



**ARKANSAS HISTORIC
PRESERVATION PROGRAM**

National Historic Landmarks of Arkansas

The Old State House and the Crossett Experiment

By Cynthia DeHaven Pitcock



The Old State House, ca. 1917.

Published by the Arkansas Historic Preservation Program
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An agency of Arkansas Heritage, a division of the Arkansas Department of
Arkansas Parks, Heritage, and Tourism.

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Cover photo courtesy of Old State House Museum

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“No other section of the country boasted such relentless zealots for the stump, the smoke-filled room, the ballot box. Southerners were uninhibited political animals — and to some extent still are.”

— Frank Vandiver, “The Southerner as Extremist”

When the Medical Department of the University of Arkansas moved in 1912 into the Old State House in Little Rock, and shared that place with the state’s first funded Board of Health, Arkansas made a commitment to the reforming ethos of Progressivism.¹ This commitment to reform was the work of a few political leaders who risked their careers in order to bring Arkansas out of a dark age of distorted agrarianism in which the state was foundering during the first decade of the 20th century.²

With a population of a million and a half souls in 1910,³ Arkansas felt the pressure of nationally-generated reform programs which required drastic change primarily in two areas of endeavor — medical education and public health. As a few leaders struggled to bring Arkansas into position to participate in these programs and to compete successfully with her neighboring states, one public building — the Old State House — became once again the stage upon which the state’s central dramas were played. Built in 1835, it is a Greek Revival building of monumental proportions, placed on the high south bluff of the Arkansas River facing both the busy commercial traffic of the river and the major street of the capital city over which it still presides.⁴

When Arkansas entered the Union in 1836, the Territorial Legislature moved from a low-ceilinged, plank-paneled room in the Territorial Capitol at the foot of Rock Street where it had convened for fifteen years.⁵ Hauling the archives in deer skin saddle bags and wooden file boxes, the representatives scrambled to secure space in the State House on Markham Street, a few blocks away, which at that time, was not finished. There, in the yet unpainted House chamber, leaders invested Arkansas with statehood, and a generation later in that same chamber, legislators voted after delay and fiery debate, to take Arkansas out of the Union to join the Confederate States of America.⁶

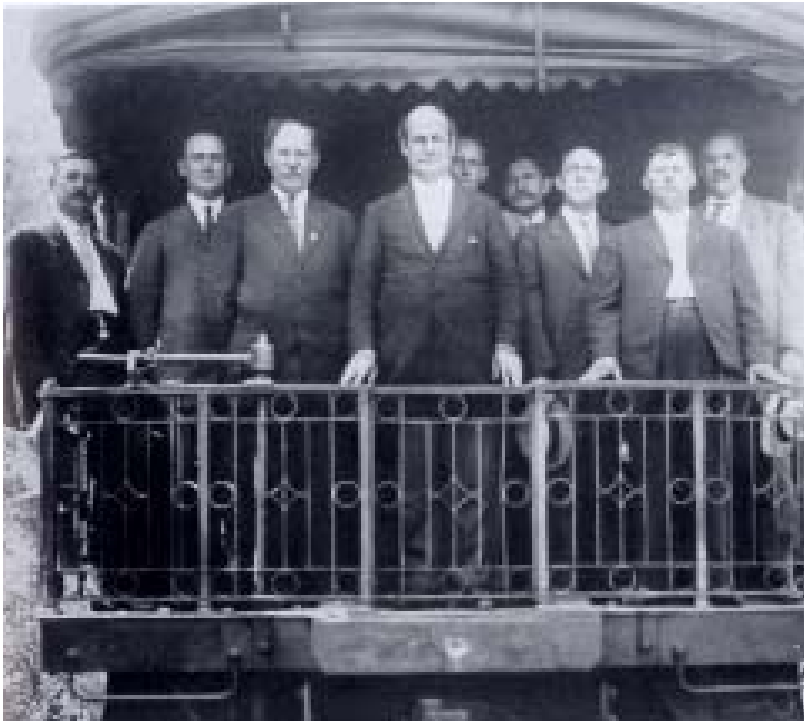
The Civil War devastated Arkansas,⁷ and when Little Rock was captured by federal forces in 1863, state officials fled the State House to set up a government in exile in the town of Washington, southwest of Little Rock. Union military authorities occupied the State House and they wrecked the interior, as did the army of occupation after the war. Somehow, the building survived bombardment, military defeat, anarchy and Reconstruction to house state government in its crumbling chambers again in the 1870s.⁸

