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Hope Hospital, The "Rochester Municipal Hospital,"
1869-1903

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Rochester—The Emergence Of Its Great Health Officer,
Dr. Goler

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Rochester Smallpox, 1902-03—The End Of It

BY

HOWARD B. SLAVIN, M.D.

Three essays reprinted from the *News* of the Medical Alumni Association of the University of Rochester; December, 1959, pp. 6 and 7; March, 1960, pp. 6 and 7; June, 1960, pp. 6, 7 and 8. Copyright—1960 by Howard B. Slavin

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I

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The "Rochester Municipal Hospital,"
1869-1903¹

BY

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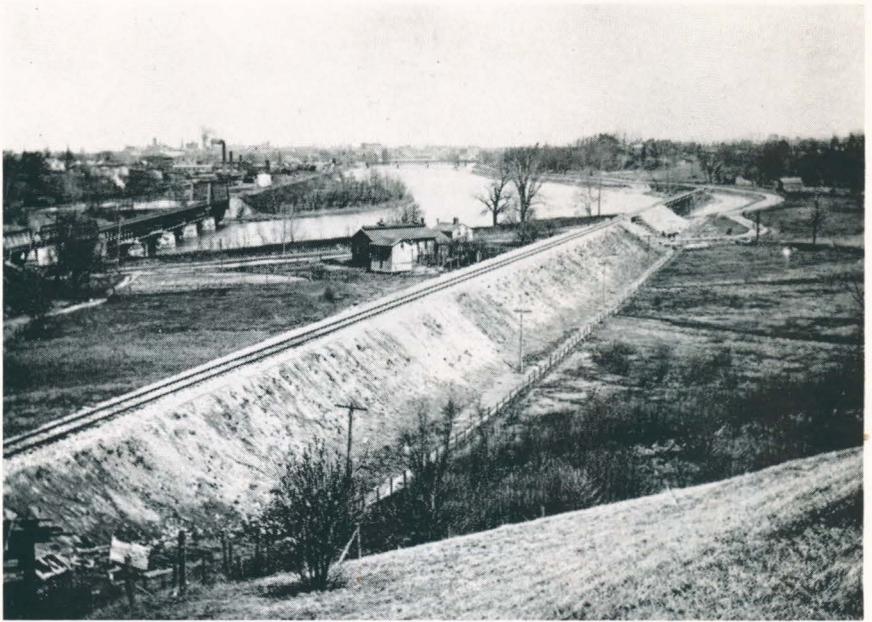
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"Every age, through being beheld too close, is ill-discerned by those who have not lived past it."

Elizabeth Barrett Browning: *Aurora Leigh*

ROCHESTER'S MUNICIPAL HOSPITAL owes its conception to the germs of infectious diseases. Its birth was a painful one, heralded more than once by false labor and interrupted time and again by *inertia uteri*. Its period of most rapid growth was fostered by Dr. George W. Goler, the first full-time Health Officer of the community. We cannot, within the limits of these pages, tell its story completely. What follows is but one phase of its *post partum* development.

A committee of the Common Council (Board of Aldermen) of the City of Rochester put down in 1868: "That they have visited in connection with members of the Board of Health the so-called Pest House and made a careful inspection of the location, the premises and accommodations and find. . . . it is a disgrace to the city, and is inadequate to the wants of the sick. The house is in close proximity to a stone quarry or pond that contains stagnant water the whole year 'round. There is now three feet of water in the cellar and the keeper informed the committee that the water remains in the cellar nearly the whole year. The house is of stone and quite



1. The "Pest House" (Hope Hospital), Spring, 1902

The view is from the rear looking north toward downtown Rochester. The elevation of the Lehigh Valley track is to the viewer's right, and the Erie Railroad bridge crossing the Genesee River on the left. Clarissa Street (then Caledonia Avenue) Bridge may be seen in the distance. The smoking stack to the left is the old Vacuum Oil Company along Exchange Street.

small and the ward occupied by the sick is on the west side of the house in a 'lean-to' or low wooden addition sealed up with matched boards and exposed in the afternoons to the scorching sun.

