In a slim work of 124 pages, James Higgins sets out to provide an overview of medicine, public health, and the history of disease in Pennsylvania from the colonial era to the present, and to place his study in both a national and global context. It is an ambitious project undertaken as part of the Pennsylvania Historical Association's Pennsylvania History Series, a collection that aspires to publish "timely, relevant, high-quality scholarship in a compact and accessible form" (p. ix). Higgins has succeeded in producing a brief and readable work that is remarkable for its scope and coverage. The book is strongest covering the period from the 1793 Yellow Fever outbreak in Philadelphia through the 1918 influenza pandemic, but it largely omits coverage of the 1920s, the Great Depression, and World War II. The work's long view combined with its state-level focus provides a valuable lens through which to consider how the ongoing interplay of science, politics, economics, and technology shaped health in Pennsylvania and the nation. Moreover, Pennsylvania's importance as a center of medical innovation and training, especially in the nineteenth century, provides extra relevance to this state-level study because of Pennsylvania's role as a leader in the medical field.

Higgins organizes his book into an introduction and five chronological chapters separated by key events in Pennsylvania's medical and public health history. The first chapter, “Medical Frontiers: 1681-1804,” looks at the early history of Pennsylvania, spanning from the methods of Pennsylvania's original Indian inhabitants through the Yellow Fever pandemic of 1793. Higgins effectively describes the range of deadly illnesses colonial inhabitants encountered and the limited understanding of disease that informed all forms of medical practice, including Native medicine, Pennsylvania Dutch powwowing, midwifery, and the work of eclectically trained physicians. The chapter culminates with a concise account of the deadly Philadelphia Yellow Fever outbreak of 1793, a case study that underscores the limits of medicine and public health, as well as larger economic and racial divisions in Philadelphia society. The magnitude of the crisis shocked Philadelphians into creating a municipal board of health, the "city's first permanent board expressly purposed to prevent epidemics, not to react to them" (p. 23).

The book's second chapter, entitled "Debating Disease: 1805-1865," discusses the range of medical practice that emerged in the nineteenth century. As towns and cities grew across Pennsylvania, epidemics and outbreaks of waterborne disease such
as cholera and typhoid fever grew in regularity. Some medical professionals, inspired by the Paris school, sought to bring greater scientific practice and standardization to medical treatments, although alternative medical approaches such as homeopathy and hydrotherapy continued to flourish. Pennsylvania politicians refused to regulate medical practice, so instead county and state medical societies dominated by allopathic physicians sought to define acceptable methods and discourage unconventional practices. Higgins also noted how the professionalization of medicine led to male doctors displacing female healers and midwives from their traditional roles as healthcare providers for rural communities. The Women’s Medical College of Pennsylvania founded in 1850 did offer women in the commonwealth access to high-quality medical training, but women physicians often found themselves excluded from the state’s public hospitals, barred from county and state medical societies, and limited to practices serving infants, women, and children.

Chapter 3 concludes with an overview of Pennsylvania’s medical role in the Civil War, particularly the role played by individuals such as Dr. Samuel D. Gross of Easton, who developed a “pocket manual” of surgery adopted by armies in both the North and South, and the developments in care, ambulance service, and field hospitals promoted by Pennsylvanian Dr. Jonathan Letterman, who served as medical director of the Army of the Potomac. Additionally, Higgins touches upon the role that Pennsylvania civilians played in support the United States Sanitary Commission. He notes that “no other Northern state’s medical resources were involved as directly in the war effort of Pennsylvania,” both because of the state’s proximity to Northern Virginia battlefields and because of the state’s importance as the “center of medicine in the United States” (p. 41).

Higgins entitled the third chapter of his book “Triumph of the Allopaths, 1866-1905.” It may have been more accurate to call it “The Triumph of Science,” as the chapter decisively illustrates how the “bacterial revolution” of the late nineteenth century transformed the understanding and practice of medicine in the commonwealth. Research scientists such as Louis Pasteur, Joseph Lister, and Robert Koch demonstrated the connection between germs and disease, and provided medical professionals and government officials with scientific methods for fighting disease and improving public health. New treatments, such as the diphtheria antitoxin, Albert C. Barnes’s silver-nitrate antiseptic for treating gonorrhea, and Samuel Dixon’s tuberculosis serum gave doctors new tools for combating previously untreated illnesses. Homeopathic medicine, water cures, and folk medicine declined in importance as science-based allopathic medicine became the standard for medical care. Professional nursing training programs also arose after the Civil War programs, with St. Luke’s hospital in Lehigh County and Philadelphia General Hospital providing models of professional training for nurses.