Recovery from the ruin of war was slow for Arkansas in part because of the diseases which the South was heir to, and because epidemics swept the valleys of the great rivers with terrifying regularity. Yellow fever, cholera, small pox, typhoid and meningitis came almost annually, but there were also the chronic, on-going diseases which seemed to be in permanent residence — tuberculosis, malaria, hookworm disease, pellagra.⁹ In the 1870s, physicians in Arkansas attempted to organize a statewide

Editors note: *The Old State House Museum was designated a National Historic Landmark by the U.S. Secretary of the Interior on December 9, 1997, not for its stunning Greek Revival architecture or its place in antebellum history, but in recognition of its role in the effort to eradicate malarial diseases in Arkansas. Cynthia DeHaven Pitcock, an assistant professor of medical humanities at the University of Arkansas for Medical Sciences, wrote this paper.*

medical society to cope with epidemics — yellow fever in particular — however, when the governor signed the charter giving the medical society control of quarantine regulations throughout the state, he was unable to grant a penny of state funds to the effort. Instead, he begged for private donations from an economically depressed population and the campaign was doomed. Still, a few determined citizens fought on, organizing county and municipal boards of health in Arkansas, operating them with volunteers, yet always, in the end, losing the battle against poverty and disease.¹⁰

By the turn of the century, construction of a new capitol building was under way in Little Rock, but the project had been halted by the pseudo-Populist governor, Jeff Davis, who stumped the state with angry backwoods rhetoric opposing change at all levels. It was during this critical decade, the first of the 20th century, that Arkansas, held in the firm grasp of old-style demagoguery, fell behind as the rest of the nation moved into the Progressive vision of Theodore Roosevelt.¹¹ New leadership narrowly captured the electorate of Arkansas in 1909, and their unifying goal was change in rapid sequence. Their struggle was to align their state with others of the South in order to qualify, even provisionally, for national programs for reform. At every turn, their enemy was fierce southern ethnicity and defensive parochialism which held that accepting help from outside meant the admission of a flawed way of life. Even Little Rock, perceived as a big city by the rest of Arkansas, represented a threat of monopoly, political power and ill-gotten wealth. The battle fought on the floor of the legislative chambers of the Old State House was again and again, in every area of state government, the wrenching contest between the “haves” and the “have-nots.”¹²



Gov. George Donaghey and William Jennings Bryan on a train at Leslie, 1910. Courtesy of Arkansas History Commission

So it was that Arkansas, often stereotyped by the press as having only two economic classes—backwoods subsistence farmers in the mountains, and wealthy cotton planters in the delta — lurched into the 20th century without benefit of that refining evolutionary process experienced by other states which brought them to social and economic reform as the natural order of things. Arkansas’s few Progressives waged an offensive campaign on all fronts, beginning with the completion by Governor George Donaghey’s administration of the long-awaited state capitol building. The Governor’s offensive plan for his state included prison reform, referendum and recall, educational and fiscal reform.¹³ In his drive to achieve all or part of this dream, George Donaghey invited William Jennings Bryan,

the “Great Commoner,” and founder of the Populist Movement, to Arkansas for a campaign swing of the state. Bryan was a powerful, nationally recognized champion of the common man, an agrarian, a reformer whom Theodore Roosevelt and later Woodrow Wilson embraced politically in order to enhance their own images as champions of the wage-earner in America. Bryan and Donaghey spoke from the rear platform of a train, preaching the gospel of reform to Arkansans. The list was long, but two challenges of this Progressive campaign riveted the Governor’s attention to the needs of medical education and public health.

The first crisis was a survey and critique of all medical schools in the United States and Canada sponsored by the American Medical Association, conducted by the Carnegie Foundation for the Advancement of Teaching.¹⁴ Abraham Flexner, an educationist hired by Carnegie to conduct the survey, visited 155 medical schools, some among the best in the world; some were the worst. The Flexner Report was published in June, 1910, and became front page news across the nation. Designed to kill off the lower one-third of medical schools in the country, the Flexner Report humiliated Arkansas. Reform of medical education in the state then became mandatory for the Donaghey Administration.