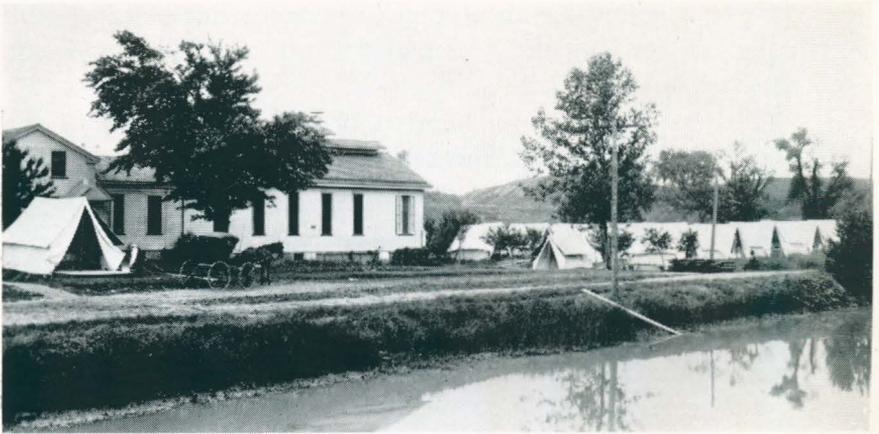
"The 'bunks' and beds used for the sick are of the worst and meanest kind and are enough to make a well person sick to lay on them. There is no room suitable for persons, who while sick with contagious diseases become deranged and out of their heads, in which to separate and confine them in. For their safety and for the safety and comfort of the other patients—and besides the city do not own this building but pay \$90 per year for the rent thereof—we say

after the examination that in no point of view is this place suitable for the purpose for which it is used and wonder why it should have been retained so long. . . .”

The report makes no mention of the whereabouts of this stagnating structure. The Council promptly adopted the following. “Resolved: That the Committee on Public Health in connection with the Board of Health be and they are hereby authorized and empowered to provide a suitable Pest House and appurtenances such as in their judgment may be expedient for the wants of the city.”

In 1869, with the exaggerated isolation technique of the times, a new Pest House was acquired. A 40-year-old farm house presumptuously christened Hope Hospital, it was situated well south of the city along the east bank of the Genesee River. The track of a branch line of the Erie Railroad was on one side of it; in 1892 the Rochester and Honeoye Railroad, later a branch of the Lehigh Valley, was placed along the other. It fronted on a dirt road which was all but impassable through much of the winter and no more than muddy wagon ruts during most of the spring. Between Hope Hospital and the river to the west a malarious looking “feeder” indolently found its way northward to the Erie Canal. South of the institution lay a half-moon of then fallow country, destined later to become a golf course and, more recently, the River Campus of the University of Rochester. To the east was an excellent view of Mount Hope Cemetery. The appurtenances of the place thirty years later have been set down in adequate summary by Dr. Goler: “. . . Hope Hospital was a two-ward and one-room, sixteen bed hospital with one water tap in the kitchen, without a sewer, an old, partitioned privy in back labeled ‘Ladies’, ‘Gents’, a two-room, battered, unpainted shack for isolating suspects and an old grocery wagon for an ambulance—the horse had to be rented.” This expedient establishment was serviced by a single telephone. Despite repeated warnings of its inadequacy by the Health Officer, such was the “Rochester Municipal Hospital” at the turn of the century.

Dr. Goler had for a time no greater success in urging vaccination on the populace. Epidemic smallpox sprang unpretentiously from the brows of Rochesterians in the blizzardy February of 1902. It was as popular then as it is now to have one’s infectious



2. Hope Hospital, Summer, 1902

The view is from the front looking south. The hill just to the right of the building now supports the Women's Dormitory of the University of Rochester. Patients in tents. The tent directly in front of the hospital is Dr. Barron's, the Medical Superintendent. The horse and buggy, probably Dr. Goler's. The malarious looking stream in the foreground is a "feeder" canal, between the hospital and the river.



3. Hope Hospital, Late Summer, 1902

Convalescent patients in tents. Several nurses in white hats, may be identified. Mount Hope Cemetery in the background.

diseases imported. Smallpox was said to have been brought to Rochester by two tramps from Troy, N. Y. As is so often the case with outbreaks of communicable diseases, smallpox made an inauspicious start. In February, Rochester had a trickle of four cases reported to the Health Bureau, followed by three in March and in April only two. But in May there were seventeen cases, in June 77, 61 in July and 10 in early August. Then the freshet seemed to dry up.

A crescendo score, played in one tempo or another, is common to epidemics of many infections. What is unusual about this one is that smallpox increased during the warm months. The disease finds its victims more readily during the cold months of the year when people herd together for comfort. That in Rochester, in the late spring and summer, it increased rather than diminished is testimony of an undesirable receptiveness of the inhabitants.

August did not, however, mark the end of the affair. Although there were only three new cases in September, late October brought 24 more, November 152 and December 236. In January, 1903, there were 84 cases. After that there were less than ten each succeeding month until the epidemic spent itself in July.

With the rush of events, neglect and fault were soon compounded at Hope Hospital. The place burgeoned with 25 beds. In June, patients overflowed into tents. Because of fear of smallpox it was, to say the least, difficult to obtain sufficient help. Nurses and physicians were not lacking but some of the physicians who volunteered their special services as consultants had to attend the hospital surreptitiously, else their private practices would have melted away. Cooks, dishwashers and laundresses were harder to come by. One physician offered his washerwoman \$2.50 a day (a handsome recompense) to work at the hospital. Her landlord, when he found where she was going, said he would put her out of the house if she went there. Through the efforts of an energetic contractor, carpenters were gotten to build a more adequate kitchen and laundry. Baths and several more toilets were installed. A sewer was put in place. A new water line was laid and additional outlets supplied. A plumber who had had smallpox consented to take charge of the installations. To add to the troubles, he came down with a second attack of smallpox as he was finishing the job.



