

# **The Pervasive Use of Exhibits for Public Health Education**

By Jennifer Lisa Koslow

Assistant Professor, Department of History  
Florida State University  
Tallahassee, Florida

[jkoslow@fsu.edu](mailto:jkoslow@fsu.edu)

© 2011 by Jennifer Lisa Koslow

I visited the Rockefeller Archive Center (RAC) between June 30 and July 7, 2011 to look at the papers of the Rockefeller Foundation (RF) and Commonwealth Fund (CF) as they related to public health education, in particular the creation and use of exhibits. During this research visit, I examined the RF's involvement in the formation of schools of hygiene and public health from 1913 to the early 1930s. I also looked at the RF files on the East Harlem Health Center. In addition, the papers of the CF, specifically the materials on the Child Health Demonstrations that took place in the mid-1920s, were studied. What I was looking for, and what I found, were documents demonstrating the use of exhibits to teach best practices in public health to both medical professionals and the public.

## **The RF's Engagement in Creating Schools of Hygiene and Public Health**

As a profession, public health has two origins: statistical and medical. In the nineteenth century, statisticians began to compile data on disease related to environmental concerns. In addition, urban areas began to hire physicians to respond to crises of health. In the early 1910s, the unofficial leaders in public health desired to create a formal method of advanced education for those interested in pursuing a career in assessing and remedying problems related to the health of communities. This new institution would serve dual purposes. It was to be a center for

scientific research as well as a site for training the next generation of leaders. Determining where to establish a school and its curriculum were contentious issues. The RF became engaged in this debate by providing a forum for discussion and, in the end, providing funding for the establishment of schools of hygiene and public health, the first being at The Johns Hopkins University.

While there was much that was debatable about erecting the first school at Johns Hopkins, creating a museum of hygiene as part of this process was not. The documentation suggests that the leading figures in public health at this time believed that a museum should be included in any school of public health. Mention of a museum appears in records leading up to, during, and after a major conference sponsored by the General Education Board (GEB) of the John D. Rockefeller Fund on the subject of creating a formal curriculum for public health. The GEB held this all-day symposium on October 16, 1914 at the offices of the John D. Rockefeller Fund in New York City.

The first mention of a museum in the written records appears in a memorandum to Abraham Flexner (Assistant-Secretary of the General Education Board and a leader in assessing the state of medical education) with regards to the planning of the conference. Flexner invited all the major leaders in public health in the nation to the conference. In the weeks preceding, he asked them to contemplate the issues that the conference might address. Wickliffe Rose (Director-General for the Rockefeller Foundation, International Health Commission) and Herman Biggs (Commissioner of the New York State Department of Health) agreed that two factors that the conference needed to address in relation to a new school were public health education and publicity. Biggs believed that a hygienic museum was especially important for

continuing the education of health officers who had little or no expert training in sanitary science but were already working in the field.<sup>1</sup>

Biggs elaborated on this point during the day-long conference on October 16, 1914, and made the case for the museum to his colleagues, “I would feel very strongly that a hygienic institute, independent of any school, with a hygienic museum, should form the nucleus around which such an educational plan should develop.” C.E.A. Winslow (Director of the Division of Publicity and Education for the New York State Department of Health) agreed with Biggs, suggesting to his colleagues that “a sanitary museum” should be created as part of a new institution. A.C. Abbott (Director of the Laboratory of Hygiene at the University of Pennsylvania) recognized the importance of this idea, although he did not “know that [he] would personally want the job of creating such a museum.” It would, he believed, be the first of its kind in the nation.<sup>2</sup>

Abbott contended that there were additional benefits to creating a museum other than educating public health professionals. He thought that the museum would serve an important role in educating the public about the benefits of public health, which he felt would lead to greater financial security for public health projects

advances can be illustrated in a way that everyone will understand them; by which the question which is now very new to the public preventive medicine in this country, that of occupational disease, by which we could illustrate some of the deficiencies that exist in our occupations, and matters of sanitary engineering, that are fascinating if presented in an instructive museum here, it would make it very much less difficult in the securing of financial aid for projects which are offered for the betterment of public conditions.

