that most used night vessels, "which pervade not only the cells in which they are placed, but also the area of the halls. The application of a disinfectant would totally obviate this most serious nuisance, and this can be accomplished by the occupant of each cell, in a most simple, easy and economical manner, by the use of a neat and simple apparatus in the form of a cover, called the READY DISINFECTOR, recently contrived for this purpose."<sup>71</sup>

Taking care of the physical needs was only part of prison hygiene; it was equally important to see the prisoner constructively occupied. "In nearly every one of the county jails they pass days, weeks, and often months without any exercise whatever, being confined to the cells and corridors in total idleness, without even opportunity of exercise by walking outside the building." This way of life affected the entire system and ruined the health of the inmates, but

Griscom was careful to warn that the reverse, overwork, could also be dangerous, especially if the individual was poorly fed.<sup>72</sup>

Griscom's final concern in this report was with the punishment of prisoners. This, he argued, was very much a part of prison hygiene. He was completely and unequivocally opposed to the cat and the shower, both of which were still in use, however limited. While his answer to the discipline problem was perhaps too simplistic, he was on the right track when he expressed his concern for human welfare. The answer was:

to encourage good behavior by offering rewards therefor. The convict being deprived of all the advantages of every relation of life, personal, social, political, &c, an encouragement to hope for their restoration by an offer of the enjoyment of advantages while in confinement, and more especially by the prospective abbreviation of his term of sentence, would doubtless be found the most rational, easy and effective method of maintaining discipline, and encouraging future good conduct.<sup>73</sup>

Griscom noted that prison hygiene was but a part of the larger system of public health. Both were vitally important to the health and well-being of society in general and of the prisoner in particular. How the inmate was treated would determine his future course. If the prison was to turn out individuals ready to work in society it was necessary for the system to treat them as human beings, not as animals.<sup>74</sup>

Prison Hygiene was reviewed for the Western Journal of Medicine by James F. Hibberd. He was free with his praise:

Any one interested in the subject treated of in this brochure, can find in it important facts, practical ideas, and sound common sense, presented with the author's usual force and point. It is not written for the profession, but was intended for persons connected with prisons, and those interested in the general welfare of prisoners, and the style and language are adopted to such readers.

Hibberd noted that while Griscom's ideas on discipline might work with the average prisoner, they were a little idealistic. There were always exceptions "where the moral feeling of the prisoner can only be reached

by some kind of direct application to the skin."<sup>75</sup>

While the reception of the article was favorable, unfortunately the results were less than satisfactory. Larger cells with more adequate ventilation had been called for before Griscom's time, but his argument "appeared to enlist the authority of science behind the reform." However, no cell block reached the optimum of four cubic feet of fresh air per minute per person that Griscom called for, although a few prisons moved in that direction.<sup>76</sup>

Even if the ventilation was not improved to any marked degree, Dr. John H. Griscom did aid in bringing about humanitarian reforms on behalf of the prisoner. His contribution in this field may not have been as significant as Dorothea Dix's, but it was commendable. As a result of his leadership the NYPA was able to help thousands of prisoners both before and after their release. His activity, combined with the reform impulses of the day and the activity of the Prison Association, helped bring an end to cruel and unusual punishment. The numerous inspections of prisons, and the Annual Reports to the Legislature brought abuses before the public eye which led to reform. As in public health reform, Griscom's major role was as an early muck-raker; he exposed evils, abuses, and sundry other problems in the hope that a public outcry would lead to more humane treatment.

Some reforms were made, but many of the abuses that Griscom found in American prisons in the nineteenth century can still be seen in the prisons of the mid-twentieth century. In his book on crime, former Attorney General Ramsey Clark concerned himself with the same type of reform work that Griscom did a century earlier. Clark, as did Griscom, maintained that "rehabilitation must be the goal of modern corrections." Clark also found the same inequities with the penal system; it segregates the convict so totally from normal society that he is unable to function

when he is released. Even before trial and sentencing, which is still as much a problem because "some judges sentence long, some short," the corrupting influence of the prison is hardest on the poor, because they are unable to raise the necessary capital to be freed on bail. Again the words, and the thought, are so similar they could just as easily be Griscom's as Clark's--"for the want of a few hundred dollars millions of impoverished Americans have suffered in jail awaiting American justice."<sup>77</sup>

Unfortunately, the causes are still the same, and apparently no closer to solution now than they were then Griscom carried the banner of reform to the people:

Most crime in America is born in environments saturated in poverty and its consequences: illness, ignorance, idleness, ugly surroundings, hopelessness. Crime incubates in places where thousands have no jobs, and those who do have the poorest jobs; where houses are old, dirty and dangerous; where people have no rights.<sup>78</sup>

## CHAPTER VII NOTES

<sup>1</sup>W. David Lewis, From Newgate to Dannemora (Ithaca, 1965), 77. David M. Schneider, The History of Public Welfare In New York State, 1609-1866 (Chicago, 1938), 212-215, 319-321.

<sup>2</sup>Schneider, 319-321. Blake McKelvey, American Prisons (Chicago, 1936), 14-15.

<sup>3</sup>D. L. Dix, Remarks on Prisons and Prison Discipline in the United States (Philadelphia, 1845), 94.

<sup>4</sup>Lewis, From Newgate, 137-138. McKelvey, Prisons, 8.

<sup>5</sup>Charles Dickens, American Notes (Gloucester, Mass., 1968), 102-04.

<sup>6</sup>Ibid., 104.

<sup>7</sup>Lewis, From Newgate, 214-221.

<sup>8</sup>Ibid., 221.

<sup>9</sup>Ibid., 222-223. There was an attempt to found a national organization in 1859. The American Association for the Improvement of Penal and Reformatory Institutions was organized in Philadelphia in September of that year. They held their first formal meeting the following year in New York. Thirty delegates from all over the United States gathered for the November meeting, among them John H. Griscom. When their officers were elected Dr. Griscom was chosen the first president. The remaining officers came from seven states, some as far away as Indiana. The meeting adjourned to meet in Baltimore the following year on the third Tuesday of October, 1861. Apparently the Civil War interrupted their plans as they never met again. "Notices," JPD, XVI (1861), 35-37.

<sup>10</sup>E.C. Wines, A Brief Statement of the Objects and Results of the Prison Association of New York During the Seventeen Years of its Existence (New York, 1862), 3-5. NYPA, Sixth Report, 118-19.

<sup>11</sup>John T. Hoffman, et. al., The Work of the Prison Association of New York, its Character and Results (New York, 1870), 3-11.

<sup>12</sup>Wines, Brief Statement, 3-5.

<sup>13</sup>NYPA, Annual Reports, 1844-1873, passim. There were several important people connected with the NYPA during the period Griscom was active. Tocqueville, Beaumont, Dorothea Dix, and Edwin Chadwick, the pioneer English sanitarian, were among the corresponding members in 1846. Among the elected officials for the same year were Theodore Frelinghuysen, Chancellor of NYU, and Benjamin Butler, U.S. district attorney. In 1863 Samuel Morse and Peter Cooper were on the executive committee which Griscom chaired.

<sup>14</sup>E. M. Purdy, ed., The Medical Register of New York, New Jersey and Connecticut for 1874 (New York, 1874), XII, 276.

<sup>15</sup>NYPA, First Report, 7.

<sup>16</sup>NYPA, Third Report, 35.

<sup>17</sup>Ibid., 36-38.

<sup>18</sup>Ibid., 40-43.

<sup>19</sup>NYPA, Fourth Report, 10. NYPA, Fifth Report, 50-51.

<sup>20</sup>NYPA, Sixth Report, 46.

<sup>21</sup>NYPA, Eighteenth Report, 48-49.

<sup>22</sup>NYPA, First Report, 81-86.

<sup>23</sup>Ibid., 84.

<sup>24</sup>Lewis, From Newgate, 260-262. NYPA, Third Report, 43, 112-126, Fourth Report, 207-214.

<sup>25</sup>NYPA, Fourth Report, 9-14.

<sup>26</sup>Ibid.

<sup>27</sup>Ibid., 15-16.

<sup>28</sup>Ibid., 9-23, passim.

<sup>29</sup>NYPA, Eighth Report, 22-23. Tenth Report, 19-45, passim.

<sup>30</sup>NYPA, Sixth Report, 44-46.

<sup>31</sup>NYPA, Seventh Report, 2-50, passim.

<sup>32</sup>NYPA, Nineteenth Report, 203-211, 302-305.

<sup>33</sup>Ibid., 225-226.

<sup>34</sup>NYPA, Twenty Fourth Report, 480-81.

<sup>35</sup>NYPA, Twenty Sixth Report, 89-92.

<sup>36</sup>NYPA, Twenty First Report, 77-93.

<sup>37</sup>NYPA, Twentieth Report, 174-357, passim.

<sup>38</sup>NYPA, Twenty Third Report, 208-212.

<sup>39</sup>NYPA, Twenty Fourth Report, 429-434. Twenty Sixth Report, 89.

<sup>40</sup>NYPA, Nineteenth Report, 55-150, passim.

<sup>41</sup>NYPA, Twentieth Report, 46-48.



<sup>42</sup>John H. Griscom, "Improvements of the Public Health and the Establishment of a Sanitary Police in the City of New York," MSNY, Transactions (1857), 112-13.

<sup>43</sup>NYPA, Eighth Report, 23-26.

<sup>44</sup>Ibid., 27-28.

<sup>45</sup>Ibid., 31-32.

<sup>46</sup>Ibid., 35-36.

<sup>47</sup>Ibid., 36-40.

<sup>48</sup>Ibid., 30-31.

<sup>49</sup>Ibid., 28-29.