4. Hope Hospital, Winter, 1902-03

The view is to the west with Mt. Hope Cemetery in the background. Most of the patients now in voting booths and shacks. Eleven voting booths may be counted. Of the two large shacks, in front of the booths, to the viewer's left, the one in the foreground was the "Waldorf Astoria"; the nurses slept in the other. Tent platforms from the previous summer are stacked at the lower right. The elevation of the Lehigh Valley tracks lies between the Pest House and the cemetery. The East River Road, now the River Boulevard, is a narrow track between the utility poles to the left and the Pest House. On the left of the poles, the "feeder" canal is frozen over. A portion of a bend of the Genesee River is seen left of the canal.

The ordeal of the summer wore on. The season was a humid one. The river flat was damp. Flies in great numbers tried to take over. Maggots were found between a patient's toes. Rubbish piled up on the grounds and sometimes, because of unfavorable winds, remained unburned. In early September, Dr. Goler was "worn out by the great strain of his responsibilities", "on the verge of nervous prostration", "had constant headaches, rings about the eyes and loss of flesh." It was remarked that his hair was graying. Acting on the advice of his physician, he went to Europe. The truth of the matter is that Dr. Goler had a peptic ulcer. After his return, in December, it gave him no further trouble until his retirement, thirty years later,

when he assembled his faithfully kept records and attempted to write the story of the epidemic. A recurrence of his old symptoms forced him to give up the project for good!

The events of the winter were enough to give almost any responsible person a peptic ulcer. The tents came down with the cold weather and, following the election of early November, voting booths were moved in to take their place. There were times when it was an even matter at the end of a day which had arrived in greater numbers, patients or booths to house them. Booth windows were frequently shattered in transport; they were temporarily boarded over or covered with paper. Chinks in the walls were said to provide better ventilation. Within a space of 22 by 18 feet, where voters had recently marked their ballots, were arranged a pot-belly stove, a table, six beds, a few wooden chairs and such smaller but no less necessary accessories as could be stored under the beds. Each booth was named by the patients: "Rattle Snake Pete's", "Ranch 10", "The Brady", "Idle Rest." Altogether there were eighteen booths. There were a greater number of names. The open passages between the booths became known as "Hogan's Alley" and "Scab Alley." Two frame, one-story buildings were erected along the front of the grounds. The larger, the "Waldorf-Astoria", contained 26 beds.

Many of the nurses slept in tents until December. Some of them slept two in a bed, tandem style, a day nurse falling in where a night nurse had just turned out. The still extant word-pictures of the nurses wearing rubber boots, making their way through the snow with medicines, refreshments and trays of food are vivid enough.

In the meantime, the resident physicians including the Medical Superintendent, Dr. William M. Barron, shovelled snow, chopped ice, fired stoves, carried ashes, boarded over excess ventilation and repaired door catches. At one point the laundry froze up and was several days in the fixing. Nor were their non-professional labors confined to maintenance. They made nearly all the burials. When a death occurred, the body was wrapped in a winding sheet, put in a coffin and sprinkled liberally with lime. The coffin was then placed in a light, uncovered wagon in which the physician made the trip either to Mount Hope Cemetery close by, or six or seven miles across town to the Catholic Cemetery, Holy Sepulchre. On arrival, he



contrived somehow or other to pull the coffin to the ground and to edge it into an open grave prepared by diggers. After he had covered it with earth, the grave diggers would risk finishing the job. In the inevitable confusion, there seem to have been one or two instances in which Catholics were buried in Mount Hope and Protestants in Holy Sepulchre!

With fire engines standing by, Hope Hospital—booths and all—was put to the torch on May 11, 1903, as soon as construction of a successor hospital was completed. The man who kindled the kerosene-doused buildings was the Medical Superintendent. In giving this last measure of devotion, he appeared for a moment to have been cut off by the rapidly spreading flames. The hallowed ground may be seen today, a triangle of land along the River Boulevard still lying between railroad tracks, just north of the River Campus.

5. Interior of a Voting Booth, The Pest House, Winter 1902-03

Note the chink to the left where the roof adjoins the sidewall. The face of the lad to the right is completely pock-marked. The boy in the center has a black eye and a swollen right hand—it looks as if he could “dish it out as well as take it.” The pot-belly stove is still standard equipment for many voting booths.