In Arkansas, as in many states, since the early 19th century, a type of medical school was developed which supplanted the traditional system of apprenticeship of the 17th and 18th centuries. This pragmatic institution offered a brief and easy medical education to eager, upwardly-mobile students as well as profit to the owners of the enterprise. Commercial, or proprietary, schools sprang up in all parts of the country, prospering in thirty-one states when Flexner and his committee began their inspection tour in 1909. In each case, the school was owned by a group of physicians who served as faculty, offering lectures in various aspects of medicine to which students purchased tickets. Each owner-instructor might also maintain a private practice in the community, thus building his own reputation and that of his medical school. There were no entrance requirements for students, no graded curricula, no examinations, no laboratories and no clinical training. Although proprietary schools were cost-effective (lecture tickets purchased by students provided the profit margin), instruction was entirely didactic and did not reflect advances in scientific knowledge.¹⁵

American students in the “Gilded Age” who had financial means went in great numbers to European medical schools, where the basic sciences were taught in laboratories, where each medical student had his own microscope, and where the great teachers — Erlich, Pasteur, Koch and Virchow — were the scientific pantheon of the century in bacteriology, pathology and physiology. These advances largely failed to penetrate the walls of America’s proprietary medical schools; and yet, by the late 19th century, reform of medical education was in place in a few pioneering schools in the United States. The AMA, marching to the Progressive drumbeat, hired the Carnegie Foundation to accelerate the tempo of change.¹⁶

Arkansas had two functioning proprietary medical schools when Abraham Flexner and his committee arrived unannounced by train in Little Rock on Saturday, November 15, 1909. The older of the two schools had been in existence for thirty-one years, owned and operated by eight physicians who had been active in the founding of a statewide medical society in 1870 and who sought to link their commercial medical school to the state university, then eight years old. Consequently, on June 16, 1879, at a meeting of the Board of Trustees of the Arkansas (Industrial) University, a medical department was established, located at Little Rock, operated with the “advice and consent of the State Medical Association”; however, it received no funding whatsoever from the public purse. The following day, articles of private incorporation were filed in the office of the Secretary of State.¹⁷ By the

date of Flexner's inspection, the school occupied its second location in Little Rock, recorded a student body of 179 and a faculty of thirty-five, eighteen of whom were professors. A city hospital of thirty beds adjoined the school.

Arkansas's second proprietary school was the College of Physicians and Surgeons, incorporated in 1906. Flexner found it to have a total enrollment of 81 students and a teaching staff of thirty-four, 25 of whom were professors. From the "Flexner Report," June, 1910:

Both the Arkansas Schools are local institutions in a state that has at this date three times as many doctors as it needs; neither has a single redeeming feature.¹⁸

He further suggested that the state university be moved from Fayetteville to Little Rock where the two medical schools might be combined into one institution better than either, and affiliated officially with the University of Arkansas. Although discussion along those lines had for some time taken place within the Medical Society of Arkansas, the explosive nature of the "Flexner Report" galvanized rival factions into a course of action.



Pharmacology lab, University of Arkansas Medical School, ca. 1924. Courtesy Old State House Museum.

In 1911, the medical profession of Arkansas persuaded the state legislature to assume fiscal responsibility for and administrative control of medical education in Arkansas as an integral part of the (Industrial) University of Arkansas. This action, however, did not insure an easy pathway for the medical school because there were the vestiges of intense rivalry between the faculties of the two medical schools; moreover, no suitable site for the newly-organized medical school existed in Little Rock.¹⁹ Long experience had taught that adequate funding from the state legislature was merely a promise. After the first difficult year of operation when some classes were conducted at the old school building at Second and Sherman Streets, and some across the Arkansas River at Fort Logan Roots Hospital, the medical students circulated petitions of criticism to the medical faculty and

university board. The first dean resigned and Dr. Morgan Smith, already a leader in the Progressive fight for reform and close ally of the Governor, was chosen to succeed him.²⁰

As the state legislature prepared to move to the new state capitol building, thus vacating the Old State House, Morgan Smith began to lobby for that building as the site of the medical school of which he now served as dean. Other forces impinged upon the Progressives of Arkansas in 1911, which brought the Old State House back into prominence and demand.