In the museum’s public role, Abbott believed there would be similarities to the exhibit hall at the Museum of Natural History in New York that Winslow had put together. Winslow’s immediate reaction to Abbot’s comment was that his work at the Museum of Natural History was “purely

popular, anyhow” in contrast to Abbott’s suggestions. In response, Abbott stated, “so much the better.”<sup>3</sup>

At the conclusion of the conference, Flexner asked Rose and William Welch (Professor Pathology and Dean of Johns Hopkins University’s School of Medicine) to prepare a summary report. They expressed that there was consensus about creating a museum as a part of this new endeavor

An important feature of the institute will be a good hygienic museum, which will contain models, charts, preparations and other material, which can be gradually brought together. This will serve not only for demonstrative teaching, but also for the education of the public.<sup>4</sup>

Even those who had not attended the conference agreed. After reading the report, William T. Sedgwick (head of the Department of Biology and Public Health at Massachusetts Institute of Technology) expressed agreement that a school of public health “should be housed in its own buildings, furnished to a considerable extent with its own laboratories, vaccine and serum stables, etc., and possess its own library and museum.”<sup>5</sup> Because there was general agreement on the issue of a museum, the topic played a very small role in the debates over which institution (Columbia, Harvard, University of Pennsylvania, and Johns Hopkins) provided the best situation for establishing a new school.

In attempting to sell Harvard as the appropriate place to found the first school of public health, William Z. Ripley, a member of the Department of Economics, alerted one of the RF investigators to the existing collections in Boston that could be used. He argued that “another claim for Boston” is the “rich collection of material in the Social Ethics Museum here at Cambridge.” The museum had already gathered “a large mass of material . . . upon industrial diseases and occupational hygiene in the shape of photographs, charts, etc.” Ripley contended that “this collection covering a number of years probably includes more material bearing upon

social welfare than can be found anywhere else in the country.”<sup>6</sup> Nonetheless, the GEB chose Johns Hopkins for other factors, most significantly, the character of its School of Medicine.

The architectural plans for the Johns Hopkins School of Hygiene and Public Health indicate that a museum was included in the design. The first floor of the school was organized into three spaces. A large auditorium was placed in the middle, flanked on one side by a library and the other by a museum. The museum space also functioned as a meeting room for the student group, the “Society of the Ubiquiteers.”<sup>7</sup>

Although considered important, the museum did not rank high enough to be included in Welch’s first request for funding to the RF, the acquisition of library materials outweighed it. Welch, however, did include the museum in his second request. He desired to begin collecting even though he felt that “suitable exhibition of museum material must await completion of the new buildings actual creation of the museum.” Welch requested \$6,000 to purchase photographs, charts, diagrams, and models for the museum’s collections. He also wanted to hire a photographer and draughtsman, who he believed could also serve in a variety of other functions for the school, including acting as curator to the museum. Welch argued that “the creation of a museum will take considerable time, but the collection of the material should be begun, indeed already has been started, but this is the first-definite provision for this important subject in the budget.” He envisioned a space that would “serve not only for study and demonstration in teaching but also for education of the public.”<sup>8</sup> Further mention in the documents related to the founding of the school, however, was not made.

### **The East Harlem Health Center**

In the early 1920s, there were an estimated 100,000 people living in an area in New York City known as East Harlem. In December of 1922, the American Red Cross, supported by the

Association for Improving the Condition of the Poor, the Henry Street Visiting Nurse Service, and the Maternity Center Association began attempting to provide nursing and health services for the region. Two years later, the New York Tuberculosis and Health Association and City's Department of Health joined these forces. In 1927, the combination was reorganized into the East Harlem Nursing and Health Services. Throughout this period, these organizations received financial assistance through the Laura Spelman Rockefeller Memorial (LSRM) for their work in East Harlem.<sup>9</sup>

Exhibits played an important role in the East Harlem Health Center's work. Prior to the New York Tuberculosis and Health Association's move uptown, the organization "had established on a former saloon corner downtown a local exhibit and meeting room as an experiment in neighborhood health education." It called this space the "Health Corner." When the organization decided to join forces with those in East Harlem, the name was changed to "Health Shop." In this way, these public health workers capitalized on the rise of department stores in the 1920s and a new type of personal consumerism.<sup>10</sup>

The East Harlem Health Center used department store window salesmanship to attract passersby to enter. In particular, the window storefront was not static. They used an "attractoscope for moving slides" to capture people's attention. They also invited a variety of neighborhood organizations to create their own special exhibits for the window. The Health Center estimated that "within a period of five and one-half years ninety-four special exhibits and daylight movies in the window had an estimated total audience of 195,364 men, women and children."<sup>11</sup> If this calculation was accurate, then the Health Center touched everyone in the community.

