The second in a series of five historical articles to commemorate 100 years of CJPH.

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The First Five Years: Public Health and the Canadian Public Health Association, 1910-1915

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The first years of the Canadian Public Health Association, from 1910 through the first year of World War I, were a period of shifting public health challenges and the emergence of a distinctive and cohesive Canadian approach to managing them. Driven by the vision and work of a fairly small group of dedicated public health leaders, this half-decade saw rapid growth of the Association, along with remarkably intense activity in the development of Canada's public health infrastructure, especially at the provincial level.

There had been considerable momentum building in public health management in Canada, especially since the establishment of the first provincial board of health in 1882 in Ontario and with the other provinces following suit over the next two decades.¹ Federally, a Director General of Public Health had been appointed in 1899,² but a more significant step was taken in 1906 with the creation of the Commission on Conservation. This was a federal advisory committee focused on the conservation and better utilization of natural resources made up of the ministers of agriculture, mines, and the interior, provincial ministers of natural resources, and university experts.³ Through the unique expertise of Dr. Peter H. Bryce, Chief Medical Officer of the Department of the Interior, and previously the first secretary of the Provincial Board of Health of Ontario (1882-1903), pressure built for broader federal public health initiatives, though the Commission was careful to tread the provincial jurisdictional line in matters of health.⁴ The appointment in 1910 of Dr. Charles Hodgetts to take charge of the Commission's Health Branch, following service as the second Secretary of the Ontario Provincial Board of Health, furthered this momentum in Ottawa.⁵ However, for most public health and medical professionals, particularly Bryce, and as had been clear in the Canadian medical press from as early as 1874, nothing short of a separate federal department of health would be satisfactory.⁶

From their positions in the Commission's Public Health Section, Drs. Bryce and Hodgetts exercised their influence to call together the country's leading public health figures to a special conference in Ottawa on October 12, 1910. This group of 16 men formally established the Canadian Public Health Association, as had first been suggested by the publishers of *The Public Health Journal*, Dr. Duncan M. Anderson and Dr. Lester M. Coulter of Toronto. As of September 22, 1910, Anderson and Coulter were part of a group of five doctors that had been granted an Ontario Charter for such an association.⁷ At the Ottawa conference, they offered their Charter to the new Association, which could then apply for federal incorporation – granted in 1912 – along with the right to use *The Public Health Journal* as its official organ.⁸

Among the group attending the Ottawa conference was Dr. John W.S. McCullough, who had shortly before been appointed Secretary of the Provincial Board of Health of Ontario, succeeding Hod-

getts.⁹ McCullough, along with his counterpart in Saskatchewan, Dr. Maurice M. Seymour,¹⁰ played strong leadership roles in setting the public health agenda during the first years of the Canadian Public Health Association (to be referred to in the remaining text as CPHA). Of particular interest was improving sewage treatment and water supplies, preventing tuberculosis through stronger milk regulations, improving provincial health legislation, taking public health directly to the public with innovative exhibits, and supporting efforts to provide essential biological products, such as smallpox vaccine and diphtheria antitoxin, as a public service.

A major typhoid fever epidemic in the Ottawa area in 1910-11 accelerated local and provincial efforts to improve sanitation systems and water quality. Water contamination by typhoid-infected sewage was clearly responsible for outbreaks, and thus the poor situation in Ottawa, as Canada's capital, proved quite alarming on several levels.¹¹ While typhoid was clearly preventable, tuberculosis prevention and control remained a far larger challenge, despite major investments in tuberculosis sanatoria.¹² Educating the public about their obligations in preventing the spread of TB was thus the main focus of increasingly elaborate public health exhibits produced by provincial health boards.¹³

The main focus of amendments to Ontario's Public Health Act in 1912 was the division of the province into ten health districts and the appointment of full-time medical officers of health independent of municipal control, provided they pass a post-graduate course at the University of Toronto's Department of Hygiene.¹⁴ A similar creation of health districts in Quebec was enacted in 1910, although the appointment of district health inspectors and their requirement for holding a diploma in public health was not formally written into the Act.¹⁵ A new Public Health Act in Manitoba also included a strengthened focus on the better control of infectious diseases and included provision for free supplies of smallpox vaccine and diphtheria antitoxin.¹⁶

While the leading resolution of CPHA's first three congresses called for the creation of a federal department of health,¹⁷ at the first congress in December 1911, there was strong emphasis placed on the Canadian supply and the need for federal control of biological products. At the time, almost all such products were imported with no manufacturing or product quality standards applied.¹⁸ Also of increasing concern was their high price and its impact on availability, hence the interest of some provinces in providing for their free distribution. Trying to solve both problems drove calls for a new federal government laboratory to manufacture and distribute public health products, but with little response.¹⁹

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However, in late 1913, confident that a university, in close cooperation with provincial governments, could lead such a self-supporting enterprise as a public service, Dr. John G. FitzGerald, initially with his own money and a small backyard stable/laboratory, began to prepare diphtheria antitoxin. He received early encouragement from McCullough and a commitment to buy the products for distribution in Ontario at cost. With similar interest expressed from other provinces, on May 1, 1914, the University of Toronto formally launched the Antitoxin Laboratories in the Department of Hygiene. In addition to diphtheria antitoxin, the new laboratories also prepared tetanus antitoxin, anti-meningitis serum and rabies vaccine. FitzGerald was also committed to directing all proceeds into research into public health product improvement and development.²⁰

During the years leading up to the start of World War I, several other major public health issues emerged into prominence in Canada that had a strong social dimension, particularly growing medical concerns about the impact of the “hidden plague” of venereal disease and the need for programs of sex hygiene education for school children and their parents.²¹ More generally, Canadian public health leaders had long recognized the poor sanitary state of most public schools.²² However, little could be done until strengthened provincial health legislation provided sufficient authority for implementing the medical inspection of school children through local medical officers of health and the support of public health nurses.²³

While the sudden onset of World War I in August 1914 had minimal impact on such provincial and local public health initiatives, it did prompt the abrupt cancellation of CPHA's 1914 annual congress²⁴ and generate considerable anxiety about the future as the expected quick end of the war did not materialize, the war seeming to stretch endlessly into the future.²⁵ By the time the war did finally end in November 1918, however, public health in Canada had begun a vigorous new period of national expansion and renewal, much of it fuelled by the great influenza pandemic of 1918-19.

Indeed, the evolution of the Canadian public health system has been shaped on many levels by infectious diseases. Cholera, typhoid fever and tuberculosis drove local and provincial developments into the first two decades of the 20th century, while the national and international severity of the influenza pandemic prompted the long-delayed establishment of a federal Department of Health in 1919. In the decades since, new threats, such as polio, AIDS and SARS, have further shaped the development of a distinctive Canadian public health system which today – just as in 1910 – is driven by the vision, dedication and leadership of key people in the public health profession.

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