

HEARING

BEFORE THE

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE

OF THE

HOUSE OF REPRESENTATIVES.

SATURDAY, *February 19, 1898.*

The committee met at 10.30 o'clock a. m., Hon. William P. Hepburn in the chair.

STATEMENT OF DR. WALTER WYMAN, SURGEON-GENERAL OF THE UNITED STATES MARINE-HOSPITAL SERVICE.

Dr. WYMAN. Mr. Chairman, and gentlemen of the committee, with regard to House bill 8280, which was presented to the committee yesterday by Dr. Wingate as representing the views of the American Medical Association, I have to give the following brief history of this bill: For years the American Medical Association, in its desire to enlarge the usefulness, and particularly the dignity of the profession, has declared that there should be a department of public health, with a secretary in the Cabinet. It has aimed at nothing less, and has consistently demanded the secretary in the Cabinet.

At its meeting in May, 1896, at Atlanta, the committee made a full report, canvassed all the means to their end, and finally recommended that the Marine-Hospital Service be enlarged and brought up to the required standard.

A committee of one from each State was appointed to prepare a bill in accordance with the adopted report. Then the chairman of the committee, Dr. Jerome Cochran, died, and Dr. Wingate, of Milwaukee, was appointed in his place. The work of the committee was practically left to three members, and they prepared a bill which was presented at the meeting of the association in June, 1897, in Philadelphia. Copies of the bill were with difficulty obtained, and I myself could obtain one only a day and a half before it was presented to the association. On the last day of the meeting, with only a fraction of the association present, the report was made; but it was received only, and the committee continued. This matter has been set forth in a com-

munication printed in the Boston Medical and Surgical Journal of November 25, 1897, from which I quote as follows:

THE BILL FOR A DEPARTMENT OF PUBLIC HEALTH.

WASHINGTON, November 15, 1897.

MR. EDITOR: Will you kindly permit me to correct a statement made in the editorial columns of your esteemed journal of the issue of November 11, 1897, under the caption, "A department of public health." I refer to a statement in the second paragraph, which reads as follows: "The American Medical Association, at the Philadelphia meeting of this year, adopted a draft for a bill to establish a department of public health." I am informed by the recording secretary of the association, and also by others who were present, that the American Medical Association did not adopt a draft for a bill to establish a department of public health.

The facts regarding the proposed bill, referred to in your editorial, are as follows: At the last meeting of the American Medical Association, the committee of the association on department of public health, through its chairman, Dr. U. O. B. Wingate, of Wisconsin, read a report of the committee, in which was included the draft of a bill providing for a department of public health. The report of the committee was received by the association and the committee continued. As the proposed bill was presented during the last hours of the meeting of the association, when few were present, it was not discussed, adopted, or rejected by the association. An opinion on the merits or demerits of the proposed bill was not expressed by the association. In fact, the American Medical Association the year previous at the Atlanta meeting, in adopting a report of its committee on department of public health, which report recommended that the committee be authorized to draft a bill which should be in accord with the recommendations of their report, expressed views which are entirely opposite to those embraced in the report of the committee at the last meeting, recommending the proposed bill for a department of public health. It is proper to state that by reason of the death of Dr. Jerome Cochran, the chairman of the committee in 1896, a new chairman was appointed.

You are undoubtedly misled in the statement in your editorial, by the editorial statement in the journal of the association, as was the case with some members present at the last meeting of the American Public Health Association. The statement that the proposed bill was adopted by the American Medical Association was announced at that meeting, which undoubtedly influenced members in voting for it. However, there were only 19 votes for the bill and 7 against it at the meeting of the Public Health Association, whose average membership is about 800.

Very truly, yours,

H. W. AUSTIN, M. D.

[We find that the statements in regard to the American Medical Association contained in the above communication are substantially correct, and publish them with pleasure. Practically, it seems to be a question whether the proposed department of public health should swallow or be swallowed by the Marine-Hospital Service.—ED.]

Notwithstanding the facts as above stated the bill was printed in the Journal of the American Medical Association, and it was editorially announced that it had been adopted by the great American Medical Association, and every subscriber was urged to see his Representative and Senator and urge its passage. Then follows the meeting of the American Public Health Association in Philadelphia in November last, and the same bill is presented to that association, with the statement that it had been adopted by the American Medical Association, and on that statement it was adopted by the Public Health Association by a vote of 19 for to 7 against the resolution, a total of 26 votes out of a membership of over 1,000.

That this bill does not meet with the general approval of the medical profession is seen in the fact that opposing views have been printed editorially in the New York Medical Record, the New York Medical News, the New York Medical Journal, the Sanitarian, of Brooklyn, the Philadelphia Medical Journal, the Georgia Journal of Medicine and Surgery, and the Bulletin of the North Carolina Board of Public Health. (Inclosures Nos. 1-7.) Also by resolutions adopted by the

Tristate Medical Society, representing the States of Alabama, Tennessee, and Georgia. (Inclosure No. 8.) And by a communication from the president of the Connecticut Medical Society and member of the Connecticut State Board of Health. (Inclosure No. 9.)

I also have here a copy of an editorial in the New York Herald of February 12, 1898, commending the House bill introduced by Mr. Hepburn. (Inclosure No. 10.)

And I would further invite your attention to the report of the Senate committee, Public Health and Quarantine, Report No. 521, January 3, 1898, accompanying Senate bill 2680, approving said bill, which is practically the same as House bill 4363, introduced by Mr. Hepburn, and also two resolutions passed by the senate and house of representatives of the State of Georgia. (Inclosure No. 11.)

This Wingate bill practically disorganizes the Marine-Hospital Service, deprives it of its quarantine functions, makes no advance in national quarantine, and permits the injection of politics into what should be a purely scientific organization. It appears even to authorize the representatives of State boards of health to have a voice in the management of the Marine-Hospital Service, as it transfers it to the commission.

At the present time the Wingate bill represents the views of the gentlemen who drew it up. An effort was made to have it indorsed at the recent Quarantine Convention at Mobile, but the effort failed. The American Medical Association has not yet passed upon it, and since its approval by the American Public Health Association by an absurdly small vote, it has been altered in many of its essential features, and therefore has no organized sentiment behind it. On the contrary, the opinions of various medical journals throughout the country, a partial list of which I have given, indicate an entirely opposite opinion. In the city represented by Health Officer Doty, of New York, the four leading medical journals published there, known throughout the United States and the world, express entirely opposite views.

With regard to an advisory council, which has been advocated, I have to state that an advisory council, in the matter of making quarantine regulations is very inadvisable, by reason of the fact that the very term advisory is misleading. The council as provided in the Wingate bill (H. R. 8280; Senate bill 3433) is not an advisory council, but is a body which will have the making of the quarantine regulations.

The theory advanced by the gentlemen yesterday that there would be no difficulty in carrying into effect the United States quarantine regulations, provided the State health officers made them, was not demonstrated last summer, when the State boards were unable to enforce their own regulations or exercise the proper control over the local boards. Each local board seems to be a law unto itself, and State health officers were not permitted to visit certain towns or localities. In other words, their advice and their rules were disregarded.

If an advisory council were to make the rules and regulations, then the interior States, which outnumber the coast States, would have a dominant influence in the making of rules for maritime quarantine, outvoting the maritime States, and they might make these rules very oppressive. The sanitary and commercial interests of Northern and Southern coast and interior States are not identical, and would not the rules and regulations for maritime and interstate quarantine adopted by the various State health officers be compromise measures or either insufficient or discriminating?

Again, with regard to the interior States, whose representatives would have a majority in an advisory council, said representatives have no practical experience in maritime quarantine.

Even if the maritime quarantine regulations were to be prepared by the representatives from State boards of health representing coast States, it does not follow that these officers would be men specially fitted by experience for this work. Of the twenty-two maritime States in only six of them does the State board of health pretend to make maritime quarantine regulations; in the others it is left to the local quarantine officers, and these officers would be far more competent to pass upon maritime regulations than the representatives of the State boards of health. Moreover, if these State officers were to make the maritime quarantine regulations, the situation would be that a body of State officers appointed in the several States, frequently by political preference, would be making regulations to be executed by regular medical officers of this Government, appointed after a most thorough examination, as required by United States statutes, and commissioned by the President and confirmed by the Senate.

Quarantine regulations properly belong to the Treasury Department, which has the oversight of all other matters relating to commerce.

To illustrate: Chicago and St. Louis, or Illinois and Missouri, are not detrimentally affected commercially if a long period of detention at quarantine is required of vessels from yellow-fever ports at the quarantines of New Orleans, Mobile, or Galveston. On the contrary, the latter places and States in which they are located are affected. In point of fact, would not some of the Northern States be benefited commercially by an unnecessarily long detention of vessels arriving at these Southern ports?

Then, too, the governors of the various States (who are frequently changed) hold different views as to how far national authority should be exercised in matters pertaining to quarantine, and would see that the members of the State boards of health representing their States in the advisory council should be those who hold views the same as their own. In fact, the provision in the bill which gives the State health officers the power to make quarantine regulations relegates all quarantine authority now existing under the United States statutes back to the States.

Under this provision the medical officers of the Marine-Hospital Service, who have had long experience in quarantine matters, would have nothing whatever to do with the formulation of quarantine regulations.

Practically the Treasury quarantine regulations are not made by the Secretary of the Treasury or the Supervising Surgeon-General alone. The Surgeon-General has associated with him a staff of officers, many of whom are men whose experience in quarantine matters, both North and South, is unsurpassed, and men whose scientific attainments in the investigation of the cause of infectious diseases are on a par with the most advanced students of the day.

I submit that making quarantine regulations by men of scientific attainments, familiar with actual working details at quarantine stations, familiar with all matters pertaining to immigrants, and, too, with the complicated machinery of governmental methods and associated services in Washington, that this method is superior to that suggested in the proposed bill, with an advisory council, unacquainted with one another, and unfamiliar with governmental methods and existing branches of the Executive Departments.

In framing regulations, the Marine-Hospital Bureau, besides its own scientific and practical officers, has the assistance of the law officer of the Treasury Department, detailed from the Department of Justice, and the benefit of the counsel and advice of the heads of the several divisions in the Treasury Department conversant with all the executive

and legal details which might require consideration, and finally, of the Assistant Secretary and the Secretary of the Treasury himself. It is difficult to conceive of any question connected with quarantine regulations which can not be decided properly and promptly by the Marine-Hospital Service and the Treasury Department, to which it belongs.

In discussing House bill 4363, it is necessary to compare its provisions with those of the act of February 15, 1893, which it amends.

The first amendment to the act of 1893 provides that in section 1 the following words shall be stricken out, viz, "and with such rules and regulations of State and municipal health authorities as may be made in pursuance of or consistent with this act." The effect of this amendment is to obviate the necessity of the National Government enforcing unnecessary quarantine rules and regulations made by State and local authorities.

The second amendment to the act of 1893 consists in striking out entirely section 3 and substituting a new section 3 in its place. Both the old section 3 and the new section 3 relate to two different forms of quarantine—one maritime and the other interstate. It will be necessary to consider them separately.

The Hepburn bill requires the Secretary of the Treasury to make such rules and regulations as are necessary to prevent the introduction into the United States of any infectious or contagious disease from any foreign port or place. The present law (1893) provides that the Secretary of the Treasury shall make regulations for ports in the United States where there are no quarantine regulations provided by the State or local authorities; and for ports where the quarantine regulations are deemed insufficient, the Secretary is authorized to make additional rules and regulations.

