

## MARINE-HOSPITAL SERVICE.

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JANUARY 31, 1882.—Referred to the House Calendar and ordered to be printed.

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Mr. WASHBURN, from the Committee on Commerce, submitted the following

### REPORT:

[To accompany bill H. R. 72.]

The Committee on Commerce, to whom was referred the bill H. R. 72, being "A bill to increase the efficiency of the Marine-Hospital Service," respectfully submit the accompanying letter of the Supervising Surgeon-General, to accompany "An act to increase the efficiency of the Marine-Hospital Service," and recommend the passage of the bill:

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TREASURY DEPARTMENT, *January 14, 1880.*

SIR: I have the honor to invite the favorable attention of Congress to the draught of a bill, herewith transmitted, to increase the efficiency of the Marine-Hospital Service, and to the accompanying letter in explanation thereof from Dr. J. B. Hamilton, Surgeon-General of that service.

It is believed that the enactment of the bill substantially in its present form into a law would place the service upon a better footing without materially increasing its expense.

Very respectfully,

JOHN SHERMAN,  
*Secretary.*

HON. SAMUEL J. RANDALL,  
*Speaker of the House of Representatives.*

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TREASURY DEPARTMENT,  
OFFICE SUPERVISING SURGEON-GENERAL,  
UNITED STATES MARINE-HOSPITAL SERVICE,  
*Washington, January 13, 1880.*

SIR: I have the honor to transmit herewith the draught of a bill to "increase the efficiency of the Marine-Hospital Service," and to request that, if the draught is in accordance with your views, it be transmitted to Congress. The general object of the bill I assume to be in accordance with the recommendations you have repeatedly made, that statutory provision be made for the appointment of officers and employes of this service.

Section 1760, Revised Statutes, prohibits the appointment by the Secretary of any person to any office not authorized by law, or subsequently sanctioned by law. The

law has, by implication, subsequently sanctioned the employment or appointment of such officers in the text of several health laws passed in 1878 and 1879. No authority exists, in terms, for the employment or appointment of any person in the Marine-Hospital Service, with the exception of the Supervising Surgeon-General. The various circulars and regulations that have been issued from time to time since 1802, by the Treasury Department, governing these appointments, have been based upon the general law of 1798, which created the fund, and left all the details of its management to the Secretary of the Treasury.

It has been found expedient, as time demonstrated its necessity, that the system of these appointments should be made uniform, and the proposed bill only aims at regulating by law what has for several years been the practice of the department.

To quote from a report made by Drs. Thomas O. Edwards, of Lancaster, Ohio, and George B. Loring, who were appointed "to collect facts and information in relation to marine hospitals and the marine-hospital fund," under the provisions of the act of March 3, 1849:

"This [the marine hospital] is almost the only direct tax laid by the government. The power to lay it has always been granted on account of the highly charitable object in view. \* \* \* As the questionable legality of the taxation is laid aside by common consent, it is only asked that while it is continued it may be rendered distinct in all its operations. Once received, its expenditure can only be made with propriety and justice by rendering it the endowment of a system of well-ordered hospitals which shall be devoted to the seamen of the United States, and shall protect them against poverty and almshouses in times of sickness. \* \* \* It should be expressly understood that, let the man go where he will in the Union, in an American vessel, as an American seaman, he will find support provided for him in his disability, temporary, but sufficient to restore him to active service. The greatest defect found by the commission was that the methods of government and internal regulation were not uniform; that the position of the hospital at Mobile was as distinct and different from that at Norfolk or New Orleans as if one were a hotel and the other a hospital. In one district the surgeon resides within the limits of the hospital grounds; in another he pursues his private business in the circuit of his city, and an assistant represents him for months in the wards of his hospital. Here the surgeon selects his own steward; there the collector of the district makes the appointment himself. In order that suitable professional information may control the system, and give it such a position as it deserves, it is proposed to place it under the charge of a chief surgeon, who shall have his bureau attached to the Treasury Department. The regulations which are to govern the hospitals should emanate from him.

"The knowledge to be obtained at the bureau should be correct and detailed, in all matters relating to the diseases, patients, expenses, management, &c., of the hospitals under his control. And he should regulate the number and position of persons employed in these hospitals, in a way most conducive to the development of fine medical institutions, devoted to the physical wants of a large class of men. Placed on this footing there is no system of hospitals that would be more respectable and useful. Laying aside for a moment the benefit which might thus arise to the recipients of the bounty, the amount of valuable statistics which might be gathered for the medical profession is almost unbounded. The course which would bring marine hospitals up to the standard which they should maintain, and would carry their results into the pages of science, would at the same time render them doubly useful in the work of relief for which they were founded."