II

Rochester—
The Emergence Of Its Great Health Officer,
Dr. Goler³

BY

HOWARD B. SLAVIN, M.D.³

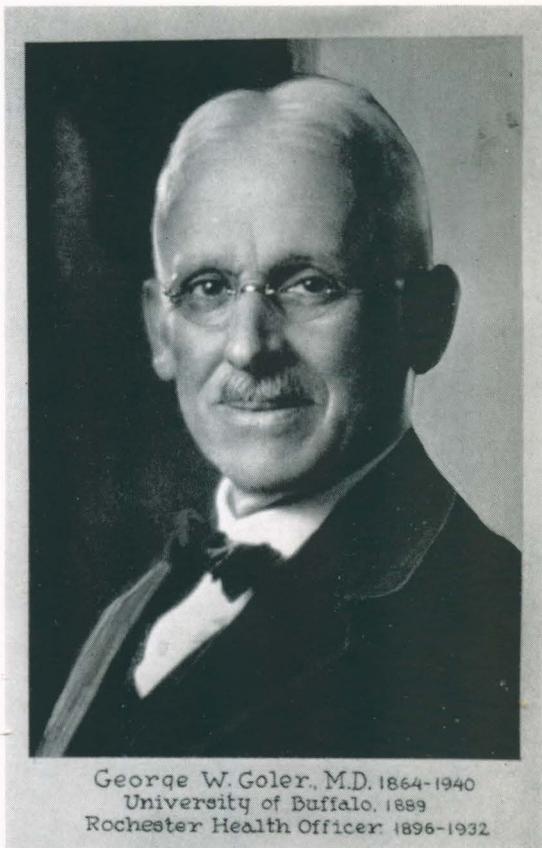
³See footnotes, page 1.

“QUI NON PROHIBIT QUOD PROHIBERE POTEST ASSENTIRE VIDETUR. *‘He who does not prevent what he has power to prevent, is regarded as assenting to it.’*”

Sir Andrew Balfour: Address delivered at The University of Rochester, 1926

UP TO 1896, the public health affairs of Rochester were looked after by a Board of Health Commissioners. The Board was made up of public-spirited citizens, many of them physicians. Some of their opinions, expressed from time to time in their Annual Reports, show a refreshing wisdom. About ten years before Rochester had a public park worthy of the name, they stressed the need. They advocated better ventilation of public schools. Although water from Hemlock Lake, twenty miles to the

south, was piped to Rochester in 1876, the city still had more than 1400 wells as late as 1895. Typhoid fever had long been a problem.



George W. Goler, M.D. 1864-1940
University of Buffalo, 1889
Rochester Health Officer: 1896-1932

6. George W. Goler, M.D.

In 1877, there was an “alarming prevalence” of the disease among those who used water from a well at Reynolds and Hunter Streets. After investigating the matter at their request, Dr. S. A. Lattimore, Professor of Chemistry at the University, informed the Board that year: “--- [typhoid fever has] been communicated to large numbers of persons by *something in the water*, and as chemical analysis has in almost every case, produced conclusive evidence of contamination [of wells] from sewage or drainage, it appears that we may claim to be able to point out the lurking place of the common enemy, if we cannot yet lay our hands on his individuality.” The Report of 1877–78 pointed out that, after the well was closed, there was not a single new case of typhoid in the vicinity. The Board was concerned with the salutary effect of underground sewers. They were convinced of the efficacy of vaccination against smallpox.

In 1863, during the War of the Rebellion, smallpox was prevalent in Rochester. We are told that several thousand children were vaccinated that year. The author of the Health Report for 1867 wrote, “We have had no small-pox in the city since a year ago last July (1866). This is a fact unprecedented in our history as far as I can learn.” There was, by 1867, a State law permitting the Board of Education to refuse admission to public schools of children who could not exhibit a certificate of vaccination. The shortcomings of so attenuated a law are obvious. The 1867 Report warned against parents’ neglect of vaccination of their children and lamented, “The Board of Education have this matter entirely in their hands ---.” The following year’s Report urged that children be vaccinated as early as the sixth month, “unless there is some adequate reason for delaying it to a later period.” In 1871, the city had 135 cases of smallpox, 28 of whom died. Vaccination was repeatedly urged through the press. All the children attending public and private schools whose parents would consent were vaccinated; the total, including pre-school children and adults was estimated at 15,000 persons. An outbreak of smallpox in 1885 brought from the Board of Health a resolution that all those unable to pay be vaccinated at public expense. The city paid physicians 10¢ for each person vaccinated at schools, 15¢ at factories and 25¢ at physicians’ offices. About 22,000 school children were inoculated; the total number of individuals is

not a matter of record. This was probably the most successful, large-scale effort made prior to the epidemic of 1902-03. A recommendation by Dr. Goler, in 1900, that a general vaccination take place seems to have gone unheeded.

Dr. George W. Goler was appointed full-time Health Officer in 1896. Born in Brooklyn, he received his Doctorate of Medicine from the University of Buffalo in 1889 and, not long after, established himself as a practitioner of the Art and Science in Rochester. He brought to the protection of health in his adopted city a number of prerequisites. Not least were an indomitable spirit and a firm conviction of the germ theory of disease.

