have been tested in small-pox and yellow fever, give promise of success with the Asiatic pestilence. With a sufficient number of National refuge stations, (there should be at least one on the Texas coast and one for New England, in addition to those on the Delaware Bay, Hampton Roads and Sapelo Sound, and all of them should be as fully equipped as that at Ship Island,) with properly-appointed quarantine establishments at the larger ports, and inspection stations at the smaller ones, the entire system to be mutually coöperative, governed by the same general rules and regulations, kept fully informed of public health conditions abroad by consular agents and intelligent medical inspectors when necessary, there would be no reason to apprehend the introduction of cholera or any other foreign pestilence.

QUARANTINE IN THE PAST.

A brief summary of the origin and varying phases of quarantine in North America will be useful in this connection, mainly as serving to emphasize the distinction between the ancient and modern systems, and also for information.

From the date of the earliest establishment of quarantine in this country down to the present time, its efficiency and the public interest in it have been fitful and spasmodic, dependent upon some real or fancied pressing emergency. The ravages of imported small-pox led to the passage of the first quarantine laws in 1698, and these were added to from time to time, and either vigorously enforced or more or less neglected as that disease increased or declined with the conditions of immigration, and the slave-trade. The plague through Mediterranean commerce and outbreaks of yellow-fever at long intervals, also affected quarantine laws and practice until near the close of the last century. For nearly 30 years, ending in 1791, the country was exempt from yellow fever, and during this period little attention was paid to the subject. That exemption, it may be noted, was due to the suspension of direct commerce with the West Indies through the enforcement of the colonial acts by Great Britain; but after the Declaration of Independence, commerce with the West Indies and the Spanish Main was gradually re-established, and in 1791 began the yellow-fever epoch of quarantine following the increasing ravages of the pestilence in the principal seaports of the country, while small-pox gradually lost much of its importance after the introduction of vaccination by Jenner in 1799. To yellow-fever, after the war of 1812, and taking the place of small-pox as a quarantinable disease, there was added typhus or ship fever and this disease—aggravated and often developed during the long voyages in sailing vessels with crowded steerages and a gross neglect of hygienic observances—contined to increase in frequency and severity with the increase of immigration.

In 1832, Asiatic cholera was added to ship fever and yellow fever, and although this new plague has only affected quarantine by its four epidemic visitations separated by long intervals throughout more than half a century, it marks another epoch in quarantine. Meanwhile, the yellow-fever zone in North America had become practically contracted to south of Philadelphia—once the most terribly scourged of American cities—and ship fever had lost much of its significance through the substitution of steamships for sailing vessels, and the enactment and enforcement, both by this country and by foreign countries,