

of laws for the prevention of overcrowding and for the protection of the health of immigrants. With the decline of ship fever, small-pox again began to increase in consequence of a neglect of vaccination or its imperfect performance, and this disease again affected the public health more or less severely as the tide of immigration swelled or ebbed.

Within the past quarter of a century small-pox has more than once assumed epidemic proportions, as in the period from 1868 to 1873 and from 1879 to 1883; yellow fever has prevailed locally from time to time, and as an epidemic in the Mississippi Valley in 1873, 1878 and 1879; cholera spread throughout the country in 1866-67, and invaded nineteen states west of the Alleghenies in 1873; and these three diseases with their varying manifestations—occasional long intermissions, followed by violent and disastrous epidemic outbreaks—have dominated the quarantine question during this epoch.

In the few years immediately preceding this period some progress was made in an organized attempt to reform the abuses of quarantine, and to frame a system in accord with the increasing knowledge of epidemic diseases—one which should be freed from the unnecessary hardships and rigors of quarantines, revived or improvised in the face of existing danger, and too often inspired and enforced by an unreasoning dread and terror—similar to those witnessed in southern Europe during the past two years. This attempt was inaugurated by Dr. Wilson Jewell, of Philadelphia, one of the foremost sanitarians of his day, and who, in 1856, proposed the establishment of "a uniform code of regulations, 'operating alike in all respects, and offering the least resistance to an 'active commerce, and with a humane regard for the health of the 'passengers and crews, and the comfort of the sick on board of all vessels detained at quarantine stations.'" A "Quarantine Sanitary Convention" was held in 1857 for the purpose indicated, and some progress was made during its subsequent sessions when the outbreak of the Civil War put an end to the movement.

It may be here remarked, in passing, that these few quoted lines indicate the essential features of the quarantine of those days. They were primarily quarantines of detention or exclusion, inconsistent with an "active commerce;" the "health of the passengers and crews, "and the comfort of the sick," were matters of secondary importance and the enforcement of sanitary measures confined to proceedings of a most primitive character where such measures were attempted at all. Little attention was paid to disinfection, purification, isolation of the sick, and the other measures which now receive most attention. The regulations entailed great personal sufferings and hardships, and vexatious delays and losses to travel and traffic, while they generally failed to protect the country from the introduction of these exotic diseases. It is not to be wondered at that "quarantine" has received so much condemnation.

COAST DEFENSES SHOULD BE UNDER NATIONAL CONTROL.

During all this time, from the earliest date to the present, the control of quarantine has remained entirely under the jurisdiction of State and local authorities, except during the brief period in which the National Board of Health exercised its limited quarantine powers under the act of 1878 and which expired in 1882. It is this absence of

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