<sup>50</sup>NYPA, Ninth Report, 40-62.

<sup>51</sup>NYPA, Nineteenth Report, 437-442.

<sup>52</sup>NYPA, Twentieth Report, 14-16.

<sup>53</sup>NYPA, Nineteenth Report, 11, Twentieth Report, 15-16.

<sup>54</sup>The voters did not approve another recommendation of the NYPA, which called for increased appropriations to enable a group to visit the European prisons in much the same way Tocqueville and Beaumont had visited the prisons in this country. Dr. Griscom was active in the preparations of both the memorial and the amendment to the constitution which allowed for an experienced board of governors to manage the prisons. NYPA, Twentieth Report, 14-25, 110-112. Twenty Third Report, 65-80, Twenty Fifth Report, 475-476.

<sup>55</sup>NYPA, Eighth Report, 35-36. Nineteenth Report, 13-29.

<sup>56</sup>NYPA, Twentieth Report, 11-12.

<sup>57</sup>NYPA, Eleventh and Twelfth Reports, 19-22.

<sup>58</sup>NYPA, Sixteenth Report, 13.

<sup>59</sup>Ibid., 14-15.

<sup>60</sup>NYPA, Eighteenth Report, 39-40.

<sup>61</sup>NYPA, Twenty Second Report, 75-76.

<sup>62</sup>Ibid., 75-76. The bill passed the Senate late in January, 1867, but died in the House. U.S., Congressional Globe, 39th Cong., 2nd Sess., 1866-1867, XXXVII, Part 1, 36, 674, 729.

<sup>63</sup>NYPA, Twenty Third Report, 34-35.

<sup>64</sup>John H. Griscom, Prison Hygiene (Albany, 1868), 3. The report was a part of the Twenty Third Report of the NYPA and was also printed separately.

<sup>65</sup>Ibid., 3-5. Compare this with Dorothea Dix's comment that at Sing Sing the "situation of this prison renders the cells damp, even fires in the cells fails to correct this disadvantage." Dix, Remarks, 45.

<sup>66</sup>Griscom, Prison Hygiene, 5-8.

<sup>67</sup>Ibid., 9.

<sup>68</sup>Ibid., 10.

<sup>69</sup>Ibid., 11.

<sup>70</sup>Ibid., 12-19.

<sup>71</sup>Ibid., 13.

<sup>72</sup>Ibid., 19-20.

<sup>73</sup>Ibid., 20-22.

<sup>74</sup>Ibid., 22-23.

<sup>75</sup>JFH, "Review of Prison Hygiene," WJMS, III (July, 1868), 426-27.

<sup>76</sup>McKelvey, Prisons, 58.

<sup>77</sup>Ramsey Clark, Crime in America (New York, 1971), 200-04.

<sup>78</sup>Ibid., 40-41.

## CHAPTER VIII

### CONCLUSION

For as a dark body, behind which  
there shall be a blaze of light,  
becomes invisible, so shall I  
soon be forgotten.

J. H. Griscom, 1859

Sometime after 1872 Dr. Griscom retired from his medical practice, probably about the same time he left the New York Prison Association, the last reform group to which he was attached. Then he entered the Bloomingdale Asylum for the Insane, and died there on April 28, 1874, from vague causes. Exactly why he died at a mental hospital is unknown-- the death certificate is unreliable, but one obituary cited "softening of the brain" as the cause of death. Another reason could be that Dr. Griscom chose Bloomingdale and was admitted because of his long association with New York Hospital (Bloomingdale was its affiliate). Its location, on what is now Columbia University, in upper Manhattan, would have been tranquil and far removed from the cares and problems of the city with which he had been involved for so many years.

His death was reported in many of the leading medical journals and New York newspapers of the day. The Medical and Surgical Reporter of June 6, 1874, gave one of the more complete accounts. After his education, it listed his major publications and the important accomplishments of "this prominent physician and philanthropist. . . ." When the New York Academy learned of his death they offered the following resolution: "That the Academy enter upon its minutes their appreciative sense of the long public services rendered by the deceased, his untiring

industry in the pursuit of knowledge, his efforts in the cause of sound science, more especially as regards improvements in ventilation, in his spirit and intercourse, kind and genial, in his views and influence, highly conservative, in his official trusts, diligent and self-sacrificing, he was an honored member of an honored profession."<sup>1</sup>

Dr. Griscom's career was diverse in that the type of reforms proposed varied significantly. As an example, he vigorously attacked the women's fashions of the day, which called for tightly laced corsets and the hourglass figure. This, he argued, was contrary to nature and good health because it restricted the lungs, and made free and easy breathing difficult. (Dr. Griscom must have been the darling of the women's rights leaders.) Yet at the same time it can be seen that this reform, as nearly all his others, was related. No matter what the area of concern, the approach was always the same, fresh air, in plentiful supply, was the answer.<sup>2</sup>

In the very strictest sense, Griscom was a failure as a reformer. But, in this context, so were all the others who have made it their life's work to ease the condition of the poor urbanite. Tenements still abound, slums are on the increase, and the work of men such as John H. Griscom and Jacob A. Riis is long forgotten in the poorer wards of Manhattan. While they brought about many improvements in the laws and attitudes towards poverty, the urban slum is a witness to their overall failure. Health reform did come about, as did housing reform, yet still people are forced to share sub-standard housing with disease bearing rats.

The question, however, can be raised--was this the fault of the reformers, or of the society in which they lived? The fact that many still live as poorly as did the people Griscom visited is not the fault of the reformer, as much as it is the apathy of the society which

allows such things to continue. In still another light, although conditions are bad today, they would be much worse had it not been for the work of Dr. Griscom.

Some of his efforts resulted in an end to the cellar residences, which in itself vastly improved the quality of life. That people should be forced to live in environments in which a mole could not exist was simply beyond the grasp of a man like Griscom--his moral code did not allow for such mistreatment. The dampness that led to a chronic cough, the darkness that contributed to eye disorders, the cold that all too often ended in pneumonia; all these problems were intolerable to Griscom, and partly as a result of his activity they became intolerable to enough New Yorkers that cellar residences were restricted.

His concern for the laborer's dwelling also reached above ground; he was just as shocked with the quality of life in the rear buildings or the small, ill-ventilated tenements which faced on streets filled with garbage. The rooms were too small, and many apartments were so arranged that the bedrooms were windowless and virtually unventilated. Even when there were windows, or holes which allowed for some small exchange of air, the air outside was as foul as that inside. Further, the buildings were so close together that often windows did not help. Again, the work of Dr. Griscom can be seen in the laws that provided for more ventilation via air-shafts, or windows, and for more open space per lot, which made the air shafts and windows more effective.

Because ventilation of apartments was successful only if the air outside was better, Griscom involved himself with cleaning the streets. In every major report he presented, demands for cleaner streets can be found. Remove the pigs and the slaughter-houses, institute more efficient means to empty privies and sinks, and extend the sewer and water systems to the poorer districts of the city were among

Griscom's plans for a cleaner New York. These changes would greatly reduce the filth in the streets, and as time went on they were instituted in a piecemeal fashion.

The adulteration of drugs was another aspect of the same problem. Griscom was a member of an AMA committee to investigate the problem in 1854 and a State Medical Society committee in 1861. In this instance their activity brought about a petition drive in which the port cities asked the President and Congress to enact legislation to control the importation of adulterated medicine.<sup>3</sup>

The emphasis on egalitarianism led to the prevalence of quackery; many people did not believe that a medical education was necessary to practice, and they preyed on the poor and the uninformed. Homoeopathy was such a practice in the eyes of Dr. Griscom, an irregular practice introduced from Germany which subscribed to the belief that "like cures like." The homoeopathist would administer small doses of medicine that in a healthy person would produce the symptoms of the disease he was trying to cure in his patient. Homoeopathy served a very worthwhile function in the days when heroic medicine (the practice of bleeding and purging patients with strong medicine) was under attack, but whether or not the technique cured anyone is debatable. Griscom lumped the homoeopathist together with the quacks and irregular practitioners of the day and declared a plague on all their houses for cheating the poor, and adding to their misery.<sup>4</sup>

That Griscom was among the first to contemplate public health reform is undeniable. A check of leading medical journals of the day, beginning in 1830, reveals that very little was being done to improve the health of the poor in the cities. The only notable activity was being carried on in England, and it was not until 1842, when Griscom exposed the evils in New York, that the public was made aware of what

needed to be done. While others, Benjamin McCready for example, had examined the relationship between occupations and diseases, no one had taken the study into the house. In the United States, Dr. Griscom was the first to see the connection and write extensively about it. If men were forced to live like animals, then it must be expected that they would soon lose those features which distinguish them from the animals.

The sincerity of his interest is readily apparent when one considers his year as City Inspector. Instead of simply turning in the brief list of mortality, in the tradition of most of his predecessors, he prepared a long report in which the causes, as well as the means of prevention, of diseases were carefully outlined. He did this because he thought that a brief enumeration of the deaths of the previous year did not live up to either the spirit or the letter of the law which had created the office of City Inspector. Griscom was the first to take the office seriously enough to spend his time crawling around the slums and cellars of Manhattan. His vivid illustrations and broad knowledge of the problem could only have resulted from first hand experiences, to which was added the judicious use of other reporters' experiences.