In addition to the vexing threat of smallpox and the inadequacies of Hope Hospital, some of the problems to which Dr. Goler as a young health officer addressed himself were the disposal of sewage, protection of the water supply, testing and purification of milk and specific therapy of diphtheria. With all of them and others he eventually achieved a remarkable measure of success. 1896 was but the dawn of public health and preventive medicine.

As recently as sixty years ago, the disposal of human excrement in our cities was a formidable annoyance. At that time, there were in Rochester not only thousands of privies but hundreds of "vaults", repositories outside houses, often in alleys, where the waste of man and his commensals was brought from dwellings and periodically removed. It was still the day of the "honey dipper" and the "night cart." Of the latter, the Health Board Report of 1875 leaves a stirring impression. "Whoever," it reads, "in his nocturnal ramblings, has had the misfortune to meet one of these perambulating plague-disseminators, would shun a second encounter as an Oriental would flee from a leper." It was not like Dr. Goler to leave Augean odors unstified.

One marvels at the incrimination, by the Report of 1870, of cows' milk as a source of diarrheal diseases of infants and small children. The summer prevalence of the diseases was pointed out and it was recommended that milk be thoroughly cooled after milking. "No wonder," it stated, "so many children die. The wonder is that so many live." In 1897, the Health Bureau, under Dr. Goler, began a program of instruction of mothers in the summer care of

infants. As part of the program, it established, in some of the most populous districts of the city, milk depots in charge of trained nurses. There, milk was supplied in nursing bottles ready for feeding. Obtained from tuberculin-negative cows whose udders had been thoroughly washed, the milk was received in sterilized cans supplied by the Health Bureau and promptly refrigerated. Whatever their immediate effect on infant mortality during the summer (It was appreciable.), the long-term educational result of the milk depots is indubitable. In 1895, Dr. Goler recorded that an outbreak of diphtheria, two years before, had been clearly traceable through milk to a milkman's own family. Five years later, he reported that seven of twelve lots of milk sampled locally had, when centrifugalized and injected into guinea pigs, produced tuberculosis. In condemnation of watering and skimming milk, his Report of 1897 contains the statement, "During the past four years, one-third of all the milkmen bringing milk into the city have been arrested, convicted and fined for selling milk below the standard of food value."

The introduction of something as novel as diphtheria antitoxin might have daunted a less intrepid man than Dr. Goler. Rochester was the second city in the country to produce diphtheria antitoxin, New York the first. Antitoxin was initially made in the area by inoculating three Fire Department horses at the municipal veterinary hospital on Driving Park Avenue. The serum collected from their blood was sent to New York to be standardized. Antitoxin was ready for distribution in May, 1895. Among Dr. Goler's personal notes, one finds that around 1898 its use in Rochester had been slowly extended. "It was being made and freely distributed by the Health Bureau," he continued, "but even this free gift did not prevent some physicians from objecting to [it] ---. A striking but not singular example is that of the physician who, in 1898, did not believe in it and who allowed four of five children to die rather than give it to them." This is too harsh a retrospective indictment of the physicians of the era. Serum sickness, so frequent after injections of unrefined horse serum, was at the time poorly understood, or not understood at all, and precipitous (anaphylactic) deaths following its administration were not unknown. The diagnosis of diphtheria by laboratory techniques was introduced here in 1894 by Dr. Charles

the children of the poor? Where may the family of the worker on ten or fifteen dollars a week receive the information which shows the necessity for making physical repairs upon the bodies of his children? Where may they get the work done? Will they spend even a little money for it? Where will they get the money? We consider these, and other questions relating to the child as a normal child, and the 'child as a stupid' because it could neither chew well because of bad teeth and therefore neither digest nor assimilate well, could neither breathe well because of obstructed throat and nose, see nor hear well because of imperfect visual or hearing apparatus. Because of these departures from the normal, the child becomes a defective. How many such children fail in school? How many require police surveillance? How many require restraint of law? How many grow up to become sick, criminal or insane? How many?"

In 1907!

III

Rochester Smallpox, 1902-03—
The End Of It⁴

BY

HOWARD B. SLAVIN, M.D.⁴

⁴See footnotes, page 1.

