

Chapter Fifteen

A Proper Progressive in Washington

The U.S. Transport *Thomas* made a port call at Nagasaki, Japan, for coal in early September and then docked at the port of Kobe. The Sternbergs enjoyed the sight of Tokyo from a rickshaw, made short visits to Yokohama and the Shogun Temple at Nikko, and experienced an earthquake; but the largest shock awaited them upon returning to their steamer at Kobe. On September 6, President William McKinley had been shot twice by an anarchist at the Pan-American Exhibition in Buffalo. The president struggled for his life in a Buffalo hospital. The Sternbergs were devastated and further depressed by reports that McKinley's condition was deteriorating. As Sternberg and his wife strolled numbly along the deck that evening contemplating the tragic event, he told her that if the reports were accurate, there was little hope for the survival of their dear friend. At San Francisco, they received confirmation of the president's death and, upon arriving in Washington, a message from Mrs. McKinley to please visit her in Canton.¹

The double report of Leon Czolgosz's handgun in the Temple of Music at the Pan-American Exhibition heralded the advent of the Progressive era in America. Youthful energy and exuberance, moral responsibility and confidence largely untarnished by cynicism, and unbounded optimism in America's potential defined the era. Theodore Roosevelt, who ascended to the presidency upon William McKinley's death, was the youngest—and arguably the most energetic and exuberant—occupant of the White House, and he became the national embodiment of this new era. The Progressive reform movement had its roots in the growing discomfiture of the urban middle class a decade before. This predominantly native-born, largely college-educated, and Protestant group of individuals came of age in the last 20 years of the 19th century. These individuals inherited a society and a national landscape that had been transformed by the rapid and massive urbanization, mechanization, and industrialization of the post-Civil War years. William Allen White remembered the Progressive ranks filled with “hundreds of thousands of young men in their twenties, thirties, and early forties,” but there were a few older standard bearers

who kept pace with their enthusiasm and tempered their indignation with maturity and experience.² Sternberg was destined for this role in the nation's capital in the near future, but for the moment army duties still called.

In December 1901, Lieutenant Colonel Pope, 8th Corps Surgeon in the Philippines, reported to the surgeon general that he had 561 military stations to provide care for and 163 of them did not have a medical officer assigned, an increase of 71 stations since his last report in May. Furthermore, Pope noted, "Attendance is rendered at such places from adjoining stations, that are distant from five to eighteen miles, and frequently a single medical officer attends three or four such places, traveling at the risk of his life from hostile insurgents, over mountain trails, swimming rivers, or taking perilous voyages at sea in cranky native dugouts."³ Although the insurrection was coming to an end, mission intensity and the dangers inherent to field operations continued to be very real. Increased garrison size stateside requiring more medical support and annulment of contracts kept the Medical Department hustling to maintain numbers.

Sternberg responded to the never-ending physician shortage crisis in a report to Adjutant General Henry Corbin in mid-December. He demonstrated how the numbers of regular and volunteer surgeons had increased over the past 11 months in comparison to a steady decline in contract physicians. Furthermore, he noted that 60 assistant surgeon vacancies remained unfilled and the term of service for the volunteers would expire in a year, which were positions that would have to be filled by contract surgeons. Sternberg's solution was to remove the cap on contract physicians and have them commissioned as assistant surgeons of volunteers with the pay of a cavalry first lieutenant; extend the volunteer terms of service an additional year; and, although he did not "feel at liberty to recommend an addition to the number of assistant surgeons...until existing vacancies had been filled," he recommended an additional authorization for two colonels, six lieutenant colonels, and 25 majors.⁴ The surgeon general summed up his rationale for this request by stating, "This would give us thirty-three additional vacancies and would furnish an incentive to volunteer medical officers and contract surgeons now in service to seek admission to the regular army."⁵ Sternberg's gambit was to create a vacuum in the lower regular medical corps ranks that would be filled by volunteer and contract surgeons, and he hoped the higher status and pay for contract physicians would increase applications. Congress did not buy the argument in February 1902. The insurgent war in the Philippines was finally in its death throes as rebel generals accepted the amnesty from the Philippine Commission or were finally rooted out of their enclaves by force. In late April the insurrection came to an end.⁶

Sternberg's last battle in uniform with Congress had its origins in a bill to regulate the retirement of Civil War veterans currently on active duty, which proposed these officers be placed on the retired list with the rank and retired pay one grade higher than that actually held at the time of retirement. Chairman of the Senate Committee on Military Affairs, Joseph R. Hawley, introduced the bill S1679 in December 1901. Sternberg obviously took comfort in this action. But, a month later, two other bills on the subject were introduced by Representative Charles W.

F. Dick (OH) and Senator Henry M. Teller (CO). Their legislation proposed that any Civil War veteran on active duty below the grade of brigadier general in the staff or major general in the line shall be retired with the rank and pay of the next higher grade. The discrimination between staff and line was an affront Sternberg would not let pass. He fired off a letter to the Secretary of War in which he gave his indignation full reign: "At the time of my retirement in June next I will have been more than forty-one years in service and more than nine years Surgeon General of the Army. That I have rendered efficient and faithful service during this period I believe to be a matter of record in the War Department. That my responsibilities as Surgeon General of the Army during and since the Spanish-American War have been at least equal to those of line officers commanding military departments, is, I think, beyond question.... During the Civil War, and subsequently in two Indian wars, I was repeatedly exposed upon the field of battle to all of the dangers which a line officer is expected to encounter and...I have passed through several epidemics of yellow fever and an epidemic of cholera. Such epidemics constitute the battle-field of the medical officer, a battle long drawn out, and in which he is exposed to all the dangers and bears the principal responsibility."⁷ Moreover, Sternberg noted the navy had already set the precedent when, after four years as navy surgeon general, Admiral William Van Reypen retired as rear admiral.⁸ Sternberg's claims met with a tremendous amount of support. Both the Secretary of War and Corbin lobbied Congress, as well as a special committee composed of Doctors H. L. E. Johnson, William Welch, and William Rodman from the American Medical Association. In early March, legislation was introduced to authorize the president "to select one from such medical officers of the Army as have served forty-one years or more, nine years of which shall have been as Surgeon General, and, by and with the advice of the Senate, appoint him a major-general of the United States Army, for the purpose of placing him on the retired list."⁹ The bill was reintroduced in April. Later in the month, Hawley wrote to Sternberg: "It is hardly necessary for me to say that I am heartily in favor of the proposed legislation, and shall take pleasure in furthering its enactment at the proper time. Your long and brilliant military and professional career entitles you to this consideration and I doubt if there will be any opposition from any source."¹⁰