The reviews of the City Inspector report, and the Sanitary Condition, which grew out of it, attest to the importance of these works and the esteem in which they were held. "We hail this report," Samuel Ferry said in the New York Journal of Medicine, "with particular pleasure, not only on account of its intrinsic value, but as indicating the dawn of a brighter era. . . ." Gouveneur Emerson thought that the report reflected "great credit upon Dr. Griscom." He also reviewed the Sanitary Condition, and concluded that "nothing effectual will ever be accomplished in regard to these matters until the subject has been agitated again and again,

by individuals alive to its great importance." That Emerson saw Griscom as such an individual is clearly evident in the tone of the review. The New York Journal of Medicine also covered this expansion of the City Inspector's report. "The author of this truly able and philanthropic discourse, has made himself widely and most favorably known to the reading and scientific portion of the public, by his luminous report, while filling the office of City Inspector. . . ."5

Since pre-germ theory public health reform began in the United States with Griscom's two reports, it would be profitable to examine the relationship between them and the activity which resulted. There were four major points in the 1842 report which were expanded and delivered to the public in 1844. Sickness and mortality among the lower classes was high in proportion to their numbers. To make matters worse, most of the diseases were preventable. Equally important was the fact that, according to Griscom, the physical deterioration of the community and the individual led to an ever increasing incidence of moral lapse. His conclusion included suggestions for easing the condition of the poor. To cite George Rosen, "this study already contains in essence the principles and objectives that were to characterize the American sanitary reform movement for the next thirty years."6

That the reform movement was directly influenced by Griscom for only thirty years after the publication of the Sanitary Condition is attributable to the introduction of the germ theory in the 1870's. Griscom's theory of causation of disease was, in a word, wrong. The miasma theory and the atmospheric theory which were universally held in the days before Lister, Pasteur, and Koch did not lead to the prevention of disease. The filth in the streets which Griscom attacked so vehemently did not directly cause cholera, typhus, small pox or dysentery (although certainly living in damp cellars did aid in the spread of



lung disorders), but the fact remains that they were influenced by that filth. The major epidemic diseases of the early nineteenth century were all under control in the United States before the discovery of micro-organisms and the cause of disease. The filth reduced the laborer to a being less than human; to wallow constantly in such disgusting surroundings and be unable to provide any better for one's family seriously hurt the individual's sense of manhood. Griscom remained convinced of the importance of the miasmist theory partly because he felt that a cleaner New York was vital to the improvement of the lower classes, and if the emphasis was taken from the garbage, then fewer improvements might be made. Also, Griscom was a practicing physician and not a laboratory researcher; he was not an innovator when it came to medical theory.

In whatever reform he was involved, Dr. Griscom sought to alleviate the suffering of the poor, which was the goal behind many of the humanitarian reforms of the period. Any deprived group -- immigrants, prisoners, or day laborers, reaped benefits from the work he did. In each of the reform movements Griscom never recommended the direct use of money which, according to the theory of the day, would cause pauperism. He rather suggested other means of improvement which would ease the condition of the laborer and make it possible for him to find a job and earn his own living. Such reforms were meant to raise the poor without breaking their spirit and turning them into paupers.

Most of the reforms recommended by John H. Griscom came about during the last half of the nineteenth century, mainly because Griscom was a gadfly. So long as he was alive and active, he kept the condition of the poor before the eyes of the public. He contributed to medical journals in the hope that the professionals would act. He sent letters and articles to the public press to reach a broader audience

and enlist the sympathy of the masses. He lectured at every opportunity to share his first hand knowledge of the problems with as many as possible. He realized that reform could only come through the Legislature and only after the people were sufficiently aroused to demand it. Therefore, he directed his energies in activities which kept the problem before the public. In this respect he was much like the more well-known reformer of the late nineteenth century, Jacob A. Riis.

Riis was a newspaper reporter by profession; Griscom was a physician. The approach of these two men was therefore different, even though they dealt with the same problem. Where Griscom discussed ventilation and filth and their effects on morals, Riis was more concerned with exposing the problems to the public eye via the more sensational events. The Children of the Tenements is a collection of vignettes about life in the slums, each one, Riis must have hoped, heart-rending enough to force a change. "The Cat Took the Kosher Meat" is the story of Rose Baruch and her family, who were too poor to own an ice-box, so stored their meat in the air shaft. The meat fell off, and in trying to retrieve it before the rats could get it, Rose, a wayward girl of seventeen, fell and broke her back. A Ten Years War is also a vivid book; in it Riis describes one corner of Forsyth Street where a man killed his wife and was hanged for the crime. Across the street another man murdered his wife, and then took his own life, while in the same row there was another suicide. Riis's point was simply that the quality of life in that block, as in hundreds of others, was so low that people put others and themselves out of their misery. He used this type of illustration to catch the reader's eye, and help him reach the conclusion that it was the slum, and not the individual, that was guilty of murder.<sup>7</sup> Griscom, however, to get the community to reach the same conclusion cited examples of deaths due to controllable

diseases, or poverty caused by the ill health of the bread winner resulting from the damp cellar. In either case the point was the same; society, and not the individual, was to blame.

Although he never mentioned Griscom by name, Riis cited his accomplishments:

Slowly, with many setbacks, we battled our way into the light. A Board of Health had come with the cholera panic of 1866. The swine that ran at large in the streets, practically the only scavengers, were banished. The cholera and the yellow fever that had ravaged the city by turns never came back. The small pox went its way too. . . . We acquired tenement house laws, and the process of education that had begun with the foraging ground of the swine was extended step by step to the citizen's home. Short steps and cautious were they.

Riis saw that drunkenness resulted from inferior dwellings. "I have known homes . . . that made drunkards by the shortest cut. "I know a dozen," Riis wrote, "from which, if I had to live there, I should certainly escape to the saloon with its brightness and cheer as often and as long as I could. . . ."8 Griscom was of the exact same opinion, although it is doubtful that the Quaker physician would have gone so far as to state that the hovel would drive him to drink.

In a thought that closely paralleled Griscom, Riis wrote that "justice to the individual is accepted in theory as the only safe groundwork of the commonwealth. When it is practised in dealing with the slum, there will be shortly no slum."<9 This was the keystone of Griscom's argument for the forty years he spent in the slums, and it is truly unfortunate that it was not recognized in those forty years.

Riis saw the importance of cleanliness just as much as did Griscom, and he happily reported the opening of the city's first public bathhouse a few blocks from the infamous Mulberry Bend. Not only cleanliness, but all the other amenities of human life were denied the tenement dweller:

The tenement itself, with its crowds, its lack of privacy, is the greatest destroyer of individuality, of character. As its number's increase, so does the element that becomes criminal for lack of individuality and the self-respect that comes with it.

The sentiment is so similar it would be difficult to say who wrote this unless one knows that it comes from Riis' book.<sup>10</sup>

There are many comparisons that can be drawn between the work of Griscom and Riis, but one that is especially relevant comes from Riis's most famous work, How the Other Half Lives, a phrase, which, incidentally, appeared in Griscom's Sanitary Condition. "That ignorance plays its part," wrote Riis, "as well as poverty and bad hygienic surroundings, in the sacrifice of life is of course inevitable. They go usually hand in hand." Riis went to a Mott Street tenement with a charity doctor (in another time the doctor could have been Griscom) to find a child stretched across two chairs, near death with peritonitis. He described the situation: "The whole family, father, mother, and four ragged children, sat looking on with the stony resignation of helpless despair that had long since given up the fight against fate as useless." Starvation was the cause of the child's illness, brought about because the father's hands were crippled from lead poisoning and the mother's eyes were nearly gone because of a long neglected disease. "The children," continued Riis, "cried with hunger. They had not broken their fast that day, and it was then near noon. For months the family had subsisted on two dollars a week. . . ." The doctor gave instructions to ease the child's pain, and left money to provide food for the rest of the family. Riis went back an hour later, and found the family "feeding the dying child with ginger ale, bought for two cents a bottle at the peddler's cart down the street. A pitying neighbor had proposed it as the one thing she could think of to make the child forget its misery."<sup>11</sup> John H. Griscom might well have visited another dying child in the same

place a few decades earlier.

Griscom could be compared with reformers from various time periods to show that many of the same evils still exist. Harry Manuel Shulman studied New York's slums during the 1930's depression, and found the same grinding poverty. Parnell Street, on the lower West side, had houses built in colonial days, which had been divided into flats with a "front parlor facing the street, a back kitchen facing the yard, and two inner bedrooms having no direct light or ventilation."<sup>12</sup>

That such conditions still exist attests to the fact that the work started by John H. Griscom in the humanitarian period of the nineteenth century, and carried on through the progressive reform era of the twentieth century is still unfinished. Improvements, however, were made: the death rate turned downward, light and air began to reach the back bedrooms (although the new laws had loopholes), and the streets became cleaner and more pleasant. Had it not been for the work of Dr. Griscom and other reformers the increasing death rate and declining salubrity would have shortly made the city uninhabitable.

With his constant emphasis on clean air and water, Griscom can be described as an early ecologist, or conservationist. He saw that the way of life of the urban laborer was far inferior to that of the country dweller, or the Indian. Indeed, in the Anniversary Discourse, Griscom drew the following comparisons:

Man . . . is presented to us in two general conditions. The first embraces all the circumstances to which he is expected in a state of nature; the second, those in his artificial or civilized life. Of the first condition, a type is seen in the N.A. Indian, whose home and whose larder are the forest and prairie. The second finds a representative in the denizen of the polished city such as our own metropolis. . . . Now what are the most striking differences between these two extremes of earth's inhabitants? They are briefly such as these:

The one shuns companionship, except to a very limited extent; the other lives continually in a crowd.

This, lives free to range over earth, and lake, unconfined by aught save his buffalo robe and bower of leaves; that, shuts himself within brick walls, and under roof of metal or slate.

The one breathes the air in all its pristine purity; the other shuts it out as if it were poisonous, and really makes it so within.

From the presence of one, the excretions of the lungs and person are left free to escape and never return to him; by the other, they are retained, reabsorbed, and reinhaled.