**Punishment Suggested
for Health Officials.**

*Many Patients Testify to Good Treatment
and Satisfactory Conditions.*

**SNOW DRIFTS IN BOOTHS IN WHICH
SMALLPOX PATIENTS WERE
BEING TREATED.**

**COUNCIL PASSES REPORT ON
HOPE HOSPITAL INQUIRY**

**ROPE OR TAR
COUNCIL STIRRED**

**GILMAN DENOUNCES THE SMALL
POX REPORT: WILL IGNORE THE
ALDERMEN'S "DEMANDS"**

*Gilman Directed To Ask Dr. Goler's Resignation
or To Prefer Charges---General Censure for
All Concerned---Gilman and Dr. Barron
Criticised--Council Exonerated.*

**Father of Smallpox Victim Denies That
Sick Lad Was Dragged Through Hall
by Ambulance Driver.**

*From The Rochester Morning Herald and
The Rochester Evening Times*

8. The Fourth Estate's reactions before, during, and after the
Public Hearing of 1903

"Yours is the comfortable reflection that mankind can never forget that you have lived; FUTURE NATIONS WILL KNOW BY HISTORY ONLY THAT THE LOATHESOME SMALLPOX HAS EXISTED and by you has been extirpated."

Thomas Jefferson to Edward Jenner, 1806

ROCHESTER'S SMALLPOX EPIDEMIC of 1902-03 was its last great one. That it led to a public hearing levies no tax on the imagination. A thousand cases of smallpox, about one of every 160 inhabitants, could hardly have been swept under the civic carpet.

The first notes of overture of an investigation of the Pest House (Hope Hospital) and the Health Bureau's handling of the outbreak were struck by the newspapers of Rochester in August, 1902. With the seeming disappearance of smallpox that month, there was little audience. The hectic winter that followed brought from the grand jury a better attended chorus of resentment. The libretto ended with the words, "The jury, in conclusion, wish to have it understood that it is their opinion that early and prompt action by the Common Council in the early spring or summer months would have materially lessened many of the causes of complaint, as undoubtedly the Health Department was embarrassed by lack of funds." Four days later the *Rochester Morning Herald*, under headlines of "Rope Or Tar—Punishment Suggested For Health Officials," reported: "The recent criticisms of the grand jury on the management of the smallpox cases furnished a most enlivening topic for discussion in the Council last night. The aldermen were about equally divided in their indignation, because they were themselves subject to grand jury criticism and because of the chronic desire of certain members to attack the Health Bureau. Not satisfied with answering in one resolution the grand jury criticism as it related to the Council, they put through a second resolution empowering the Public Safety Committee to make its own investigation." On February 7, 1903, the five

aldermen who comprised the Council's Committee for Public Safety began a hearing. Played without a score and possibly with an irresolute leader, the orchestration proved at times dissonant if not cacophonous. Dissension soon reduced the quintet to a trio.

There is little to be gained by attempting to trace the peregrinations of the investigating committee and the witnesses. Ill planned or unplanned, the odyssey took place, it is to be regretted, with no apparent historical perspective nor any manifest desire to gain one. Exoneration of the Common Council and condemnation of the Health Bureau seem to have been its principal concerns. The *Rochester Post Express* announced: "The hearing will be open to the public and there will be *no check whatever* on the number of witnesses. Anyone who has or thinks he has a grievance against Hope Hospital or the *smallpox regime of the health officials* will be given a chance to air it." It predicted "testimony damaging to the Health Department" and, contradictorily, that "many wild and imaginative statements [would] vanish in thin air."

During the first eighteen days of the hearing, there was no dearth of tales of neglect and allegations of cruelty. With the official auditors doing the basting, the Health Bureau and Hope Hospital were well roasted. The affair was only three days old when the Health Officer, Dr. Goler, arose in the council chamber and said, "This is more in the nature of an inquisition than an investigation." Eight days later, he issued to the committee a well publicized invitation to visit Hope Hospital. One member accepted. "We can't all be heroes," he was told by a colleague. In the welter of witnesses confusion was succeeded by chaos. To save time, the chairman administered the oath to a group of witnesses at once. The *Express* headlined the act "Sworn In Bunch." The committee was by that time at a disadvantage. The wave of smallpox had broken. Rochester's sores were healing fast. With some insight into the state of affairs, the chairman announced on February 25 that the investigation would close the same day. Dr. Goler's attorney protested at such short notice to prepare his defense. He was arbitrarily given a day to do so. But there was no stopping in this peremptory fashion.

