

APPENDIX B

DEVELOPMENT OF QUARANTINE AND HEALTH LAWS IN NEBRASKA

As early as 1869 there was passed an act to incorporate cities of the first class (pop. 3,000) providing authority to establish a Board of Health invested with powers and duties to secure the city and the inhabitants thereof from the evils of contagious, malignant and infectious diseases.

An act in 1871, relating to cities of 15,000, placed the responsibility upon the mayor and extended jurisdiction five miles beyond the corporate limits of the city for enforcement of any health or quarantine ordinance or regulation.

Amendatory acts were passed in 1879, 1887, and 1889, aimed to clarify previous acts, but it was not until 1891 that a law was passed requiring cities of the metropolitan class to have a board of health with the mayor as chairman.

In 1899, coincident with the pandemic of smallpox that swept over the United States as a result of the return of our soldiers from Cuba, the legislature established an emergency fund for suppression of epidemics and the prevention of diseases. The appropriation was for \$1,500, with provision for payment of bills and expenses incurred in suppression of an epidemic of smallpox. This was the first specific effort upon the part of the state toward executive action in the matter of public health.

The older reader will recall that following the Cuban invasion and the return of soldiers, there was much talk about "Cuban itch." At first thought to be a harmless although annoying skin affection, it had spread pretty well all over the country before it became generally known that "Cuban itch" was smallpox, usually in discreet form.

Cases contracted from the soldiers did not all develop into discreet smallpox. Many people developed the severer form and some died. The facts prompted the legislature then in session to enact the measure above mentioned. The money was used to employ an inspector to travel to points in the state that called for his services to settle disputes among the profession and the laity as to the nature of specific cases.

1901 signalized enactment of the first law which authorized county boards to make and enforce regulations to prevent

APPENDIX

the introduction and spread of contagious diseases and to establish boards of health.

The 1903 legislature, by an amendatory act, authorized the appointment of county boards of health with jurisdiction over unincorporated parts of the several counties. Another important act enlarged the powers and duties of the state board of health and created the office of health inspector with duties as prescribed by the rules and regulations of the State Board of Health. This act also provided for report to the State Board of Health of the existence of contagious and infectious diseases.

In 1905 the first comprehensive law providing for collection and preservation of vital statistics was enacted with the State Board of Health designated as a state registrar and various local authorities as local registrars.

In 1911 an amendatory act made it obligatory upon county and village boards, if no local board of health exists, to enforce the quarantine rules and regulations of the State Board of Health.

The legislature of 1917 passed an act establishing a State Department of Health and providing its powers, duties, officers, assistants and procedure.

In 1919 the functions of the State Department of Health were conferred upon the Department of Public Welfare by the Civil Administrative Code of 1919.

In 1933 an amendatory act changed without alteration of function the name of the "Department of Public Welfare" to "Department of Health," and the name of the head from "Secretary" to "Director of Health."

During the intervening years supplementary acts were passed to establish a state Tuberculosis hospital, an Orthopedic hospital, to regulate maternity homes and boarding houses for children, to prohibit the use of the common drinking cup, a pure food law, a bacteriological laboratory (1912); also a provision for the collection of marriage statistics and for the collection of birth statistics.

It is interesting in this connection to note that from the earliest days fumigation was the accepted method of disinfection. Like the Scotchman "I haed me doots" for many years about this procedure and years ago advised people to scrub the woodwork and floors with antiseptic solutions before fumigating. Less than five years ago the State De-

APPENDIX

partment of Health of Nebraska abandoned fumigation as a disinfectant and advised antiseptic solutions. Even today, some intelligent people will tell me that they "feel just a little bit safer to fumigate."

The present Nebraska rules for terminal disinfection up-to-date in every detail, are given below:

"FIRST: The patient and those in contact shall be bathed with an antiseptic solution. This should be done by a bath of warm water and soap, then washing of the body with a mild antiseptic solution. Bi-chloride of mercury, in strength of 1 to 5000 is recommended for this purpose, care being taken that the patient does not get the solution in the mouth or eyes.

"SECOND: Everything in the sick room or that has come in contact with the patient and that is of no special value, (papers, magazines, clothes, wooden toys, etc.) should be burned.

"THIRD: Before removal from patient's room, washable clothing, linens used by patient and by those in contact, shall be immersed in a 2% solution liquor cresolis compound U. S. P., 5% solution carbolic acid, or an equivalent disinfectant, and remain in such solution for half an hour, then boiled for half an hour.

"FOURTH: Blankets and other articles presenting free surfaces and not too thick can be made safe by exposure in the open air to direct sun rays for three or four days, or sufficiently long to get fully twenty-four hours of direct sunshine. Such articles as rugs, carpets, etc., treated in the same way should, in addition, be brushed with a 2% solution liquor cresolis compound U. S. P., a 5% solution carbolic acid, or an equivalent disinfectant.

"FIFTH: Thorough washing of the woodwork, wood and metal furnishings with hot water and soap, combined with disinfection through the use of a 2% solution liquor cresolis compound U. S. P., a 5% solution carbolic acid of door knobs, open crevices, and such room furnishings as may have come in contact with patient's hands or hands of attendants may be relied upon to protect against re-infection from the room. The need of repapering, calcimining, painting, etc. is left to the discretion of the board."

Since 1912 the state laboratory service has been available

APPENDIX

for diagnosis of obscure cases and has added a much valued aid to the medical profession of Nebraska.

The enactment of the Basic Science law and the Social Security Act are current history and need not be mentioned in this appendix.