

## IPHA History Lesson Dr. Ronald Eckoff

D.C. Steelsmith, M.D. was the first president of the Iowa Public Health Association. Dr. Steelsmith was born in Grundy County on June 11, 1877. He completed the medical course at the State University of Iowa in 1902 and began the practice of medicine in Melvin, Iowa (Osceola County). He was a member of the Iowa House of Representatives from that county in the 35<sup>th</sup> and 36<sup>th</sup> general assemblies. He graduated from the Harvard Institute of Technology, June 1917 with a degree of D.P.H. He was the head of the county health department in Tuscaloosa, Alabama from 1917-1919. He then was an instructor of health and sanitation at the State University of Iowa for a year and the director of health in Columbus, Georgia for a year. He came to Dubuque as county-city director of health and an agent of the United States Public Health Service in 1921. He was appointed to the State Board of Health in 1926. When the Iowa Public Health Association was created in 1927, he was elected President and reelected the next year. He was thus one of two individuals who served two terms. Who was the other one?

Dr. Steelsmith was named Deputy Commissioner of Public Health in 1928. When the Commissioner, Henry Albert died of appendicitis in 1930, Dr. Steelsmith was named commissioner and served until 1933. It is interesting to note that Dr. Albert was born in Scott County in 1878, but his family moved to Grundy County when he was three years old. He earned his medical degree from the State University of Iowa in 1902, the same year as Dr. Steelsmith.

In 1932 the State of Iowa published *The Book of Iowa* from Iowa's Industrial Survey. The Forty-third General Assembly recognized the need for gathering and distributing information concerning Iowa's advantages and opportunities, and made an appropriation and granted authority for making the survey of the agricultural, industrial, and natural resources of the state. (This sounds a bit like a community health assessment). The third chapter, Iowa Public Health, was written by Dr. Steelsmith, Commissioner, and Dr. Joseph Kinnaman, the Deputy Commissioner. It describes some general history and outlines the activities of the Bureau of Administration, the Bureau of Preventable Diseases, the Bureau of Public Health Engineering, the newly established Division of Maternity and Child Hygiene, and the Division of Public Health Nursing.

It concludes with a discussion of the "Status of Iowa Health" which is provided below.

Rates from important causes of death, which may be used as indicators of the fact that Iowa is a healthy state, are shown in table 8.

Table 8. Death rates in the United States Registration Area and in Iowa due to important causes in 1929 per 100,000 population.

	Iowa	U.S. Registration Area
Tuberculosis	33.3	76.0
Pneumonia	65.1	91.6
Diseases of the heart	182.1	210.8
All accidents	71.4	80.9
Auto accidents	16.4	23.3
Diarrhea (<2 years of age)	4.5	17.9
All causes	1060.0	1190.0

The general death rate for Iowa, as stated in the table means that 10.6 persons of each 1,000 of the population died during 1929. The chances of death during 1929 were 12.2 per cent less in Iowa than the average in the other 45 states in the registration area.

Deaths from automobile accidents are increasing in the United States as a whole. More deaths from this cause per 100,000 population occur in 39 states than in Iowa. North Dakota, Mississippi, Louisiana, Kentucky and Arkansas excelled Iowa's record. Alabama equaled it.

Any state in this country but Iowa would be "shouting from the house tops" about its remarkable tuberculosis death rate. The great white plague killed, on the average, 128 per cent more persons in the states in the registration area than it killed in Iowa during the year 1929. Another way to state the fact is that if you lived in Iowa during 1929, your chances of dying from tuberculosis were less than half as great as if you lived elsewhere.

In the country at large many children under two years of age die from diarrhea and enteritis. This cause of death, indeed, is one of the principal causes of death of infants under one year of age. Of the 46 states in the United States Registration Area only the state of Oregon had a lower mortality rate from this cause than Iowa during 1929. Consider this fact! Three infants (under two years of age) for each 100,000 of the population or a total of 74 Iowa children continued to live during 1929 whereas if they had lived in one of the forty-four other states they would have died during that same year from diarrhea and enteritis. The Iowa rate is only one-fourth that for the registration area. This is additional proof of the statement that Iowa is a safe state in which to live. Further education of parents concerning use of safe milk and other foods and their proper preservation in the home will serve to reduce further the hazard of death from this cause.

Iowa's health record is not good – no, it is excellent! State, county and local governments have recognized their obligations in matters concerning the health of Iowa citizens. You need to understand the part the public plays in Iowa's public health program.

Briefly outlined, every citizen of Iowa is expected to provide:

1. Proper prenatal, intranatal, and postnatal care for every mother and baby.
2. Proper protection of the health of infants.
3. Proper preschool supervision.
4. Periodic health examinations, at least annually, for every member of his family.
5. Protection against communicable diseases, including vaccination against smallpox and typhoid fever and protection against diphtheria by toxin-antitoxin treatments. Proper observation of the laws, rules, and regulations governing the reporting and control of communicable diseases in the home. Proper cooperation with local health authorities in the matter of quarantine and regulation looking to the control of communicable disease.
6. Proper inspection and treatment for dental defects.
7. Proper treatment for remediable physical defects.
8. Early medical care and treatment for all illness occurring in his family.
9. Instruction with regard to proper health habits.
10. Spirited and active support for state and local public health programs.

Note: I purchased this book in an antique mall because it looked generally interesting and had the chapter on public health and a chapter on fruit growing in Iowa. After I got home and looked at it more carefully I found a note inside the front cover that it was from the library of Ralph H. Heeren, M.D. Dr. Heeren was the Director of Preventive Health (communicable disease) when I came to the Iowa Department of Public Health in 1965. **SMALL WORLD!**