The Rockefeller Foundation announced plans to form a Sanitary Commission for the eradication of endemic disease in the South, and the foundation pledged one million dollars to achieve this end. In order to qualify for the program, which focused first upon hookworm disease, each state had to have in place a functioning state board of health and a bureau of vital statistics. Arkansas had neither.²¹ Urged on by political and medical reformers, Governor Donaghey appointed a temporary Board of Health, repeating the organization of the long-defunct board of 1870, which had consisted of seven physicians, one from each congressional district. Like its predecessor, this board had no funds, no staff, no office and no laboratory, but its members, determined to qualify for the Rockefeller program to attack hookworm disease in Arkansas, agreed with Morgan Smith that the pathology and chemistry laboratories of the medical school might serve as the laboratories of the State Board of Health. Faculty and medical students could perform the laboratory work. The deal was struck.²² The Old State House which for so long had held the heart of the political life of Arkansas, now, in 1911, was to become the home of the newly-founded medical school, and the headquarters of the Arkansas Board of Health. The old building underwent extensive renovation and change to create classrooms and laboratories, as well as amphitheatres, offices, archives and a library.

The Rockefeller Sanitary Commission for the Eradication of Hookworm Disease made preparation to come into Arkansas just as the legislative battle for a permanent Board of Health was beginning. The creator of the project was Dr. Charles Wardell Stiles, a U.S. Public Health Service officer who christened hookworm disease as “the germ of laziness” and speculated that 40 percent of the population of the South was afflicted with the disease.²³ The Rockefeller Sanitary Commission chose Dr. Wickliffe Rose, a professor of philosophy at Peabody College in Nashville, as director, and by spring, 1910, the hookworm campaign in nine Southern states was under way. In Arkansas, legislative battles raged as opponents refused to admit that hookworm disease was a problem in the state which required outside expertise and money, and the power of this faction in the legislature was at first decisive. Supporting public health reform were numerous Mothers’ Clubs and the Federated Women’s Clubs of the state, which had urged measures to curb communicable diseases, particularly among children. Excluded from political power, women used their social organizations to crusade for public health measures. This technique was a familiar one throughout the South, and in Arkansas, the first Welfare Department was the final product of a committee for the study of tuberculosis headed by Mrs. John Fletcher of Little Rock, president in 1909 of the State Federation.²⁴

It took almost three years to bring forth the legislation for the permanent Board of Health, and in that interim, Morgan Smith served as director of the Rockefeller Foundation’s efforts to begin the hookworm disease campaign in Arkansas.²⁵ In order to bring even more pressure on the legislature, Smith, who was president of the Arkansas Medical Society, invited Surgeon General Rupert Blue of the U.S. Public Health Service to deliver the keynote address at the annual statewide meeting in Fort Smith, May 14, 1912. Present also were the prominent women whose organizations had fought so hard in this cause. The result of this conference was the adoption by the state Medical Society of a resolution

asking the legislature again to establish a permanent State Board of Health and State Department of Health.²⁶

At last, in 1913, Act 96 was introduced in the House and passed with a comfortable majority. In the Senate, however, opposing arguments from unorthodox medical cultists slowed proceedings until, in the wake of another smallpox outbreak in the northwestern part of the state, the members of women's clubs poured letters and telegrams to the senators demanding the passage of Act 96. After another deluge of telegrams from women and another bitter session in the legislature during which the Rockefeller field workers came to Little Rock to lobby for passage of Act 96, Governor Joe T. Robinson signed the bill into law.²⁷



The Old State House, ca. 1910. Courtesy Old State House Museum.

The campaign of the Sanitary Commission for the Eradication of Hookworm Disease consisted of several components, the first of which was education. County medical societies sponsored “hookworm meetings” for the general public. Second, a preliminary survey was conducted showing 57 of Arkansas’s 75 counties to be infected. The third step was to assist counties to make inspection tours and open free dispensaries for treatment. At this point, both state and county funding failed to materialize. For a time, as Smith fought another battle in the legislature, the Rockefeller Foundation met expenses, including half of Smith’s salary as sanitation director (the other half of Smith’s salary was to be paid by the state legislature, but payment was never made to him). Although Smith resigned, the work went forward, unsteadily at first. Dr. Frank B. Young, of Springdale, Smith’s immediate successor, resigned within three months, with the following statement: “No man can carry on a public health program in this state with the limited funds available.”²⁸

