

**QUARANTINE REGULATIONS AS  
APPROVED BY THE NATIONAL  
QUARANTINE AND SANITARY  
ASSOCIATION OF THE UNITED  
STATES, 1860**

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Quarantine Regulations as Approved by the National Quarantine and Sanitary Association of the United States, 1860 by D. B. Reid

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## QUARANTINE REGULATIONS.

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At the Third National Quarantine and Sanitary Association, held in New York, April, 1859, the following Resolutions were adopted, and the undersigned were appointed a Committee in accordance therewith :—

*Resolved*, That the operations of quarantine should not be confined to the warm months of the year; inasmuch as a vessel, arriving in midwinter, with smallpox or typhus on board, is as legitimate a subject for quarantine as one arriving in midsummer.

*Resolved*, That the adoption, by the commercial nations, of a sound and well-digested code of marine hygiene, and of the necessary measures for insuring its strict enforcement, would tend greatly to alleviate the evils of the present system of quarantine, and promote the comfort of passengers and crew.

*Resolved*, That this Convention appoint a Committee to consider and report in what manner the foregoing resolutions may be most effectually carried out.

*Resolved*, That the Committee report, at the next meeting of this Convention, (in Boston, June 14, 1860,) specific recommendations of principles and measures of quarantine, as severally applicable to yellow fever, cholera, typhus fever, and smallpox, having reference also to the variations which different localities require.

The Committee, to whom the above resolutions were referred, have taken much pains to obtain all the information possible on the subjects to which they relate; and they are under lasting obligations to the Honorable LEWIS CASS, Secretary of State, and to the Honorable JOHN APPLETON, Assistant Secretary of State, for the procurement of printed copies of the quarantine regulations of the principal commercial nations; also to the Health Officers of the chief seaports of the United States, for the health regulations and ordinances which have been, or are now, in use in our own country. From these and some other resources, the Committee on External Hygiene have had abundant means for appreciating the Quarantine Regulations of different nations and places, and of comparing them together in such a manner as to promise a fair prospect of presenting a code of marine hygiene applicable to all the varying circumstances of commerce.

The strongest evidence of human progress is the conquest of science over error and superstition. When, in 1831, the cholera left India for a tour of Europe, after having travelled over the continent of Asia, every government it approached essayed to put a stop to its progress

by the powers of quarantine. Equally vain were the like forces on the continent of America. The cholera rode over all quarantine restraints, — bid defiance to all such antiquated barriers. About this same period of time, CHERVIN, the great student of yellow fever, was battling against the quarantine ordinances of France, as worse than useless for the protection of the French frontiers against this disease; and the triumph of cholera over the quarantine which was to keep out yellow fever, was regarded by Chervin as a strong argument in favor of his views against quarantine, — for the abrogation of the odious ordinance of 1822. Confidence in quarantine regulations for the prevention of plague was also forfeited in a great degree by frequent recurrences of that disease in places the most rigidly guarded, whilst other places, exempt from stringent quarantine regulations, were free from this much-dreaded disease.

The conquest of Algeria by the French placed the government of that country under the necessity of reducing, from time to time, the burdens of quarantine which had been previously imposed, even when the States of Barbary were free from the plague. These reforms, however, were strenuously opposed, particularly by the sanitary authorities of Marseilles, who had been for a long time accustomed to exercise the most arbitrary powers in this regard; also by the Health authorities of Italy, who went so far as to accuse France of opening the port of Marseilles to the plague.

In spite of these oppositions, however, reform steadily advanced. Two Commissions confided to M. de Ségur Dupeyron, the Inspector of Quarantine, who, though a contagionist, clearly displayed in his reports the vices and incoherences of the system; a collection of the published opinions of many men distinguished in science, by M. Aubert-Roche; the exemption experienced by the French mail-boats; and, finally, the remarkable report of the Academy of Medicine, of Paris, upon the plague and quarantines, — all concurred in the propriety of a complete reform.

On the 18th of August, 1847, a royal ordinance of France declared the first recognition of truths based upon the opinions of medical men, that many of the restrictions of quarantine were unnecessarily burdensome, and therefore abolished. Still other reforms were established by decrees, on the 10th of August, 1849, and on the 10th of December, 1850. But it was not enough for the eminent sanitarians of France to have accomplished a reform in their own country, and for their own commercial ports; this was only a beginning of the work. They proposed to show that it was to the interest of the commerce of other nations to accept the reforms which they had effected for France. And Dupeyron suggested to the Ministers of Commerce the idea of a Sanitary Congress, formed by delegates from the divers powers having seaports on the Mediterranean. The Government adopted his opinion, but, on attempting negotiations, failed in accomplishing its intended purpose.