The necessity of the amendment is apparent from the fact that at some ports where local quarantines are maintained the health authorities have formulated no regulations, but the health officer or quarantine physician is authorized to exercise his judgment in matters pertaining to quarantine. It is therefore necessary, in order to obtain uniformity in quarantine rules at the various ports of the United States, that the General Government be authorized to prepare quarantine regulations which shall be observed at all ports of entry without reference to local quarantine regulations.

Section 3 of the present law (1893) further requires that all these rules and regulations shall be executed by the State or municipal authorities when they will undertake to execute or enforce them, but if they fail or refuse the President shall execute and enforce them and adopt such measures as in his judgment shall be necessary. Under the terms of the Hepburn bill practically the same provisions exist; but it is further provided on page 3, first twelve lines, that at any port or place in the United States where the Secretary of the Treasury shall deem it necessary that incoming vessels should be inspected by a national quarantine officer, such officer shall be designated. The necessity for this provision lies in the fact that under the present law too much time and opportunity for dispute as to whether the regulations have failed of enforcement is permitted before the President can be called upon to act. This portion of the bill also provides necessary law for the establishment of national quarantine on the Canadian and Mexican borders. The Government should be in position to have actual knowledge of whether the national quarantine rules and regulations are being enforced at all times by State and municipal health officers.

Further provisions for maritime quarantine in the bill of Mr. Hepburn, and which are not included in the present law, are as follows:

First. On page 3, lines 13 to 23, inclusive. This paragraph is intended to authorize such sanitary measures as may be necessary with regard to vessels from foreign ports coming within the waters of the United States without a bill of health and not entering, or attempting to enter, any port of the United States. It is intended particularly to prevent the introduction of contagious diseases, particularly from Cuban and other West Indian ports, by vessels engaged in smuggling. These vessels are generally from Habana, and lie in the worst portion of that infected port, and their crews are frequently new recruits from Spain, not acclimated to yellow fever, and are liable to have this disease and to communicate it either to other vessels or to the shores of the United States where smuggling may be carried on.

Second. Page 3, lines 24 and 25, and page 4, lines 1 to 5, inclusive; this provision is to give definite and distinct character to the quarantine stations of the United States which have been established in the last ten or twelve years under previous laws, and to definitely fix their status.

Third. The remainder of page 4, with the exception of the last two lines, provides the penalties necessary for the proper enforcement of the law.

Fourth. Lines 24 and 25 of page 4, and 1 to 4, inclusive, of page 5, authorize the medical officers of the United States to administer oaths in matters pertaining to the administration of the quarantine laws and regulations.

With regard to the interstate features of the Hepburn bill, beginning at line 5, on page 5, the portion thereof included in lines 5 to 20 is practically the same as in the present law, with the exception that the General Government is not obliged to enforce the local quarantine rules and regulations, many of which are absurd, the enforcement of which would render nugatory the regulations of the Government.

The remainder of page 5 and page 6 relates particularly to occasions when the country is so unfortunate as to have had admitted yellow fever, cholera, plague, or typhus fever.

To enable the General Government to do effective quarantine work at such times, it is necessary that the rules and regulations of the Government be made supreme. It is possible under the existing law for the local quarantines of the various small cities in the interior to prevent the carrying out of necessary measures adopted by the General Government, and also to completely paralyze commercial intercourse between the States. This was clearly demonstrated in the recent epidemic of yellow fever in the South, where the local quarantine authorities prevented the United States inspectors, and even State health officers, from entering the towns where fever was prevailing, and also prevented the shipment of supplies and the movement of necessary camp equipage. Effective work in times of epidemics can not be brought about except there is uniformity of regulation, and authority to carry the same into effect.

Section 6, page 7, of the Hepburn bill is the same as section 6 of the present law, with the single exception that the pratique of the national quarantine officer is made effective regarding vessels inspected as well as vessels which have been disinfected.

Section 8, pages 7 and 8, of the Hepburn bill is the same as in the present law, except that it provides for the purchase as well as rental of State or local quarantines and means of paying for the same.

In conclusion I have to state that the present bill corrects defects in the present law which have been demonstrated since the law of 1893 was passed, and I am of the opinion that the law should be amended as indicated by the bill H. R. 4363.

[Inclosure No. 1.—Medical Record, New York, February 12, 1898.]

NATIONAL QUARANTINE AND THE MARINE-HOSPITAL SERVICE.

The discussion concerning the advisability of a national health law has culminated in a consensus of opinion on the part of the general public, of the health authorities, and of the medical profession, that the time has come for an ultimate settlement of the questions at issue. To this end several bills are now before Congress, advocating governmental control of quarantine and the consistent adjustment of State rights in preventing the spread of disease from one Commonwealth to another. The experiences of widespread epidemics, notably that of yellow fever last summer, and the inability of the different health boards adequately to meet the then existing emergencies, have proven the urgent necessity for more stringently protective regulations than at present exist. The fundamental difficulty has been the apparent impossibility of reconciling merely local differences with the general good. Each State, having a sanitary code of its own and being naturally jealous of its legal rights, has fought against a proper understanding of mutual interests and the consistency of adopting proper means to desirable ends. It is perfectly obvious that, in order to harmonize such more or less radical disputes of authority, there should be created some centralized power in the General Government, which should control every part of the widest territory or the longest stretch of coast and compel each State to do its part in the realization of a perfected system of common protection.

To accomplish such a purpose, very many efforts have been made during years past by sanitary and medical organizations, but thus far there has been no reasonable agreement on the fundamental principles and on the practicable and consistent management of necessary details for effective and comprehensive work. The medical profession, with a laudable effort to gain proper recognition in such a movement, has been overambitious in claiming too much for itself at the start. While it would be eminently desirable that a distinct department of public health should be created, having a Cabinet officer at its head, it is quite evident, considering the state of public opinion at present, that there is no appreciation of the necessity of such a radical and far-reaching measure as yet; and it is also quite clear that the profession must grow up to the situation rather than force it. This disposition on the part of the framers of many of the bills is the real stumbling-block to all effective legislation on the subject. It has been so in the past, and it is so in the present. It is the old story—when we ask for too much we are likely to get nothing. Everyone who has studied the attempts at legislation in the direction of national quarantine must have been impressed with their complexity, impracticability, and cumbersome-ness.

There is just now not so much a necessity for educating the public in sanitary matters as for perfecting suitable police regulations for threatening epidemics. Thus it would naturally appear to be reasonable to elaborate, strengthen, and amplify what we may already have in that line, rather than to aim at some new, untried, and obviously unwarrantable measures. From such a point of view the bill of Senator Caffery, "granting additional quarantine powers and imposing additional duties upon the Marine-Hospital Service," deserves the support of everyone who may hope for a logical settlement of the great question at issue. This bill has for its purpose such a development of the Marine Hospital plant as will make it possible for the General Government efficiently to control all maritime and inland quarantine, and is framed on the practical basis of aiding and advising the local authorities, and not interfering with them unless in cases of emergency, or when large districts of country are affected, and when a general, impartial, and uniform system of protection is demanded. The Secretary of the Treasury naturally remains as the legitimate head of the department. Much as it would compliment the medical profession to have a physician in such position as a member of the Cabinet, the proposed measure is the next best solution of a question concerning which there are many pros and cons. The Secretary has already supreme control of maritime customs, and can, on sufficient grounds, refuse the entry of any vessel bound for our ports. When to such power that of enforcing quarantine is added, it is easy to conclude that both functions can work together harmoniously and consistently. Then, again, there can be no question, in this instance, regarding the constitutionality of so-called invasion of State rights, as Congress has the right to regulate commerce and can interfere with anything that pertains to it.

One very forcible argument in favor of the bill is the fact that the Marine-Hospital Service, having done so much in arresting and preventing epidemics, is fully competent to exercise increased powers in the line of work with which it is already perfectly familiar. With such great interests at stake as the health of the entire nation there will be no possible temptation to make distinctions in favor of one or other district, but all can come under a uniform regulation, "as far as climatic conditions will justify."

The main opposition to national quarantine comes quite naturally from local authorities which are jealous of the privileges of revenue and of political patronage. This is evidenced by offers on the part of several States to purchase the present quarantine plants of the Government and manage them as independent establishments. The pecuniary measures which comprise the levying of arbitrary and excessive fees on commerce, and which are the main ones considered by the different State quarantines, are to the last degree oppressive, burdensome, invidious, and unnecessary. By a new order of things there will be no call for special fees, and all the ports of entry will be on an equal basis as regards quarantine regulation. The advantages of the latter system are already proven in those localities where only national inspection prevails, by the fact that increased trade is naturally attracted to such favored ports to the exclusion of neighboring ones not so favored. Thus it will be seen that millions of dollars can be saved to commerce which are now demanded on the purely technical ground of State rights to collect special fees.

It is useless, however, to multiply arguments in favor of national quarantine. The real question that concerns us now has reference to the best and readiest means to the desirable and imperative end. The best answers to objections urged against all bills heretofore presented are very effectively, consistently, and practically given in the admirable, far-reaching, comprehensive, and just provisions of the Caffery bill. The Marine-Hospital Service eminently deserves every opportunity for increased usefulness and good work. Even with its limited resources it has made an admirable and unimpeachable record. The profession and the public should be ready with their indorsement at the time when such is so much needed to make all the really necessary quarantine reforms within the reach of ready realization.

[Inclosure No. 2.—Editorial reprinted from the New York Medical News, February 5, 1898.]

THE SCOPE OF THE MARINE-HOSPITAL SERVICE.

It is often stated by those who are opposed to the Marine-Hospital Service, and it is uttered with all the solemnity of a final pronouncement, that the service was originally established to care for sick and disabled seamen, and is therefore incapable of performing other or all-ed functions. When this had been uttered, the final blow was thought to have been dealt to the service by those who are interested in opposing its development.

That it was originally established for the purpose named is true; but to assign that as a reason why it is incapable of performing other functions is both unimportant and superficial. The care of sick and disabled seamen brings the officers of the service into intimate relations with the hygiene and sanitation of ships, and the history of the service abounds with records of investigations made into these subjects, which are so closely allied to quarantine.

Long before the Marine-Hospital Service was intrusted with the duties of enforcing national quarantine laws its officers had made both official and unofficial investigations into the cleanliness of ships, the hygiene of the fore-castle, sanitation of crews, examination of the food supply of deep-sea vessels, all of which may be found in the annual reports which have been issued for the past quarter of a century. So far from disqualifying officers for the work of a public-health service, particularly in its relation to maritime quarantine, the intimate and almost indispensable connection with the functions of a public-health service peculiarly fits the officers for the performance of such duty, and the active participation by them in such work during the period named makes them what unbiased persons regard them to be—the only corps of medical men in this country specially skilled in the class of work in question. The very foundation of a system of safeguards for the national health is a protection of the interior of the country from the introduction of contagious disease from without. The service which, since its foundation, has dealt with "men that go down to the sea in ships," and with the condition of ships themselves, is the one best fitted by long and practical experience to deal with the question of maritime quarantine.

This is not all. Along the line of natural development the Marine-Hospital Service has progressed, by direct authority of Congress, in other fields of investigation and execution in respect to public-health functions, and besides its original work of caring for sick and disabled seamen (of which over 50,000 are treated annually),

keeping officers in touch with active professional work, it has performed its functions as the Federal agency in the management of quarantine; undertaken investigation of smallpox by direction of Congress, the results of which study are ready for publication; has collected and published data respecting health and mortality statistics throughout the United States and the world, the last by the reports of the consular service. It has also been engaged for the past year or more in experiments in car sanitation with respect to communicable diseases; has conducted investigations concerning the pollution of water supplies; performed pioneer work in this country in respect to diphtheritic antitoxin and formaldehyd disinfection; and two of the officers are now in Havana, Cuba, by detail of the President, conducting an investigation into the causation of yellow fever. These varied duties which it has performed and is now performing certainly indicate the variety of its work in connection with public-health service. Its hygienic laboratory is one of the best equipped in the country, and here every year, in turn, several officers receive instruction bearing upon the advances in hygiene, bacteriology, and allied sciences. These facts should certainly satisfy any reasonable professional man that the scope of the service is sufficiently varied, and that it is entitled to the sympathy and support of the medical profession throughout the country in its development and progress.

