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—BY—

WALTER WYMAN, A.M., M.D.

SURGEON U. S. MARINE HOSPITAL SERVICE,

READ BEFORE THE



Maryland Sanitary Convention

BALTIMORE, NOVEMBER 28, 1883.

Reprint from the Report of State Board of Health.



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BALTIMORE:
FROM THE STEAM-PRESS OF JAMES YOUNG,
112 West Baltimore street.
1884.



QUARANTINE.

The effort of this paper will be to give a review of the quarantine situation during the season just ended, to explain the facilities possessed by the Treasury Department for managing National Quarantines, and the relation of the general government to local authorities in quarantine matters.

The quarantine season of 1883 has come to a close, but the present period should be considered as one of armistice, during which it behooves the conservators of the public health to study well the situation and to review the action of the *last* with special reference to the next campaign.

It was with no slight feeling of concern that reports were received early during the past summer announcing an epidemic of cholera in Egypt, and of yellow fever at Vera Cruz, Havana and other ports having intimate commercial relations with the United States.

With regard to cholera, the march of which through Egypt was marked by great mortality, and caused widespread alarm throughout *Europe*, the United States had also just cause for apprehension when it became known that vessels laden with cotten rags, purchased in Egypt long after the cholera was epidemic, had succeeded in getting to sea before effective quarantine had been established, and were already on their way to this country, via Liverpool and London, the rags being intended for use in paper mills chiefly in New England. Inquiry revealed the fact that six thousand tons of Egyptian rags are annually imported for this purpose.

I do not know that Baltimore has any direct commerce with Egypt, but she has a great commerce with British ports, and when, in the latter part of July, reports were current that these were infected with the Egyptian plague, or more correctly, cholera, the daily papers sounded a reasonable note of warning, and began the discussion of preventive measures. Fortunately, however, the report of cholera at the London docks proved untrue, and was caused by a misunderstanding of the English

nomenclature, which gives the term of cholera, or simple cholera, to the disease known on this side of the Atlantic as cholera morbus.

But in Cairo there were reported two hundred deaths a day. The disease also appeared in Beirut, Syria, and the American Consul at this port gave notice that rags and wool were being shipped from infected Syrian ports, via Liverpool, to the United States; that the rags were collected from the poorest classes, and likely to be infected. Cholera was also epidemic at Swatow, China, and prevailed also at Shanghai.

In the meantime, however, a greater cause for alarm was the prevalence of yellow fever in the cities of the Spanish Main, particularly in Havana and Vera Cruz, the latter a city of twenty-three thousand inhabitants—a nidus of infection—with which the United States has greater commercial relations than has any other power, and whose shipping, usually more exempt than the city, was this year unusually infected. Of Havana, it may also be said, that to-day there is more shipping infected than has been the case at any corresponding period in many previous years.

From these infected ports vessels containing the dread disease began in July to make their appearance in American harbors. July 6th, 1853, there arrived in New York from Havana the steamship "City of Puebla," and the bark "Helen Sands," both carrying yellow fever on board. July 24th the British steamer *Andean* arrived at Newport News with several cases, one of which soon proved fatal.

July 28th the steamer "Californian," from Vera Cruz, with four cases of yellow fever, and having lost as many during the voyage, appeared in Chesapeake bay, and was stopped by the Baltimore city quarantine.

Later, in August, the British steamship "Buteshire," from Vera Cruz, with a record of fifteen cases of yellow fever while *en voyage*, was placed in quarantine at the capes.

Previous to this Pensacola was crowded with yellow fever vessels, all of which were quarantined, and infected vessels were also intercepted at Brunswick, Georgia; Galveston, Texas; Pascagoula, Mississippi; Mobile, Alabama; and at the Mississippi river station; while many being forewarned before nearing their ports of destination were received for treatment at the gulf quarantine at Ship Island.

On August 12th yellow fever invaded the Pensacola navy yard, and soon became epidemic in the naval reservation, the last case occurring October 12th.

In the navy yard proper there were fifteen cases and six deaths, while in the villages of the naval reservation there were one hundred and fifty-two cases and twenty-seven deaths, the total cases being one hundred and sixty-seven, and total deaths thirty-three, in a population of one thousand three hundred and thirty-eight. I am sure I will be pardoned for the digression in mentioning that among the victims of the disease was the lamented United States Naval Surgeon, Alfred M. Owen, whose self-sacrifice, devotion, unhappy fate, and untimely end, must fill with sorrow the hearts of those familiar with his history, and should cause his name to be deeply engraved in the affectionate remembrance of our profession.