Charles W. Garrison, M.D., followed Dr. Young as State Health Officer. He had been Assistant to Morgan Smith since 1911 as well as his friend and colleague. When the hookworm campaign ended in 1914, the public health record was impressive. The Board of Health was firmly in place in the state, with county and city boards actively working on water purification and sanitation. A total of 54,465 persons had been examined for hookworm disease and 10,393 had received treatment for infection. This treatment had been administered in free dispensaries in forty-three counties. Over 190,000 pieces of educational material had been distributed, and 287 public lectures had been sponsored by the State Board of Health. In recognition of the work done in Arkansas, the third annual conference of the Southern Association for the Eradication of Hookworm Disease was held in Little Rock in December, 1912.²⁹ The State Hygienic Laboratory, where the significant testing was accomplished and reported, was located on the second floor of the Old State House.³⁰ The Arkansas State Board received positive national publicity for its direction of the campaign against hookworm disease. Many of the measures tried in Arkansas field work were used in other parts of the South where Public Health officers continued their work against the disease.³¹

During the period of the hookworm eradication program, scientists definitely established and publicized the fact that malaria, the ancient scourge of all tropical and sub-tropical lands, was carried by mosquitoes. Arkansas qualified as one of those areas in which malaria was a major problem. Even among the Federal troops stationed in the state during the Civil War, malaria was the leading cause of sickness, to the great distress of their commanders.³² The disease, with its relapsing bouts of chills and fever, greatly diminished the patient, causing him to remain partly disabled for a lifetime. Malaria was as profoundly dreaded in the 20th century as it had been for centuries.³³

Having achieved success in the campaign against hookworm in Arkansas, the Rockefeller Foundation workers and the state's own public health officers, now receiving a measure of professional status and acceptance by the local population, waged a grand offensive against malaria. As required, Arkansas had, by this date, established a Bureau of Vital Statistics. The state's drive against malaria was a model of success, long acclaimed in the history of Public Health, which was used to eradicate malaria in the rest of the United States and the world.³⁴

The community selected as the "town unit" by the Commission became famous worldwide. Crossett, Arkansas, with a total population of 2,029, had been built only sixteen years earlier by the Crossett Lumber Company in a rich pine region in the southeastern part of the state. The numerous lumber mills hired 750 men for their operation and constituted the sole industrial organization; they were supplied from two logging camps in the deep woods, 16 and 36 miles south of Crossett. The owners and managers of the Crossett Lumber Company cooperated fully with the Sanitary Commission.³⁵

The next phase of the work was a "sanitary census" of the entire town, a careful inspection of all standing water in the area which might serve as places of propagation for the mosquito. Rain barrels, fish ponds, borrow pits along railway tracks, bogs and ditches were noted for removal. Local physicians reported that malaria constituted about 60 per cent of all illness in and about Crossett prior to the public health project.

Active work was begun on April 10, 1916.³⁶ Ditching was done by gangs of laborers under the direction of a sanitary inspector. Brush and vines were removed which overhung stagnant bodies of water; all drainage ditches were narrowed and straightened, eliminating pools. The labor crews also cut weeds in July and again in August, and 311 water barrels used for fire protection were treated



The Old State House, ca. 1917. Courtesy Old State House Museum.

with a salt-substance or “niter-cake” which inhibited the mosquito breeding.

The procedure known as “oiling” was used on bodies of water after clearing and cleaning had been accomplished. A heavy black oil, quite like fuel oil, was determined to be the most effective. As all these labors were performed in and around Crossett, agents distributed and explained the benefits of screening for windows and doors of all buildings. In many cases, the agents themselves built the screens to fit various homes. Lectures were given in the town —some using stereopticon illustrations — to white and black people alike, explaining the need to control *Anopheles* mosquito propagation. The purpose of the extensive educational program, which was on-going, was to enlist the cooperation of the people.

The dramatic results of the Crossett Experiment stunned the world. Between 1915 and 1916 there was a 72.33 percent reduction in the number of cases of malaria. The office of the Surgeon General distributed nationwide a full report of the Crossett Experiment, simply as Public Health Bulletin No. 88, and this detailed description became the formula for sanitation workers around the world.³⁷

The ancient destroyer of human life, the terror of the swamps and bayous, the curse of southern woodlands and lowlands alike was, at last, making a historic retreat before the determined forces of public health workers and those they enlisted to help.

At the command center of this campaign, on the second floor of the Old State House, were the fledgling experts, the men and women who created, by trial and error, the strategy against the disease. There, too was the laboratory directed by Dr. A. C. Shipp, staffed by members of the Medical School faculty. Their work with the Sanitary Commission and the State Board of Health supported and facilitated the public health triumph at Crossett.