Any movement which has for its cardinal text the relegation of the Marine-Hospital Service, which has done so much pioneer work in the interests of public health, to a secondary or even more obscure position in the ambitious plans of its enemies will not meet with a responsive chord in the minds of the majority.

The service is developing in the exact direction which the promoters of the proposed department of public health expect to attain by one act of legislation.

The Senate, upon the recommendation of its Committee on Public Health and Quarantine, has already indefinitely postponed two bills for the establishment of a department of public health and favorably reported the Caffery bill, which imposes additional powers and duties upon the Marine-Hospital Service. In view of the state of the national finances and the improbability of Congress assenting to the large and indefinite expenditure necessary for the establishment of a department of public health, it seems to us that the profession should turn its attention to developing and supporting the Marine-Hospital Service as the public health service *de jure* as well as *de facto*, and that those who are now, as we think, mistakenly, if honestly, expending their efforts in the attempt to create a department of public health should join with their fellows in strengthening the hands of their professional brothers in the Marine-Hospital Service, who have been so long and faithfully serving the public.

[Inclosure No. 3.—Reprinted from the New York Medical Journal for December 25, 1897.]

THE NATIONAL GOVERNMENT AND THE PUBLIC HEALTH.

The group of articles on the subject of the public health which appeared in the December number of the North American Review is deserving of careful study by every citizen. The authors of the articles are Dr. John H. Girdner, of New York; Dr. Alvah H. Doty, the health officer of the port of New York, and Dr. Charles M. Drake, surgeon of the Southern Railway Company. These three gentlemen are eminently entitled to discuss the matter from their various points of view. Dr. Girdner was prominent several years ago in the advocacy of the New York Academy of Medicine's bill for the establishment of a bureau of public health. Dr. Doty is well known as a quarantine officer of unexcelled efficiency, and Dr. Drake is entitled to be heard as chief medical adviser of a large transportation company which has been seriously affected in its business during the late epidemic of yellow fever in the South, and will be equally affected whenever such conditions recur.

If at this late day there is any intelligent citizen of the United States who doubts the desirability of national cooperation, if not control, in the administration of health laws, or the desirability of having those laws uniform, we recommend to him particularly to read Dr. Girdner's article. The only real matter of disagreement is as to whether it is better to set up a national board of health, or create a bureau of public health with a cabinet officer at its head, or give increased powers to the Marine-Hospital Service by some such legislation as would be accomplished by the enactment of Senator Caffery's bill, the text of which we print elsewhere in this issue.*

The proposed establishment of a department of public health, involving the installation of a deliberative assembly of forty-five members, is an untried scheme, and one that does not entirely commend itself. It seems to us to be a radical innovation in the development of our governmental system. The growth of the several executive

* That is, in the New York Medical Journal for December 25, 1897.

departments of our Government has been by a process of slow increment. It is not necessary to recall the process of evolution in the latest addition to the Cabinet departments, the Department of Agriculture. This began in a small way, and in the course of time a commissioner was set over it. This continued for many years, and then, after the success of the experiment was assured and opportunity had been given to ascertain the needs of the proposed independent department, its head was raised to the dignity of a Cabinet officer. Until 1798 the affairs of the Naval Department were under the control of the Secretary of War. The Interior Department was established as late as in 1849.

We do not believe that a department of public health should be created suddenly, if at all. It must and should grow by a process of development, according to the needs of the nation in respect to such matters, so that its growth shall be healthy and the aspirations of the medical profession shall not be hindered by backward steps, which must necessarily be taken if the attempt to graft an undigested departmental machinery on our system of Government should succeed.

This matter also deserves consideration from an economical standpoint. The question of expense will largely influence the legislators in their consideration of a scheme which involves the creation of a large and thoroughly equipped department, with the executive board of forty-five men whose traveling and other expenses of an indefinite character are to be paid out of the appropriations for the department. Congress has always made use of existing bureaus and officials as the nucleus for developing departments, and it seems to us that in the absence of any reasonable opinions to the contrary, it will undoubtedly do so in the present case, should any action at all be taken in the matter. Indeed, notwithstanding the unjust criticisms of the Marine-Hospital Service, the bill advocated by certain individuals recognizes the need of using the Marine-Hospital Service as a nucleus for the proposed department. It would be folly to ignore it with its existing establishment of trained officers, its hospitals, its quarantine plant, and the experience gained by its surgeons, 25 per cent of whom have been tried in every yellow-fever epidemic during the past twenty years.

The recent agitation in favor of the proposed health commission consisting of one member from each State board of health and territorial health organization has doubtless been occasioned by the outbreak of yellow fever in the Southwest. From the maritime quarantine standpoint yellow fever is the only disease which need engage our serious attention. The probability of cholera or smallpox ever attaining epidemic proportions throughout our country is very small, and therefore it is chiefly to the subject of yellow fever that the supporters of the proposed measure point. As yellow fever is an exotic, and practically every epidemic is the result of importation from Central or South America or the West Indies, the matter of maritime quarantine against it is one of the greatest practical importance. The persons whose opinions on this subject are worth anything practically are those who have been engaged in this work in the past on the seaboard south of Chesapeake Bay. It is no reflection on the gentlemen who are proposed as representatives of this department from the interior States to say that their practical experience in these matters is no better than that of 69,000,000 other people. It has never been their business and never will be their business while they remain in the inland States mentioned. Their qualifications for preparing rules and regulations governing these matters are neither better nor worse than those of 30 other persons selected from 30 different States not on the seaboard. We mean no unkind criticism when we say that their connection with the proposed commission in respect to these matters would be far from useful.

The American Public Health Association bill seems to us a retrograde measure. It would involve a departure from all existing methods of departmental work. It would create, to stand between the executive of the department and the management of an epidemic, a deliberative body of forty-five men whose opinions would have to be had before action could be taken. It seems a waste of time to discuss the details of a measure which has such a feature for its foundation.

Dr. Doty states that, after New York, New Orleans, and Boston, the three largest ports of the United States, which are under State control, the Marine-Hospital Service has charge of a few smaller quarantine stations, and at first sight this statement seems calculated to demolish the idea that the Marine-Hospital Service has anything whatever to do with the health interests of the country. It is undoubtedly a fact that a large number of vessels enter the port of New York; the same is true of Boston. Unquestionably these two cities have the largest ocean commerce of any cities of the United States, but after that has been said it may be added that the vessels arriving at these two ports have nothing in them seriously involving the health interests of the country, as a rule. The few small quarantines which are operated by the Marine-Hospital Service are mostly situated in the Southern cities, situations of danger, from a quarantine standpoint, and it is pretty safe to say, notwithstanding the amount of work which the health officers of the ports of Boston and New York have

to do, that the work done by the Marine-Hospital Service at these Southern quarantines is ten times as important and valuable. Among the few ports whose quarantines are controlled by the Marine-Hospital Service, moreover, the ports of Philadelphia and San Francisco should be mentioned.

The views of those who really deal with the only epidemic scourge to which this country is subject are entitled to practical consideration. Dr. Drake, an officer of the Southern Railway Company, whose business interests were largely affected by the recent epidemic, who is, we may suppose, entirely free from prejudice in the matter, expresses satisfaction with the work of the service during the late epidemic, and urges that increased powers be given to it to enable it to cope more successfully in the future with similar epidemics. It is unfair to criticise the work of a person or a number of persons who are operating at a disadvantage by reason of insufficient tools or inefficient laws. The national control of epidemics through the Marine-Hospital Service has been largely hampered in the past by the objections of State-rights theorists. This has been largely overcome by practical experience. The Marine-Hospital Service has had to wait until the inefficiency of certain local measures was established, and only then would it step in and exert its powers. Thus the early and favorable time was lost when work should have been done to restrain the onward progress of a threatened epidemic. It is the fault of the law and not of the service that certain concessions have not been made to the satisfaction of persons who are interested, or profess to be interested for one reason or another, in the development of an improved health service. Senator Caffery's bill, which would confer great powers upon the Secretary of the Treasury, seems to us a far more promising measure than any scheme for a national board of health.

[Inclosure No. 4.—The Sanitarian, December, 1897, editorial.]

As reported by Dr. Cochran to the A. M. Association, 1896:

"1. We may desire and advocate a plan to deprive the Marine-Hospital Service of its public-health functions, and for the establishment of an entirely new department; or,

"2. We may accept the Marine-Hospital Service just as it stands as a department sufficient for our present use; or,

"3. We may endeavor to improve the Marine-Hospital Service and make it a more satisfactory national health department than it now is.

"It would seem that this last method promises to be the most fruitful of beneficent results; and the question then arises as to the modifications that may be wisely made in the existing law."

Suggestions follow for utilizing the Marine-Hospital Service as the groundwork for a national health service, with such amendments and additions to the laws governing it as would comprehend the cooperation of the State and local boards of health.

To this end there are no more experienced or better accomplished physicians in the United States, in both the theoretical and practical work necessary for an effective national sanitary service, than are to be found in the Medical Corps of the Marine-Hospital Service. Their scientific investigations in laboratory work will compare favorably with any that have ever been made elsewhere. These investigations relate to the cause, nature, history, and prevention of epidemic diseases, and their practical utility in preventive medicine generally is of universal recognition. Moreover, admirably formulated regulations have been promulgated for the prevention of the spread of yellow fever and other infectious diseases from one locality to another. The collection of information regarding the prevalence of infectious and epidemic diseases generally, foreign as well as domestic, has been systematized, and is in practical operation; and State and local authorities are regularly supplied with such collective service by a weekly bulletin.

Indeed, the foundation of a national board of health is already laid. The proposition to extend its scope by such emendations and additions to the laws now governing it as would secure the cooperation of the sanitary authorities of the States severally and jointly, as suggested by the late Dr. Jerome Cochran after a critical examination, is eminently commendable. And in this reference to the judgment of Dr. Cochran it should be borne in mind that it was the deduction of a practical sanitarian—of one who had devoted many years of his professional life to preventive medicine and after he had served as chairman of a committee specially appointed to consider the question of a "Department of public health." Considering all the circumstances and the relations of the leaders of the proposition to supersede the Surgeon-General of the Marine-Hospital Service to the present chief of that service, we can but regard the proposition as being alike discreditable to both the American Medical and the American Public Health associations.

The proposition reflects political preferment to practical knowledge of preventive medicine; it deserves not only the reprobation of every practical sanitarian, but of every person who is alive to the importance of an effective health service.

[Inclosure No. 5.—Philadelphia Medical Journal, January 8, 1898.]

THE PUBLIC HEALTH BILLS BEFORE CONGRESS.

The underlying motive of the various efforts to modify the existing national sanitary laws and administration of this country is well expressed by Professor Jacobi, of New York, in a resolution recently adopted by the Academy of Medicine of that city, with a view to renewing its activity in this direction, as a desire for "a centralization under the National Government of the means to protect efficiently the health of the American people against the importation and dissemination of contagious diseases."