The results thus clearly foretold in this report, made thirty years ago, have been accomplished; the reports of the service are sought after by the medical profession; the standard of professional requirements necessary to gain admission into the service is high—78 per cent. of all applicants for admission into the corps having been rejected during the past year; the sailors are satisfied as a body; and the popularity of the officers is evidenced by the steadily increasing number of patients from year to year. But in order to maintain the service at its present high standard of excellence, and to attract to it young men of the highest ability, the methods of appointment and the rates of compensation must be regulated by law.

Experience has shown the present system—the one recommended in the bill, and already in practice by the department—to be that best adapted to carry out the purpose of the founders of the law, and that most creditable to the government.

That the general expenses of the service are diminished rather than increased by the appointment of medical officers is conclusively proven by the following table, taken from the annual report for 1879:

## COMPARATIVE ECONOMIC EXHIBIT.

The following tabular statement will serve to illustrate the results of the reorganization of the Marine-Hospital Service in 1871. (Prior to 1868 no separate records were kept from which the actual cost of the service for each fiscal year can be ascertained.)

*Operations of the Marine-Hospital Service from July 1, 1867, to June 30, 1879.*

Fiscal years.	Number of places at which relief was furnished.	Number of sick and disabled seamen furnished relief.	Average cost for each seaman relieved.*
Prior to reorganization:			
1868 .....	64	11,535	\$37 24
1869 .....	64	11,356	36 93
1870 .....	74	10,560	38 41
After reorganization:			
1871 .....	72	14,256	31 78
1872 .....	81	13,156	30 12
1873 .....	91	13,529	31 22
1874 .....	91	14,364	27 91
1875 .....	94	15,009	27 99
1876 .....	94	16,808	26 25
1877 .....	100	15,175	24 22
1878 .....	210	18,223	20 04
1879 .....	210	20,922	17 93

\* This ratio is obtained by dividing the total expenditure by the number of seamen treated.

The expenses were slightly increased during the last fiscal year, owing entirely to the larger number of patients, yet the expenditures in the year 1871 reached \$483,758.73, and exceeded those of 1879 (\$375,164.01) by \$108,594.82, while the number of patients was 6,666 less in 1871 than in 1879. In 1874 there were 11 medical officers employed. The following table shows the receipts and expenditures from 1859 to 1878, inclusive.

Year.	Balance on hand at the beginning of the fiscal year.	Receipts from all sources.				Aggregate.	Expenditures by warrant.		Balance on hand at the close of the fiscal year.
		Hospital-dues.	From sales and leases of property.	Appropriations by Congress to meet estimated deficiencies.	Repayments.		Gross.	Net.	
1860		\$173,073 09		\$275,000 00	\$1,257 36	\$477,467 42	\$456,850 46	\$20,616 96	
1861	\$28,136 97	155,172 43		175,000 00	5,049 89	355,839 28	313,968 02	41,871 26	
1862	41,871 26	128,526 97		200,000 00	4,566 47	374,964 70	295,013 88	79,950 82	
1863	79,950 82	118,307 74		200,000 00	5,032 48	403,291 04	293,966 08	109,324 96	
1864	199,324 96	117,824 05		100,000 00	6,746 98	423,895 90	267,658 82	156,237 17	
1865	156,237 17	128,656 30	\$1,556 64	150,000 00	4,500 94	440,841 05	354,420 40	86,420 68	
1866	86,420 65	142,292 81		170,000 00	95,148 88	423,862 84	361,107 27	349,958 39	
1867	62,755 07	159,021 00		200,000 00	17,918 29	518,823 76	440,052 31	422,134 02	
1868	78,771 45	175,977 15	88,129 40	200,000 00	24,674 52	541,176 32	471,521 05	78,771 45	
1869	69,655 27	174,965 95	11,753 20	250,000 00	13,314 14	474,719 70	419,403 37	79,655 27	
1870	55,316 33	168,153 70	16,784 34	200,000 00	10,703 87	443,784 20	378,590 71	56,316 33	
1871	70,192 49	293,522 14	14,520 30	200,000 00	13,923 86	702,972 36	536,681 59	70,192 49	
1872	176,290 77	319,823 16	46,225 11	250,000 00	49,923 94	683,121 88	461,855 08	483,758 73	
1873	228,266 90	333,603 03	21,225 11	150,000 00	21,141 96	710,351 83	423,360 59	228,266 90	
1874	287,491 24	352,379 98	1,440 00	125,000 00	8,643 26	748,724 48	414,746 61	287,491 24	
1875	323,977 87	328,393 78	1,210 00	100,000 00	3,827 28	778,738 74	414,257 69	323,977 87	
1876	394,481 05	331,399 59	6,010 01	100,000 00	3,672 72	727,022 94	436,013 10	394,481 05	
1877	271,069 84	373,802 28	1,739 38	.....	8,904 71	659,302 83	384,422 57	271,069 84	
1878	275,080 26	371,310 09	1,026 00	.....	8,396 68	659,813 03	376,347 00	275,080 26	

It will be seen from the foregoing table that the expenditures of the year 1879 were less than those of thirteen of the nineteen previous years, and the six years showing a less expenditure, with the single exception of 1878, were during the war, when commerce was reduced to a minimum and many American vessels registered and sailed under a foreign flag.