The East Harlem Health Center also created exhibits as part of their community outreach program in the early 1930s. Described as visual education, the Health Center cooperated with the East Harlem School Health Committee to produce “a series of model miniature health exhibits.” The goal was to create a teaching tool that could be used to teach teachers and for teachers to teach their students about health and hygiene. The Health Center aligned the contents with “the new Board of Education program for classroom health activities.” The subjects included “nutrition, dental hygiene, cleanliness, a model bath room, kitchen, bedroom and livingroom [sic], also suitable clothing with reference to the prevention of colds, shoes, posture, etc.” In order to make sure that teachers would know what was important about the exhibits, the Health Center included “an outline describing [each exhibit’s] main points.” The Health Center received help from The National Society for the Prevention of Blindness, the Metropolitan Life Insurance Company, Jefferson Clinic Auxiliary of the A.I.C.P., the Dairymen's League, Consolidated Gas Company, and the New York Tuberculosis and Health Association in producing the exhibits.<sup>12</sup> When complete, the exhibits were 22 by 13 by 13 inches in height and were “made with a glass front locked with a tiny padlock.” The Health Center believed that they had succeeded in creating something that was “easily transportable from school to school and class room to class room.”<sup>13</sup>

### **The Commonwealth Fund’s Child Health Demonstrations**

In the 1920s, the CF initiated a program related to children’s health. At the same time the federal government began to funnel funds to states through the Sheppard–Towner Maternity and Infancy Protection Act of 1921, which provided matching funds to states to design public health programs to respond to high infant and maternity mortality rates. The CF desired to foster programs where an active government program was not in place. The goal was to promote

community activities that neighborhood organizations desired to generate: “The Child Health Demonstration program is a venture in cooperative relationships between three communities of the United States and a national committee, in the interests of the mothers and children of those communities and of the nation.” The CF would pay for physicians, nurses, and staff for five years, at which point the community was supposed to take over full responsibility. They chose three different communities to carry out this experiment: Fargo, North Dakota; Rutherford, Tennessee; and Marion, Oregon.<sup>14</sup>

Documents from all three locations indicate that the Child Health Demonstrations used exhibits in a variety of formats. Although films were available, exhibits were of greater use in rural areas. The 1926 annual report for Rutherford, Tennessee for instance, explained the disadvantages of using films

the use of films and moving pictures for educational purposes, though tried in 1925, was discarded to some extent in 1926 because of the great difficulty in showing throughout the rural area, requiring special apparatus and a means of generating current, so that practically all of one person's time would be required for the successful carrying on of this service.

Consequently, “special demonstrations, such as field day and exhibits by home economics pupils, which tend[ed] to interest adults in the work and results of the health service,” had greater impact overall.<sup>15</sup>

The Prenatal Service in the Demonstration in Marion, Oregon, for instance, made extensive use of exhibits in their educational programming. They constructed an exhibit that displayed “infant's clothing, baby crib, toilet tray, delivery bed, pregnant woman's clothing, etc.” and put it on display in conjunction with the educational talks that took place every Wednesday afternoon. Seventy-five women attended the lectures and examined the exhibits in the first ten weeks of this experiment. The Demonstration believed that not only was this worth the effort for



public health education but that “it also gave the nursing staff an opportunity to learn appropriate educational procedure and to assemble educational exhibits.”<sup>16</sup> Hence, the exhibits served dual functions. It provided information and a means for advancing professionalism.

The documents from Rutherford, Tennessee demonstrate the ways in which the use of exhibits crossed the color line. “The Negro Question” was not central to the CF’s mission but its director knew he would have to consider questions related to the health of African Americans when selecting a southern site.<sup>17</sup> Although staff supported by the CF did not often visit schools for African Americans, it did meet with African American teachers on a monthly basis. At these meetings, Demonstration staff would place “exhibits of simple illustrative material” for the teachers to examine. Staff found that the interests of the teachers were “excellent although their facilities [were] very meager.” These teachers took what they learned at these meetings and brought it back into their classrooms. At an “annual meet” at the end of the year, which “included athletic contests and educational exhibits,” these teachers prepared “a special room . . . for the health education exhibit.” While the “the negro exhibit . . . followed out the same general outline” as their white counterparts, the staff of the Demonstration found that the African American exhibit was more “elaborate in many details than that of the white schools.”<sup>18</sup> Based on their experience, staff believed in the effectiveness of exhibits for stimulating interest in public health.

*Editor's Note:* This research report is presented here with the author’s permission but should not be cited or quoted without the author’s consent.

Rockefeller Archive Center Research Reports Online is a periodic publication of the Rockefeller Archive Center. Edited by Erwin Levold, Research Reports Online is intended to foster the network of scholarship in the history of philanthropy and to highlight the diverse range of materials and subjects covered in the collections at the Rockefeller Archive Center. The reports are drawn from essays submitted by researchers who have visited the Archive Center, many of whom have received grants from the Archive Center to support their research.

The ideas and opinions expressed in this report are those of the author and are not intended to represent the Rockefeller Archive Center.

