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## Archival Chronicle

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August 1992: Volume 11, Number 2

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## Health Care in Northwest Ohio



Bowling Green pharmacist George Carmack stands in front of his Main Street drug store sometime during the 1890s. The large mortar and pestle street sign (seen at the right in this photograph) symbolized the prescription drugs sold there. Gift of Bowling Green Chamber of Commerce.

There have been revolutionary changes in medical science since the first settlers arrived in Northwest Ohio over 150 years ago. The books, manuscripts, and local government records available to researchers at the Center for Archival Collections provide a glimpse at how health concerns affected daily life through the years.

Disease and injury were serious matters for frontier settlers. Professional medical help could be miles away, if available at all. Childbirth was often assisted by neighbors (*Midwife Applications* may be found in County Auditor's records), and even in the best of circumstances, childbed fever and difficult deliveries claimed many lives. "Childhood diseases" like whooping cough, scarlet fever, and measles killed or disabled many. Especially common in the Great Black Swamp was "the ague," a malarial fever with chills that struck almost everyone from spring through fall.

Farmers and housewives alike could count on losing about two days in each week throughout the season to attacks of the fever. Most serious of all were the epidemics of small pox and cholera which devastated whole communities in the mid-nineteenth century. County histories throughout the region describe in grim detail the spread of disease and the panic that swept people from their homes, concluding with a list of the dead.

Before the doctor was called, families usually tried their own home remedies. Many were guided by books like *Gunn's Domestic Medicine* (1837) or had their own recipes for "cures." Such recipes can be found in many of the diaries and ledgers housed at the CAC (the Hatcher Family Ledger, MMS 340, and the Brewster Collection, [MS 92](#), are just two examples). Doctors' account books and daybooks preserve their diagnoses, treatment, prescriptions, and fees—often paid in farm products by cash-poor settlers (Francis Hermann daybooks and account books, [MS 507](#), and those of B.F. Davis, [MS 384](#), are two examples of these records at the CAC).

Medical schools were expensive and varied widely in the quality of instruction. The frontier medical student often studied with a practicing physician, accompanying him on cases, mixing his medications, and reading his books. Through professional medical societies, doctors who had studied at colleges with coursework in anatomy and chemistry worked actively to raise educational standards and require licensing of physicians. Proceedings of the Ohio State Medical Society and the Homeopathic Medical Society as well as histories of medical and nursing schools from northwest Ohio are available at the CAC to give more in-depth coverage of the work of these organizations.

Ohio practitioners were active in medical research as well. As early as 1822 Dr. Daniel Drake of Cincinnati sent questionnaires to physicians throughout the region requesting information on diseases in their area. Doctors lobbied to have births and deaths recorded in order to develop statistical information (see the accompanying article on vital records), supplementing the information that could be gathered from coroner's records which documented only violent or accidental deaths.

By the turn of the century, the Ohio General Assembly considered public health an important issue. Doctors now understood how communicable diseases were spread and how community sanitation affected health. Through state mandate, regional tuberculosis hospitals were established in both Toledo and Lima in 1908. County Boards of Health, first established in 1919, today have responsibility for the study and prevention of disease through the inspection of all places which process food, water supplies, and sewage systems, medical and dental supervision of school children and recording vital statistics, taking this function from the Probate Court. Today the County Nurse works in cooperation with the Welfare Department, dealing with the health concerns of those receiving assistance. Records for many of these agencies can be examined within the CAC's collections.

National trends which can be studied at the local level include the health information gathered in the special census of Civil War Veterans taken in 1890, and the work of such private agencies as the American Red Cross and the American Lung Association. The CAC holdings include this federal census and records of the Sandusky County Chapter (MS 48) and Ottawa County Chapter (MMS 8) of the American Red Cross and the American Lung Association of Toledo (MS 245).

Health care today is a complex and growing industry. Researchers at the CAC can find a wealth of information about hospitals, pharmacies, and health care professionals from the earliest settlement to today.

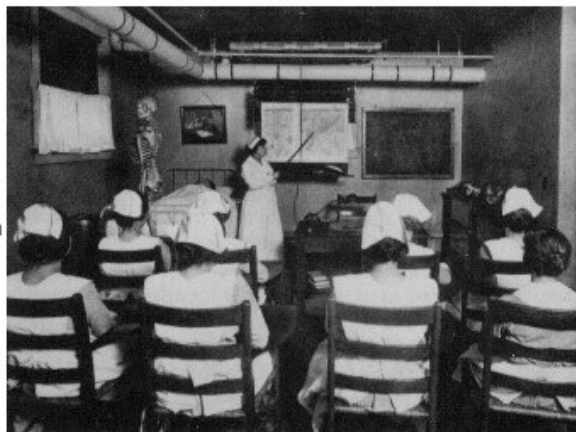
--Lee N. McLaird

### Vital Records at the CAC

*Student nurses listen attentively to a lecture on physiology at Flower Hospital in Toledo, 1921. Nursing has been a highly respected profession for women throughout the twentieth century. Gift of Myrtle Plumadore Shafer.*

Published local histories often provide the name of the first white child born or the first person buried in a locality. Many histories of northwest Ohio counties list the individuals who died in early cholera epidemics. Finding official documentation for such a claim can be frustrating for the researcher, as a system of vital record registration was not developed in Ohio until the mid-nineteenth century. Thanks to doctors' increasing ability to control disease, infant mortality, and epidemics, vital record registration legislation was passed primarily to assist in gathering accurate statistics for further health care research.