The origin of this epidemic of yellow fever in the government reservation at Warrenton and Wolsey—the naval reservation—is still involved in doubt.

Later, in September, yellow fever raged in many of the Mexican cities on the Pacific coast, and was especially severe in Guyamus, Hemocilla, Mazatlan, Manzanilla and Atlata, and as might be expected, it was carried to San Francisco about the last of September, on the steamer "Newbern," and again October 19th, on the steamer "Granada," and within a few days two additional cases have been reported from the marine hospital at San Francisco.

Early in October a disease said to be yellow fever and marked by great mortality was reported at Brewton, Alabama, and while its origin is still in doubt, it is possible that the infection may be traced to the Pensacola navy yard.

Thus during the past season the situation has been briefly as follows: Cholera in China, Egypt and Syria, seriously threatening an approach to our shores; yellow fever raging in Mexico, Central and South America and in the West Indies, and actually knocking at the portals of New York, Philadelphia, Baltimore, Mobile, Pensacola, New Orleans, Galveston and San Francisco, and, finally, a serious epidemic of yellow fever in the Pensacola naval reservation, probably originating there, and from thence threatening the interior. It would seem that the danger to the country has been greater than the immunity which we enjoyed permits us to realize.

Before describing the various measures of defence which were adopted, it is now pertinent to recall the action of the last Congress, appropriating the sum of one hundred thousand dollars in case of threatened or actual epidemic to be used by the President in aid of state and local boards or otherwise, in his discretion, and for maintaining quarantine at points of danger.

The President, acting in his discretion, decided to use this appropriation through the agency of the Treasury Department to whose medical bureau—the Marine Hospital Service—the expenditure of the fund was intrusted.

It was not until July that this decision was made, and in the meantime the only other power in quarantine matters, viz., that of the National Board of Health, had expired by limitation June 3rd. There was scarcely time for the new quarantine force to take possession of the various establishments and survey the field when a demand was made for immediate activity.

To meet the danger incurred from the importation of Egyptian rags, the collectors of customs were ordered to refuse them entry until the municipal health authorities at the port of entry gave the collector a written certificate that in their opinion no danger was to be apprehended from allowing the discharge of the cargo—thus placing the responsibility, on the municipal authorities.

In Boston harbor, several cargoes of rags were thus withheld from entry by the collector, necessitating their discharge on Galloups Island, where, under the supervision of the Boston board of health the rags have been stored for disinfection and fumigation, and will be admitted to pratique when this process has been completed.

The surgeon general has recommended to several of the paper manufacturers, owning paper stock in Egypt, awaiting transportation to this country, to have the rags immersed in vats of chloride of lime before shipment.

With regard to yellow fever, the operations of the Marine Hospital Service began at Pensacola (the city), where, as early as April, 1883, the surgeon general, acting under direction of the president, after personal visitation, caused a house to house inspection to be made. Later a maritime quarantine was established and maintained by this service by the request of the governor of the state, and August 20th the same service took charge of the sanitary cordon placed around the naval reservation—a cordon employing forty-

five guards, and maintained, with the co-operation of the Board of Health of Pensacola, until October 31st. No disease got through the line.

At the gulf quarantine, Ship Island, Mississippi (which is the quarantine refuge for New Orleans and cities of the gulf), the service on July 6th assumed control and performed the labor of holding and disinfecting infected vessels; nineteen vessels with yellow fever on board being thus treated at this station.

It should be borne in mind that the administration of this station was rendered doubly difficult by reason of its proximity to the commerce fleet, which visits Mississippi Sound annually for cargoes of lumber. Although the island is fifteen miles from the shore, the channel runs alongside of it. For this and other reasons Ship Island, though long used for quarantine, is not recommended by the surgeon general in his last report for the permanent gulf quarantine station.

Concerning the Cape Charles quarantine, it will be more convenient to speak presently; but in reviewing the quarantine service in general, it is safe to say that at no period in the history of the United States have so many different ports been threatened with the inroad of yellow fever, and it is pleasant to add that at no time has the management of infected vessels been more successful.