One covers his body with garments which leave every function free and unrestrained; the other is so encased, that his motions and functions are greatly restricted.

One treads the virgin green-sward of hill and valley; the other; pavements of stone and brick, while the forest glade and purling brook are strangers to him.

The food of the latter is brought to him by steamboat and rail car, and his cook from France or Ireland; the food of the former is brought by his own bow or rifle, and is served up 'au naturel' by himself.

One is 'monarch of all he surveys;' the other rents a floor 12 feet by 15, or at most a house 25 by 50, with a patch of grass 7 by 10.

The most dense native population is perhaps one to the square mile of the earth's surface; in some places in New York, its inhabitants are about one to the square yard.

With such hygienic differences, is it a marvel that the one lives to old age and then dies a natural death, while the other is a continual prey to a multitude of diseases, and the victim of a premature grave?<sup>13</sup>

Griscom and his associates, John Bell, Isaac Wood, Elisha Harris, and Joseph Smith were all promptly forgotten when Lister's theories of causation were accepted. It was then realized that the micro-organisms--and not piles of filth--caused the diseases. Because this discovery came so quickly after their work, Griscom and his friends all became "dark bodies," behind which there appeared "a blaze of light." Even though he was quickly forgotten, the work he did was essential. If the germ theory allowed for the erection of an efficient system of public health, it was built upon the solid foundation laid down by John H. Griscom.

CHAPTER VIII NOTES

<sup>1</sup>"Obituary," MSR, XXX (June 5, 1874), 536. NYAM, Minutes, May 7, 21, 1874.

<sup>2</sup>John H. Griscom, Uses and Abuses of Air (New York, 1839, 1970), 116-18.

<sup>3</sup>"Minutes," AMA, Transactions, VI (1853), 45. "Abstract of Proceedings," MSNY, Transactions (1861), 358-59. E. R. Squibb, Chrm., "Report of Special Committee on United States Drug Law," MSNY, Transactions (1862), 423-30.

<sup>4</sup>"J. Gotham, Jr.," "Editorial Correspondence," NJMSR, X (April 1857), 201-02, (Sept., 1857), 470-71.

<sup>5</sup>Samuel Ferry, Review of The Annual Report of the Interments in the City and County of New York, for the Year 1842, with Remarks thereon, and a Brief Sanitary Condition of the City, by John H. Griscom, NYJMCS, I (July, 1843), 88-100. Review of The Sanitary Condition of the Laboring Population of the City of New York, With Suggestions for its Improvement, by John H. Griscom, NYJMCS, IV (March, 1845), 222-31. G[ouveneur] E[merson], Review of The Annual Report. . ., by John H. Griscom, AJMS, VI n.s. (Oct., 1843), 435-38. G[ouveneur] E[merson], Review of The Sanitary Condition. . ., by John H. Griscom, AJMS, IX n.s. (April, 1845), 296-401.

<sup>6</sup>George Rosen, A History of Public Health (New York, 1958), 238-39.

<sup>7</sup>Jacob A. Riis, The Children of the Tenements (New York, 1903), 100-03. Jacob A. Riis, A Ten Years War (New York, 1900), 38-39.

<sup>8</sup>Jacob A. Riis, The Battle With the Slum (New York, 1902), 22-23, 29-30.

<sup>9</sup>Ibid., 2.

<sup>10</sup>Riis, A Ten Years War, 33-34, 182.

<sup>11</sup>Jacob A. Riis, How the Other Half Lives, ed. Sam Bass Warner, (Cambridge, Mass., 1970), 112-13.

<sup>12</sup>Harry Manuel Shulman, Slums of New York (New York, 1938), 43, 242-45.

<sup>13</sup>John H. Griscom, Anniversary Discourse Before the New York Academy of Medicine, (New York, 1855), 46-48.

## APPENDIX I

### A GRISCOM CHRONOLOGY

- 1833: Assistant Physician, New York Dispensary
- 1834: Physician, New York Dispensary  
Co-Founder, Medical Association of the New York Dispensary  
(later the New York Medical and Surgical Society). Member until  
1846  
Popular Lecturer, Natural Philosophy and Chemistry (Until 1835)
- 1837: Professor of Chemistry, New York College of Pharmacy (Until 1840)
- 1842: City Inspector (Until 1843)  
Attending Physician, Eastern Dispensary (Until 1856)  
Medical Society of the Eastern Dispensary (Until 1865)
- 1843: Fourth Attending Physician, New York Hospital (Until 1847)
- 1844: Fellow, College of Physicians and Surgeons
- 1845: Chairman, Seventh District Board of Managers, NYAICP  
Member of the Executive Committee, NYAICP (Until 1847)  
Committee on Prison Discipline, NYPA (Until 1860)
- 1846: Founder, NYAM (Member until 1874)  
Constitutional Committee, NYAM  
Delegate to National Medical Convention (AMA) from New York  
Hospital  
Chairman, Committee on Nomenclature, National Medical Convention  
Chairman, Committee on Registration of Births, Marriages and  
Deaths, National Medical Convention
- 1847: Nominated Corresponding Secretary, NYAM  
Delegate to National Medical Convention from NYAM and New York  
Hospital  
Member, New York Pathological Society (Until 1874)
- 1848: Third Attending Physician, New York Hospital (Until 1853)  
Delegate to AMA from NYAM  
Permanent member, AMA (Until 1874)  
Chairman, AMA Standing Committee on Registration of Births,  
Marriages and Deaths  
Teller of Elections, AMA  
General Agent, Commissioners of Emigration (Until 1851)  
"Collaborator," New York Journal of Medicine
- 1849: Nominated Foreign Corresponding Secretary, NYAM  
New York Member, AMA Committee of Public Hygiene
- 1850: Trustee, NYAM



- 1851: Chairman, NYAM Committee of Chemistry and Pharmacy  
Member, NYAM Committee of Public Health and Legal Medicine  
Nominated NYAM Vice-President
- 1852: Chairman, NYAM Committee of Public Health and Legal Medicine  
Physician's Candidate for City Inspector  
Honorary Member, State Medical Society
- 1853: Chairman, Seventh District Board of Managers of NYAICP (Until 1855)  
Chairman, NYAICP Committee on the Sanitary Condition of Laboring Classes of the City of New York  
Delegate to AMA from New York Hospital
- 1854: Second Attending Physician, New York Hospital (Until 1865)  
Delegate to AMA from NYAM  
Nominated President of NYAM  
Elected Vice-President of NYAM  
Chairman, NYAM Committee of Public Health and Legal Medicine  
Orator, NYAM  
Fourth Vice-President, NYPA (Until 1859)  
Witness Before U.S. Senate Committee on Emigrant Shipping
- 1855: Delegate to State Medical Society from NYAM  
Chairman, Executive Committee of NYPA (Until 1864)  
Municipal Reform Candidate for City Inspector
- 1856: Trustee, NYAM (Until 1858)  
Nominated Vice-President, NYAM  
Delegate to State Medical Society from NYAM  
New York Editor, New Jersey Medical and Surgical Reporter  
(Until 1858)
- 1857: Nominated President, NYAM  
Trustee, NYAM (Until 1858)  
Chairman, Committee of Public Health and Legal Medicine (Until 1866)  
Delegate to State Medical Society from NYAM  
Chairman, Committee to Improve New York City's Health, State Medical Society  
First District Committee of Correspondence, State Medical Society  
President, Eastern Dispensary Medical Society  
Candidate for City Inspector.
- 1858: Nominated Vice-President, NYAM (Declined)  
Delegate to State Medical Society from NYAM  
Delegate to AMA from NYAM  
Nominated permanent member, State Medical Society (Elected 1860)  
Chairman, State Medical Society Committee on Registration  
Member of State Medical Society Nominating Committee
- 1859: Co-Founder, New York Sanitary Association. (Member until mid-1860's)  
President, Third National Quarantine and Sanitary Convention  
Witness before State Senate Committee Investigating Public Health

- 1860: Delegate, with Elisha Harris, to Quarantine and Sanitary Convention, from State Medical Society (Until 1870)  
Vice-President, New York Sanitary Association  
Member of the New York Sanitary Association Council (Until 1864)
- 1861: Associate Member, U.S. Sanitary Commission (Until 1864)
- 1862: Nominated President, NYAM  
Ex-Officio Member NYPA Committee on Prison Discipline
- 1863: Delegate to AMA from New York Hospital (Until 1864)  
Statistical Secretary, NYAM
- 1864: Committee on Education, NYAM  
Ex-Officio Member all NYPA Committees
- 1865: President and Founder, New York Association for Advancement of Science and Art (Connected to the Cooper Institute)
- 1866: Member NYAM Committee on Public Health and Legal Medicine  
Chairman, NYAM Sub-Committee on Ventilation  
Third Vice-President, NYPA (Until 1872)
- 1867: Nominated Corresponding Secretary, NYAM  
Chairman, NYPA Committee on Discharged Convicts (Until 1868)
- 1868: Delegate to AMA from NYAM  
Elected Member of Medical Society of the County of New York (Until 1874)  
Founder, Physicians Mutual Aid Society (Member until 1874)
- 1869: Member NYAM Section on Obstetrics and Diseases of Women and Children  
Chairman, AMA Committee for Relief of Widows of Medical Men  
Member, NYPA Committee on Discharged Convicts  
Examiner, Prudential Life Insurance and Trust Company (Until 1871)