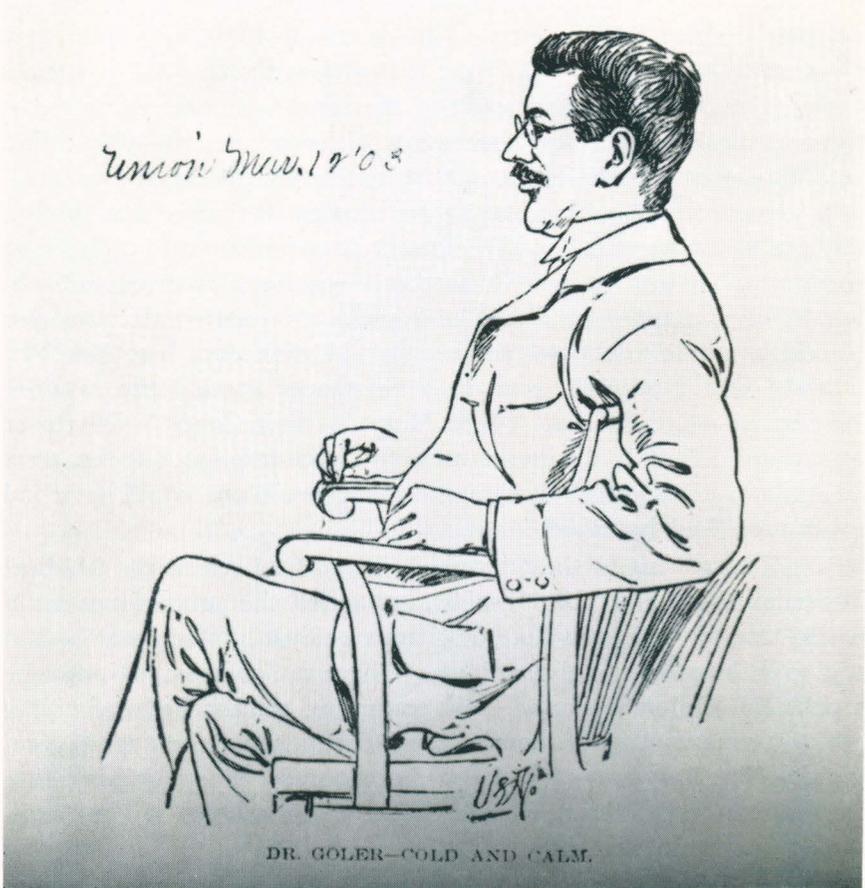
Witness continued to follow witness. The complexion of the hearing changed. Testimony became more and more contradictory

to much that had been said before. Disinterested physicians approved the Health Bureau's methods of treating smallpox. Excitement waned toward tedium. "Both Sides Keep It Up" moaned the *Herald* on March 9. "Investigators Becoming Weary Of Their Work" was the antiphon of the *Post Express*. The chairman announced the same day that proof of neglect at Hope Hospital was sufficient.

The declarations of some of the witnesses and, occasionally, those of the local newspapers were not without a certain levity. One lad announced that he had been a patient in the "Waldorf Castoria." A woman testified with less pharmacological catharsis that on the night of her admission to Hope Hospital, two men had appeared at the foot of her bed, one with a hatchet, the other a crucifix, and told her to be converted or die. The *Herald* commented that no one should be made to choose between decapitation and devotion. Nor was the Old Testament spared. A newspaper carried the caption, "Forced To Eat Pork At Hope Hospital Says Cohen." Whatever violation of Hebraic abstinence may have been implied, one discovers in less bold print that Cohen was eleven years old and could have had other meat had he asked for it.

The advent to the witness chair of Dr. Barron, the Medical Superintendent of Hope Hospital, enlivened the proceedings for a while. One of the more sustained charges against him was that he had told grumblers among the patients, "Cheer up, cherries will soon be ripe!" Dr. Goler was next. His testimony cannot be read today without appreciating its reserve, and that it was given with great dignity. The *Post Express* had already rumored, "The administration is planning to get rid of Health Officer Goler when the first favorable opportunity presents itself."

On May 18, Dr. Goler's lawyer filed with the investigating committee a brief of over 20,000 words and summarized it verbally. With what composure remained, the hearing was brought to a close—for all if not for good. Whether the brief submitted by counsel for Dr. Goler is the only summary ever made of the voluminous testimony, it was, as far as I can find, the only one ever published. Its author categorized, as best he could, the scattered statements of the witnesses, and contrasted how many persons had made this or that charge with how many had stated that the same charges were untrue,



From *The Rochester Union and Advertiser*, March 12, 1903

7. Dr. Goler at the Public Hearing, 1903

or only partly true. It has seldom been possible to litigate grievances at personalities.

The Public Safety Committee was not, however, through bungling. On May 26, their chairman appeared at a meeting of the Common Council with several copies of what he may have intended to be a final report. The copies were unsigned and, it seems evident, other members of the committee could not be brought to sign them there and then. In the shuffle, a copy found its way to the hands of a reporter; it was in the hands of the public the next day. Editorial comment was not long in the making. The *Post Express* remarked: "The most striking feature of the report is its vindictiveness. This was expected because the investigation, in which only three members of the committee took part, was conducted without dignity, without an evident desire to ascertain all the facts, and with a spirit of bitter hostility toward those whose conduct was under question." The *Express* asked its readers to remember that the committee refused to supply a copy of the evidence to those whose discharge of their office was under investigation. The *Rochester Evening Times* stated: "A report of the Public Safety Committee—on the recent investigation into the conditions at Hope Hospital—is as radical as the most bitter enemies of the Health Department could wish." An alderman was quoted by the *Express* as having said, "Dr. Goler's meal ticket with the City of Rochester has run out—." Dr. Goler could not have been eating high off the hog. His salary was \$2600. Asked if he intended to resign, he replied, "There was an epidemic of small-pox in Rochester. There is no epidemic now."