In concluding this account of defensive measure, mention should not be forgotten of the appointment by the Marine Hospital Service of sanitary inspectors in Havana, Vera Cruz, London, Liverpool, and, finally, in Arizona Territory, where, in conjunction with the California board of health, they operated to prevent the inroad of yellow fever from Mexico. And even though it be but a passing notice, the scope of this paper preventing statements in detail, yet tribute must be paid to the great activity and efficiency of the local boards of health, particularly those of Baltimore, Pensacola and of the state board of Louisiana.

Of all the defensive measures enumerated above, there was none of greater interest to Baltimore and the State of Maryland, also to Virginia and the District of Columbia, than the quarantine established at Cape Charles.

Cape Charles Quarantine.

Chesapeake bay, two hundred and fifty odd miles in length, with a width reaching to forty miles, has residing upon its shores

and the shores of its tributaries a population of over two millions of people.

The territory which it drains is one which in the past has been subject to frequent epidemic visitation from foreign ports, and its only quarantine stations have been heretofore the one at Craney Island, near Norfolk, and the Baltimore quarantine. Access to this great bay and its adjacent territory from foreign ports can be had at one point only—a channel but ten miles in width between capes Charles and Henry.

It would seem that if there had been designed a fertile region dependent on an ocean commerce, with special reference to its protection from imported disease, its physical configuration could not have been better made.

Cape Charles may be made a quarantine Gibraltar to protect Chesapeake bay from pestilential invasion.

The first vessel, with yellow fever, to appear at this point was the steamer *Andean* at Newport News, on July 24th. Her sick were at once removed to the hospital barge "*Selden*," the vessel placed in quarantine, and the United States revenue cutter "*Ewing*" ordered to ply between the capes, intercept foreign vessels, and cause those with sickness on board to anchor and await medical inspection.

The alarm caused by this first visitation, and the difficulty of locating a quarantine which would not itself become a source of danger, induced Surgeon General Hamilton, of the Marine Hospital Service, to call together a conference of the health authorities of localities interested, which conference met at the Hygeia Hotel, Point Comfort, July 27th, and was attended by Dr. Hamilton and the boards of health or their representatives, of Baltimore, Washington, Richmond, Petersburg, Ocean View, Hampton, Newport News and Norfolk.

By this convention it was determined—

First. That a national quarantine should be established at the capes, and

Second. That the quarantine station should be at Fisherman's Island, in close proximity to Cape Charles.

Authority for a national quarantine "at points of danger" already existed by virtue of the appropriation act of the last Congress; but it should be noted that this quarantine was established by the expressed request of local boards, including that of Baltimore.

The question of precise location was one which gave rise to much discussion. Craney Island was considered too near to Norfolk. Lynn Haven Bay afforded too little protection in rough weather, and was too near the regular course of incoming vessels, and Willoughby's Cove, while naturally well-adapted for quarantine purposes, was objected to by the proprietors of adjacent hotels.

Fisherman's Island, the site finally selected, and which may possibly become a permanent national quarantine station, is a small island, a mile and a quarter in length by a quarter of a mile in width, situated at the southern extremity of Cape Charles, entirely remote from all population.

In the North Channel, which lies between the island and what is known as the Inner Middle Ground, the largest steamers can be safely anchored. This channel is in fact "a natural quarantine anchorage," and is as near the regular ship channel as prudence would allow infected vessels to be anchored. Only the infected vessels are required to enter this channel, all vessels being boarded in their usual course, and if healthy, allowed to proceed without delay. If infected, however, the sick are removed to the island and the vessel fumigated and disinfected in the anchorage.

So important is this station now considered that the government has leased the island; by means of a driven well has secured an ample supply of good water for vessels, and the surgeon general, in his last report, recommends an appropriation of fifty thousand dollars for the erection of hospital buildings (twenty thousand dollars), a wharf (twenty thousand dollars), and disinfecting warehouses (ten thousand dollars).

From Surgeon P. H. Bailhache in charge, I learn that sixty-seven vessels were spoken, thirty-eight inspected and twenty fumigated, at this station, during the quarantine period which ended October 15th.

The Cape Charles quarantine was not intended to supersede or supplant the excellent quarantine of Baltimore, or that of Norfolk, but was rather an advanced out post for these two cities, *and a regular* quarantine for other cities on the bay and its tributaries; and a station moreover to which infected vessels might be sent for disinfection and fumigation by the local quarantine physicians when they so desired. As I have shown, it was under the management of the Marine Hospital Service; and in fact all the national quarantines of the past two years have been practically

controlled by this service, which may point with satisfaction to its successful efforts during the Mexican-Texas epidemic of 1882, and the Florida epidemic of the present year.