The Old State House, frequently repaired, even renamed the War Memorial Building in 1921, renovated and adorned with sometimes ill-suited embellishments, stood fast through it all. The Board of Health moved into the new capitol building and, in 1935, the Medical School with its accompanying facilities completed a new medical complex in MacArthur Park in the heart of Little Rock.³⁸ Now a housing a museum, still graceful and vital, remembering the brawls and duels of the territorial legislators, the repeated votes for and against secession, the national attention of the Crossett Experiment — the Old State House presides today on the high south bluff of the Arkansas River, a fair and fine house, both relic and harbinger of us all.

Endnotes

1 The Progressive Movement in America dated from the inauguration of Theodore Roosevelt to the end of World War I, November 11, 1918. In Arkansas, however, historians suggest that Progressivism lasted well into the 1920s.

2 John Gould Fletcher, *Arkansas* (Chapel Hill: The University of North Carolina Press, 1947) 296-313. Michael B. Dougan, *Arkansas Odyssey: The Saga of Arkansas from Prehistoric Times to Present* (Little Rock: Rose Publishing Company, 1993) 299-320. Cal Ledbetter, Jr., "Jeff Davis and the Politics of Combat," *Arkansas Historical Quarterly* [AHQ] XXXIII (Spring 1974), 16-39. Little Rock received its name from Benard de la Harpe, 1722, who discovered a jutting rock on the south bank of the Arkansas River which he called "Petite Roche" (sic). This was located at the site of an easy ford.

3 United States Census, Table 16, Population: 1790 to 1990, August 27, 1993.

4 Dougan, *Odyssey*, 115, designed by Gideon Shryock of Kentucky, plans for the State House were too expensive to complete. The building plans were modified by Shryock's assistant, George Weigart, under the direction of Governor John Pope. Dougan suggests that the State House was perhaps the first professionally designed public building in Arkansas. The building originally had two faces, north and south. John Treon, "Politics and Concrete: The Building of the Arkansas State Capitol, 1899-1917," *AHQ* XXXI (Summer 1972), 99-133. George W. Donaghey, *Autobiography* (Benton, Arkansas: L. B. White, 1939) 229-ff.

5 Fletcher, *Arkansas*, 58-62. Nolie Mumey, University of Arkansas School of Medicine, (1975), 26. The capital of the territory was moved from Arkansas Post to Little Rock, June 1, 1821.

6 Carl Moneyhon, "1861: The Die is Cast," *Rugged and Sublime, The Civil War in Arkansas*, Mark K. Christ, ed. (Fayetteville: The University of Arkansas Press, 1994), 1-8. James M. Woods, *Rebellion and Realignment: Arkansas's Road to Secession*, (Fayetteville: University of Arkansas Press, 1987), 121-122.

7 Moneyhon, *ibid*, 160-161.

8 Otis Singletary, "Militia Disturbances in Arkansas during Reconstruction," *AHQ*, XV (Summer 1956) 140-150. Earl F. Woodward, "The Brooks and Baxter War in Arkansas, 1872-1874," *AHQ*, XXX (Winter 1971), 315-336. In 1885 the central portion of the building was remodeled and the wings completed.

9 Charles E. Rosenberg, *The Cholera Years, The United States, in 1832, 1849, 1866*, (Chicago: The University of Chicago Press, 1962). James O. Breeden, "Disease as a Factor in Southern Distinctiveness," in *Disease and Distinctiveness in the American South*, Todd L. Savitt and James Harvey Young, eds. (Knoxville: University of Tennessee Press, 1988), 9-12.

10 David M. Moyers, "From Quackery to Qualification: Arkansas Medical and Drug Legislation, 1881-1909," *AHQ*, XXXV (Spring 1976) 4-5. The first attempt at legislation regarding the practice

of medicine in Arkansas came in 1831 when the Territorial Legislature passed a law which created the board of eight physicians who had the power to license doctors in Arkansas. The Medical Association of the State of Arkansas was founded November 21, 1870. Mrs. W. C. Garrison, *A History of Public Health in Arkansas* (Little Rock: The Arkansas Public Health Association, 1949). William R. Miller, Governor of Arkansas, responded to the panic of the citizenry during the yellow fever epidemic of 1878, by granting a charter to a Board of Health. Because yellow fever was severe in Memphis, river and overland traffic was halted to Arkansas. Along with other Arkansans, Dr. Edward T. Easley volunteered as a physician in Memphis and died of the disease. Carol Hopkins, "History of Public Health in Arkansas" (unpublished manuscript), Arkansas Department of Health. Proceedings of the State Medical Association, First Meeting for Organization, Pacific Hotel, Little Rock, Arkansas, November 21, 1870.