The bill sailed easily through both houses of Congress by mid-May, but Hawley's optimism was dashed two weeks later. Some House members felt the committee on military affairs had been unfair in pushing Sternberg's bill along while ignoring similar bills for other officers, namely Colonels Smith and Charles Greenleaf. Sternberg's June 8 retirement date was the prime driver for passage of the legislation, and, apparently, debate over these other bills threatened to go beyond that date. On June 2, Sternberg's supporters moved to suspend the rules of the House to pass the bill, but failed to get the required two-thirds majority vote on the grounds it would set an unwanted precedent for similar legislation. Although Mrs. Sternberg commented the "affair was a bitter disappointment" for her husband, and one that he would continue to pursue for another four years, it did not overshadow the pleasant duties that remained in his last weeks as surgeon general.¹¹

In April, Sternberg addressed the first Army Medical School graduating class since the war with Spain. Although the war had suspended the school's activities, it had not threatened the life of the young institution. To the contrary, the war and subsequent Philippine insurgency had not only demonstrated the importance of the special training required for the competent, efficient delivery of field medical care, but also provided examples—typhoid fever, malaria, yellow fever, smallpox, and plague—upon which future lessons could be drawn. Sternberg highlighted his remarks with these lessons, but the foundation of his address rested on preparation, responsibility, and duty. “If the duties of a medical officer were simply to care for the sick and wounded soldiers,” he stated, “the necessity for an army medical school could scarcely be maintained, for successful candidates for admission to the Medical Corps are graduates in medicine whose professional qualifications have been passed upon by an army medical examining board. But even more important than the successful treatment of disease and injuries is the prevention of disease among our soldiers. The efficiency of an army is not measured by the number of names on the muster rolls but by the number and physical endurance of those who are fit for active service.”¹² The duty of the medical officer is to safeguard the health of the command, whether in garrison or the field, with timely and appropriate recommendations to the commander. Medical officers had to “impress upon officers of the line...that a majority of the diseases which contribute to the non-efficiency of soldiers, including all those which prevail as epidemics, are preventable.”¹³ To execute this responsibility, army physicians had to have “exact knowledge with reference to the etiology and prevention of those diseases which have been found...to present the greatest dangers as regards the health of troops and the efficiency of armies. The most important function of the army medical school is to make the student-officers practically familiar with all that is known upon this subject and prepare them to give expert advice upon all matters relating to the prevention of disease among our soldiers under the various conditions of service.”¹⁴

Sternberg received a tremendous outpouring of heartfelt admiration and gratitude from friends, colleagues, and fellow soldiers across the nation as his retirement approached. In late May, he and Mrs. Sternberg attended a complimentary dinner—organized by Colonel Forwood, and Majors Walter Reed and William Borden—at the New Willard Hotel in Washington. On June 13, another dinner in his honor was held at Delmonico's restaurant in New York City. This tribute, organized by civilian medical colleagues, was a veritable “who's who” of the eastern medical profession with a sprinkling of army associates.¹⁵

Sternberg took off the uniform he had worn for 41 years and handed the Medical Department over to long-time friend and colleague, Henry Forwood, on June 8. Soon after, the Sternbergs moved from M Street to California Avenue. On the spacious grounds, the general found a relaxing recreational sanctuary among fruit trees, roses, and flowering shrubs. Mrs. Sternberg wrote her husband “was not left long in the pursuit of absolute leisure” due to demands for his professional expertise.¹⁶ But, she was quite aware his tremendous physical and mental energies could never be exhausted in the confines of a backyard, and that the majority of

the activities he engaged in for leisure the average man would define as hard work. Sternberg's medical and administrative expertise, dedication to improving public health, community service, and humanitarian aid had been in great demand by municipal leaders long before he retired. He was president of the Washington Sanitary Improvement Company, the Citizen's Relief Association, and the prestigious Cosmos Club; chairman of the board of directors and member of the nurses training school committee at Garfield Memorial Hospital; and he was also an active member of the Biological, Philosophical, and Medical Societies of Washington, DC. Sternberg had retired from the army, but not from productive life.¹⁷

One of the major issues tackled by the Roosevelt administration and Congress was the construction of an inter-oceanic canal in Central America. With American possessions and military and business interests extending into Asia after the war, something had to be done to circumvent the laborious passage around Cape Horn to the Far East. Observing that Ferdinand de Lesseps and the French had failed—mainly due to deaths from yellow fever and malaria—to complete a canal through Panama in the late 1880s, Americans conceived of a similar venture through Nicaragua and Costa Rica.¹⁸ In early 1902, Major William Gorgas told Sternberg that the anti-mosquito methods used in Havana were not only possible on the isthmus but imperative if Americans were to avoid the fate of the French. Engineering concerns, the interests of the French Panama Canal Company, and congressional politics, however, redirected discussions on the proposed canal to Panama.¹⁹

Sternberg watched these events with interest from California Avenue. He agreed with Gorgas and recommended before retirement that Havana's sanitary officer direct sanitary operations on the isthmus. Concerned that health issues would be forgotten as plans to make the dirt fly progressed, Sternberg composed an article, "Sanitary Problems Connected with the Construction of the Isthmian Canal," for the *North American Review*. "The object of the...paper is to indicate how these difficulties may be avoided...and to impress upon those who will have charge of the work the fact that...it would not only be costly, but criminal, to repeat the experiences of the past.... An unnecessary sacrifice of the lives of those who are employed...excavating the canal would be unjustifiable; but it is not to be expected that an undertaking of this kind will be postponed or delayed on account of the possibility that large numbers of human lives may be sacrificed in carrying out plans...approved by the Congress..."²⁰ He went on to review the various sanitary and disease issues facing the directors of the project, noting that protecting the health of the labor force on the isthmus was similar to that of soldiers in the field. He advocated appropriate preventive measures, such as a safe water supply and mosquito nets, and the deployment of a trained and dedicated force of hospital corpsmen to accomplish the sanitary mission. "At the head of the sanitary service," Sternberg continued, "we should have a man fully informed as to the sanitary problems...to be encountered...the best methods of meeting them, and also of demonstrated executive ability. Under him should be sanitary engineers, expert sanitary inspectors, and a corps of intelligent men employed especially for the sanitary service. He should be given the necessary money and autocratic power for the execution of

sanitary measures...have general direction of the medical service...establishment of hospitals, the purchase of supplies, etc.”²¹ He concluded with a word of warning, “The cost of such a sanitary service would not be inconsiderable, but it would not be great when considered in connection with the magnitude and importance of the work.... A single epidemic of yellow fever...among the employees...would, without doubt, be more expensive than the cost of an efficient sanitary service.”²² His article was timely, and presumably it assisted in keeping health issues to the fore as plans for the canal continued. Gorgas did direct medical operations on the isthmus. His efforts and those under him contributed largely to the successful finish of the Panama Canal.