It may be of interest to describe at this point the peculiar and ample facilities for this work possessed by the Treasury Department, of which the Marine Hospital Service is a bureau. It will be seen that the Secretary of the Treasury, as one responsible head, has at his command organized resources which give him the most ample power.

Facilities of the Treasury Department for Managing National Quarantines.

First may be mentioned the COLLECTORS OF CUSTOMS, under the immediate control of the Secretary, from whom reliable *information* may be obtained at any time. There are collectors at every port of entry in the United States, who, from the nature of their office, become thoroughly acquainted with every vessel and every cargo arriving from a foreign port. They have also by law the power of search and detention of vessels, a power exercised at least twice in the furtherance of quarantine during the past season—once at Boston and once at Baltimore. Besides being representative citizens they are sworn officers, and are to be relied on both for information and execution of the laws.

Second may be mentioned the REVENUE CUTTER SERVICE, a bureau of the Treasury Department, in active operation since 1790, its chief object being the enforcement of customs regulations and prevention of smuggling. It is the coast guard of the United States. This service has about forty vessels, mostly steamers, plying along the coast from Maine to Alaska, with jurisdiction extending twelve miles from shore. It is officered by men whose seamanship is unsurpassed, and whose knowledge of the coast is thorough and practical. It has its own cadet school at New Bedford, Mass., where its officers are given a liberal education and special training. It is in fact a small navy, and is made by law a part of the naval force in time of war. This naval force is at all times under the command of the Secretary of the Treasury, and to illustrate its availability in assisting national quarantine, it may be mentioned that during the past season the revenue cutters in the gulf were instructed to cruise along the coast and warn vessels hailing from Havana and Vera Cruz against entering any port of the

United States during quarantine season until after being duly examined by the United States quarantine officer at Ship Island, and no vessel from the ports named escaped their vigilance after the receipt of this order.

During the season of 1882, when the Marine Hospital Service took charge of quarantine at Brownsville, Texas, it was found that all ordinary lines of travel to that city had been closed, but the Revenue Cutter McLean, at Galveston, was placed under orders and carried without delay the medical supplies, nurses and surgeon in charge to the infected city.

And when the arrival of yellow fever at Newport News, the past season, made desirable a patrol between Capes Charles and Henry to examine incoming vessels, the revenue cutter Ewing was ordered to this duty, and as its ordinary cruising ground already covered this locality, it involved no additional expense and no change in the character of the duties of its officers.

Another—the medical bureau of the Treasury Department—is the MARINE HOSPITAL SERVICE, whose surgeon general is the chief adviser of the Secretary in all medical and sanitary affairs.

It is to the surgeon general of this service that the conception and execution of national quarantine matters are confided; but his acts are under the seal and sanction of the Secretary, and his more important ones are done with the personal knowledge of the latter.

The marine hospital service is essentially a civil service, organized as early as 1798, reorganized in 1871, and has for its primary object the health interest of sailors and the ships in which they sail. As sailors in times of epidemic form so large a proportion of its victims, and are so intimately connected with shipping and commerce, it seems but a natural part of the work of this service to engage in quarantine labor. Though its ordinary fund is contributed by the sailors themselves, the general government aids in various ways, providing much of the machinery for its conduct, donating the land for its hospitals, the hospitals themselves, and much of the amount required to keep them in repair. The government can therefore in equity use this service for such advisory labor as it may require, but its expenditures in time of epidemics are made wholly from the epidemic fund.

This service has physicians in every large, and many of the smaller ports of the country; one hundred and sixty in all. Its corps of medical officers, appointed after examination, have a busi-

ness training, which connection with the treasury department makes necessary and thorough. Accustomed as they are to the transaction of public business—acquainted, per force, with navigation laws and laws pertaining to public health, and by specific orders with the various local health regulations—they are immediately available at all times, and competent to be entrusted with the details of quarantine management.

The COAST SURVEY, another bureau of the Treasury Department, furnishes accurate charts to enable vessels to approach any of the quarantine stations without danger, taking frequent soundings for the purpose of furnishing information of recent changes in the channels. Thus, when it was charged by interested parties that the water was of insufficient depth near Cape Charles quarantine, and the bottom not good for holding, the contrary was promptly proven by the record of work previously done by this bureau.