In Ohio, the Probate Court in each county kept the official registration of births and deaths from 1867-1908. At first, registration was voluntary and not all births and deaths were recorded. However, in some areas these events were recorded somewhat earlier. For instance, the Toledo Board of Health recorded deaths as early as 1858. To find Ohio death records from 1908-1936, researchers should contact the Ohio Historical Society. For *birth records* (1908-present) and *death records* (1937-present), researchers should contact the Division of Vital Statistics, Ohio Department of Health. Copies of birth and death records since 1908 may also be located in the local health department or with the township trustees.



The information found on these records varies. Commonly the probate court records (1867-1908) include the child's full name, date and place of birth, sex, race, father's name and usually the mother's maiden name. Death records for this period include the name of the deceased, the place of birth, age, occupation, date, place, and cause of death, and the place of residence. Local health department records may provide such additional information as the exact street address, age, occupation, and nativity of the parents on birth records, and include the names of parents and place of burial for death records. More recent records sometimes include more detailed identifying information.

Vital information on individuals who were born or died prior to 1867 may be found in alternate sources, though this is by no means certain. Such sources include: church baptismal and funeral records, cemetery records, family bibles, local court cases, (for instance *bastardy suits*, *divorces*, *guardianships*, and *estate settlements*), federal military *pension* files and *mortality schedules* (listing the names of individuals who died before June 1 of the year in which the federal population schedules were compiled), newspapers (not always accurate), biographical sketches (also not always accurate), midwives' and physicians' records, diaries, and letters.

—Stephen Charter

### What Was That Cause?— Historical Names of Diseases

The Center for Archival Collections currently holds on 86 reels of microfilm, the death records and certificates for the city of Toledo from 1858 through 1940. These records allow researchers a glimpse into society when the city of Toledo was first being settled and the surrounding swamps drained. Many of the hazards of life along the Maumee River at that time may not be appreciated by today's residents. Similarly, many common causes of death are not so common today. Often, researchers using these records are unfamiliar with the terms listed, as they have been replaced by more specific medical terminology. A brief description of various terms used in the late nineteenth and early twentieth century documents follows.

#### **Addison's Disease**

Anemic condition caused by kidney disease

#### **Apoplexy**

Stroke. This term dates back to the time of Hippocrates.

#### **Bright's Disease**

Another form of kidney disease, covering many of the terms in use today. In its acute form, it is called *nephritis*.

#### **Carditis (*myocarditis*)**

Inflammation of the heart wall; also covers many of the terms used today in reference to the heart.

#### **Catarrh (*catarrhal bronchitis*)**

Inflammatory affection of a mucous membrane, especially the nose and air passages. This term was widely used in period advertisements for cold remedies.

#### **Chorea (*St. Vitus' Dance*)**

Used to identify any nervous disorder.

#### **Consumption (*phthisis pulmonalia*)**

Tuberculosis. "Consumption" was commonly used in the days when there was no effective treatment of the disease which was characterized by a gradual wasting away of the body.

#### **Diphtheria**

An infectious disease which could be spread by infected milk, it occurred mostly in autumn and winter and claimed predominantly children as its victims. The term is still used today, but the disease itself was much more common in the days before vaccination.

**Dropsy (*anasarca*)**

Referred to a swelling, whether general or localized, such as *ascites*, which was dropsy of the abdomen.

**Enteritis**

Inflammation of the intestines, could also take the form of *enteric fever (typhoid)*.

**Grave's Disease**

Disorder of the thyroid gland. This term is still in use today.

**Inanition**

Most commonly found in reference to infants and the elderly. It signified death from the inability to assimilate food, probably caused by illness, or, in the case of infants, premature birth.

**La Grippe**

Another term which enjoyed widespread use in medical advertisements, is today known as the flu.

**Lues**

Syphilis.

**Marasmus**

Progressive emaciation. In infants, it was associated with feeding problems.

**Membranous croup**

Marked by a hoarse, ringing cough, it could bring on death if the membrane blocked the trachea.

**Milksick**

One of the few causes of death not found to some extent today, was not actually a disease, but a form of poisoning. Cows could ingest the leaves of the white snakeroot plant and pass along its toxin in their milk. The cause of milksick was identified in the early part of this century by E. L. Moseley, a professor at Bowling Green State University.

**Neurasthenia**

Neurotic condition characterized by worry, disturbances of digestion and circulation and attributed to emotional conflict and feelings of inferiority.

**Pott's Disease**

Degeneration of the vertebrae, often resulting in curvature of the spine.

**Quinsy (*quincy*)**

Severe attack of tonsillitis which resulted in abscess near the tonsils.

**Septicemia**

Blood poisoning, often resulted in death in the days before antibiotics.

**Summer complaint**

Euphemism for *dysentery*. It was known as such because of its high incidence in summer. Along with *cholera infantum*, it was highly infectious and was usually the result of environmental conditions.

**Typhoid (*typhoid fever*)**

Often caused by unsanitary water conditions and contaminated food or milk. Flies could carry the disease and contaminate food supplies. It was more common in swampy areas where shallow wells could become contaminated.

--Susan M. Hughes

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**THE PHOTOGRAPHS IN THIS ISSUE highlight health care professionals. Once, doctors worked alone in this field. Today they are assisted by pharmacists, nurses, therapists, and many others providing a wide range of services to the community.**

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