By 1902, bacteriology had begun to broaden the scope and revolutionize the practice of public health. Teaching this new scientific foundation and the methodologies for its practical application to public health specialists was crucial to the success of this developing profession, but standard course work remained elusive as public health degree programs sprouted in the early 1900s at the University of Michigan, University of Pennsylvania, Harvard University, and the Massachusetts Institute of Technology. The definition of a public health professional was also nebulous. By the time the Johns Hopkins University opened its school of hygiene and public health in 1918, candidates for admission included sanitary engineers, chemists, epidemiologists, nurses, and social workers. For the moment, however, public health leadership remained the bailiwick of physicians.²³

Several leading physicians in Washington surveyed medical educational assets—Georgetown University and Columbian (soon to be George Washington) University Medical Schools, and a large number of hospitals and clinics—available in Washington in 1902. They concluded that a postgraduate institution giving special attention to preventive medicine, tropical diseases, and laboratory work in bacteriology and sanitary chemistry would be extremely valuable to general practitioners, specialists, and health officers in the government service. The departments of medicine at Georgetown and Columbian Universities provided classroom, laboratory, clinic, and faculty support. Sternberg’s experience in postgraduate education and administration and his availability made him an obvious choice for president of the faculty. He provided the introductory address on preventive medicine, which opened the Washington Post-Graduate Medical School on January 12, 1903. Thirteen months later, the president and university council of Columbian University presented a petition to the board of trustees for the establishment of a graduate department of public health. The purpose of the department was to instruct physicians in preventive medicine subjects and the fundamental and administrative laws concerning the prevention of disease, epidemics, and injuries. The one-year course that awarded a master’s degree in public health covered hygiene, sanitary chemistry, bacteriology, medical zoology, biochemistry, sanitary administration, sanitary inspection service, dangerous occupations, sanitary engineering, comparative medicine, insect agents in the transmission of infectious diseases, history of preventive medicine, and law (international, constitutional, and statutory) affecting sanitary regulations. Students could also pursue a 2-year course for a

doctorate in public health. Sternberg accepted the dean's chair and continued to teach hygiene and preventive medicine.²⁴

A main goal of the Progressive movement was to educate the masses, not just the professionals in their ranks, to the repulsive and often health-threatening realities of American life. While journalists such as Lincoln Steffens, Ida Tarbell, and Ray Stannard Baker, "raked up muck" on industrialists and politicians in *McClure's Magazine*, others preached the value of home economics in the *Ladies Home Journal* and *Good Housekeeping*. Sternberg's first self-imposed task from California Avenue was the production of one final book, *Infection and Immunity with Special Reference to Infectious Diseases*, a small compendium of well-explained facts on infection, immunity, and practical instructions for preventing infectious diseases. In its pages, he became a bit of a muckraker himself in discussing typhoid fever and tuberculosis.²⁵

The death rate from typhoid fever in Washington was considerably higher than any other major U.S. or European city, with the exception of Belfast and St. Petersburg, a fact Sternberg attributed to a contaminated water supply. Tuberculosis death rates were declining nationwide. Hermann Biggs' education, sputum testing, and case registration programs were showing impressive results in New York City. Washington, too, had experienced a mild reduction in tuberculosis death rates over the past 12 years, but it remained a serious health threat particularly among the black population, whose death rates were nearly four times higher than whites. Sternberg made it clear—even to the casual Washington reader—that the problem resided in the lungs of the poor laboring class of citizens that lived in damp, unventilated, overcrowded, and unsanitary dwellings.²⁶

Once these iniquities and moral failures had been exposed, Sternberg and the Progressives believed public indignation would intensify to a threshold where intervention was demanded. Reform measures would come from an informed and responsible government and from a sense of moral, civic, and humanitarian duty, as well as enlightened self-interest, of the population at large. Among these measures, housing reform remained one of Sternberg's chief interests. This movement had made slow, but steady progress over the past seven years. The Washington Sanitary Improvement Company (WSIC) grew and boasted \$428,000 in assets, all dividends paid, and more than \$33,000 in surplus funds. A total of 142 neat, trim homes graced Washington streets. At the Paris Exposition held in 1900, the WSIC took home the only gold medals awarded to an American company. Two years later, Associated Charities had established the committee on housing conditions to stimulate greater public awareness and interest among influential citizens and Congress members. While the committee's primary objective was to force passage of a bill—originally written and submitted by Sternberg—for the repair or removal of dilapidated housing in Washington, it also advocated the development of an adequate building code, appropriations for the conversion of hidden alleys to minor streets, and a more robust housing inspection program. The committee's agitation finally reached the White House. The plight of alley dwellers shocked President Theodore Roosevelt, who apparently had been unaware of

this disgraceful smudge on the beautiful city program he encouraged. In the fall of 1902, he commissioned Charles Weller, General Secretary of the Associated Charities, to conduct a thorough survey of the alleys.²⁷

Sternberg and his directors had never been truly satisfied with the initial arrangement of the WSIC. To generate enough capital to begin operations, they had been forced to accept a 5 percent investment dividend knowing that rents would be just beyond the reach of lower wage-earners, the class of worker the company was most interested in helping. To accommodate this compromise, the aim of the business was altered. It would provide housing "for the better class of wage-earners," for the moment, hoping the houses vacated would become available to unskilled laborers at reasonable prices.²⁸ The company had been a smashing success from a business perspective, and other landlords used its blueprints. Sternberg was under no illusion that regenerating the slums would be a swift and inexpensive proposition, but these successes, interest from the Oval Office, and the hope of congressional legislation were tremendously encouraging. Therefore, Sternberg proposed the creation of a second housing company with investment dividends limited to 4 percent.²⁹