In 1850, M. Méliér, member of the consulting committee on public hygiene, renewed the proposition of Dupeyron, and with more success. Méliér submitted a programme, which was agreed to by all the govern-

ments interested; and a convention was formed by delegates from France, England, Austria, Spain, the Two Sicilies, the Roman States, Greece, Portugal, Russia, Sardinia, Tuscany, and Turkey. This convention soon after met in Paris, and, after long discussion, proposed an international code of quarantine laws, which has since been ratified by the nations represented; and this code is now observed in all the ports of the Mediterranean. Meanwhile, the sanitary reform, which began in England about twenty years ago, under the provisions of the "New Poor Law," attacked no less vigorously the ancient fallacies of quarantine, which had been in vogue in that country since the Great Plague of 1666. The General Board of Health, instituted by an Act of Parliament in 1848, persisted in repeated efforts against the quarantine regulations, for plague, cholera, and yellow fever; protesting that protection from pestilential disease does not consist in quarantine regulations, but in *internal sanitary measures*, that is to say, in measures which have for their object the suppression and prevention of conditions without which the diseases regarded as quarantinable would not exist. The industry, the boldness, and the enthusiasm of Chadwick, of Guy, of Southwood Smith, of Duncan, of Ferrier, of Currie, of Toynbee, of Milroy, and others of like stamp, astounded the United Kingdom, and astonished the world by reports which implied accessory murder of thousands of human beings, by the very authorities whose office it should be to protect them.

The measures proposed by the General Board of Health were the destruction of *fomites*, — all sources of infection in town and country; sanitary improvement of habitations; a full supply of wholesome water and wholesome food, — extending to the *personnel* and *material* of commerce. — and, finally, if, in spite of these precautions, pestilence manifests itself in any place, abandonment of the locality until the cause of the pestilence is found out and eradicated. These theories, though for a long time silently believed in by many physicians of eminence, were now for the first time openly proclaimed, and pressed upon the authorities as the only safeguards against the recurrence of appalling epidemics. And when the first International Sanitary Convention met in Paris, in 1850, the delegates from France had already a well-matured programme as a basis of discussion; — the chief feature of the Convention was the abrogation of useless quarantine restrictions, and the inculcation of municipal hygiene in their stead.

However lamentable the devastations of cholera, since its exodus from India, in 1831, it is to our better acquaintance with the habitudes of this disease that the commercial world is indebted for the progress already made, in the removal of pernicious influence to health, and restrictions burdensome to commerce and navigation. Quarantine reform has been a prominent feature in the sanitary improvement of Europe for nearly thirty years, and it is with chagrin that your Committee on External Hygiene, after diligent investigation, finds that the quarantine regulations of the United States are nearly identical with the most odious restrictions of Europe thirty years ago. They are, in effect, the same laws as those imposed by England, in colonial times, for the protection of America from "plague or other



malignant distempers," and in several of the States it yet remains an indictable offence, with a large penalty, for any person to come into the State from any place infected with contagious disease. The quarantine laws still presume that certain diseases are communicable from the sick to the well, under all circumstances, and that such diseases are capable of being transmitted to new and distant localities, independent of all conditions. They also presume that the germs of all diseases regarded by quarantine officials as contagious or infectious, may lie dormant in the systems of persons who are apparently well, but who may afterwards sicken, and then become the radiating centres of infection. Based upon these conclusions, the *time* and *duration* of Quarantine pretend to depend upon the real or suspected presence of the apprehended disease, in the *personnel* of any vessel during the voyage and at the time of arrival, the kind of cargo, and whether there has been any communication with other vessels, persons, or things, during the voyage. These requirements, however, are of short duration, and usually limited to the warm season of the year. This *résumé* is a fair representation of the Quarantine regulations of the United States, while there are no exceptions to the incongruities herein stated.

It has been justly remarked by McCulloch, in his Commercial Dictionary, that "the complaints of quarantine grievances and oppressions are almost wholly occasioned by want of proper facilities for its performance." But, while we may properly admit the truth of this assertion, as applicable especially to the view which commercial men must naturally take of this subject, we think it must appear to scientific observers that the defective facilities to which McCulloch has referred are mainly owing to the prevailing indefiniteness of opinions and official practices relating to quarantine and to febrile infections. As medical men, therefore, your Committee frankly acknowledge that the medical profession, and quarantine officers themselves, are partly responsible for the defects of our external sanitary defences.

Before enumerating the points which we believe to be essential to the provision and perfection of the external sanitary system of maritime cities and large commercial towns, your Committee would briefly note the special defects and wants that are acknowledged to exist in all, or at least most, of the ports in the civilized world.

#### I. THE DEFECTS THAT RELATE TO THE SICK AND TO SANITARY PROTECTION.

#### II. THE DEFICIENCIES THAT RELATE TO COMMERCIAL TRANSACTIONS AND PUBLIC CONVENIENCE.

Under the *first* head are included: 1st. Hospitals,—their location, construction, and fitness; the facilities for the reception, distribution, and care of the patients. 2d. The construction and management of docks and warehouses for quarantine purposes, with reference to sanitary protection.