Whatever side issues may exist, and whatever personal ambitions may be secretly at work, the general sentiment of physicians, of sanitarians, and of the great commercial interests is that it is the duty of the National Government to protect us against the invasion of infection from abroad as well as from armed invasion. And even beyond this, in these days of rapid transit and immense movements of population, when the seeds of a pestilence may be carried across the domains of several States in a few hours, and when at the same time, the interruption of travel and traffic is so disastrous, it is felt that the interests involved are too vast to allow great lines of intercommunication within our own borders to be at the mercy of the ignorant authorities of every little country town. The events of the past few months have greatly deepened these convictions, especially in our Southern States, which have suffered so seriously from the inefficiency of certain local health authorities and the insane and murderous activity of others. To such a pitch has public feeling been aroused in the city of New Orleans that even the efficient State board of health of Louisiana, which maintained a quarantine inspection service and also conducted the sanitary administration of the city of New Orleans during the recent outbreak of yellow fever, and stood up so nobly to its work, has been compelled to bow before the popular storm of indignation and to resign as a body. This feeling has taken shape in the bill recently introduced in the United States Senate by Senator Caffery, of Louisiana, which is directly aimed at both of these evils. The bill is simply an amendment to the law of February 15, 1893, which "granted additional quarantine powers and imposed additional duties on the Marine-Hospital Service," and is intended to still further extend those powers and increase those duties. It makes the regulations formulated by the Treasurer of the United States the paramount law of the land as regards both seaboard quarantine and the sanitary supervision of interstate travel and traffic, while allowing the local authorities to execute or enforce the same, "if they will undertake to do so." It authorizes the placing of a national quarantine officer "at any port or place where the Secretary of the Treasury may deem it necessary" for the purpose of inspecting vessels from foreign ports. Its principal object, however, is evidently "to prevent unnecessary restrictions upon interstate commerce." Hence, in all its provisions for the control of the movement of vessels, trains, or vehicles it is careful to convey the power, not only "to prohibit," but also to "permit" such movements, thus doing away with the vexations and harmful restrictions of local cordons and shotgun quarantines.

There is one feature of this bill, however, which is open to serious criticism. We refer to the amendment to section 6. This clause might be construed so as to permit vessels which have been inspected and passed at a United States quarantine station to disregard and defy the regulations of a State or municipal quarantine station, established for the more complete protection of a port situated farther up a stream. In this way the State quarantine board of Pennsylvania, for example, would be entirely superseded. The attention of the representatives of Pennsylvania at Washington should be called to the matter, and they should insist on a modification of this provision.

The distinguishing feature of the bill which flies the flag of the American Medical Association, but which was never adopted by that body, is that it proposes to establish a "department of public health." To the ear of the sanitarian this has a very seductive sound. He has long felt that the protection of the public health was one of the great national issues, as well as entitled to recognition as a coordinate branch of government as either of those the chief function of which is the destruction of human life. The bill, however, does not fulfill the promise of its title. It establishes, not a true department, with representation in the cabinet, but merely a commission.

As a rule, it may be affirmed that a system or institution which has been developed by the process of growth is more serviceable and has in it more elements of perma-

nence than one which has been artificially constructed on theoretic principles, and this because its provisions have been devised to meet actual emergencies. It is not strange, then, that the committee to which was assigned the duty of drawing up a bill for the establishment of such a department found that it could not do better than to adopt the provisions already formulated and put in force by the Marine-Hospital Service, and to propose that the new department should take into its capacious maw that entire service, Surgeon-General, "building, offices, officers, laboratories and appurtenances, and property of whatever name and nature."

It seems, therefore, to be little more than a change of names which is proposed, with the creation of a few additional salaried officers. We have the thing already. The Marine-Hospital Service is in reality the national department of health. The dog in the fable lost his bone in trying to seize its magnified reflection in the rippling stream. Let us be careful how we risk the perpetuity of our present tried and practical, although not thoroughly ideal, system in the troubled waters of a Congressional struggle. The wiser alternative, as we view the matter, is that suggested by that eminent and well-trained sanitarian, the now lamented Jerome Cochran, health officer of Alabama, and then chairman of the very committee which now proposes the bill we have been considering, viz, "To endeavor to improve the Marine-Hospital Service and to make it a more satisfactory national health department than it now is."

[Inclosure No. 6.—The Georgia Journal of Medicine and Surgery, August, 1897.]

THE DEPARTMENT OF PUBLIC HEALTH BILL.

In this issue we quote in full the "bill to establish a department of public health, and to define its duties," as reported at the last meeting of the American Medical Association at Philadelphia. The bill was not adopted by the association, but was received and the committee continued.

So important a matter as this should be fully discussed and thoroughly understood, and the present condition of affairs at Washington, as regards the Marine-Hospital Service, known and appreciated before the indorsement and aid of the profession is given to it.

With its intended merits and vast field of usefulness this bill, in our opinion, has its loss of advantage inseparable from political intrigue and power and our democratic form of government.

The power would be vested in the President of appointing to his Cabinet a secretary or commissioner of health, and would, therefore, be the judge of his qualifications. We have no doubt that the President would select a proper commissioner, but would he appoint the modest man of thorough scientific and practical attainments? Would he not be more liable to choose the superficial man of skillful newspaper notoriety, with a penchant for politics and a quota of adherents who might expect their spoils? This same might also apply to the assistant commissioner.

Maritime quarantine, as all will acknowledge who know anything about it, can not be learned from books, and it requires several attainments besides those of a bacteriologist or a sanitarian to be a capable quarantine officer. Theory is very well in its place, but when plague, cholera, or yellow-fever infected ships are seeking to gain entrance to our ports considerable experience in dealing with seafaring men, as well as disease, is called for. The Marine Hospital officer would undoubtedly have to do this work, and it is not conducive to good health, good feeling, or proper esprit de corps, where inferiors are on a higher mental plane than their superior officer.

We dislike very much to see the element of politics pure and simple enter such important work, for when it begins at the head of a Department, no telling where it may end; and there might be danger of our commissioner being not only a figure-head, but also a monument to political intrigue. We are aware of the fact that a certain amount of political finesse is always displayed in the selections and appointment of the surgeons-general of the Army, Navy, and Marine-Hospital Service, but men of education in medicine and other sciences, and with years of special work and training, and passing many difficult examinations, their qualifications for office can not be denied.

How much more just and fair, and how much better for the country, therefore, it seems to us, to draft a bill imposing additional duties and enlarging the field of usefulness of that very important department of public health (which it now is), the Marine-Hospital Service, and including in the marine-hospital bill all the good features (for they are practically and virtually carried out in toto by the marine service at this moment) of the new bill under discussion, without its objections.

The question of stream pollution, interstate and land quarantine, in some of its phases, are about the only points not thoroughly under the supervision and being acted upon now by the marine service contained in this bill.

Let us see what the marine service is doing, not summing up the very important quarantine and prevention work they have done, which can be learned upon inquiry at Washington.

Their officers must, to first gain admission to the service, pass a rigid and impartial physical, academic, and medical examination, practical and theoretical, in which absolutely politics plays no part. Should the examination prove satisfactory, they are appointed by the President, with the approval of the Senate. The officers are getting practical work and experience at the several national quarantine stations, and are placed in charge of such stations. They receive a course of training at the hygienic laboratory in all the most important biological discoveries, especially in contagious and infectious diseases.

The Harris bill of 1893, under which the Department controls, manages, and supervises quarantine stations, contains all the important matter in the public-health bill, and much of it seems an extract from the Harris bill and amended rules and regulations promulgated by the Secretary of the Treasury, copies of which may be had upon request.

Therefore they have the advantage of special training, theoretical and practical, from the hygienic laboratory to the ship's bilge and fore-castle, and are thoroughly competent to deal with threatened invasion of contagion through the shipping.

Honest and skilled medical inspectors are kept in the countries which are the most dangerous sources of infection, whose duty it is to see that all measures tending to prevent the introduction of quarantinable diseases are carried out, and to render full reports of the same. This, together with foreign statistics, consular reports, domestic vital statistics, and all health questions that are presented weekly, are published, and sent to all who ask.

An epidemic or emergency fund is at the disposal of the Marine-Hospital Service in case of necessity in occurrence of epidemics in any of the States or Territories. The service has means at its disposal, and is thoroughly capable of fulfilling the most minute requirements of the new bill.

By enlarging the service, numerous new vacancies would be made, offering opportunities for entrance to young, thorough, and scientific men.

We can not see what good it is going to do to appoint from civil life a commissioner and assistant commissioner and placing them in charge of a department that has been slowly evolved by years of work and thought into one of the most important of the bureaus of the Government, when the men in it, who, by dint of study and hard work, and after passing several difficult examinations, rise to the highest plane of promotion.

The commissioner and assistant commissioner will cost the Government \$9,500 per annum, and outside of politics, from the cold science standpoint and in view of what the Marine-Hospital Service is doing, will they be worth it?

[Inclosure No. 7.—Bulletin of the North Carolina board of health. December, 1897.]

In pursuance of the second plan, a bill has been proposed establishing a "department of public health." We haven't the space to print this long bill in full, but the following extracts will be sufficient for our purpose.

There are several objections to this bill, but the most important—and, to our mind, fatal one—is the injection of politics into our quarantine system, for the President has to appoint, not only the commissioner, but all the medical officers—the latter after an examination, it is true, but the rules governing the examinations are to be made by the commissioner. Admitting that the President would always appoint a good man, he would almost surely be inexperienced in that particular work, and by the time he thoroughly learned it he would have to give place to another inexperienced man, in all probability.

Then, too, there are many able men, "learned in sanitary science," who, however accomplished in other respects, are lacking in that rare, but in this case most important, gift of executive ability. Few men are born with this peculiar talent to any marked degree, and most successful administrators become such by close application and long experience. Is it likely that a political appointee from civil life, changed every four or eight years, would make a first-class executive? We think not.

The Marine-Hospital Service as at present constituted is as far from the baneful influence of "practical politics" as are the Army and Navy. Its members are appointed solely for fitness, and their business in life is fighting disease—largely through quarantine work. They are seasoned veterans in that peculiar warfare. Their commanding officer, the Surgeon-General, is always one of their most experienced men, and while it might happen that he was not the man in the service best fitted for that position, it would always be true that he had been thoroughly trained in the business. And if it were our personal business, involving great consequences to us, as the proper management of our quarantine service does to the people of our country, we would not hesitate a moment in deciding in favor of the trained experts, and we do not believe the candid reader would, either.

Another objection, we think, is the large and unwieldy advisory council, strange as it may sound coming from one of the beneficiaries of that feature with its delightful semiannual visit to our beautiful capital city, with all expenses paid by Uncle Sam. While we might be able to tell the commissioner of public health, recently appointed from civil life, something he did not know about disinfection and quarantine, it would be much better to have some one in charge who could tell us something we did not know, perhaps. And, besides, there would be so many conflicting views, probably, and so many modifications of the rules for particular localities desired, that confusion rather than enlightenment might be the result. While we do not deny that, in many instances, there is wisdom in a multitude of counselors, we have come to the deliberate conclusion, after considerable experience, that in sanitary matters an enlightened despotism—an organization with the power and the will to override merely individual or local preferences in the interests of the whole people—would be best. We are afraid that our confrères will think this rank heresy, but that is what we believe, nevertheless.

[Inclosure No. 8.]

Resolutions adopted by the Tristate Medical Association of Alabama, Georgia, and Tennessee at Nashville, October, 1897.

Resolved, That the recent outbreak of yellow fever in the South, and the numerous conflicting State and municipal quarantine regulations, emphasize the great need of national quarantine laws which are uniform and protecting; and

Resolved, That the Tristate Medical Association, in convention assembled, hereby urges upon Congress the necessity of national quarantine laws which shall give exclusive charge of quarantine to the United States Marine-Hospital Service in connection with the development of cholera, yellow fever, smallpox, and the plague.