Essentially, a mirror image of its parent company, the Washington Sanitary Housing Company (WSHC), was incorporated on April 23, 1904, with Sternberg as president. Sternberg advertised this second venture as safe and sound business philanthropy. By purchasing less expensive land and eliminating bay windows and cellars, he could build homes with the same amenities as the WSIC, guarantee 4 percent dividends, and accrue surplus funds of 2 percent by the end of the year. The 1 percent dividend given up through philanthropy would reduce rentals, thereby directly benefiting the lower wage-earning tenant. Sufficient stock subscriptions were obtained for land to be purchased in May. Sternberg selected land on Van Street, between M, N, Third, and Four and a half Streets, Southwest, where Civil War era frame shacks adorned both sides of the street, to provide an object lesson for the city and to goad hesitant businessmen. By October, 17 three- and four-room apartments, renting for \$7 and \$8, respectively, and all filled by respectable black citizens, looked out on equal or higher priced hovels across the street. Reformers won a small victory when landlords of the remaining shanties opted to tear them down rather than upgrade them with sewer and water connections.³⁰

Sternberg's enthusiasm and his passion for erecting reasonably priced rental properties derived from multifaceted humanitarian goals. His apartments offered not only sanitary comfort, but also respectability not found in the crime and vice-ridden alleys.³¹ With Sternberg's rebate system and timely attention by apartment managers, tenants proved to be highly responsible for maintaining—and even upgrading—their flats. Furthermore, these small abodes offered an escape from the high disease mortality that claimed a large proportion of alley infants, children, and adults. While typhoid fever, diphtheria, croup, and pneumonia took their toll seasonally, tuberculosis was a perpetual scourge. In regard to tuberculosis rates, Sternberg disdainfully commented in 1904, "Washington has the disgraceful pre-eminence of leading all

cities in the United States, with the exception of Denver and Los Angeles, to which cities the unfortunate victims of this disease resort in large numbers from all parts of the country.”³²

Retrospectively, 1904 was a watershed for an expanding anti-tuberculosis campaign in America. In the preceding decade, tuberculosis had begun to lose its mystique as public health and social reformers united in an effort to demote it into the ranks of more common infectious diseases. Tenements and alley slums had been exposed as natural habitats of the disease, as had herds of dairy and beef cattle that supplied infected milk and meat to the cities. Housing reform and settlement movements were making progress. Local associations for the prevention of tuberculosis were organized, first by Lawrence Flick in Philadelphia, and then by Biggs in New York City and Sternberg in Washington.³³

Cultural conceptions of, and the medical approach to, tuberculosis—commonly known as consumption due to the chronic weight loss it induced—had undergone a significant transformation since Koch had isolated the tubercle bacillus. Mid-19th century middle class notions of the pale, emaciated man or woman lingering on pillows, intermittently glowing with the flush of fever, and patiently awaiting death were no longer the epitome of romantic beauty or quiet genius. Through the 1890s, society regarded the consumptive as a contagious, nonproductive invalid at best, one to be warehoused in special hospitals like the insane. More commonly, the tuberculosis victim was identified as one of the thousands of unskilled laborers, immigrants, or urban African-Americans residing in city slums. American physicians did not readily accept an infectious etiology for tuberculosis, however. They were steeped in the belief that heredity and a special predisposition—a consumptive diathesis—directly related to physical traits and habits of the victim, and the environment were the major factors in developing the disease. Over time, epidemiologic evidence demonstrated that only a small proportion of sputum-positive individuals were symptomatic and fewer still developed active disease. Critics used these data, as well as Sternberg’s earlier demonstration—that not all bacteria that normally inhabit the human body were virulent or pathogenic—to substantiate the belief that exposure to the tubercle bacillus did not guarantee infection. Although Sternberg had revised his conceptions of the disease by the late 1880s, the majority of American physicians remained unconvinced that tubercular lesions were produced by a specific bacillus. Moreover, tuberculosis did not fit the model of infectious disease, that is, illness followed by death or recovery, as it was then understood. The chronic nature of the disease with its latency, remissions, and recrudescences led to diagnostic confusion and a wide variety of treatment options. However, there was another option to this therapeutic dilemma, which addressed the patient’s habits and environment: the sanatorium.³⁴

A large number of sanatoriums specifically for consumptives had been established in continental Europe and Britain since mid-century, and physicians at these institutions reported surprisingly good results from regimens of strict hygiene, exercise, and diet. Americans had little enthusiasm for this modality

until a consumptive physician serendipitously applied the restorative European methods to himself. Three years later, Edward L. Trudeau, who was convinced that strengthening the body's resistance to the disease was the most practical and productive rehabilitative therapy, initiated the American sanatorium movement at Saranac Lake, New York. In the small cabins he established, Trudeau followed the German model of consumptive management providing his patients with wholesome foods, hygienic discipline, and a regimen of graduated exercise and rest in fresh, sunlit air. Protein-rich diets and exercise restored physical strength and confidence, while hygienic discipline developed the patient's sense of personal responsibility for the transmission of his malady. Furthermore, Trudeau offered the hope of rehabilitation, the restoration of a productive life, and the possibility of being cured. Encouraging results were obtained and, in time came the empirical observation from Vincent Bowditch's Sharon Sanatorium near Boston that care could be delivered as effectively at sea level as in higher elevations. Sanatoriums sprouted up throughout the east coast and midwest.³⁵

All of these efforts, however, lacked the unity, coordination, and sense of direction necessary to dispel the inertia and indifference of the government, philanthropists, and the public. However, two independent organizations, the American Congress on Tuberculosis and the American Congress on Tuberculosis for the Prevention of Consumption, materialized in 1903. Both organizations were planning international congresses and exhibitions that conflicted with activities of the Maryland Commission on Tuberculosis, headed by William Osler and William Welch, and the International Congress being held in Paris in 1904. The confusion inherent in the names of these congresses as well as the competition and potential embarrassment they posed to other sanctioned anti-tuberculosis activities did not go unchallenged. In a public letter, published in the *JAMA*, Dr. S. Adolphus Knopf, of the New York City Health Department, pointed out these difficulties and that the leadership of these organizations did not contain "among them the men we are wont to look up to as leaders in movements of this kind."³⁶ He suggested all those interested in a representative national association should meet at the Tuberculosis Exposition in Baltimore on January 28, 1904, a suggestion well received and acted upon.³⁷