## APPENDIX II

### A GRISCOM BIBLIOGRAPHY, CHRONOLOGICALLY ARRANGED

- 1833: "Notice of a Malignant Disease Generated on Shipboard by Filth, Imperfect Ventilation, Etc.," AJMS, XII (May, 1833), 272-73.  
"Observations on the Apocynum Cannabinum," AJMS, XII (May, 1833), 55-71.
- 1839: Animal Mechanism and Physiology, Being a Plain and Familiar Exposition of the Structure and Functions of the Human System. New York, 1839.  
"A Case of Abstraction of the Uterus After Delivery," NYJMS, I (July, 1839), 74-79.
- 1840: "Spinal Irritation: Its History, Pathology, and Treatment." NYJMS, II (April, 1840), 300-48.
- 1842: "Remarks on the Treatment of Curvature of the Spine, with Two Cases," AJMS, III n.s. (Jan., 1842), 116-24.
- 1843: Annual Report of the Interments in the City and County of New York (New York, 1843).  
Communication From the City Inspector Recommending a Reorganization of the Health Police, Board of Aldermen no. 111, 1843.  
"A Curiosity in Obstetric Physiology," NYJMCS, I (July, 1843), 58-59.
- 1844: "Uterine Hydatids," NYJMCS, II (May, 1844), 326-27.  
"A Case of Rupture of the Uterus," NYJMCS, II (May, 1844), 333-34.
- 1845: The Sanitary Condition of the Laboring Population of the City of New York, With Suggestions for its Improvement (New York, 1845).  
"Hydrophobia in a Child," NYJMCS, IV (Jan., 1845), 46-47.  
"Death From Compression of the Umbilical Cord," NYJMCS, II (Jan., 1845), 47.  
"Violent Chorea St. Vitus:--Cured by Strichnine," NYMSR, I (Oct. 18, 1845), 10-11.  
"Observations on the Organization of the Hospitals at Bellevue and Blackwell's Island," New York Evening Post (Oct. 30, Nov. 1, 5, 6, 1845).
- 1846: First Lessons in Human Physiology, to Which are Added Brief Rules of Health (New York, 1846).
- 1847: "Report of the Committee to Prepare a Nomenclature of Diseases Adapted to the United States, Having Reference to the General Registration of Deaths," NMC, Proceedings (1847), 133-75.  
"Report of the Committee to Consider the Expediency, and (if Expedient) the Mode of Recommending and Urging Upon the Several

- State Governments the Adoption of Measures for a Registration of the Births, Marriages and Deaths of Their Several Populations," NMC, Proceedings (1847), 125-31.  
 "Summary of, and Observations Upon, the Medical Practice of the New York Hospital in the Months of July, August and September, 1847," NYJMCS, IX (Nov., 1847), 347-54.
- 1848: "Report of the Standing Committee on Births, Marriages and Deaths," AMA, Transactions, I (1848), 339-40.
- 1849: "Hygiene of New York City," AMA, Transactions, II (1849), 455-58.
- 1850: Uses and Abuses of Air (New York, 1850).
- 1852: "Report of Standing Committee on Public Health and Legal Medicine of the NYAM," New York Times, July 13, 1852.
- 1853: AICP First Report of a Committee on the Sanitary Conditions of the Laboring Classes of [sic] the City of New York, with Remedial Suggestions (New York, 1853).  
 "Public Parks vs Public Health," New York Daily Times (June 30, 1853).
- 1854: "Albuminuria: Congestion and Hypertrophy of Kidneys: Bright's Disease: Fatty Degeneration," NJMSR VII (Aug., 1854), 350-57.
- 1855: Anniversary Discourse Before the New York Academy of Medicine (New York, 1855).  
 "Hydrophobia," AMM, IV (Aug., 1855), 147-49.  
 "Is Revaccination Necessary, and When?" NJMSR, VIII (Oct., 1855), 486-88.
- 1856: "J. Gotham, Jr.," NJMSR, IX.  
 "Report on Hydrophobia," AMA, Transactions, IX (1856), 313-17.
- 1857: "J. Gotham, Jr.," NJMSR, X.  
 Review of "Introductory Addresses," NJMSR, X (April, 1857), 195-98.  
 Review of Medical Notes and Reflections, by Sir Henry Holland, NJMSR, X (April, 1857), 195.  
 Review of The Greatest of Our Social Evils, Prostitution, NJMSR, X (Oct., 1857), 505-07.  
 "Improvements of the Public Health, and the Establishment of a Sanitary Police in the City of New York," MSNY, Transactions, (1857), 107-23.  
 "Hospital Hygiene, Illustrated," NYAM, Transactions, I (1857), 167-78.  
 "Report on Solidified Milk," NYAM, Transactions, I (1857), 179-88.  
 "Report on Alga Chocolate and Biscuits," NYAM, Transactions, I (1857), 367-74.
- 1858: "J. Gotham, Jr.," NJMSR, XI.  
A History, Chronological and Circumstantial, of the Visitations of Yellow Fever at New York (New York, 1858).  
 "Melanetic Tumors of Various Thoracic and Abdominal Viscera, Without External Evidence of Melanosis," Philadelphia College of Physicians, Transactions (Jan. 6, 1858).  
 Letter on Swill Milk, FLIW, V (May 22, 1858).

- 1859: Memoir of John Griscom, L.L.D. (New York, 1859).  
Report on Sewerage, Water Supply and Offal, John Bell, Report on the Importance and Economy of Sanitary Measures to Cities (New York, 1859).  
 Review of Reid, Pickford, and Greenhow, AJMS, XXIX n.s. (Jan., 1859), 143-56.  
 "Clinical Reports on Yellow Fever," NYJM, VII 3rd series (Nov., 1859), 368-73.
- 1861: Sanitary Legislation, Past and Future (New York, 1861).  
 Review of Bell and Lewes, AJMS, XLII n.s., (Oct., 1861), 528-32.  
 "Report on Cretinism," NYAM, Bulletin, I (Dec., 1861), 313-20.
- 1862: An Improved Method of House Ventilation (New York, 1862).  
 "Cancerous Disease of the Intestines," AMT, IV (June 7, 1862), 320.  
 Review of Health, Five Lay Sermons to the Working People, by John Brown, M.D. MSR, VII (March 8, 1862), 546-47.  
 "The Causes and Prevention of Some of the Most Important Diseases of the Army," AMM, XVIII (Dec., 1862), 401-18.
- 1863: Review of General Report of the Commissioners Appointed for Improving the Sanitary Condition of Barracks and Hospitals,  
AJMS, XLV n.s. (Jan., 1863), 112-21.  
 "Report on the Ridgewood Disinfecting Powder," NYAM, Bulletin, II (July, 1863), 143-51.  
 "Case of Diarrhoea Adiposa," AMA, Transactions, XIV (1863), 171-82.
- 1864: Reply to Citizen's Association's Committee of Inquiry on the Sanitary Condition of New York (New York, 1864).  
 "The Physiological and Dietetic Relations of Phosphorus," AMA, Transactions, XV (1864), 183-202.
- 1865: "Sanitary Condition of New York City," AJMS, L n.s. (Oct., 1865), 419-28.
- 1866: "Letter to the Editor," MSR, XIV (Feb. 10, 1866), 116-17.  
 "Letter to the Editor Concerning a New Theory of the Gulf Stream," MSR, XIV (Feb. 7, 1866), 135-36.  
 "The Rinderpest," MSR, XIV (Feb., 24, 1866), 156-58.  
 "Treatment of Cholera," MSR, XIV (March 10, 1866), 196-97.  
 "Hospitals of London and Paris," MSR, XIV (March 17, 1866), 216-17.  
 "The Where, The When, The Why, and The How of the First Appearance and Greatest Prevalence of Cholera in Cities," NYAM, Bulletin, III (March, 1866), 6-26.  
 "Malignant Influences of the Uterus," NYAM, Bulletin, III (May, 1866), 52-54.  
 "Report of the Sub-Committee on Ventilation," NYAM, Bulletin, III (May, 1866), 91-100.
- 1867: "Letter to the Editor Concerning a New Therapeutic Preparation," MSR, XVI (Feb. 9, 1867), 118-19.  
 Review of The Principles of Biology, by Herbert Spencer, AJMS, LIII n.s. (April, 1867), 518-20.

- 1868: The Family Record (New York, 1868).  
The Use of Tobacco, and the Evils, Physical, Mental, Moral, and Social, Resulting Therefrom (New York, 1868).  
Prison Hygiene (New York, 1868).  
 "An Essay on the Therapeutic Value of Certain Articles of the Materia Medica, of Recent Introduction," MSNY, Transactions (1868), 114-30.  
 "Physiological and Pathological Relations of Albumen," MSR, XIX, (July 26, 1868), 67-68.  
 "Essay on the Chemic-Physiological Causes of Numerous Diseases, and Their Corresponding Means of Treatment," WJM, III, (Aug., 1868), 473-81.
- 1869: Prize Essay on the Physical and Physiological Indications of Longevity (New York, 1869).  
Report of Special Committee on the Merits of a Proposed Method of Supplying Pure Air. . . (New York, 1869).  
 "Report of A Committee on Plan for Relief of Widows and Orphans of Medical Men," AMA, Transactions, (1869), 101-07.  
 "The Natural Chemistry of Physiology," MSR, XXI (July 3, 1869), 4-6.  
 "Sulphite of Soda in Diarrhoea," WJM, IV (Aug., 1869), 470-73.
- 1870: "The Turkish Bath," MSR, XXII (Feb. 5, 1870), 119-20.