Under the *second* head we enumerate: 1st. The needless delay of vessels. 2d. The unnecessary detention of cargoes. 3d. the damage to such cargoes and vessels at Quarantine. 4th. The inconvenience and expense of lighterage. 5th. Loss of time and the use of vessels.

As all these points under the *second* head are connected with the general question of quarantine docks and warehouses,—their location, capacity, and special adaptation,—it is manifestly right, and eminently proper, that the interests and requirements of commerce should be provided for, and made perfectly consistent and harmonious with all the conditions and provisions which are necessary for the protection of the public health. These points include the grounds upon which objections are made respecting deficient facilities as well as burdensome restrictions of quarantine establishments. We propose to make a fair and full statement of the points, without attempting their discussion. But we feel warranted in making the following general statement, involving all these points incidentally, and at the same time affirming what is conceded to be necessary to the arrangement of a quarantine establishment.

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#### I.—THE SICK.

Humanity and public policy alike demand that, wherever there is a quarantine establishment, or wherever and whenever there is any detention of vessels and the sick, in the nature of quarantine, there, in the immediate vicinity of the quarantine anchorage, should be provided ample facilities for the proper care of all such cases of disease as may not, with safety to the public and to the patients, be removed to more suitable places.

The nature and extent of hospital provisions required at any quarantine station must be in no small measure dependent upon the nature and extent of hospitals, and the internal sanitary arrangements of the city or place requiring a quarantine establishment.

For the welfare of the sick it is required that the location of the hospitals should be within a convenient distance of the quarantine station, and that the facilities of access to them from the quarantine anchorage be such as to secure the greatest safety to the sick, and the least danger to the public; and lastly, such location, distribution, and special management of the sick, as shall prevent the general contamination of the hospital in which they may be placed for treatment, and also preclude liability to any dangerous exposure to subsequent infection, or to any other unhealthy influences.

Both the public safety and the welfare of the sick in hospitals, require that effectual provisions be made for the immediate and thorough disinfection of all baggage and personal clothing liable to infection.

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#### II.—QUARANTINE DOCKS AND WAREHOUSES.

If it is admitted that the security of the public health against certain diseases demands the protracted detention or exclusion of vessels or cargoes that are liable to convey and propagate those diseases, then it may justly be claimed that the interests of commerce require special

docks and warehouses for that class of quarantined vessels and cargoes, while experience has fully demonstrated the great importance of such special facilities, no less for public safety than for commercial convenience.

To illustrate the nature and extent of the deficiencies of quarantine establishments, we would refer to the statements on this subject as embodied in the Report on External Hygiene, adopted by this Convention last year.\* We would also mention the testimony given on the same subject, particularly as regards deficient provisions for the sick, by the British Quarantine Commissioners, in their First Report.† And in regard to the testimony respecting those special deficiencies that embarrass commerce and incommode the public, it is painfully evident that the judicious author of the Commercial Dictionary speaks truly when he asserts that, were the proper facilities afforded to enable merchants and others to comply with quarantine and all needed external health regulations, "the burdens it (quarantine) imposes would be comparatively light, and we do not know that many more important services could be rendered to the country than by constructing a proper quarantine establishment." Continuing his remarks on this subject, Mr. McCulloch states "there is not on the Thames a lazaretto where a ship from a suspected place may discharge her cargo and refit, so that it is detained, frequently at an enormous expense, during the whole period of quarantine."

This statement, which applies to ports that less than almost any other large maritime cities require such special external sanitary provisions, has been strongly corroborated by the testimony of boards of trade and chambers of commerce in the principal ports of both America and Europe.

As respects medical and official testimony, generally, we find none more decided than that adopted by this Convention at its last session, in answer to the question, "What reforms are required to make quarantines more efficient and less burdensome?" In that report it is stated that "we must be prepared to denounce, as worse than useless, every system of quarantine which, either from incorrectness of the principles upon which it is founded, or from the careless and inefficient manner in which it is executed, as inadequate to guard the community against the introduction of disease from abroad."

The Quarantine Commissioners of Great Britain, in their first report to the General Board of Health, in 1843, concisely sum up the deficiencies and objections of British quarantines, by stating that "the Quarantine establishments of this and every other country, of which we have information, are *wholly insufficient*, even on the assumption on which they have hitherto been maintained, to prevent the introduction and spread of diseases.

"That these establishments are of a character calculated to inflict on passengers extreme and unnecessary inconvenience, and to sub-

\* See Report of Convention, 1850, pp. 321, 322, *et seq.*

† See First Report of the Quarantine Commissioners to the General Board of Health of Great Britain, pp. 73-76.