The proposed bill, if passed, will not increase the corps to the extent of creating any supernumeraries, and will only allow barely enough officers to fill the places where they are urgently needed. At several of the principal stations, where the daily average of patients on hand ranges from 25 to 60, there is but a single medical officer on duty, and no one to relieve him during sickness or to allow of leave of absence. The writer can state that, during his three years' service at several different stations, he has never been able to obtain a leave of absence, owing to the impracticability of finding any officer to relieve him, and he has known several instances where officers, having been obliged to leave their station, owing to sickness in the family, or other causes, were compelled to employ a substitute at their own expense.

The clerical work required of, and performed by, the medical officers of this service is many times greater than that required of the officers of any other medical service under the government, and as the number of sailors is estimated at 170,000, no other service has an equal number of patients.

This service also stands alone in the facility with which the actual expenses may be determined, inasmuch as there is no separate department in which all transportation, under orders, freight and repairs of buildings is accounted for; no department in whose general estimates the pay of the medical corps lies hidden; no department from which the rations are drawn and the patients subsisted; but, on the contrary, all its figures are open and easily accessible.

Section 1 of the proposed bill limits the number of surgeons to thirteen, the number actually in the service at this date. The number of passed assistant and assistant surgeons is limited by the bill to twenty, an apparent increase of three, but a real increase of one, as one assistant surgeon whose resignation was only recently accepted leaves a vacancy still unfilled, and the promotion of one assistant surgeon, vice Surgeon Ellinwood, resigned, leaves another. For reasons stated above the number of medical officers proposed by the bill is still inadequate to meet the actual needs of the service, but the number of subaltern officers is reduced to twenty, to meet what I conceive to be the wishes of the department.

The necessity for the enactment of section 2, which simply prescribes that original appointments shall be made to the grade of assistant surgeon only and that they shall be thoroughly competent, is too obvious to require comment.

The same remark is applicable to section 3, which prescribes that three years shall elapse after appointment, in addition to a record of fitness and professional ability, before any assistant surgeon shall be promoted.

Section 4 follows as a natural sequence, and is in my opinion calculated to develop that *esprit du corps* essentially necessary for the maintenance of discipline and efficiency in a civil service.

Section 5, fixing the compensation, places it at a rate already authorized by existing regulations.

Section 6 allows of the retention in the service of the medical officers now in the service.

Section 7 is obviously necessary for the government of mixed boards, as officers of the two services are usually detailed to serve together in the annual inspection of life-saving crews and the examinations for promotion of officers of the revenue marine.

Section 8 provides for contracts with private physicians at small ports. It is now the practice to make an appointment of such physician as an acting assistant surgeon, but there is no provision for any liquidated damages to the department in case of a failure to perform the duties of the office, which provision might be inserted in a contract.

A case recently occurred where at a small port on Lake Superior a sailor, having dislocated his thigh, was sent by the collector to the nearest physician, who reduced the dislocation. The physician made a charge of \$30, which was allowed by the fee bill of the county, and was the regular and usual charge. A similar accident happening at a port where there was a contract surgeon would have cost nothing beyond the annual compensation, which in some cases is fixed as low as \$100. It is then a measure of economy that this section should be enacted.

Section 9 regulates the method of the appointment of hospital stewards, engineers, attendants, and laborers, and as it is simply based on the department regulations, will not change the present conditions except to specifically legalize the appointments.

Section 10 covers the appointment of the clerks and other employés in this office. As the Solicitor of the Treasury has decided that there is no provision in law for the appointment of a chief clerk in this office, it was thought proper to provide for the performance of the routine office work during the temporary absence of the chief officer of the service, which has been done in section 11. The same section also authorizes

the detail of a steward in the office of the purveyor. This is necessary for the proper examination of the medicines previous to shipment, and a steward has been so employed for the past two years.

I am, sir, very respectfully, your obedient servant,

JOHN B. HAMILTON,  
*Surgeon-General, U. S. Marine-Hospital Service.*

Hon. JOHN SHERMAN,  
*Secretary of the Treasury.*