## BIBLIOGRAPHIC ESSAY

Griscom Biographies: In his brief sketch of Dr. Griscom, Samuel W. Francis included a bibliography which, though incomplete, provided a beginning point. This article, "Biographical Sketches of Distinguished Living New York Physicians," Medical and Surgical Reporter, XV (August 4, 1866, 118-22) also yielded the best available material on Dr. Griscom's personal life. The more recent sketches, such as Frederick A. P. Barnard, Johnson's Universal Cyclopedia (New York, 1888), James Grant Wilson, Memorial History of New York (New York, 1893,) and Howard A. Kelly, Dictionary of American Medical Biography (New York, 1928), are all based on Francis. An understanding of the early family life comes from John H. Griscom's biographical account of his father, Memoir of John Griscom, L.L.D. (New York, 1859).

The obituaries of Dr. Griscom are, like the biographies, all based on a single pattern. They also supplied some biographical information as well as a little bibliographical data. The New York Times (April 30, May 1, 1874) and the New York Daily Tribune (April 30, 1874) gave brief notices. The medical journals which reported his death briefly outlined his background, education, and career, and then cited what they considered to be his most important works. These entries can be found in the Medical News, XXXII (July, 1874, 107-08), New York Medical Journal, XIX (June, 1874, 664), Medical Record, IX (May 15, 1874, 271-72, and June 1, 1874, 304), and the Medical and Surgical Reporter, XXX (June 6, 1874, 536).

Griscom Journal Articles and Pamphlets: Most of Dr. Griscom's written work appears in journal articles and pamphlets. The first, "Observations on the Apocynum Cannabinum," (a plant used in treating dropsy), American Journal of the Medical Sciences, XII (May, 1833, 55-71), was his M.D. thesis. He wrote a great many strictly medical pieces (see Appendix II) that are of little significance today, but those related to public health are invaluable. The best pamphlet, and perhaps the most famous, is the Sanitary Condition of the Laboring Population of the City of New York, with Suggestions for its Improvement (New York, 1845), in which he spelled out the problem and suggested solutions. An outgrowth of his earlier City Inspector's Report (New York, 1842), these two reports were well received.

An early article on immigration is "Notice of a Malignant Disease Generated on Shipboard by Filth, Imperfect Ventilation, &c," American Journal of the Medical Sciences, XII (May, 1833, 272-73). Griscom concluded that it was typhus and not cholera as previously thought.

His magnum opus on yellow fever, from the New York Academy of Medicine report, can be found in the American Medical Monthly, IX (Feb., 1858, 81-117). "Clinical Reports on Yellow Fever," prepared by Dr. Griscom is in the New York Journal of Medicine, VII, 3rd series (Nov., 1859, 368-73).

Griscom's article, "Summary of and Observations Upon the Medical Practice of the New York Hospital in the Months of July, August and September, 1847," New York Journal of Medicine and the Collateral Sciences, IX (Nov., 1847), 347-54, treats various clinical cases, but mostly typhus cases.

Griscom Monographs: Though a prolific writer of articles, Griscom produced only four books. The earliest, Animal Mechanism and Physiology (New York, 1839), and its revised and expanded version, First Lessons



in Human Physiology to Which are Added Brief Rules of Health (New York, 1847), are both textbooks which outlined, in Victorian terms, the parts and functions of the body.

The Memoir of John Griscom, L.L.D. (New York, 1859), was written after the death of the elder Griscom.

Uses and Abuses of Air (New York, 1849, 1970) shows Griscom's interest in proper ventilation. It has been reprinted by Arno Press in their Environmental Series.

Griscom Reviews: Griscom was an active reviewer of books and articles, a few of which are of value to the history of public health. In Oct., 1865, he reviewed the report of the Council of Hygiene of the Citizens Association, which he thought was excellent, and the City Inspector's Report, which was treated with less respect. American Journal of the Medical Sciences, L n.s. (419-28). In a book review of John Brown's Health, Five Lay Sermons, Medical and Surgical Reporter, VII (March 8, 1862, 546-47), he said that any book which adequately dealt with the subject for laymen was helpful. He also liked James H. Pickford's Hygiene, Edward Greenhow's Papers Relating to the Sanitary State of the People of England, and David B. Reid's Ventilation of American Dwellings, American Journal of the Medical Sciences, XXVII n.s. (Jan., 1859, 143-56). A.N. Bell's A Knowledge of Living Things, and two books by George H. Lewes, The Physiology of Common Life and Studies in Animal Life were reviewed in American Journal of the Medical Sciences, XLII n.s. (Oct., 1861, 528-31).

One of his last reviews was a favorable one of Herbert Spencer's The Principles of Biology, American Journal of the Medical Sciences, LIII n.s. (April, 1867, 518-20), in which he praised the work of Darwin and Spencer in unfolding the mysteries of the origins of life.

Griscom Letters: There are only a few letters either written to or by Dr. Griscom, and they are collected in the New York Public Library and the New York Historical Library. They are, however, of little interest. One to General Daniel Ullman, from Griscom, (Historical Society Collection, dated New York, Sept. 4, 1863) indicates that Griscom supported the war effort, even though he was a Quaker.

Printed letters in a few of the medical journals are of some interest. Griscom sent a series of letters to the Medical and Surgical Reporter during his 1866 trip, XIV (January-April, 1866). They were on a variety of subjects. Later, in XXII (Feb. 5, 1870, 119-20), Griscom had a letter on the values of the Turkish Bath, in which he mentioned its use in stimulating the skin and relaxing the nerves.

Griscom's letters (editorials) indicate that he spent two productive years with the New Jersey Medical and Surgical Reporter. His first letter appeared in February, 1856, and they continued with only two interruptions until March, 1858. S. W. Butler, the journal's editor, said that Dr. Griscom was "of the first standing in the profession." Butler thought that the letters were "kept up in a spirit and style that will not fail to prove exceedingly beneficial to all our readers." New Jersey Medical and Surgical Reporter, IX (May, 1856, 240).

Society Transactions and Reports: To anyone interested in medical history, especially in relation to New York, the New York Academy of Medicine Library is invaluable. During the Griscom years its publications were the Transactions, which first appeared in 1857, and the Bulletin, which debuted in 1861. The first volume of the Transactions (1857) contains three Griscom articles: "Hospital Hygiene, Illustrated"

(167-78), which dealt primarily with typhus cases, the Public Health Committee's "Report on Solidified Milk" (179-88), in which Griscom outlined the value of Blatchford's Solidified Milk in curbing disease among tenement infants, and a Public Health Committee report on "Alga Chocolate and Biscuits" (367-74). Griscom discussed his experiments with food made from sea weed, concluding that when combined with chocolate it made a substitute for cod liver oil.

The Bulletin, I (Dec., 1861, 313-20), printed Griscom's committee report on Cretinism, in which he discussed the work of Dr. Guggenbuhl. A cretin closely resembled an idiot, but the defect was supposedly due to dampness and not brain damage.

Griscom, as Chairman of the Public Health Committee reported on "The Ridgewood Disinfecting Powder," II (July, 1863, 143-51), which he found to be most useful in controlling decay without changing the substance of the material preserved. The report was favorably reviewed in the American Medical Times, VII (Oct. 10, 1863, 170-71).

Volume III of the Bulletin contains the 1866 discussion on cholera (Feb. - May, 1-72), which has important comments on the disease by New York's leading physicians. Among the comments is Griscom's "The Where, The When, The Why, and The How of the First Appearance and Greatest Prevalence of Cholera in Cities" (March, 6-26). N. W. J. Heath's "Asiatic Cholera, As it Appeared on the Steamship 'England,' in April, 1866" appears in the same volume (Sept., 131-39).

Griscom chaired a sub-committee which prepared a report on "Ventilation" (May, 1866, 91-100), in which different types of ventilators were discussed. A few years earlier he had written a pamphlet, An Improved Method of House Ventilation (New York, 1862), in which he described his own hot air method of ventilation, which used a separate set of flues. The plan was patented, Report of the Commissioner of

Patents for the year 1859, Arts and Manufactures (Washington, 1860).

In his work on Ventilation, (New York, 1864), David B. Reid cited Griscom's plan.

Each year the Academy elected an Orator to deliver an address marking the anniversary of the Academy's founding. Dr. Griscom delivered the Anniversary Discourse (New York, 1855) in the fall of 1854. He spoke on the relationship between medical science and the public, and he called for more trust on the part of the public and more understanding on the part of the profession.

Dr. Griscom and the Committee on Public Health presented a report on the state of the dispensary system in July, 1852, which was subsequently printed in the New York Times (July 13, 1852).

The Academy Library's Molloch Rare Book Room contains the manuscript Minutes of their meetings. The first two volumes contain material from the Griscom years, and give an indication as to exactly how active a member he was. The Minutes of the Medical Society of the County of New York (Oct. 5, 1863-Nov. 25, 1878), are also there, and they record Griscom's work and the papers he delivered at that association.

The Minutes of the Medical Association of the New York Dispensary (March 7, 1834-Jan. 17, 1835) are deposited there as are those of its successor, The New York Medical and Surgical Society. Volumes II and III (through 1848) are applicable to Griscom's career.

A few other things of value in the Academy's Library are S. S. Purple's "List of Founders, with Biographical Notes" (undated manuscript), a "Chronological History of the Section on Public Health and Legal Medicine," prepared by the Archivist (typescript, 1965). Two of Griscom's pamphlets can also be found there: a Synopsis of Eight Lectures on the Mechanism and Physiology of the Human Body (n.p., 1840), in which he outlined the course of lectures he delivered for several

years, and his Reply to the Citizen's Association Committee of Inquiry on the Sanitary Condition of New York (N.Y., 1864), in which he again called for reform of the Health Department is also in the Molloch Room.

The printed Transactions of the AMA and the State Medical Society (the latter are printed separately and as part of the Legislative Documents) provide material on both Griscom's organizational activity, which is listed in the Minutes of the various meetings, and his reports and papers. The AMA Transactions actually begin in 1846 and 1847 with the Proceedings of the National Medical Conventions, whereas the State Medical Society was in existence long before Griscom began his medical career.