[Inclosure No. 9.]

THOMASTON, CONN., *February 15, 1898.*

DEAR SIR: I take the liberty of calling your attention to the Caffery bill, as reported to the United States Senate, January 19 last, by Senator Vest, and of seeking to enlist your interest in its behalf. I will not weary you with arguments that might be made in favor of its various provisions, but as a member of the State board of health of Connecticut, and as president of the Connecticut Medical Society, I take a deep interest in the subject of national quarantine, and I firmly believe that the Secretary of the Treasury is the proper officer of the Government to make such rules and regulations as shall be necessary to prevent the introduction into the United States, or the spread from one State into another, of infectious and contagious diseases, and that the Surgeon-General of the Marine-Hospital Service is the proper executive authority who, under the direction of the Secretary of the Treasury, should be charged with the responsible duty of stamping out and preventing the invasion of contagious disease.

It seems to me that a national board of health, composed of eminent sanitarians, though it might be ornamental, would not be practical. We had such a board once, and it came to naught; was blotted out as inefficient. There is a movement now on foot, as you are doubtless aware, to create another similar board. Such a national board, composed of representatives of the various State boards of health scattered throughout the country, would, I believe, be a cumbersome piece of machinery, which would be likely to prove inefficient, tardy, and powerless in the presence of an epidemic such as that which paralyzed the commerce and terrorized the people of the South last fall. I would, therefore, most respectfully and earnestly call your attention to this matter, hoping that you will see the necessity of granting such additional powers and of imposing such additional duties upon the Marine-Hospital Service as, under the direction and authority of the Secretary of the Treasury, may enable it to cope with any future epidemic, however formidable, that may threaten to devastate our country.

Respectfully submitted.

RALPH S. GOODWIN, M. D.,
*Member of the State Board of Health and
 President of the Connecticut Medical Society.*

HON. JOSEPH R. HAWLEY,
United States Senator, Washington, D. C.

[Inclosure No. 10.—New York Herald, February 12, 1898.]

NATIONAL QUARANTINE AND THE MARINE-HOSPITAL SERVICE.

With the experiences of the late epidemic of yellow fever in fresh recollection the necessity for a national system of quarantine can hardly be questioned. At the time when the pestilence was spreading, as the result of conflicting regulations of independent State boards of health, when railroad travel from one Commonwealth to another was interdicted by local authorities, when shotgun quarantines were instituted in stricken districts, and when almost every threatened town had an improvised quarantine of its own, the Herald took occasion to advocate a centralized control of all such disturbing, inconsistent, and antagonizing interests. In maintaining such a view it voiced the sentiments of advanced thinkers on the subject and was in accord with the opinions of leading authorities on protective sanitary measures.

Now that the discussions here and elsewhere have borne legitimate fruit in the various national health bills now before Congress, it becomes us to inquire which one of the latter is most likely to pass on its merits.

The main question hinges either upon the advisability of abolishing the Marine-Hospital Service, now having partial charge of our maritime quarantine, and substituting another system, or of enlarging the powers of that service and thus utilizing a plant already existing. While the friends of the various measures are consistently working in the direction of a comprehensive form of national quarantine, it is quite evident that the odds are in favor of developing a system we have already at hand rather than institute new ones, however comprehensive and efficient they may promise to be.

The advocates of a radical change of the present law favor the creation in one form or other of departments of health, having either a Cabinet officer at the head or an executive board. Each system has varied, expansive, and comprehensive functions, with wide representation throughout the different States. The avowed purpose of all is to reconcile the different State interests in a consistent whole for mutual protection, although with the manifest danger of being confused by a multitude of advisers whose real interests are necessarily conflicting. This disposition is particularly apparent in one of the bills, which separates the maritime from the inland quarantine and provides independent officers for each.

It is easy to understand that, however good the intentions may be in other directions, the actual working of such laws would be unsatisfactory, complicated, cumbersome, and impracticable. What would be gained in division of responsibility and apportionment of local interest would be lost in centralization of authority and simplicity and effectiveness of action.

The Caffery bill offers seemingly the best solution of these difficulties. The Secretary of the Treasury, who has the control of the commerce of our ports, is retained as the proper head of the quarantine department, maritime and inland, and the Surgeon-General of the Marine Hospital remains as executive officer. All the States and ports of entry are to be subjected to uniform regulations, which are to be carried out by local authorities, the General Government interfering only when large territories become involved and where it is impossible for the States to act independently. The stations already established are to be enlarged and multiplied, thus utilizing the work of a large medical staff already trained for duty. We could hardly do better than this in view of adapting available means to desirable ends. Thus far the Marine-Hospital Department has done very satisfactory work under most trying circumstances, and there is no tangible reason why it should be wiped out of existence on any plea that radical and wholly untried methods are necessary. The public has every confidence in the ability of the Marine-Hospital Service and every hope in the amplification of its resources.

[Inclosure No. 11.]

Whereas the present epidemic of yellow fever in the South has demonstrated that the local authorities are insufficient to prevent the introduction and spread of epidemic diseases, principally because of want of uniform regulations governing health affairs; and

Whereas the health regulations now in force, viz, State, municipal, and county, each dependent on the other, and one frequently conflicting with another, have proven disastrous to travel, State and interstate commerce, and business generally; and

Whereas it is desirable in the interest of the public health and State and interstate commerce to provide for a more uniform system of quarantine; and

Whereas the regulations of the United States Marine-Hospital Service are framed with due regard to local and climatic conditions: Therefore be it

Resolved by the legislature of the State of Georgia, That hereafter, in case of an outbreak of yellow fever, cholera, smallpox, or plagues, all quarantine matters in the State of Georgia shall be turned over to the United States Marine-Hospital Service during the continuance of such epidemic, under appropriate legislation to be hereafter enacted by Congress enlarging the powers of the United States Marine-Hospital Service granted under the act of Congress approved February 15, 1893.

Resolved further, That, pending such additional legislation by Congress, all certificates of freedom from danger of conveying infection from persons, localities, baggage, freight, and vehicles for the transportation of passengers and freight duly signed by medical officers of the Marine-Hospital Service shall be accepted by the State and local authorities in the State of Georgia.

Resolved further, That we respectfully memorialize Congress to enact the necessary legislation to effectuate this resolution.

Resolved further, That we request our Senators and Representatives to use all proper means to have such legislation adopted.

Resolved, That the Surgeon-General of the United States Marine-Hospital Service be furnished with a copy of this resolution.

Mr. CORLISS. Have you made any estimate of the additional expense incurred in the Marine-Hospital Service by the adoption of what is known as the Hepburn bill?

Dr. WYMAN. There is no additional expense.

Mr. CORLISS. Why?

Dr. WYMAN. There is no additional expenditure called for by it; it is simply amending the present law.

Mr. CORLISS. Would it not necessarily increase the force of the Marine-Hospital Service?

Dr. WYMAN. No, sir.

Mr. BENNETT. Could you conduct the quarantine stations of the United States with the same corps of assistants that you have now?

Dr. WYMAN. This bill does not call for conducting all the quarantine stations. It leaves the quarantine stations practically as they are, as far as the stations are concerned, only we make the regulations.

Mr. BENNETT. It permits a State to surrender its quarantine stations to the Government whenever they choose, does it not?

Dr. WYMAN. Yes, sir.

Mr. BENNETT. It is permissive and not directory?

Dr. WYMAN. Yes, sir; that is all.

Mr. BENNETT. Suppose they surrender their quarantine stations to the Government; what would be the effect on the Marine-Hospital Service?

Dr. WYMAN. Well, we would have to employ additional assistants for running them. Is that what you mean, or the expense?

Mr. BENNETT. That is what I mean.

Dr. WYMAN. Yes.

Mr. BENNETT. And you have made no estimate of what that expense would be?

Dr. WYMAN. I did some time ago, in a very rough way. The additional cost of running the whole quarantine service of the United States?

Mr. BENNETT. The additional cost, if it was surrendered; yes.

Dr. WYMAN. If the United States Government was to have possession of every quarantine station in the United States—

Mr. BENNETT. That is what this would practically amount to if the bill were made directory instead of permissive.

Dr. WYMAN. I think in the neighborhood of \$350,000 a year. I am told by Dr. Kinyoun, who made an estimate for me, \$300,000 a year.

Mr. McALEER. That much more than now?

Dr. WYMAN. That much more than now.

Mr. MANN. These present quarantine officers are paid by fees that are collected?

Dr. WYMAN. Yes.

Mr. MANN. Suppose the National Government should take control?

Dr. WYMAN. The National Government charges no fees. We have 11 national quarantine stations now and the expense of running them is about \$150,000 a year, and there are no fees charged at any national quarantine station.

Mr. MANN. If it is proper for the local quarantine service to charge fees, would it not be proper for the National Government to charge fees?

Dr. WYMAN. Yes; if Congress should so elect.

Mr. CORLISS. What proportion of our vessels enter the ports where the quarantine service is now established and working?

Dr. WYMAN. What proportion of our commerce is composed of foreign vessels?

Mr. CORLISS. That would require quarantine service?

Dr. WYMAN. You mean vessels from foreign ports?

Mr. CORLISS. Would it be limited to them?

Dr. WYMAN. We quarantine our own vessels when they come from foreign ports as well as vessels flying foreign flags.

Mr. CORLISS. Do you not quarantine vessels coming from New Orleans, for instance, to New York, when yellow fever is prevailing in New Orleans?

Dr. WYMAN. Yes; we would if the port from which the vessel came was infected, but it is only rarely that it is necessary to quarantine against domestic ports.

Mr. CORLISS. Upon whom is the burden now imposed by the local quarantine officers in the collection of fees?

Dr. WYMAN. On the steamship and vessels owners, on the vessel owners and captains.

Mr. CORLISS. And that is imposed upon incoming vessels, is it not?

Dr. WYMAN. Yes.

Mr. CORLISS. Laden with produce and things for consumption by our people?

Dr. WYMAN. Yes.

Mr. CORLISS. Therefore it comes out of the consumers, out of our own people.

Dr. WYMAN. Well—

Mr. BENNETT. That is a question.

Mr. JOY. Would it impair the service to defray the expenses of that service by fees from incoming vessels or from the immigrants or the steamship owners? Would it impair in any instance the efficiency that could be rendered by the Marine-Hospital Service or the quarantine service?

Dr. WYMAN. It would probably not be as efficient, but that is a separate question of itself as to whether the National Government should not pay by direct appropriation for the quarantine—for maritime quarantine—because maritime quarantine protects the interior States as well as the coast States; the whole country is benefited by it.

Mr. BENNETT. It appeared yesterday from the testimony of Dr. Doty, I think, or the testimony of someone, that the New York State quarantine station collected in the neighborhood of \$60,000 a year, as I understand it.

Dr. DOTY. It varies from year to year; that was it last year; yes.

Mr. BENNETT. With that as a basis, do you think with the rate

charged in New York that the fees by the local quarantine officers of the State could be made sufficient to make this service self-sustaining?

Dr. WYMAN. I do; yes, sir.

Mr. BENNETT. Instead of the Government paying anything in appropriations?

Dr. WYMAN. Yes.

Mr. CORLISS. Do you think it would be wise for the Government to establish a department for the preservation of the health generally of the people; to impose a fee for such inspection upon commerce?

Dr. WYMAN. That is a question which is a subject for serious consideration. There are two sides to it.