11 Ledbetter, "Jeff Davis...", 16-39. Dougan, *Odyssey*, 309-318. Jeff Davis was born in 1862 in Sevier County, Arkansas. His father was a wealthy attorney. He attended Arkansas Industrial University and Vanderbilt School of Law and was licensed to practice law at age 19. In 1888 he was a state presidential elector, then district attorney; he lost a bid for Congress, but won election for district attorney in 1898. Glorifying the Lost Cause, he was an avenging "trust buster," the "Karl Marx for Hillbillies," and, exploiting racial prejudice, was elected Governor in 1900. He was elected for three two-year terms. See also the biography by Davis's private secretary, Charles Jacobson, *The Life Story of Jeff Davis* (Little Rock, 1925). See also, Fletcher, *Arkansas*, 296-ff.

12 For a discussion of Progressive politics in Arkansas, see Dougan, *Odyssey*, 331-379. Arkansas socialists are studied in James R. Green, *Grassroots Socialism: Radical Movements in the Southwest, 1895-1943* (Baton Rouge, 1978).

13 Calvin R. Ledbetter, Jr., *Carpenter from Conway, George Washington Donaghey as Governor of Arkansas 1909-1913* (Fayetteville: Board of Trustees of the University of Arkansas, 1993), 52-93. Donaghey, *Autobiography*, 229 ff. Thomas L. Baxley, "Prison Reforms During the Donaghey Administration," *AHQ*, XXII Spring 1963), 76-84. James A. Pitcock, Superintendent of the state penitentiary, assisted Governor Donaghey in ending the convict-lease system which had been in place since the 1850s. Balys H. Kennedy, "Half a Century of School Consolidation in Arkansas," *AHQ*, XXVII (Spring 1968), 59-67. John W. Payne, "Poor Man's Pedagogy: Teachers' Institutes in Arkansas," *AHQ*, XIV (Autumn 1955), 195-206. Mrs. Hay W. Smith, "Life in Little Rock in the Gay Nineties," *Pulaski County Historical Review [PCHR]* (December 1957), 69-74. Martha W. Rimmer, "Progressivism Comes to Little Rock: the Election of 1911," *PCHR*, XXV (September 1977), 49-60.

14 Abraham Flexner, *Medical Education in the United States and Canada, A Report to the Carnegie Foundation for the Advancement of Teaching, 1910* (Washington, DC: Science and Health Publications).

15 Kenneth M. Ludmerer, *Learning to Heal, The Development of American Medical Education* (New York: Basic Books, 1985), 10-16.

16 *Ibid.*, 166-190. Robert P. Hudson, "Abraham Flexner in Perspective: American Medical Education, 1865-1910," *Bulletin of the History of Medicine*, 1972, 56:545-561.

17 W. David Baird, *Medical Education in Arkansas, 1879-1978* (Memphis: Memphis State University Press, 1979) 1-21. *Arkansas Medical Monthly (Extra)*, Little Rock, Arkansas, August 10,

1880, p. 7. Mumey, University of Arkansas, 42-50.

18 Flexner, *Medical Education*, 187-188. Flexner found the population of Arkansas in 1909 to be 1,476,582 and the number of physicians to be 2,535. The ratio of physician to patient was therefore 1 to 582.

19 The College of Physicians and Surgeons was located in the Maddox Seminary on Lincoln Avenue in Little Rock. James H. Lenow, M.D. was Dean at this time. As a compromise measure at the time of the merger Dr. Lenow was asked to head the new Medical School. Baird, *Medical Education*, 104. *The Journal of the Arkansas Medical Society [JAMS]*, 9 (June 1912), 21.

20 Morgan Smith was born in El Dorado, Arkansas, in 1868. He earned the M.D. degree from the Medical Department in 1889. He had a private practice in El Dorado until 1903 when he entered Tulane University Medical School. He earned a second M.D. and moved to Little Rock to join the faculty of the Medical Department. He became President of the Arkansas Medical Society. Baird, *Medical Education*, 105.