When, at long last, on June 23, the Committee for Public Safety submitted their signed report, the Council adopted it by a roll-call vote. Fourteen voted aye, three nay, and three abstained. Among the five aldermen who made up the committee, one registered a nay and another preferred abstinence. After illustrating "the alacrity with which the Common Council responded to every demand for more money," the report went on to hold the Commissioner of Public Safety responsible for failure to erect a new hospital in time, to hold the Health Officer unfitted to retain his office, to request the Public Safety Commissioner to ask for Dr. Goler's resignation and to prefer charges against him if he neglected or refused to resign.

“The Health Officer, Dr. Goler,” the report stated, “has filled that position for many years: he is a man of evident excellent medical ability and would be the ideal health officer were it not for a total absence in his make-up of good judgment and tact and courtesy to those with whom he is thrown in contact, and these characteristics are coupled most noticeably with a stubborn disposition and unbounded conceit.”

For all their labors the Committee and the Council saw the report ignored. The epidemic was over. Hope Hospital was gone. Dr. Goler did, to be sure, retire from his post as Health Officer—twenty-nine years later.

“The most satisfactory and commendable feature of the report,” reads the *Herald* of June 25, “is that it marks the end of a tedious inquiry into a most disgraceful episode in the history of municipal management in Rochester.” It added that the criticism visited on Dr. Goler was without logical relation to the evidence heard by the committee. For the delay in getting a new hospital and its consequences, it held the mayor primarily at fault. It went on: “It is probably true that if the same zeal to avert the conditions of last winter that has lately been shown in investigating them, had existed last summer among the members of the Common Council, many of the consequences of the mayor’s incapacity might have been prevented.” The *Post Express* was inclined to make light of it: “The investigation was so mismanaged that the people of Rochester and particularly the business interests of the city were greatly exasperated, but this feeling wore off as the investigation dragged its weary length along and gave way to something akin to amusement, as the members quarreled among themselves and floundered about in ridiculous helplessness and confusion. The preparation of the report revealed quite as clearly as the investigation the helpless incompetency of the members and the whole affair was turned into a roaring farce.” This was hollow laughter which, one may assume, did not resound from the business interests.

With this, the third, the author regrets that he has to bring to a pause these essays about earlier public health in Rochester. Taken together the three have common themes: a remarkably skillful, foresighted and enterprising health officer, Dr. Goler, and his trials during an epidemic of smallpox, sixty years ago. They are, in short, the story of the crucial event in the life of a most remarkable man and the way he stood up to it. Justice to Dr. Goler requires a definitive biography. This is for the future. It was remarked to me recently that Dr. Goler was a very *positive* man. My only rejoinder was that he *had* to be. When one reads here of his "stubborn disposition", etc., it is scarcely less than obvious that the statement may not have been altogether dispassionate. But was not something akin to stubbornness necessary for a health officer's success in 1900? Or today? The public hearing recounted in the present essay could have made or broken Dr. Goler as a health officer. It was the fortune of a community he was not broken. Dr. Goler stood with a handful of others in the front rank of municipal health officers.

At a glance, the health problems and accomplishments related in the essays may seem provincial. And in a way, indeed they are. However, they are also specific examples of contingencies with which America was just beginning to struggle in earnest. Of the times they deal with, the essays might have been written instead about smallpox in Boston, cholera in New York, typhoid in Pittsburgh, plague in San Francisco, or tuberculosis in any of our cities. More thought-provoking is that the events took place more than a century after the publication of Edward Jenner's *Inquiry*, his gift to the world of vaccination.

The author knows of no adequate way to thank those who by skill, patience and courtesy have been so helpful to him in ferreting out documentary material or guiding him to it. They include Miss Emma Swift of the Local History Division of the Rochester Public Library, Miss Mildred Walter of the Medical Library of the University of Rochester, Miss Lucia Lograsso who was Dr. Goler's secretary, and Dr. Norman J. Ashenburg, Editor of the *News*. I am also grateful to Dr. George H. Whipple, Dean, Emeritus, and Professor of Pathology, Emeritus, and to Dr. William S. McCann, Dewey Professor of Medicine, Emeritus, for the several informative conversations I have had with each of them. Each was kind enough to read portions of the manuscript. Dr. John R. Slater, Professor of English, Emeritus, read the manuscript in its entirety and made valuable suggestions for a projected biography of Dr. Goler. The author acknowledges a long-standing debt to Dr. George Packer Berry, Dean of Harvard Medical School. Dr. Berry's brilliant lectures on the history of vaccination, when he was Professor of Bacteriology at Rochester, stimulated an interest in smallpox that endures. Mrs. Virginia Love, who typed the manuscript, has my special commendation.

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Rochester, New York
April, 1960