Scientific understanding of disease also revolutionized public health by providing the potential to prevent the spread of disease by isolating the sick, removing sources of contagion, and implementing regulations to reduce death or illness from tainted food and water. The Philadelphia Board of Health gathered data and implemented a range of public programs improving public health. In contrast, Pittsburgh politicians used their power to block most public health initiatives in the city, and politicians in Harrisburg balked at statewide action. It would take two deadly typhoid outbreaks to spur legislative action to create a state board of health in 1885, and then to authorize a powerful, cabinet-level state health department in 1905.

Chapter 4, entitled, “Triumphs and Tribulations of Public Health, 1906-1945,” picks up the story of the Pennsylvania Department of Health by effectively describing how the agency deployed its sizable staff and ample resources to attack disease
in the state, especially tuberculosis. It also delivered direct healthcare to the state’s citizens and developed a system of documenting illness and vital statistics that became a national model. Significantly, the Department of Health’s work particularly benefited rural communities that lacked their own public health bodies, particularly in investigating and replacing outdated, dangerous, and polluted sources of public drinking water. The result was an “overall decline in infant mortality and mortality from typhoid and other waterborne diseases” (p. 77).

Chapter 4 ends with a comprehensive overview of the state’s response to World War I and the influenza pandemic of 1918-19. Higgins notes that the Pennsylvania Department of Health pursued the “most comprehensive and stringent suite of state-level countermeasures again the epidemic in the nation” (p. 82), but nevertheless the state still experienced some of the worst outcomes from the pandemic. Influenza cases overwhelmed Philadelphia’s health care system in part because of the Fourth Liberty Loan Parade held on October 5, 1918. That massive public gathering held at the peak of the pandemic accelerated the disease’s spread. In Pittsburgh, city officials aggressively fought against state regulations and mandates. Pennsylvania ended the pandemic with the nation’s worst mortality rates, and three cities (Pittsburgh, Scranton, and Philadelphia) with death rates among the highest in the nation (p. 85). The fierce political opposition to influenza mitigation measures ended the will of state politicians to again support new, aggressive statewide public health initiatives.

Though chapter 4 ostensibly covers the period from 1905 to 1945, the narrative ends with the aftermath of the influenza pandemic and then skips over the period from 1920 to the end of World War II. The author provides no explanation for this omission, and it certainly will be particularly problematic for readers who are interested in understanding the way the Great Depression and World War II impacted the health or medical services of the commonwealth.

The book’s final chapter, “Promise and Perils of Private Medicine, 1946-2017,” brings the study to the present. Surveying the range of developments that occurred in medicine and healthcare in the decades after World War II is no small task. Higgins chooses to focus on several topics, including the deployment of antibiotics, the creation of municipal chlorination and sewage plants, Jonas Salk’s development of the polio vaccine, the challenges of environmental pollution, the rise of antibiotic resistant diseases, the AIDS epidemic, and the rise of “leviathan” healthcare conglomerates. The chapter recognizes the incredible medical achievements of the twentieth century, while also expressing concerns about the decline of the local and state public health infrastructure, the ascendancy of private medicine, and the growing power and influence of large, regional medical institutions. By the end of the twentieth century, healthcare in the commonwealth had become a multibillion-dollar industry.

Higgins’s work was largely written before the COVID-19 pandemic, and although he includes an epilogue acknowledging the onset of the pandemic in March 2020, it was impossible for him to foresee how the trends he describes in his final chapter would define the commonwealth’s experiences during one of its greatest public health crises. Higgins notes that after World War II the state’s public health ethos had flagged, and that the state and local healthcare infrastructure had badly withered. Higgins writes that physicians who prioritized public health work were viewed “as lazy, or somehow inadequate” (p. 91). Likewise, the healthcare system was ill-prepared for handling a major pandemic, and the employer-based health insurance system left many workers vulnerable when they lost their jobs as the pandemic and mitigation measures shut down their places of employment. Those factors, combined with intense political partisanship, a divided state
government with a Democratic governor and Republican-controlled legislature with marked differences about how to approach the pandemic, widespread resistance to both vaccination and masking policies, and a media ecosystem that made it easy to spread misinformation, defined the commonwealth's experiences during the pandemic. Higgins could not have known it when writing his work, but his historical study provides the perfect background reading for understanding the context of the COVID-19 pandemic.

James Higgins has written an impressive work that provides a useful and readable study that would be a fine addition to any Pennsylvania history course. Many of the historical debates he describes over science, government intervention, and public health are relevant and timely. The book could also provide a great starting point for a historical research methods course focusing on the history of medicine, disease, and public history that could guide students to a wide array of topics and issues for further research. Moreover, the book is recommended readings for all citizens in the commonwealth who care about the health and future of their communities.

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