Mr. CORLISS. Is it not true that in the quarantine stations in which the Government of the United States now does the inspecting the commerce pays no burden in consequence of such service?

Dr. WYMAN. Yes; that is true.

Mr. CORLISS. And at the ports in which the local quarantine officers make the inspection—for instance, New York—our people are paying \$50,000 or \$60,000 a year to maintain that local quarantine?

Dr. WYMAN. The commerce is paying that; yes.

Mr. CORLISS. That is, coming direct—

Dr. WYMAN. Out of commerce.

Mr. CORLISS (continuing). Out of our people.

Mr. MANN. I don't think you ought to try to put him on record on the tariff question.

Mr. CORLISS. I want to ask one more question in that line. Is it true that the commerce entering the port of New York is limited to the State of New York?

Dr. WYMAN. I did not quite understand your question. I do not suppose that everything that comes in—

Mr. CORLISS. Does it not affect every part of the United States?

Dr. WYMAN. Yes, sir. The quarantine measures at the port of New York affect the rest of the United States.

Mr. CORLISS. And the resident of Michigan or any other State having commerce going upon a foreign vessel landing at New York from some foreign land must pay the burden of that inspection by the local officers, must he not?

Dr. WYMAN. The vessel which brings him does, and I suppose the vessel may make it up on the passenger—

Mr. CORLISS. Or the commerce?

Dr. WYMAN. Yes, sir.

Mr. BENNETT. What would be the practical difference whether it was paid by the steamship company or whether the United States Government paid it, so far as the burden on the consumer is concerned?

Mr. CORLISS. Otherwise it would fall on the people—

Mr. MANN. What is the custom in other countries in regard to quarantine charges?

Dr. WYMAN. I really do not know.

Mr. MANN. Is it not a universal rule everywhere that they make a local charge specifically against a vessel that is quarantined or examined?

Dr. WYMAN. I do not know what the custom is in other countries.

Mr. BENNETT. I notice that these bills which have been presented to us, especially this one introduced by Mr. Hepburn, were introduced by request, and I would like to have an expression of opinion by you as to why a change in the quarantine regulations of the United States is desired at this time—the water quarantine.

Dr. WYMAN. Well, the experience in administering the law of 1893 has demonstrated the necessities of these changes.

Mr. BENNETT. As a matter of fact—

Dr. WYMAN. Yes; as a matter of fact.

Mr. BENNETT. As a matter of fact, during the cholera troubles at the port of New York, managed by Dr. Jenkins, was it not managed to the perfect satisfaction of the General Government; was it not the understanding that if the New York quarantine officers needed any help that the General Government would give it to them; and is it not true that they did not need it and the General Government did not have to give them any assistance, and were they not successful in dealing with the cholera in New York Harbor?

Dr. WYMAN. The success that the New York quarantine officials had in 1893 in dealing with the cholera was largely due to the continual presence of an officer of the United States Marine Hospital Service, who aided Dr. Jenkins by his advice and counsel and watched very closely in the interest of the rest of the country the disinfection of the baggage of the immigrants, and, in fact, all the quarantine procedures.

Mr. BENNETT. That is disputed on the part of the officers of the State of New York who were members of the quarantine corps at that time. I desired to bring that point out.

Dr. WYMAN. I will further state, as illustrating the necessity of this, in regard to the port at San Francisco. The quarantine procedures there under the local health officer were faulty, and it took a much longer time than it should have taken to bring about, under the law of 1893, the assumption in accordance with the order of the President of the quarantine authority by the General Government.

Mr. BARHAM. In that connection I want to call attention to a protest of the board of health in the city of San Francisco, since you have mentioned it. Among other things, they say:

You petitioners protest against the adoption of such a law—

That is the law you are talking about—

as tending not only to centralize in a particular branch of the Treasury Department the entire quarantine functions of the various States, but serving to express and convey direct insult to the State government. We further charge that this proposed amendment in its very inception has for its main object the protection of the Supervising Surgeon-General from criticism and possible legal prosecution on account of the numerous violations of section 3.

Dr. WYMAN. He refers there to the clause which I have requested to have stricken out of the bill in aid of State and local—

Mr. CORLISS. Calling upon the Government to aid State and local quarantine authorities.

Mr. BARHAM. What do they mean by this:

We have no hesitation in charging the Marine-Hospital Service with violation of the laws of the State of California.

Do you know anything about what they mean by that?

Dr. WYMAN. I do not know exactly what they mean, except that the Marine-Hospital Service was enforcing the act of Congress.

Mr. BARHAM. As it is now?

Dr. WYMAN. Yes.

Mr. BARHAM. Do you recollect what the difficulty out there was?

Dr. WYMAN. The difficulty was: We have a quarantine plant there. The National Government established a very expensive and complete quarantine plant, but for some time the boarding vessel was not ready. In the meantime the boarding was kept up by the local officer, and

when the vessel was ready the local officer objected to the national officer doing any of the boarding. But in the meantime certain transactions occurred which showed that the quarantine officer was not really performing his duty properly.

Mr. BARHAM. In disinfecting the mails and everything—

Dr. WYMAN. There was great danger of the admission of contagious disease, and finally the President took action under the law of 1893, and detailed Passed Assistant Surgeon Rosenaw as quarantine officer for the port of San Francisco. The General Government already had the plant established by act of Congress.

Mr. BARHAM. They charge in this that Dr. Rosenaw, at Angel Island, refused to fumigate the mail from the steamer *Peru*, as requested by the State quarantine officer, by order of the municipal board of health—that is the San Francisco Board of Health—and that they communicated these facts to the Treasury Department and had no reply.

Dr. WYMAN. They have been replied to. That is true, that Dr. Rosenaw refused to receive orders from the local quarantine officers after the President had detailed him as quarantine officer of the port.

Mr. MANN. He refused to follow out that provision of the law regarding aid in the carrying out of the local regulations; is that it?

Dr. WYMAN. That had been abrogated by the action of the President.

Mr. MANN. Nobody out there can abrogate it.

Dr. WYMAN. The President had done it. He had appointed him as the quarantine officer for the port of San Francisco.

Mr. MANN. But the President could not abrogate that provision of the law, could he?

Dr. WYMAN. Well, it was simply impossible that there should be two quarantine authorities under the United States law.

Mr. MANN. Do I understand, then, that in California the national authorities took charge of the quarantine?

Dr. WYMAN. Yes.

Mr. MANN. And that the local authorities had nothing more to do with it?

Dr. WYMAN. That is the situation.

Mr. MANN. What more legislation do you need, then?

Dr. WYMAN. The point is, it took so long to do it they fell short.

Mr. MCALEER. Please explain this matter as to the alleged violation of the law.

Dr. WYMAN. The quarantine regulations of the Secretary of the Treasury were not carried out.

Mr. MCALEER. By whom?

Dr. WYMAN. By the local quarantine officer.

Mr. BENNETT. That is a direct charge against the local quarantine officer at the port of San Francisco?

Dr. WYMAN. Yes.

Mr. MCALEER. That he refused to carry out the quarantine regulations?

Dr. WYMAN. He did not carry them out. He failed to carry them out, and so, after a due course of time, the President, after full reports were made to him, detailed, under the law of 1893, an officer of the Marine-Hospital Service to take charge of the port at San Francisco as quarantine officer at that port.

Mr. MCALEER. Did he carry out the act of Congress?

Dr. WYMAN. Yes; he carried out the act of Congress.

Mr. MCALEER. He exceeded the act of Congress in relation to carrying out those instructions?

Dr. WYMAN. No, sir; the law says the President shall detail or appoint an officer for the purpose of executing the quarantine regulations.

Mr. JOY. Did he execute those quarantine regulations, do you know?

Dr. WYMAN. Yes; he did.

Mr. MCALEER. Then you do not know of any violation of law upon the part of the quarantine officer as designated by the President?

Dr. WYMAN. No, sir.

Mr. BARHAM. Reading further from this:

We charge the Supervising Surgeon-General of the Marine-Hospital Service with having failed to cooperate and aid the State board of health of California and of the port of San Francisco in the execution and enforcement of the rules and regulations of such board, or in the execution and enforcement of the rules and regulations made by the Secretary of the Treasury.

Dr. WYMAN. The Surgeon-General denies the charge. That is all.

Mr. BENNETT. As a matter of fact, if the Marine-Hospital Service, by direction of the President or superior authority—whether it be the Secretary of the Treasury or otherwise—should take charge of the quarantine station, you would pay no attention to any State laws; you would use your own judgment, would you not?

Dr. WYMAN. We would follow the regulations of the Secretary of the Treasury.

Mr. BENNETT. And the local regulations would be disregarded; would be wiped out?

Dr. WYMAN. We would not enforce the local regulations where they were in conflict with the Treasury regulations.

Mr. BENNETT. Do you know of any other cities besides the city of San Francisco where there was a failure of the quarantine officer to properly conduct his quarantine office?

Dr. WYMAN. Yes.

Mr. BENNETT. What city was it?

Dr. WYMAN. Brunswick, Ga.

Mr. BENNETT. Are those the only two cases that you know of in which a failure of the quarantine officer to properly conduct his office has occurred?

Dr. WYMAN. There have been a great many instances where the regulations have not been adequately carried out and where proper provisions for quarantine measures have not been made by the State or local authorities.

Mr. BENNETT. That is the question as to the proper and efficient manner of conducting a quarantine station—the difference between a national law and the local law. Is it not the question as to the proper way of conducting a station?

Dr. WYMAN. Yes, sir.

Mr. BENNETT. That is a matter of opinion, though.

Dr. WYMAN. In those instances the attention of the local and State authorities has been called to the deficiencies and they have been remedied.

Mr. DAVEY. What complaint was it at Brunswick, Ga.?

Dr. WYMAN. The medical officer at Brunswick, Ga., was not carrying out quarantine regulations properly at all.

Mr. BENNETT. Did you take charge of the station?

Dr. WYMAN. Yes, sir.

Mr. STEWART, of New Jersey. Is it not a fact that outside of New Orleans and New York there is no sufficient State quarantine service in this country?

Dr. WYMAN. I would not like to make that broad statement, because there are some quarantine services that are well run.

Mr. DAVEY. I would like to have a more definite answer to my question as to Brunswick, Ga.?

Dr. WYMAN. The health officer there was permitting people who had been exposed to yellow fever at the quarantine station to go into the city; he permitted the ballast laborers who discharged the ballast from infected ships to go up into the city; they had free access to the city, and the quarantine in that way was very lax, and it was through the faulty quarantine that yellow fever got into Brunswick.

Mr. DAVEY. That was several years ago?

Dr. WYMAN. Yes; in 1893.

Mr. MCALEER. They also violated the local laws in that case as well as the laws of the United States, did they not?

Dr. WYMAN. Yes; they did.

Mr. WANGER. In what ports have you quarantine stations?

Dr. WYMAN. Beginning on the Atlantic coast at the north, following the coast around, we have a quarantine station at the mouth of the Delaware Bay, and another one to supplement it 45 miles up the river, at Reedy Island, in the Delaware River. We have a quarantine station at the mouth of Chesapeake Bay. We perform all the quarantine services for the State of North Carolina. We have a disinfecting station in Cape Fear River, below Wilmington. We have a quarantine station off the coast of Georgia, called the South Atlantic quarantine station, located on Blackbeard Island. We have a quarantine station at Brunswick, Ga. We have one at the Dry Tortugas, Fla. Also at Ship Island, in the Gulf of Mexico, off the coast of Mississippi. We also have a quarantine station at San Diego, Cal. We have one at San Francisco, and we have one at Port Townsend, Wash.

Mr. BARHAM. What salary did Dr. Rosenau get?