A distinguished collection of physicians from the east coast and Canada, chaired by Welch, attended the meeting and appointed a committee to evaluate anti-tuberculosis associations and their activities and consider forming a national committee for representation at the International Congress in Paris. Welch selected Osler to preside over a 15-man committee that included Welch, Knopf, Biggs, Trudeau, Flick, Theobald Smith, Edward Janeway, Mazyck Ravenel, and Abraham Jacobi. Sternberg apparently did not attend, most likely because of graduate school obligations. However, he was at the March 28 meeting at the Phipps Institute in Philadelphia, where the National Tuberculosis Association (NTA) was born. A constitutional committee was formed with Flick assigned to draft the constitution and Sternberg to draft the by-laws. These two documents,

which were presented and approved at the home of Dr. Biggs in New York City in late April, established NTA's objectives:

1. to study all forms of tuberculosis;
2. to distribute current knowledge on the causes, prevention, and therapies of the disease; and
3. to provide incentive for the prevention and scientific treatment of tuberculosis (a board of directors was appointed, and the association's first official meeting would be conducted in conjunction with the American Medical Association conference in June³⁸).

Osler called the 150+ members to order in an Atlantic City schoolhouse on June 6. Attendees unanimously elected Trudeau as president, Osler and Biggs as vice presidents, Sternberg as treasurer, and Henry Jacobs as secretary. An executive committee also was selected. It was agreed that NTA's main thrust was to educate the public, rural physicians, patients, and government. Expanding local associations, establishing dispensaries with visiting nurses to follow cases, and petitioning legislatures to construct more sanatoriums and close lay-medical cooperation were also advocated. To press forward, however, required more tangible means than the reputations of the men assembled. Memberships and contributions, notably from Jacob Schiff and John D. Rockefeller—although modest—slowly increased. In the winter of 1905, Dr. Livingston Farrand, a physician teaching psychology and anthropology at Columbia University, accepted the position of executive secretary.³⁹

Sternberg returned from Atlantic City with renewed zeal and enthusiasm to advance educational, clinical, and legislative initiatives in the capital. In October, he participated in a tuberculosis symposium sponsored by the Medical Society of the District and allied with Dr. William Woodward, the District Health Officer, to secure mandatory case registration and anti-spitting legislation. The local anti-tuberculosis committee of the Associated Charities, over which Sternberg presided, had already opened a centrally located dispensary on H Street, northwest, where volunteer physicians saw consumptive patients unable to afford private care. Visiting nurses provided patients with educational materials and followup care, and the Associated Charities supplemented diets with eggs and milk. Outpatient treatment by itself, however, did little to reduce society's risk of acquiring the disease. Tuberculosis patients required special hospitals or sanatoriums, or at least wards isolated from other hospital patients, but none of the District hospitals offered such care. George Kober and others pressured Congress to appropriate funds for a municipal tuberculosis hospital and made them aware of growing public concern over the issue. While Congress declined to act for another 2 years, when it put \$100,000 in the 1907 budget for the hospital, Sternberg asked the private sector to reach into its pockets again to support tuberculosis reform in the District.⁴⁰

In an article in the *Washington Medical Annals* in 1905, Sternberg reviewed the clinical experience of American and European sanatoriums that claimed 20 to 25 percent cure and 30 to 50 percent improvement rates. He concluded from these

statistics that “pulmonary tuberculosis in its earlier stages is very amenable to treatment, and...recovery may occur, under favorable conditions, in a considerable proportion of cases.... Improvement, more or less permanent, is reported in from 15 to 50 or 60 per cent of the cases treated...”⁴¹ Although climate and altitude were not important factors in recovery, an outdoor life with a continual supply of fresh air aided in recovery. Patients were advised to live—literally—outdoors in a tent year-round, and, as Sternberg pointed out, this was easier to accomplish in a sanatorium where patients could be properly clothed, fed, and supervised by trained physicians and nurses. Therein lay the problem: many consumptives could not afford to travel and reside at distant sanatoriums. For those who could, the strain of new surroundings and absence of family and friends often led to homesickness, depression, and termination of therapy. Other than the want of a facility, Sternberg saw no reason why consumptives could not be treated near their homes with the same results as those obtained elsewhere. For the better part of 1905, he strenuously and successfully campaigned for funds, searched for property, and developed the layout of Starmont Sanatorium. Situated on six acres of high ground just outside of Washington Grove in Montgomery County, Maryland, it received no public funding. Generous support came from members of the Washington Medical Society, and Henry Phipps donated a sum of money for deserving patients, but essentially the institution had to be self-supporting. The first patients arrived in the late fall and paid \$10 per week for room and board.⁴²

By the spring of 1907, the tuberculosis and housing reform movements were receiving welcome support from the White House. The NTA planned for an International Congress on Tuberculosis to be held in Washington in the early fall of 1908. In accepting the presidency of the Congress, Roosevelt commented that the importance of the crusade could not be overestimated “when it is realized... tuberculosis costs our country two hundred thousand lives a year...besides constituting a most serious handicap to material progress, prosperity, and happiness, and being an enormous expense to society, most often in those walks of life where the burden is least bearable.”⁴³ The president had used the same tenor and similar words concerning the alley slums in his address to the 59th Congress in December 1904. In condemning the moral and mortal perils of the alleys, the president admonished Congress that national prosperity purchased with the lives of the laboring class was national folly. He suggested the need for a commission on housing and health conditions in Washington to correct the situation. In the following year, he appointed James B. Reynolds, an old friend and former head of the University Settlement in New York, to survey all federal and district governmental departments related to the welfare of Washington and “give particular attention to the housing problem.”⁴⁴ Harangued by the president again in his 1905 message, congressional legislators, each with a copy of Weller’s final report in hand, finally passed the long-awaited act to have unfit alley dwellings repaired or removed in May 1906. Fifty thousand dollars was appropriated for condemnation activities in converting alleys to minor thoroughfares. As shacks and shanties disappeared, WSIC homes continued to be raised. At the end of the year, the company owned 200 houses. Moreover, Kober

reported the death rate among individuals who lived in WSIC apartments was seven per 1,000 over the past year, a little less than half of the death rate for white Washingtonians. For the moment, Washington Progressives rejoiced.⁴⁵