The LIGHT-HOUSE ESTABLISHMENT, with its vessels and facilities for bouying channels, furnishing signal lights, etc., is also a part of the Treasury Department, and was called into service at Ship Island, where it buoyed out the channel; furnished stationary lights and aided in the maintenance of quarantine. It also buoyed the channels for the Cape Charles quarantine.

Thus with the collectors as reliable business agents, the revenue cutter service as a naval force, and a corps of specially trained physicians, assisted by other divisions, and all under one head, does the Treasury Department find itself already well equipped, without additional legislation for the control of national quarantines.

We come now to consider the position of the government toward the states in matters of quarantine.

Local and National Quarantine.

The proper relation which should exist between state and local authorities and the central government in this regard is a problem which as early as 1796, and at several later periods, became the subject of debate in Congress, and is one which at the present day may be said to be still sub judice. It is not my purpose to discuss this subject in a controversial manner, but it may be of interest, and will assist in its intelligent comprehension, if we take a brief historical review of this relation as it has actually existed from time to time, and note what changes it has undergone.

It is a matter of history that several of the independent colonies, long before the formation of the Federal Union, had their own separate quarantine laws. Massachusetts, for example, enacted a quarantine law as early as 1648; South Carolina in 1698; Pennsylvania in 1700; Rhode Island in 1711, and New York in 1755. And in the earlier days of the Union, notably in 1793-4-5, state and local quarantines were established independently of one another and without aid from the general government.

The first recorded effort to obtain the aid of the United States in the matter of quarantine was made by the merchants and other inhabitants of Baltimore, who presented December 16th, 1790, a petition to Congress, praying that a health officer might be established, or other provision made by law for protecting them from infectious and epidemic diseases brought by passengers and others arriving from a foreign country. In reply to this petition a committee was appointed to bring in a bill to establish health officers in the principal ports of the Union, but this committee never made a report.

About three and a half years later, viz., June 9th, 1794, Congress approved an act of the Legislature of Maryland, levying a duty on vessels to pay the expenses of its health officer and quarantine establishment, which act was subsequently repealed, and was only intended to continue in force during that session.

The first resolution in Congress, looking to the establishment of national quarantines, was offered by the Hon. Samuel Smith, of Maryland, in the Fourth Congress, April 28th, 1796, and was as follows: "Resolved, that the President of the United States be authorized to direct such quarantines to be performed on all vessels from foreign countries arriving at the ports of the United States, as he shall judge necessary." From this and the records of the debates, it appears that the representative from Maryland was an earnest advocate of national supervision.

The resolution being referred to the committee on commerce, of which Mr. Smith was a member, the committee reported a bill embracing two separate enactments—the first of which, after considerable debate, was rejected, and read as follows:

1. "*Be it enacted, &c.*, The President of the United States be and is hereby authorized to direct, at what place or station in the vicinity of the respective ports of entry within the United States,

and for what duration and particular periods of time, vessels arriving from foreign ports and places may be directed to perform quarantine."

The second enactment was passed and approved May 27, 1796, and read as follows:

2. "*Be it enacted, &c.*, That the President of the United States be and is hereby authorized to direct the revenue officers and the officers commanding ports, and revenue cutters, *to aid* in the execution of quarantine, and also in the execution of the health laws of the states respectively in such manner as may to him appear necessary."

The adoption of this second enactment, and rejection of the first, are significant facts, expressing the sentiment of Congress, that while the United States should render assistance, the states should enact and execute their own quarantine laws, and the rejection of this first enactment may have been to emphasize this right of the states which had been called into question during the debate.

In 1799 a quarantine bill was introduced in Congress by the Hon. Samuel Smith, of Maryland, chairman of the committee on commerce.

This bill became a law February 25th, 1799, and, in brief, directs collectors of customs and other officers of the general government *to aid* in the execution of the quarantine and health laws of the several states, and provides for the establishment of government warehouses for the deposit of goods and merchandise taken from vessels, subject to quarantine restraint. From this time until 1878, a period of seventy-nine years, no quarantine laws were enacted by Congress, and it should be mentioned that Jefferson, in 1804, in a communication to Congress on the state of the union, protested against the adoption of a code of laws to prevent the introduction of yellow fever.

In 1872, however, Congress passed a joint resolution providing for a more effective system of quarantine on the southern and gulf coasts, in accordance with which a medical officer of the army was detailed to make a report upon the subject. A national quarantine was proposed, and an act to prevent the introduction of contagious or infectious diseases into the United States passed the House of Representatives, but did not become a law.