Dr. WYMAN. His pay is \$2,000 a year.

Mr. BARHAM. Do you think it would be proper to send to a port to override or direct or control the local board, say, at New York or San Francisco, a one-thousand-dollar doctor, as was spoken of by somebody here yesterday? Do you think you could get a man for that money with sufficient ability to go there and override the judgment of these men?

Dr. WYMAN. Not in the matter of quarantine; no, sir.

Mr. BARHAM. Where does that thousand-dollar business come in—in this bill?

Dr. WYMAN. No, sir; not in this bill. It was put on in the Senate bill.

Mr. MCALEER. I suppose they would not object to getting \$10,000 a year, though.

Mr. BARHAM. No; but you can not get a doctor for \$1,000 a year, you know.

Mr. MANN. They send in a \$1,500 captain sometimes to override the governor of a State.

Mr. BENNETT. What are the possibilities of a doctor entering the Marine-Hospital Service as regards promotion? What does he enter the service as?

Dr. WYMAN. As assistant surgeon, at \$1,600 a year.

Mr. BENNETT. And what promotion is there ahead of him, and how large is the corps of assistants?

Dr. WYMAN. We have about seventy medical officers.

Mr. BENNETT. And what are the possibilities of promotion?

Dr. WYMAN. At the end of five years they pass a second examination, and if successful they are appointed passed assistant surgeons.

Mr. BENNETT. At what salary?

Dr. WYMAN. Two thousand dollars a year.

Mr. BENNETT. Is that the limit?

Dr. WYMAN. No, sir; then as vacancies occur in the grade of surgeon they are promoted to that grade.

Mr. BENNETT. How many surgeons are there?

Dr. WYMAN. Fourteen.

Mr. BENNETT. What is the salary of a surgeon?

Dr. WYMAN. The salary of a surgeon is \$2,500 a year and fogies.

Mr. MCALEER. And do they have to take another examination?

Dr. WYMAN. Yes; they have another examination before they can be promoted to the grade of surgeon.

Mr. BENNETT. A surgeon is the highest rank, is it?

Dr. WYMAN. Yes.

Mr. BENNETT. Where are the surgeons of the Marine-Hospital Service located; where are their districts; are they distributed in districts throughout the country?

Dr. WYMAN. Throughout the whole United States. You mean the surgeons of that particular grade?

Mr. BENNETT. The surgeons of the Marine-Hospital Service. You said there were fourteen of them.

Dr. WYMAN. Well, I would have to think.

Mr. BENNETT. No special districts to which they are assigned?

Dr. WYMAN. No, sir.

Mr. BENNETT. Under the direction of the Supervising Surgeon-General of the Marine-Hospital Service?

Dr. WYMAN. Yes, sir; they are ordered from station to station as the necessities of the service demand.

Mr. BENNETT. And a man may come from Virginia and be sent to California, or vice versa?

Dr. WYMAN. That is true.

Mr. CORLISS. Is it not true that your force devote their entire time to the one interest of the country—the quarantine service?

Dr. WYMAN. The Marine-Hospital Service has charge of the sick and disabled seamen of the merchant marine of the United States.

Mr. CORLISS. In addition to quarantine?

Dr. WYMAN. Yes, sir. We have 20 marine hospitals, situated on the coast and on the lakes and rivers, and besides that over 100—I forget the exact number—of relief stations, where the importance of the service is not sufficiently great to warrant the detail of a regular commissioned medical officer. In those places we have acting assistant surgeons, men who are appointed after careful consideration, generally they are prominent practitioners of the places where they are appointed, and they accept these positions and remain year after year and become very valuable officers; but they are not subject to change of station except with their consent.

Mr. CORLISS. The removals, then, are only for cause?

Dr. WYMAN. That is all.

Mr. CORLISS. Is it not true that the local health officers and quarantine officers of the States are constantly changing their location?

Dr. WYMAN. Yes, sir; frequently. They have not the tenure of office that the regular Government service has.

Mr. CORLISS. What effect does that have upon their efficiency and experience?

Dr. WYMAN. Occasionally it has a very bad effect. I do not wish to attack the local quarantine officers, but a new man might be

appointed to a quarantine without any practical experience, and I have known of such instances.

Mr. STEWART. Is it not so, Doctor, that in a great many States they have no local boards whatever?

Dr. WYMAN. Yes; no State boards.

Mr. STEWART. And in some of our most important points are not they largely inefficient? Take Florida, for instance, where yellow fever is apt to be started, are not the boards there rather inefficient?

Dr. WYMAN. The local or State?

Mr. STEWART. The State boards.

Dr. WYMAN. I do not like to state that of the State board of health of Florida. On the contrary, I think that the State board of Florida is pretty good.

Mr. STEWART. It was reorganized, was it not?

Dr. WYMAN. Yes; it was reorganized.

Mr. BENNETT. I maintain that the changing of the quarantine officers is a benefit rather than a detriment, because the men who are brought in are men who come with experience; and in comparison, your officers who are appointed and who progress to be assistant surgeons, and then surgeons, as I believe you stated, do not have the same opportunity of experience as those new men have who come in. Is not that a fact?

Dr. WYMAN. I do not think so, because we send our younger officers to the older officers for the experience.

Mr. BENNETT. For instance, when you appoint your \$1,600 men, what opportunity have they had for experience in your department?

Dr. WYMAN. I have ordered one recently to assist an older officer at one of the quarantine stations. The younger officer stays with the officer in charge. The younger officer, you understand, does not command the station, but is an assistant, and in the course of the year he has acquired a very large experience, and before he is promoted he is thoroughly qualified and competent to take entire charge of a quarantine station.

Mr. BENNETT. Does he have as much experience as the man engaged in local practice in a large city—for instance, like New York?

Dr. WYMAN. Yes; far greater.

Mr. WANGER. Is experience considered in the selection of these \$1,600 men—the previous experience of the applicants?

Dr. WYMAN. Yes, sir; nearly all the men who obtain admission to our corps are men who have had considerable experience in hospital practice, not in quarantine, of course, but in hospital practice, and to show the care that is exercised in their selection I will mention the fact that we have recently had a board for the examination of candidates for admission to the corps, and that 30 applicants appeared before the board, and of that number only five made the required percentage.

Mr. BARHAM. Who appoints that board?

Dr. WYMAN. I appoint the board; or the Secretary of the Treasury, rather, appoints the board, on my application.

Mr. MCALEER. Those thirty applicants were all graduated physicians, were they?

Dr. WYMAN. Yes; all graduated physicians. They are not fresh from the colleges, either, except in rare instances. They generally have had hospital experience before they come to us.

Mr. JOY. Your assistants over the grade of assistant surgeons, are they allowed under your regulations as now existing to accept private practice in addition to their official service as officers of the Marine Hospital Corps?

Dr. WYMAN. There is no law forbidding it. They engage in private practice. Quite a number of the officers are professors in the medical institutions where they are stationed.

Mr. BENNETT. And they are allowed leave of absence—

Dr. WYMAN. No, sir; no leave of absence is necessary.

Mr. BENNETT. They have time at their disposal, then?

Dr. WYMAN. They have time to deliver two or three lectures a week.

The CHAIRMAN. There has been something said rather sneeringly of the \$1,000 doctors. There are 92,000 or 93,000 doctors in the United States. Is not \$1,000, in your judgment, a sum above the income of one-half of those physicians? (After a pause.) That is true. I am talking about something I have given some attention to. There are not one-half of the physicians of the United States—of the 92,000 physicians in the United States—that are making \$1,000 a year. I have seen that stated in medical journals a number of times.

Mr. MANN. Have you a retired list?

Dr. WYMAN. No, sir; we have no retired list.

Mr. MANN. What becomes of your surgeons when they get old?

Dr. WYMAN. Well, we have not any too old for work. We have the privilege of putting them on waiting orders.

Mr. MANN. Does that mean that you can put them practically on a retired list; are they paid when on waiting orders?

Dr. WYMAN. A certain percentage of their regular pay.

Mr. MANN. So, practically—

Dr. WYMAN. Yes; you might say practically it is.

Mr. MANN. They are taken care of in their old age if necessary?

Dr. WYMAN. We have only one man in the whole corps on waiting orders, and that is on account of tuberculosis contracted in the line of his duty.

Mr. MCALEER. Is it not true that a number of the young men who enter the service have probably been three or four years in practice?

Dr. WYMAN. Yes, sir; we have examined the records and find that is the case—before they came in.

Mr. MANN. Do you think you get as good doctors by appointment through the Civil Service Commission as if we recommended them?

Dr. WYMAN. I do not think a civil-service examination is necessary for the appointment of our acting assistant surgeons, but the acting assistant surgeons above \$300 a year are within the civil service, but they are only acting assistant surgeons. The commissioned corps are of course examined by law, under our own rules and regulations, and have nothing to do with the civil service.

Mr. MCALEER. You give them an examination?

Dr. WYMAN. Yes, sir.

Mr. SIMPKINS. Is it not true that the special demand for this legislation comes from the part of the country that is most exposed to the dangers of disease, and that it is recognized there and realized that the local requirements are not sufficient for their protection?

Dr. WYMAN. That is undoubtedly true.

Mr. BENNETT. Each State is responsible for its own health, and have they not as much interest in proper protection in the way of quarantine as the National Government would have? For instance, take the State of New York. The appointment of health officer is made by the governor and confirmed by the senate. Would the governor not be as careful in selecting a health officer as though the President of the United States was in charge of the health of the State?

Dr. WYMAN. The State of New York might be, and some other State might not be.

Mr. STEWART. Is it not a fact that the Marine-Hospital Service is better fitted for a uniform system of quarantine than the States are, with their diverse practices and theories?

Dr. WYMAN. There is no doubt about that.

Mr. CORLISS. What effect would the establishment of the national board of health, as proposed, have upon the Marine-Hospital Service?

Dr. WYMAN. The only measures proposed are those that would practically obliterate the Marine-Hospital Service.

Mr. CORLISS. Is that advocated by anyone but physicians?

Dr. WYMAN. I have not heard that it has been; no, sir.

Mr. MANN. What is your position with reference to these bills giving the Government control over interstate quarantine?

Dr. WYMAN. I have indicated it here in this communication I have read. I think we should have control under the circumstances, as stated in this communication. I believe that we should have control of interstate quarantine measures, of cholera, yellow fever, and plague, when such diseases come into the country.

Mr. BARHAM. Have you ever had any difficulty or conflict with the manner in which the service has been conducted in New York in the past ten or fifteen years?

Dr. WYMAN. Under the present régime at New York we have had no trouble at all, but we did have previously.

Mr. BENNETT. Please explain that—what you mean by previously?

Dr. WYMAN. I mean that after the law of 1893 had been passed, we felt that, in accordance with the terms of that law, when a ship with cholera on board arrived at the port of New York, it was our duty to make certain that the proper quarantine regulations were being carried out. Some objection was made by the local quarantine officer at that time to the inspection of the methods of quarantine. It then resulted in the framing of the regulation authorizing and directing the Surgeon-General of the Marine-Hospital Service, under the law, to inspect any quarantine station in the country at any time he might see fit, and visit any part of the quarantine plant to see that the regulations were being complied with. That regulation, before it was issued, was submitted to the Attorney-General, and it was approved by him as being in accordance with the law; and it was then issued and we had no further trouble.

Mr. BENNETT. As a matter of fact, there was no opportunity at the port of New York for interference by the Marine-Hospital Service in quarantine?

Dr. WYMAN. There has been no necessity. We were not seeking an opportunity.

Mr. HAWLEY. How many of these surgeons that you have are subject to the classified service? I mean the under men.