Reynolds' report hit Roosevelt's desk at the end of April 1907 with a reverberating thud. Reynolds had inspected nearly 400 tenements, small houses, and shanties throughout Washington, examined many alleys, and talked with their occupants. His findings echoed those of Kober and Sternberg. Although brick houses demonstrated many structural defects, virtually all of the frame shacks needed to be razed immediately. All of them were filthy inside and out, had inadequate or poorly situated water sources, and had open privies. The alleys remained chaotic foci of crime and moral degradation. He applauded the work done by the Board for the Condemnation of Insanitary Buildings in removing 134 structures and repairing 24 others; however, this good work was halted in March when the Supreme Court declared it unconstitutional to assume the total cost of converting alleys into small streets should be assessed upon the adjoining property owners. Some proportion of the funding had to come from the public treasury, which meant further congressional action and inevitable delays. Reynolds identified horribly flawed construction laws and ordinances that provided loopholes for nimble landlords to slip through and a larger force was needed for efficient and timely inspections. Furthermore, he encouraged more homes on the WSHC model. Reynolds concluded his report by recommending the appointment of a President's Homes Commission to determine the most efficient and effective methods used by public enterprise and private philanthropy across the country, invite participation in public hearings, and recommend reforms that could be enacted by executive order or the District government. Roosevelt acted upon this advice immediately. Reynolds, Sternberg, Kober, William Baldwin, and philanthropist S. W. Woodward received formal requests to participate. Sternberg held the organizational meeting at his home on the evening of May 29 and was unanimously elected chairman. Their initial work, distributed among four committees—(1) improvement of existing houses and elimination of unsanitary and alley houses committee, chaired by Baldwin; (2) social betterment committee, chaired by Kober; (3) building of model homes committee, chaired by Sternberg; and (4) finance committee, chaired by S. W. Woodward—culminated in a preliminary report that outlined their plan of action to Roosevelt at the end of June.⁴⁶

Over the next 17 months, the commission crafted a detailed, comprehensive plan of action for the president. No aspect of the slum problem went untouched and virtually every public, private, and philanthropic agency or organization had some obligation in their remediation. Baldwin's committee noted that in the past two years, 545 houses had been demolished, leaving 1,614 individuals in need of new lodgings and obviating the need for less expensive quarters. Of course, the best way to get rid of alley dwellings was to get rid of the alleys. Among other recommendations for more stringent building codes, the committee successfully fought to amend the damages and benefits assessment code so that up to 25 percent of the total damages in converting alleys to minor streets would come from the District's general fund.⁴⁷

The social betterment committee examined every nook and cranny of alley life. The commission's longest report scrutinized nutrition; diseases; alcohol, drug, and tobacco usage; moral behavior and usury; wages earned and how spent; and cost of living. Although education, restriction on the sales of tobacco and alcohol, construction of playgrounds, and a convalescent hospital for those acutely ill were all important for the welfare of alley dweller, Kober and his committee saw the true plight of these people in the abuses of employers and others in the community who preyed on them. The committee boldly called for the enactment of factory and labor laws for sanitary workshops, employer accident liability, comprehensive industrial insurance for employees, building codes for workplaces, wage increases, and the addition of a Bureau of Labor to the president's cabinet.⁴⁸

Sternberg's final report was a clear, concise tour de force of housing problems and the model home industry at home and abroad. It was also a subtle attack on the indifference, greed, and sloth of government, business, and the public at large, and one more plea for their cooperation. As in European cities, Washington required a large number of unskilled laborers who needed sanitary dwellings near their place of employment and should not have to pay more than one-fifth of their monthly wages—\$35 to \$45—for it were—he believed—established conditions. He reviewed the efforts of Britain, Germany, and France to relieve their housing dilemmas, the homes that had been built in Philadelphia and Baltimore, and the progress of his own housing companies. Cost- and profit-motivated private enterprises were wholly inadequate to the task. In the past five years, of 2,589 brick dwellings built to rent, only seven were within the financial reach of unskilled workers. A mere 300 frame structures had been erected, and while they rented from \$8 to \$12 per month, most of them were outside the city. Corporate giants, such as Carnegie, Rockefeller, and Morgan whose largesse could relieve the situation, had not offered to invest in the endeavor. Business philanthropy—building homes for the benefit of those who live in them and the surrounding community—was the best long-term solution. Experience, however, was beginning to show that when dividends were reduced to accommodate low rents, business self-interests trumped civic duty and philanthropic ideals. To Sternberg's great disappointment, the WSHC had stopped building operations for lack of funds, even though it had faithfully paid its dividends. Although he admitted the impracticalities of government-housing subsidies to municipalities nationwide, Sternberg interpreted the relationship between Congress and the municipality of Washington in a different light. Congressional legislative authority over District territory inferred responsibility, and he advocated either appropriations or loans to housing companies at a reduced rate of 3 percent, to establish decent homes for the lower class wage-earner.⁴⁹

The economic recession, which began in October 1907, did not encourage Congress to follow Sternberg's financial advice. This and the difficulties with the WSHC, notwithstanding, his enthusiasm and optimism for social reform progress remained undiminished throughout 1908. The governor's conference, which had been held in May to discuss the development and conservation of natural resources, was a strong

public declaration by the president that conservation was not only a priority, but also a national duty. Although Roosevelt is remembered as the great protector of land, trees, and water, his governor's conference, and the National Conservation Commission he created soon thereafter, had a broader scope. Conservation and national efficiency encompassed the social, physical, mental, and moral welfare of human resources. The point was not lost on Professor Irving Fisher, an economist from Yale University, and fellow economist J. Pease Norton. They had resurrected the drive for a national board of health through the auspices of the American Association for the Advancement of Science. The association established the Committee of One Hundred on National Health, a collection of public health, social welfare, business, labor, political, and agricultural gurus with whom Sternberg worked routinely, to provide information on the preservation of human health to the new national commission. Philosophically, Fisher's committee believed national, state, and local governments should protect people from disease for it was "bad policy and bad economy to leave this work mainly to the weak and spasmodic efforts of charity, or the philanthropy of physicians."⁵⁰