In the National Medical Convention Proceedings can be found Griscom's twin reports: "To Prepare a Nomenclature of Diseases Adapted to the United States, Having Reference to a General Registration of Deaths," (133-75) and "Report of the Committee to Consider the Expediency, and (If Expedient) the Mode of Recommending and Urging Upon the Several State Governments the Adoption of Measures for a Registration of Births, Marriages and Deaths of Their Several Populations" (125-31). These mark his first national attempts at registration and classification. In the first volume of the AMA Transactions (1848), Griscom presented the "Report of the Standing Committee on Births, Marriages and Deaths" (339-40), in which he noted the progress made.

Ten years later Edward Jarvis presented the "Report on Law of Registration of Births, Marriages and Deaths, XI (1858, 525-35). Jarvis reported on progress made and commented on the 1850 census. The following year W. L. Sutton presented a "Uniform Plan for Registration of Births, Marriages and Deaths," XII (1859, 135-82). The First and Eighth Annual Reports of the Registrar General of Births, Deaths and Marriages in England (London, 1839, 1849), provided a useful comparison

with Griscom's nosology, which was based on the English system. Also, the Mortality Statistics of the Seventh Census indicates the influence of the Griscom nomenclature, on which it was in part based.

There are two reports on vaccination. James F. Hibberd, Griscom and Wilson Jewell's "Report on Compulsory Vaccination," XV (1864, 161-66), concluded that it was unwise at the time, and A. N. Bell, et. al. "Report of the Committee on the Value and Necessity of Vaccination and Revaccination for the Eradication of Small Pox," XVI (1865, 265-77), found that there was a vast difference of opinion, but concluded that revaccination was necessary periodically. Earlier, in an article in the New Jersey Medical and Surgical Reporter, "Is Revaccination Necessary, and When?" VIII (Oct., 1855, 487-88), Griscom concluded that it was needed every decade or so.

A Committee of Public Hygiene, appointed at the first meeting of the AMA, presented a joint report, prepared by James Wynne, Chairman, entitled "First Report of the Committee of Public Hygiene of the AMA," II (1849, 431-44), outlining the ingredients of a healthy city. Each member then presented a report on his respective city. Griscom's (455-58) pointed out the unhealthy features of New York and suggested means of improvement.

The report of the Committee on Literature, chaired by Oliver Wendell Holmes, "On the New York Journal of Medicine and the Collateral Sciences," I (1848, 263-64), listed Griscom as a collaborator.

In the post-Civil War period of his career, Griscom was concerned with the care and relief of widows and orphans of medical men, and therefore drew up a plan put into use in New York. He also chaired a committee and presented to the AMA his "Plan for Relief of Widows and Orphans of Medical Men," XX (1869, 101-07).

The Transactions of the State Medical Society also contain valuable material on a variety of subjects. Griscom's report on "Improvements of the Public Health and the Establishment of a Sanitary Police in the City of New York" (1857, 107-23), was written and sent to the Legislature containing Griscom's plan to revamp the city Health Department.

Thomas Brinsmade chaired a committee which was to "Draft a Sanitary Code for the State of New York." Griscom and Theodore L. Mason prepared it, using Griscom's plan for sanitary police (1863, 337-40).

Cyril Ramsay reported on "The Mortality of the City of New York" (1864, 287-314). This article was helpful in analyzing the rising mortality of the city.

A number of medical reports that Griscom presented were printed in the Transactions, but they are of little value today. The same is also true of many Griscom reports printed in the AMA Transactions.

The Annual Reports of the New York Prison Association (1844-72) provide an insight into Griscom's concern for the prisoner. The Association also printed Prison Hygiene (New York, 1868), which was prepared by Griscom at the behest of the NYPA Executive Committee. Basically, it is concerned with the sanitary condition of prisons, and is carefully documented by Griscom, from both his own experiences and those of others. J. F. Hibberd reviewed the pamphlet in the Western Journal of Medicine, III (July, 1868, 126-27), praising it highly (Hibberd also reviewed the moral propaganda tract, The Use of Tobacco, and the Evils, Physical, Mental and Moral, Resulting Therefrom (New York, 1868). He was as kind as possible, considering the fact that the pamphlet was poorly done.

John T. Hoffman, et. al., The Work of the Prison Association of New York, Its Character and Results (New York, 1870), and E. C. Wines,

A Brief Statement of the Objects and Results of the Prison Association of New York During the Seventeen Years of Its Existence (New York, 1862), both provide good background material on the Association.

The Second, Third and Fourth Reports of the National Quarantine and Sanitary Convention (Baltimore, 1858, New York, 1859, Boston, 1860), contain a wealth of information concerning the climate of opinion on the contagion controversy. The opinions of Griscom and many of his associates can be found there. These reports, especially the Third, when Griscom was president, which is by far the fullest and most valuable, also included articles and papers prepared by the delegates. Griscom's "Report upon Sewerage, Water Supply and Offal" and John Bell's "Sanitary Measures to Cities" were printed in the Third Report. They were also printed separately (New York, 1859). Both exhibit the Convention's dedication to internal sanitary problems.

The Annual Reports of the Board of Trustees of the New York Dispensary (New York, 1834, 35), mention Griscom's connection with that organization. The Report of the State of New York Hospital and the Bloomingdale Asylum for the years 1843-68 (New York, 1868), reported on Griscom's connection with that hospital.

The Annual Reports of the Commissioners of Emigration are printed in the Legislative Documents of New York State, and they have also been printed separately as the Annual Reports of the Commissioners of Emigration of the State of New York (New York, 1861). The joint report of Griscom, Gulian Verplanck and Leopold Bierwirth on the erection of an entry facility for immigrants is printed in an Appendix (380-82). The Commissioners also printed the Rules for the Government of the Emigrant Refuge and Hospital at Ward's Island (New York, 1850). This was probably written by Dr. Griscom, considering the style and tone of the report.



The Documents of the United States Sanitary Commissioners, Vols. I and II (New York, 1866), reveal that Griscom was an Associate Member, but apparently had no other connection.

The First and Second Annual Report of the New York Sanitary Association (New York, 1859, 1860), provide information on Griscom's organizational ability, and on New York's sanitary condition. His report to the New York Sanitary Association entitled Sanitary Legislation, Past and Future (New York, 1861), traced the efforts for health reform and indicated plans for the future. Griscom also prepared a report on "The Causes and Prevention of Some of the Most Important Diseases of the Army," printed in the American Medical Monthly, XVIII (Dec., 1862, 401-18). Griscom covered the hygiene of the army camps, the health services and the types of tents in use.

The First, Fourth, and Tenth Annual Report of the New York Association for Improving the Condition of the Poor (New York, 1845, 1847, 1853) provide information on Griscom, and the condition of the lower classes in New York City. The First Report of a Committee on the Sanitary Condition of the Laboring Classes of the City of [sic] New York, with Remedial Suggestions (New York, 1853), was prepared by Griscom, and devoted almost entirely to the question of tenement houses. The style and tone of the report suggest that Griscom was the author, although it is unsigned.

A Report of the Special Committee on the Merits of a Proposed Method of Supplying Pure Air, prepared by Dr. Griscom (New York, 1869), and the By Laws of the New York Association for the Advancement of Science and Art (New York, 1865), are the only records or documents in existence relating to this organization, which was founded by Griscom as a part of the Cooper Institute.

Government Documents: City, State, and Federal documents all provide information on the people's health and Griscom's work.

The Congressional Globe (33rd Cong., 1st Sess., 1853-54) gives the background on Hamilton Fish's Report of the Select Committee on Emigrant Shipping (33rd Cong., 1st Sess., Senate Report 386, 1853-54, Serial 707). This report covers the evils of emigrant shipping as reported by several witnesses, including Griscom, and recommends changes in the law. The Memorial of the New York State Legislature which helped bring about the investigation is printed in House of Representatives, (33rd Cong., 1st Sess., Misc. Doc. 14, Jan., 1854). The Statutes at Large, IX and X, contain the Laws. The Senate Report of the Immigration Commission (61st Cong., 3rd Sess., Doc. 758, vol. 38, 1911) contains useful information on immigration legislation.

In the State Documents are several valuable reports, perhaps the most significant of which is the Report of the Select Committee Appointed to Investigate the Health Department of the City of New York (Senate Doc. no. 49, Feb. 3, 1859). This report recommended changes in the health law after testimony had been heard on the deplorable conditions.

There are two reports on the tenement situation: the Report of the Select Committee Appointed to Examine into the Condition of Tenant Houses in New York and Brooklyn (Assembly no. 205, March 9, 1857), which quotes extensively from many of Griscom's writings, and the Report of the Committee on Public Health . . . Relative to the Condition of Tenement Houses in the Cities of New York and Brooklyn (Assembly no. 156, March 8, 1867). Both reports cite the problems related to tenant houses which Griscom had mentioned years earlier.

The Second Report of the New York State Inebriate Asylum (Senate no. 45, 1864), mentions Griscom's connection with that hospital. The Journals of the Assembly and Senate from 1857 (80th Sess.) until 1866 (89th Sess.) chart the failures and ultimate success of the Metropolitan Health Bill. The Report of the Minority of the Select Committee of Nine Upon the Metropolitan Health Bill for the City and Port of New York and Counties of Kings and Richmond (Assembly no. 203, April 7, 1862) was a bitter attack directed against Griscom's attempts to pass the health reform measure. Griscom answered Coddington in a letter to the editor in the New York Times, April 21, 1862.