21 Ledbetter, *Carpenter from Conway*, 91. Garrison, Mrs. C.W., *A History of Public Health Service in Arkansas* (Arkansas Public Health Association, 1949). "Brief history of the Arkansas Health Department," (unpublished manuscript, UAMS Archives).

22 Garrison, *ibid.*, n.p. Ned Shank, *Arkansas' First State Capitol, 1885-1947*, (National Trust for Historic Preservation and First State Capitol, Arkansas Commemorative Commission, 1977) 31. "Bulletin of the University of Arkansas School of Medicine, Announcement for the 37th Annual Session," (Little Rock: University of Arkansas School of Medicine) 31. Here, the Hygienic Laboratory is designated as occupying, along with Pathology and Bacteriology, the "area's greatest number of rooms" on the second floor of the central building in 1915.

23 Charles Wardell Stiles, "Early History, In Part Esoteric, of the Hookworm (Uncinariasis) Campaign in Our Southern States," *The Journal of Parasitology* (August, 1939), 25:4, 294-300. John Ettling, *The Germs of Laziness: Rockefeller Philanthropy and Public Health in the New South* (Cambridge: Harvard University Press, 1981), 98-107. Greer Williams, *The Plague Killers* (New York; Charles Scribner's Sons, 1969), 18-19 for some of the accounts of the events.

24 For a discussion of this pattern of women's political efforts prior to their receiving the vote, see Wedell, Marsha, *Elite Women and the Reform Impulse in Memphis, 1875-1915* (Knoxville: The University of Tennessee Press, 1991) 77-107. Elizabeth A. Taylor, "The Woman's Suffrage Movement in Arkansas," *AHQ*, XV (Spring 1956), 17-52. Interview: Mary Fletcher Worthen, granddaughter of Mrs. John Fletcher, June 5, 1997, Little Rock, Arkansas.

25 *Arkansas Gazette*, cited in *JAMS*, VI:10 (March 1910) 284.

26 Garrison, *History of Public Health*, n.p.

27 *JAMS*, IX:9 (February 1913), 218. *Arkansas Gazette*, January 26, January 31, 1913. Acts of Arkansas, Act 96, February 25, 1913, 348-361.

28 Garrison, *History of Public Health*, n.p.

- 29 Ledbetter, *Carpenter from Conway*, 114. *JAMS*, XII:7 (December 1913), 118.
- 30 Shank, *Arkansas' First State Capitol*, 32.
- 31 Sarah Hudson Scholle, *A History of Public Health in Arkansas, The Pain in Prevention*, (Little Rock: Arkansas Department of Health, 1990) 33.
- 32 John Duffy, "The Impact of Malaria on the South" in *Disease and Distinctiveness*, 40-42.
- 33 Bob Lancaster, "Malaria's Mark," in *Arkansas Times* (January 1988), 34-37, 52-56.
- 34 Scholle, *History*, 33-34. Within six years after the start of the Crossett Experiment, The Rockefeller Foundation International Board of Health had begun malaria control projects in ten states and later in 45 countries worldwide.
- 35 *Forest Echos*, April, 1917, Crossett Lumber Co. Publication, n.p. This company newsletter assures employees that the disease could not be transmitted by contact with infected persons. Only the bite of the mosquito carries malaria.
- 36 *Ashley County Eagle*, Hamburg, Arkansas, July 13, 1916.
- 37 R. C. Deriveaux with H. A. Taylor and T. D. Haas, *Malaria Control: A Report of Demonstration Studies Conducted in Urban and Rural Sections*, Public Health Bulletin No. 88 (Washington: Government Printing Office, 1917).
- 38 In 1923, legislation went forward to create Arkansas State Board of Health Hygienic Laboratory at the new State Capitol Building, providing \$17,000 for this project. In 1924, the Bulletin of the College of Medicine no longer places the hygienic laboratory on the second floor of the central building of the Old State House. *Historical Perspectives, The College of Medicine at the Sesquicentennial*, Max L. Baker, ed. (1986) 13. Under the direction of Frank Vinsonhaler, M.D., appointed dean in 1927, the University of Arkansas School of Medicine vacated the Old State House in 1935 to occupy newly-constructed buildings on McAlmont Street.

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Originally published by the Arkansas Historic Preservation Program in 1997.

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This material was produced with assistance from the Historic Preservation Fund, administered by the National Park Service, Department of the Interior. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the Department of the Interior.

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