Sternberg and his colleagues could not have been in more agreement as they prepared for the Sixth International Congress on Tuberculosis to be held in Washington in late September. To stimulate public interest, a traveling exhibit was developed consisting of models, photographs, and lantern slides depicting sanitary and unsanitary environments, sanatoriums, and hospitals. Sternberg worked vigorously as the chair of the committee on local affairs and as one of the vice presidents, which included—among others—Jane Addams, Lillian Wald, Florence Kelley, Samuel Gompers, and Jacob Riis, of the section on hygienic, social, industrial, and economic aspects of tuberculosis. These efforts, strong state and federal government participation, and the support of the international anti-tuberculosis community paved the way for the impressive congress that began with the opening of a massive exhibit in the recently completed National Museum Building on September 21.⁵¹

In the late morning of September 28, 4,500 delegates were ushered into the museum's assembly hall to the spirited tunes of the Marine Band. The Secretary of the Treasury, George B. Cortelyou, who was standing in for the President, called the meeting to order, welcomed the distinguished gathering to the capital, and announced the honorary vice presidents of the congress, Edward Trudeau of Saranac Lake, Robert Koch of Berlin, Louis Landouzy of Paris, and Theodore Williams of London. William H. Welch spoke to the imperative of prevention in the war on tuberculosis and noted it was "not a doctor's fight merely, but all the forces of society—economic, social, moral, legislative, administrative, philanthropic—must be enlisted in this contest," and it had become "increasingly apparent that successful prevention will be attended by improved conditions of living, of work, and of play; in a word, by a general social betterment of the people."⁵² With this warmly applauded Progressive credo ringing in their ears, attendees began their week-long seminar of presentations—70 percent of which were provided by foreign delegates—on every aspect of tuberculosis from bacteriology, pathology, clinical

studies, and therapy to industrial and economic aspects, state and municipal control, and veterinary concerns.⁵³

The official banquet, hosted by Elihu Root, now serving as Secretary of State, was held at the New Willard Hotel on October 2. The Kobers hosted a Cosmos Club dinner, and the Sternbergs honored Robert Koch with a special dinner. Koch and Sternberg had developed a close and mutually admiring friendship since their 1885 meeting in Berlin. After modestly accepting a toast, Koch put his hand on Sternberg's shoulder, complimented his many achievements, and said, "Here is my brother in the work and one whom I admire among the men of the world."⁵⁴

During the final academic session of the congress, President Roosevelt made an unannounced visit to the Assembly Hall. He made his way to the lectern to deliver a few short remarks, amid spontaneous cheers from the audience, as the Marine band struck up "The Star Spangled Banner." With his usual enthusiasm and humor, the president praised the advancements of science and medicine over the past 20 years, particularly in regard to yellow fever and malaria, and the humanitarian contributions such progress had made. Over the next two days, Executive Secretary Farrand and his committee on resolutions presented nine resolutions, which were unanimously adopted, that urged state and local governments to establish case registration laws, hospitals, sanatoriums, and dispensaries and day camps for advanced, curable, and ambulant cases, respectively. Prevention of human-to-human and bovine-to-human transmission was to be vigorously pursued as was education in hygiene and sanitation for both the layman and professional. These resolutions summarized the purpose of the congress and provided a compass for future work, but the committee's achievements transcended the content of their resolutions. The fledgling NTA, with no official status and little funding, had produced an inspiring conference. An international audience had seen firsthand the quality of American medical science and how it was organized and practically applied, and they were deeply impressed. Moreover, the pre-congress educational and publicity campaign, as much as the academic sessions, had transformed the anti-tuberculosis movement into an American crusade. In the next year, federal, state, county, and municipal governments would grant \$8 million worth of appropriations to support the fight against tuberculosis.⁵⁵

Sternberg led the charge in the District of Columbia. The issues he encountered and solutions he developed reflected those of other cities and followed NTA objectives. The committee on the prevention of tuberculosis for the District had grown to the point where, in November 1908, he had it reorganized and chartered as the Association for the Prevention of Tuberculosis for the District of Columbia. The tuberculosis hospital had opened in July; Starmont was doing well; Eudowood Sanatorium in Towson, Maryland, was operational; the Tuberculosis Dispensary was seeing nearly 2,000 patients annually; and visiting nurses were seeing a little more than 9,000 patients in homes and at the dispensary. The enemy was being contained, but for eradication and final victory an assault on its citadels—particularly the younger ones—was imperative. To do so, Sternberg recognized that a broad educational campaign directed at incipient cases unable to go to hospitals

or sanatoriums and those uninfected was required. Through the continued and generous support of the Red Cross Society, Visiting Nurses Association, charities, and churches, many innovative programs were initiated by the new association. A tuberculosis day class and later a day camp on the grounds of the tuberculosis hospital taught the principles of sanatorium treatment to those who could only afford home treatment. They received individualized care and relief in the form of making up wages lost by attending, payment of rent, special food, bedding, or clothing, and—in some cases—sleeping porches built on their homes. Large amounts of literature were distributed through three major insurance companies with a resultant increase in dispensary visits, and more public meetings on tuberculosis were held.⁵⁶

The public school system was especially targeted as a viable route for education and prevention. The District School Board was persuaded to allow a nurse to provide 20-minute classes on tuberculosis hygiene and prevention in May and June 1909. Begun as an experiment only in the black schools, the lectures were so well received that they were implemented in all schools the following year, with the addition of a primer on the disease printed by Sternberg's association. Before the next school year ended, Sternberg's organization was lobbying for open-air schoolrooms for tuberculous children. Although Congress declined to fund the project, Sternberg found A. T. Stuart, Superintendent of Public Schools, the local principal of Blake School, and her fourth grade teacher more supportive of the innovation. In mid-November 1910, a warmly bundled teacher and students proceeded with lessons in the District's first open-air classroom. Two years later, the second such room was opened at Stevens School for black children.⁵⁷