From the City Documents, scattered issues of the City Inspector's Reports, especially 1839, 1846, and 1847 are helpful in comparison with Griscom's of 1842. Griscom presented a number of reports to the city officials when he was City Inspector; the most significant (after the City Inspector's Report) was his Reorganization of the Health Police (Board of Aldermen no. 111, 1843). Volumes XXIII and XXIV of the Proceedings of the Board of Aldermen (1842-43), and XXI of the Journal and Documents of the Board of Assistants (1842-43), trace the fate of Griscom's recommendations.

The Report of the Sanatory [sic] Committee of the Board of Health in Relation to the Cholera as it Prevailed in New York in 1849 (New York, 1849), is an excellent report on the workings of the Board of Health.

Registers and City Directories: E. M. Purdy, Medical Register of New York, New Jersey and Connecticut for 1874 (New York, 1874), Longworth's American Almanac, New York Register and City Directory, Doggett's New York City Directory, and D. T. Valentine's Manual of the Corporation of the City of New York for scattered years of the

Griscom period all provide information on his activities and organizational connections.

New York and American Medical Gazette: One of the best, and most unlikely, sources of information on Dr. Griscom are the usually unfriendly accounts in the American Medical Gazette (first five volumes are the New York Medical Gazette, 1850-54). The editor, D. Meredith Reese, was a conservative with an intense dislike for Dr. Griscom. Part of the problem resulted from a rebuke Reese received for an 1858 breach of ethics from the New York Academy, but the enmity goes back even before this because Reese viciously attacked Griscom as early as 1856 when the latter became New York Editor of the New Jersey Medical and Surgical Reporter. Although a negative source, especially on Griscom's state-related activities, they document much of his work. Volume V (1854) through volume XII (April 1861) contain many editorials which are at least in part devoted to Dr. Griscom.

New York Newspapers: Several of the newspapers were of help. the New York Times, with the index, was the most valuable. the Times early supported the plan for health reform and gave full and complete coverage of the activity in Albany. It also reported on the New York Academy of Medicine, the New York Sanitary Association and the New York Association for the Advancement of Science and Art. Griscom's article on public parks was printed in the June 30, 1853, issue. the New York Tribune is also valuable, especially during Griscom's tenure as City Inspector in 1842. the New York Evening Post printed Griscom's "Observations on the Organization of the Hospitals at Bellevue and Blackwell's Island" (Oct. 30, Nov. 1, 5, 6, 1845) and L.'s rebuttal (Dec. 5, 6, 1845). Frank Leslie's Illustrated Newspaper, in May, 1858, attacked the swill milk producers, and printed a letter from Dr. Griscom (May 22, 1858).

English Health Reform: The Works of Jeremy Bentham (Edinburgh, 1843), Maurice Marston, Sir Edwin Chadwick (London, 1925), and Edwin Chadwick's Report on the Sanitary Condition of the Labouring Population of Great Britain, ed. by M. W. Flynn (Edinburgh, 1965), and Chadwick's A Supplementary Report on the Results of a Special [sic] Inquiry into the Practice of Interment in Towns (London, 1843) show that Griscom was definitely influenced by English work.

Contemporary Accounts: The travel accounts of Charles Mac Kay, Life and Liberty in America (New York, 1859), and especially Charles Dickens, American Notes (Gloucester, Mass., 1968), provide a great deal of information and excellent insights on life in New York during Griscom's active years. Another source is the Diary of George Templeton Strong, edited by Allan Nevins, 4 vols. (New York, 1952). Strong was especially valuable for his accounts of the cholera epidemics.

Jacob A. Riis: In drawing a comparison between Griscom and Riis, the latter's Ten Years War (New York, 1900), Battle With the Slum (New York, 1902), The Children of the Tenements (New York, 1903), and How the Other Half Lives, edited by Sam Bass Warner, Jr. (Cambridge, Mass., 1970), are very appropriate. Harry Manuel Shulman, Slums of New York (New York, 1938), indicates that more work remained to be done after Griscom and Riis completed their careers.

General Works: Iago Galdston's "Humanism and Public Health," Bulletin of the History of Medicine, VII (July-Aug., 1940, 1034-42), is an excellent source in that it traced the importance of the humanitarian reform movement in relation to public health and provided a starting place for this work.

The only secondary work that deals with Griscom specifically is Charles and Carroll Rosenberg, "Pietism and the Origins of the Public Health Movement: A Note of John H. Griscom and Robert M. Hartley,"

Journal of the History of Medicine, XXIII (Jan., 1968, 16-35). This article, however, deals more with the relation between pietism and public health than with Griscom himself.

There are many sources on public health and medical history, but few of them shed any light on Griscom and his period. One of the best is John Duffy's encyclopedic History of Public Health in New York City, 1625-1866 (New York, 1968). This is the first of a two volume history of public health that will be indispensable to anyone interested in either public health or urban history. George Rosen's general History of Public Health (New York, 1958), and his "Public Health Problems in New York City," New York State Journal of Medicine, L (Jan., 1950, 73-78) help in understanding the general nature of public health. Mazeyk Ravenel's edited work, A Half-Century of Public Health (New York, 1921), traces the decades of discovery after the germ theory.

Books related specifically to New York's health and organization are Philip Van Ingen's "The First One Hundred Years of the New York Medical Society" (1944 typescript in the NYAM Molloch Room) and The New York Academy of Medicine, Its First Hundred Years (New York, 1949); both are good, with material on Dr. Griscom. Charles Rosenberg, The Cholera Years (Chicago, 1962) outlines the major epidemics of cholera in New York City. J. J. Walsh's History of the Medical Society of the State of New York (New York, 1907) and five volume History of Medicine of New York (New York, 1919), are both dated but still of use. Charles F. Bolduan, Over a Century of Health Administration in New York City (Dep't of Health Monograph no. 13, 1916) is brief but useful, as is Susan Wade Peabody, Historical Study of Legislation Regarding Public Health in the States of New York and Massachusetts, Journal of Infectious Diseases (Supplement 4, Feb., 1909), which traces the significance of the Metropolitan Health Bill. Stephen Smith, The City That Was, (New

York, 1911), is concerned with the same subject, but was written many years after the bill's passage and must be used carefully. Gert Brieger, "Sanitary Reform in New York City: Stephen Smith and the Passage of the Metropolitan Health Bill," Bulletin of the History of Medicine, XL (Sept.-Oct., 1966, 407-29) is a good analysis of the final drive to pass the bill. Jacob Judd, "Brooklyn's Health and Sanitation, 1834-55," Journal of Long Island History, VII (Winter-Spring, 1967, 40-52), is good as a comparison to what was happening in a neighboring city. Although it is not a medical history, no study of New York could do without I. N. Phelps Stokes's, Iconography of Manhattan Island (New York, 1926). It must be carefully used, however, because no distinction is made between the two Griscoms.

General medical studies include Richard Shryock's Medicine and Society in America (New York, 1960), which is an excellent study for the pre-Civil War period. J. S. Chambers, Conquest of Cholera (New York, 1938), and John C. Peters, A Treatise on the Origins, Nature, Prevention, and Treatment of Asiatic Cholera (New York, 1866), are both valuable in understanding the importance of the disease. Henry Burnell Shafer, American Medical Profession, 1783-1850 (New York, 1936), Frederick Norwood, History of Medical Education in the United States Before the Civil War (Philadelphia, 1944) are both good for pre-germ theory medicine. M. E. M. Walker, Pioneers of Public Health (New York, 1930), is mostly concerned with European pioneers, but it does cover many of the more important breakthroughs.

N. S. Davis, History of the American Medical Association from Its Organization Up to January, 1855 (Philadelphia, 1855) is a good treatment of the early years. Two articles in the Bulletin of the History of Medicine are Howard D. Kramer, "Early Municipal and State Boards of Health," XXIV (May-June, 1950, 503-29), which treats the

significance of the Metropolitan Board of Health, and Harold M. Cavins, "The National Quarantine and Sanitary Conventions of 1857-1860 and the Beginnings of the American Public Health Association," XIII (April, 1943, 404-26), in which Cavins maintains that the conventions were the beginnings of a national health organization.

Frederick Kapp, Immigration and the Commissioners of Emigration (New York, 1870), indicates the importance of Griscom to the Commissioners. Edith Abbott, Immigration, Select Documents and Case Records (Chicago, 1924), is indispensable. General works on immigration include Marcus Hansen, The Atlantic Migration, 1607-1860 (New York, 1940, 1961), Edwin Guillet, The Great Migration (Toronto, 1963), Oscar Handlin, The Uprooted (New York, 1951), and Robert Ernst, Immigrant Life in New York City (Port Washington, New York, 1965, 1949).

Kate Holladay Claghorn, "Foreign Immigration and the Tenement House in New York City," in vol. II of Robert W. deForest and Lawrence Veiller, eds., The Tenement House Problem (New York, 1903), connects immigration and tenements and analyses the contribution of Dr. Griscom. Both volumes of this work are helpful. Two other works by Veiller include Tenement House Reform (New York, 1900), and A Model Housing Law (New York, 1920), both of which put Griscom in the forefront of the tenement house reformers. James Ford, Slums and Housing (Cambridge, Mass., 1936) and Roy Lubove, The Progressives and The Slums (Pittsburgh, 1962) also connect Griscom with the tenement and give a good analysis of the tenement problem in the nineteenth century.

General works on welfare and prisons include Blake McKelvey, American Prisons (Chicago, 1936), W. David Lewis, From Newgate to Danemora (Ithaca, 1965), David M. Schneider, History of Public Welfare in New York State, 1609-1866 (Chicago, 1938). Ramsey Clark, Crime in America



(New York, 1970), has many parallels with Griscom's work, and indicates that much remains to be done.

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