## ENDNOTES:

- 
- <sup>1</sup> Wickliffe Rose to Abraham Flexner, October 7, 1914, Folder 2207, Box 183, Series 200L, Record Group (RG) 1.1, Rockefeller Foundation Archives, Rockefeller Archive Center, Sleepy Hollow, New York (hereafter designated RAC); Herman M. Biggs to Abraham Flexner, October 15, 1914, Folder 2207, Box 183, Series 200L, RG 1.1, Rockefeller Foundation Archives, RAC.
- <sup>2</sup> Transcript of Conference on Training for Public Health Service, Folder 2214, Box 184, Series 200L, RG 1.1, Rockefeller Foundation Archives, RAC.
- <sup>3</sup> Ibid.
- <sup>4</sup> “Institutes of Health,” Folder 2208, Box 183, Series 200L, RG 1.1, Rockefeller Foundation Archives, RAC.
- <sup>5</sup> William T. Sedgwick to Abraham Flexner, November 26, 1915, Folder 2209, Box 183, Series 200L, RG 1.1, Rockefeller Foundation Archives, RAC.
- <sup>6</sup> William Z. Ripley to Jerome M. Greene, November 19, 1915, Folder 2186, Box 181, Series 200, RG 1.1, Rockefeller Foundation Archives, RAC.
- <sup>7</sup> *The American Journal of Hygiene*, No. 6 (September, 1926), pp. 6 and 10, Folder 2239, Box 187, Series 200L, RG 1.1, Rockefeller Foundation Archives, RAC.
- <sup>8</sup> Frank Goodnow to Edwin Embree with attached letter William Welch to Goodnow, November 20, 1919, Folder 2229, Box 186, Series 200L, RG 1.1, Rockefeller Foundation Archives, RAC; Welch to Embree, November 20, 1919, Folder 2229, Box 186, Series 200L, RG 1.1, Rockefeller Foundation Archives, RAC; “School of Hygiene and Public Health, Johns Hopkins University, Plans of Organization and Development,” December 15, 1919, Folder 2229, Box 186, Series 200L, RG 1.1, Rockefeller Foundation Archives, RAC.
- <sup>9</sup> Homer Folks to Thomas B. Appleget, October 5, 1931, Folder 9, Box 1, Series 235, RG 1.1, Rockefeller Foundation Archives, RAC.
- <sup>10</sup> Kenneth D. Widdemer, “Health Shop,” *Hygeia* (August 1931), pp. 1-3, Folder 7, Box 1, Series 235, RG 1.1, Rockefeller Foundation Archives, RAC.
- <sup>11</sup> Ibid.
- <sup>12</sup> Report of Executive Officer, East Harlem Health Center to East Harlem Health Center, Inc., January 1, 1931-May 1, 1932, Folder 8, Box 1, Series 235, RG 1.1, Rockefeller Foundation Archives, RAC.
- <sup>13</sup> “Exhibit A, East Harlem Council of Social Agencies reports, sub-committee, report from, “A Health-School Health Report,” Report of Executive Officer, East Harlem Health Center to East Harlem Health Center, Inc. May 1, 1932-November 1, 1932, Folder 8, Box 1, Series 235, RG 1.1, Rockefeller Foundation Archives, RAC; Report of Executive Officer, East Harlem Health Center to East Harlem Health Center, Inc. May 1, 1932-November 1, 1932, Folder 8, Box 1, Series 235, RG 1.1, Rockefeller Foundation Archives, RAC.
- <sup>14</sup> “The Commonwealth Fund Child Health Demonstration Program,” n.d., Folder 3, Box 1, Commonwealth Fund, Series 9, RAC.
- <sup>15</sup> “Study of Public Health Activities in Rutherford County, TN, 1926,” Folder 46, Box 3, Series 9, Child Health Demonstrations, The Commonwealth Fund, RAC.
- <sup>16</sup> Annual Report, Marion County Child Health Demonstration Year, ending December 31, 1928, Folder 52, Box 3, Series 9, Child Health Demonstrations, The Commonwealth Fund, RAC.
- <sup>17</sup> Courtenay Dinwiddie to Barry C. Smith, February 5, 1923, Folder 3, Box 1, Series 9, Child Health Demonstrations, The Commonwealth Fund, RAC.
- <sup>18</sup> Rutherford County Child Health Demonstration Annual Report 1925, pp. 48-49, Folder 35, Box 3, Series 9, Child Health Demonstrations, The Commonwealth Fund, RAC; Rutherford County Child Health Demonstration 1926 Annual Report, Folder 36, Box 3, Series 9, Child Health Demonstrations, The Commonwealth Fund, RAC.