In the winter of 1873-4 a strong effort was made in Congress to pass a quarantine act, and though unsuccessful, the discussions excited must have had some influence on later legislation.

It is pertinent to add that, in 1874, Congress ordered an investigation of the cholera epidemic of 1873.

But it was not until 1878 that special committees on epidemic diseases were appointed in the Senate and House of Representatives and a new quarantine law enacted.

Between these two periods of 1799 and 1878, however, the proper administration of quarantine, and other subjects bearing upon the public health, began to receive much discussion outside of Congress, and, notably in 1857, the first American convention called to consider sanitary reform was held in Philadelphia. This convention was composed of representative men from New York, Boston, Baltimore, New Orleans and other seaboard cities, and its avowed purpose was for conference in relation to the establishment of a uniform system of revised quarantine laws. Similar conventions were held in succeeding years, viz., at Baltimore in 1858, New York in 1859, and Boston in 1860, after which the breaking out of the civil war turned the attention of sanitarians and public health officers into other channels. As a result of these conventions greater uniformity in the quarantine regulations of the states was established, and the question of possession and control of a quarantine establishment by the general government received attention and discussion.

After the close of the war we find the same subject of national quarantine in its relation to state governments occupying public attention, and becoming a topic of discussion in the American Public Health Association, a body organized for "the advancement of sanitary science and the promotion of organizations and measures for the practical application of public hygiene." And, finally, February 14, 1878, at a convention of business men and physicians of the gulf coast and southern seaboard, held at Jacksonville, Florida, a resolution was adopted to the effect that a uniform system of quarantine was absolutely required, and that the system could only be enforced by the national government.

Based upon the action of this convention, a quarantine bill was passed by Congress and became a law April 29th, 1878, forbidding or restraining the entry of vessels from infected ports, and empow-

ering the Surgeon-General of the Marine Hospital Service under direction of the Secretary of the Treasury to make necessary regulations. At that time the Russian plague was imminent and regulations were made which directed quarantine, isolation of infectious freight, disinfection and even burning if necessary.

In 1879 Congress repealed the act of 1878 so far as it gave power to the Surgeon-General of the Marine Hospital Service, and established a National Board of Health, and bestowed upon it a great deal of power in quarantine matters. But this act expired by limitation June 3rd of the present year. It may be well to state that there were two acts, the first March 3, 1879, establishing the board, and the other June 2nd investing it with its power. It is this last act which has expired by limitation, leaving the board its name only.

Now the expiration of this act leaves in force a portion of the law of 1878, but not that portion relating to its executive officer; so that the law of 1878 becomes practically a dead letter, there being no one charged with its execution.

Thus the laws of both 1878 and 1879 are practically of no avail.

However, the national quarantine operations are now very conveniently carried on, as shown in another portion of this paper, under the appropriation acts of 1882 and 1883, which authorize the president to use a sum not exceeding \$100,000 each year in aid of local boards or otherwise, in his discretion, in preventing and suppressing epidemic disease. The president has in each of these two years entrusted this fund to the Secretary of the Treasury, to be used by the Marine Hospital Service.

In studying the question of state or national control of maritime quarantine, mention should not fail to be made of a rather recent decision made by the Superior Court of Louisiana (Judge Munro) bearing upon the subject. This decision is to the effect that municipal boards of health or state authorities have no constitutional right to levy a tax on vessels for quarantine purposes, and it may be that quarantine may therefore naturally and ultimately fall into the hands of the general government, unless states determine upon paying their quarantine expenses from their state treasuries.

But placing this view to one side, and looking at the present situation, it would seem that the precise relation which should exist between local and national quarantines will necessarily vary

with each port, and remains to be determined by future legislation. In the meantime, and at present, the general government acts only as a powerful ally, and in the absence of local quarantine, assumes the jurisdiction and accepts the responsibility.

In conclusion, I desire to express my acknowledgments among other sources of information to the annual reports of the Surgeon General of the Marine Hospital Service, and to the able reports of Dr. Joseph H. Jones, president of the State Board of Health of Louisiana.

with each party and remains to be determined by future legislation.
 In the meantime and to protect the general government and
 to give a general idea of the extent of the responsibility
 of the physician and to state the responsibility
 of the patient, I desire to express my appreciation to
 all courses of instruction to the army and to the service of
 the General of the Marine Hospital Service and to the staff of
 the Joseph H. Jones, President of the State Board of Health

Washington, D. C. 20540
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