On the cover of the Third Annual Report of the Association for the Prevention of Tuberculosis in 1911, Sternberg published the results of the burgeoning campaign against tuberculosis. From 1881 to 1910, death rates for the disease in the District had dropped in the white community by 60 percent, but only by 44 percent in the black population.⁵⁸ Moreover, death rates among blacks were still nearly three and a half times greater than in the white population. Although the anti-tuberculosis measures had been enacted for the benefit of all Washingtonians, most of the patients in the dispensary, at the tuberculosis hospital, and at Starmont were black, and the majority of relief had been directed into black hands. A portion of the black community had responded with gratitude and a demonstration of personal responsibility for improving alley life. But, as Howard University professor William Henry Jones wrote in 1929, "Wherever the white man's interests do not penetrate the alley inhabitants remain on a very low level of culture. A certain class of people prefers the alley life, because it enables them to escape responsibility to the wider phases of society."⁵⁹ To Sternberg's frustration and chagrin, the alleys, and the diseases they bred, remained an integral part of District life. The Homes Commission had not generated sufficient white interest on Capitol Hill or in the community at large to penetrate the alleys. While social Progressives salved their consciences with past victories wrung from Congress—such as school attendance and child labor laws, a juvenile court, an Industrial Home for Black Children, a

new home for the Aged and Infirm, and a number of playgrounds—Sternberg wrestled with a housing company crisis. Stock subscriptions for the WSHC had dried up. Faced with dissolving the company or raising dividends to 5 percent, he reluctantly chose the latter, and the charter was amended in February 1911. But motivation for District social reform declined during the Taft Administration. The WSIC built another 115 homes and the WSHC built 23. By the end of 1914, the companies owned 716 apartments, renting from \$7 to \$16 per month, and had invested more than \$1.25 million.⁶⁰

Sternberg's tremendous energies began to wane in 1912. As a member of the executive committee on organization and the committee on arrangements in preparation for the 15th International Congress on Hygiene and Demography held in the fall in Washington, he contributed significantly to the conference's success, but the following month resigned as treasurer of the National Association for the Study and Prevention of Tuberculosis. He also resigned himself to the fact that writing a medical history of the Spanish–American War was now beyond his strength and endurance. Instead, he gathered papers and addresses on the topic and had them published in a small volume for limited distribution to friends in December.⁶¹ His association with the Army Medical School remained strong. In 1913, he presented the first Sternberg Medal for proficiency in bacteriology and serum therapy to Lieutenant George R. Callender telling him, "It is a matter of gratification to me to know that...in the Army Medical School [bacteriology] is given special attention.... At the same time, I desire to impress upon you...that no expert knowledge in any one branch of medical science will justify a neglect of...practical knowledge of medicine and surgery, and...preparation for active field-service which it is essential that every medical officer possess."⁶² His passionate, strenuous lobbying—in person and in the press—for local reform remained undiminished. Sternberg continued to advocate larger appropriations for the District's public health infrastructure and tuberculosis hospital, the passage of legislation for testing and pasteurization of milk, and low cost housing for the poor. In the fall of 1915, he was actively engaged in reducing liquor sales, gambling, and prostitution in and around the neighborhoods he had built. After registering a protest in the name of the housing company with the Excise Board over approving a wholesale liquor license, he went toe-to-toe with the Excise Board's attorney who questioned Sternberg's authority to complain on behalf of the company. The liquor license was refused, but Sternberg had struck his last blow for Progressive reform.⁶³

On October 19, he suffered a stroke. Major and Surgeon Deane C. Howard, called to attend his former chief, confirmed the diagnosis. Howard made his patient as comfortable as possible and offered hope, but as the days passed Sternberg failed to rally.⁶⁴ "My darling husband is making a brave fight for his life," Mrs. Sternberg wrote to George Kober, "but his poor disabled heart makes it difficult for him to be made comfortable... he seems very weak to me."⁶⁵ Sternberg's chronically inflamed heart tissue finally gave out. In the early hours of November 3, 1915, the general quietly took his last breath.⁶⁶

Sternberg's death came at a transitional juncture for the Progressive Reform Movement. Public health education was being shaped into its modern form by Wickliffe Rose and the General Education Board of the Rockefeller Foundation. Through a

partnership with the American Red Cross and the Christmas Seal Campaign, the National Tuberculosis Association became financially stable, was reorganized, and expanded its services. In contrast, the housing reform movement had crested in Washington. The WSIC and the WSHC realized a couple more bursts of activity, but rock bottom dividends found little enthusiasm among investors.⁶⁷

It is tempting to pigeonhole the reform activities of District Progressives into successes or failures. From the lofty perch of the 21st century, it is easy to grasp that the success of urban sanitation, public health education, and the anti-tuberculosis reforms resulted from broad-based national support because these issues affected the daily health and welfare of all Americans. It is just as easy to understand that the alley slums remained essentially unchanged because poor blacks inhabited them, who were largely hidden from routine scrutiny, and, therefore, made little impact on the public consciousness. But to focus solely on end results is to miss the ethos of the Progressives in general and George Sternberg in particular.

Sternberg, the son of well-educated Lutheran evangelicals of limited means, was imbued with the philosophy that knowledge, resourcefulness, moral courage, selfless dedication, and an abiding faith in God were the means by which responsibilities to family, community, and mankind were discharged. With higher academic, religious, and social achievement, these responsibilities increased in magnitude and scope. Sternberg provided astute, dynamic leadership in both the military and civilian medical communities from the mid-1870s. His Progressive bent became clearly manifest in the 1880s. He advocated, and fought for, the establishment of effective quarantine laws through a national board of health and government-sponsored bacteriological research. By 1893, Sternberg had the rank, position, and experience to wield prodigious authority and power in military and civilian medical circles. Bacteriology, now sufficiently matured, became the basis for change not only in the delivery of medical and surgical care in hospitals, but also the foundation upon which effective public health was constructed. Sternberg used the military organizational structure to apply this new technology effectively—the summer of 1898 notwithstanding—during his tenure as surgeon general. Sternberg's philosophy of life, his very nature, and his stature in medicine drew him into the sphere of public health and social reform in the District of Columbia. In the densely packed alley slums, he probably saw parallels to overcrowded, filthy, and disease-ridden mobilization camps. While he attacked public health issues on a broad front as he had done in the army, military command authority was replaced by evangelical zeal and political acumen. His energetic, confident, and patient leadership reverberated in the halls of Congress, university classrooms, hospital wards, and meetings of a wide range of professional and charitable organizations. His colorblind philanthropy and humanity—unwavering in its optimism—restored health and brought order, comfort, and respect to thousands in the District.

Sternberg was laid to rest in Arlington National Cemetery, near Arlington Mansion and not far from where he camped before battle in July 1861. His many friends and colleagues remembered him as a man who always had work to accomplish and eagerly looked forward to the next project; he was a modest man of absolute sincerity,

scientific honesty, and genuine kindness of heart that he applied to all mankind without overlooking the individual. Retired Commanding General of the Army Nelson A. Miles eulogized Sternberg as “one of the most earnest, devoted, untiring public officers....I have ever known.... The world was better for his having lived in it.”⁶⁸