Dr. WYMAN. There are two classes of men in our service. The regular commissioned corps, appointed by the President, and their commissions are approved by the Senate; then we have a corps of acting assistant surgeons.

Mr. HAWLEY. Didn't you say that they were 70 in number?

Dr. WYMAN. Over 100 of them; and there may be at times a great many more of them.

Mr. MANN. You said these 70 were the assistant surgeons?

Dr. WYMAN. Yes; of the regular assistant surgeons. There are more than 70 acting assistant surgeons, and a feature of the service which I think of great value, which enables us to act in times of epidemic, is the fact that while we have, as it were, a regular army in our

regular commissioned officers, we are able to increase the corps at any time to any desired limit. For example, during the yellow-fever epidemic last fall, one officer alone, in Memphis, Tenn., in carrying out the provisions, employed as many as 44 acting assistant surgeons. They were employed three months. He picked out the best men he could obtain, and they did efficient service. As soon as the necessity for their service had passed their services were discontinued.

Mr. HAWLEY. What is the maximum age at which these surgeons can apply—those that are appointed through the Civil Service Commission?

A BYSTANDER. They are not appointed through the civil service.

Dr. WYMAN. I think there is no age limit to the acting assistant surgeons.

Mr. HAWLEY. Not the acting assistant surgeons, but I mean the regular assistat surgeons.

Dr. WYMAN. Oh, the regular corps. A candidate must not be more than 30 years of age.

Mr. HAWLEY. Then he is not a man of any very considerable experience, as a rule—a man who applies for this position?

Dr. WYMAN. No; when they come into the grade of assistant surgeon they are young men. We want them to be young men. It is the same way in the Army and the Navy. When they come in they are young men, under 30 years of age.

Mr. HAWLEY. You are obliged to use these men, are you not, or would be obliged to use them, in caring for a number of quarantine stations?

Dr. WYMAN. Not the assistant surgeons; no, sir; not until they have been in the service four or five years, and have had experience under older surgeons.

Mr. BARHAM. Dr. Doty would not be eligible. He could not get into the service?

Dr. WYMAN. He could be employed as an acting assistant surgeon.

Mr. HAWLEY. Temporarily?

Dr. WYMAN. No; permanently.

Mr. HAWLEY. That would be only in the case of an emergency, would it not?

Dr. WYMAN. There is no limit to the time of the appointment of acting assistant surgeons.

Mr. MANN. They are paid only for their service, are they not?

Dr. WYMAN. I will make it plain to you. I can employ an acting assistant surgeon temporarily without going to the Civil Service Commission. I can employ them for three months. And then, at the end of three months, I can extend their service for three months more. But if we should appoint them permanently, they must pass through a civil-service examination.

Mr. JOY. There is no age limit to them?

Dr. WYMAN. No, sir.

Mr. HAWLEY. What is his salary?

Dr. WYMAN. It varies according to the necessities of the case.

Mr. JOY. You make an arrangement or contract with him?

Dr. WYMAN. Virtually a contract; yes, sir.

Mr. HAWLEY. These surgeons, then, are the representatives of the Marine-Hospital Service?

Dr. WYMAN. These acting assistant surgeons, you mean?

Mr. HAWLEY. Yes.

Dr. WYMAN. They represent us in a measure; yes, sir.

Mr. HAWLEY. When you find that an epidemic or a danger of an

epidemic is on, do you immediately employ an acting assistant surgeon in the locality where the disease is threatened?

Dr. WYMAN. I send an experienced medical officer to that place, and send him the assistants of the regular corps if he needs them, or permit him to employ acting assistant surgeons if he thinks it is preferable to do that.

Mr. HAWLEY. Do you mean if you think it is preferable to do that instead of trusting to his own experience?

Dr. WYMAN. I mean to aid him in case one man would not be sufficient to do the work. I will give as an example our recent action at Birmingham, Ala. They had had the smallpox there for a number of months and had been unable to suppress the disease. The governor of the State and the secretary of the State board of health both made application to the Treasury Department and myself for assistance in stamping out the disease. We sent an officer there, a past assistant surgeon, who has had large experience in smallpox, with instructions to investigate the situation and make recommendations. I sent one regular officer to assist him. That was all he needed. If he had wanted more he could have had them, but he put into operation the well known means of stamping out smallpox and he could do it by employing local acting assistant surgeons, which he has done.

Mr. HAWLEY. Smallpox is indigenous to this country; that is, it is supposed to be?

Dr. WYMAN. It is here nearly all the time.

Mr. HAWLEY. And yellow fever is supposed to be an exotic?

Dr. WYMAN. Yes, sir.

Mr. HAWLEY. That being so, and entering this country only through the ports, is it your invariable custom for the Marine-Hospital physician in charge of the port to take charge of the quarantine regulations in any way?

Dr. WYMAN. At that port?

Mr. HAWLEY. Yes.

Dr. WYMAN. No, sir; only the quarantine officer especially detailed has anything to do with the quarantine at a port.

Mr. HAWLEY. Is it a custom of the Marine-Hospital Service to detail always a special quarantine officer where there is agitation and excitement and fear and apprehension of the disease entering that port?

Dr. WYMAN. Yes, sir; we send a man there to observe matters closely, to see if things are going on right in accordance with law.

Mr. HAWLEY. Suppose you found the local authorities vigilant and intelligent in every way, what is the policy of the Government?

Dr. WYMAN. The policy is to hold up their hands and help them all we can.

Mr. HAWLEY. Well, suppose it is determined that they do not need anybody to help them; that they are doing everything that can be done?

Dr. WYMAN. Then we do nothing.

Mr. HAWLEY. Suppose that the reverse were true—that the authorities are neither vigilant nor intelligent—what is—

Dr. WYMAN. Then we would take hold.

Mr. HAWLEY. Arbitrarily?

Dr. WYMAN. There is generally a way of getting at it by appealing to the common sense of the local authorities, and in nearly every instance—in every instance, in fact—they have gladly consented to the officers taking charge. That was illustrated in Jersey City, N. J., in 1893, when there was one case, if not more, of cholera in that city.

The local authorities did not know how to proceed, nor did they have the proper medical force. I went down there myself and took a number of officers, and explained to the local authorities the law as it is now.

We wished to operate in aiding them, but I had to see that the regulations of the Treasury Department were carried out in the interests of the rest of the country. They accepted the aid, and one of my officers was right in the office of the health officer there, and we furnished the men as guards and men to inspect houses, and all precautions were taken, but it was not done under us, but under local authority.

Mr. HAWLEY. Through your cooperation?

Dr. WYMAN. Yes; through our cooperation.

Mr. HAWLEY. Do you believe that you can rely in all cases—I believe you did not make a single exception in your answer to the former question—upon the intelligence and efficient cooperation of the local authorities, when the circumstances are as we are discussing?

Dr. WYMAN. No, sir; I do not think we can.

Mr. HAWLEY. I understood you to say that you had in every instance found that, where the local authorities were ignorant or inefficient, where you interposed they invariably consented and cooperated with you?

Dr. WYMAN. I was thinking of interstate quarantine at that time.

Mr. HAWLEY. My question was more comprehensive.

Dr. WYMAN. I must correct that a little.

Mr. STEWART. Is it not true that without the proper quarantine regulations yellow fever is just as much of an epidemic in Florida as it is in Cuba?

Dr. WYMAN. I think the facts will show that.

Mr. STEWART. One more question. Do you find any active opposition to national quarantine outside of those who are receiving pay or holding positions or office under some State quarantine?

Dr. WYMAN. No, sir; I do not.

Mr. BENNETT. I have maintained through this argument that there was authority with the Treasury Department to enforce the proper quarantine laws and regulations, and I find—

Mr. HAWLEY. Let me interrupt you one moment right there. We are getting at that, if you will permit Dr. Wyman to answer the question with respect to the relations that exist between the national quarantine officers and the local quarantine officers.

Mr. BENNETT. I wanted to introduce this. That is all.

Mr. HAWLEY. I would like to have some enlightenment on the proposition.

Dr. WYMAN. That has been necessary partly in the case at San Francisco, where the regulations were not properly enforced, and where the local quarantine officer did not perform his duty properly.

Mr. BENNETT. You took possession there?

Dr. WYMAN. We took possession of the quarantine; yes, sir.

Mr. MANN. That was under the present law?

Dr. WYMAN. Yes, sir.

Mr. BENNETT. In volume 27 of the United States Statutes at Large, Fifty-second Congress, chapter 114, approved February 15, 1893, under section 3 of that act, I find this:

SEC. 3. That the Supervising Surgeon-General of the Marine-Hospital Service shall, immediately after this act takes effect, examine the quarantine regulations of all State and municipal boards of health, and shall, under the direction of the Secretary of the Treasury, cooperate with and aid State and municipal boards of health in the execution and enforcement of the rules and regulations of such boards and

in the execution and enforcement of the rules and regulations made by the Secretary of the Treasury to prevent the introduction of contagious or infectious diseases into the United States from foreign countries and into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia; and all rules and regulations made by the Secretary of the Treasury shall operate uniformly and in no manner discriminate against any port or place.

I have maintained that there was sufficient authority in that law for the Marine-Hospital Service, under the direction of the Secretary of the Treasury, to enforce quarantine regulations. Is not that a fact?

Dr. WYMAN. I will read what I read a moment ago. Section 3 requires that all these rules and regulations shall be executed by the State and municipal authorities, when they will undertake to enforce them, but if they fail or refuse to enforce them, then they shall be enforced; the President shall then, as in his judgment seems best, execute and enforce them. Under the terms of the new bill practically the same provision exists, but it is further provided that at any port or place in the United States where the Secretary of the Treasury shall deem it necessary that incoming vessels shall be inspected by a national officer, such officer shall be designated.

The necessity for this provision lies in the fact that under the present law too much time and opportunity for dispute as to whether the regulations have failed of enforcement is permitted before the President can be called upon to act, and this provision in the new law is practically the same as that joint resolution which passed the Senate and the House, which you kindly put through the House in the last Congress, but which the President allowed to lie on his desk for a day and a half, and it did not become a law because he failed to sign it.

Mr. BENNETT. Thinking it unnecessary. [Laughter.] The wording of this section is:

Where such regulations are, in the opinion of the Secretary of the Treasury, necessary to prevent the introduction of contagious or infectious diseases into the United States from foreign countries or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, and at such ports and places within the United States where quarantine regulations exist under the authority of the State or municipality which, in the opinion of the Secretary of the Treasury, are not sufficient to prevent the introduction of such diseases into the United States or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, the Secretary of the Treasury shall, if in his judgment it is necessary and proper, make such additional rules and regulations as are necessary to prevent the introduction of such diseases into the United States—?

Dr. WYMAN. Yes, sir.

Mr. BENNETT. That I believe to be a sufficient authority.

Dr. WYMAN. I do not say so. I do not think so under the present law. There is too much time required.

Mr. BENNETT. But you have the quarantine regulations of the different ports at your command. They will be published and printed?

Dr. WYMAN. Yes, sir.

Mr. BENNETT. And this does not say "may be insufficient," but where those regulations "are insufficient the Secretary of the Treasury," etc.

Dr. WYMAN. Yes; but the law relates to the enforcement of the regulations as well as to the making of them.

Mr. BENNETT. But as a matter of fact are you not in communication with the quarantine officers of the different ports to such an extent that you know whether they are being enforced properly or not at all times?

Dr. WYMAN. No, sir; I do the best I can under the circumstances—inspect the local quarantine stations from time to time, but I have not an officer at every station all the time.

Mr. BENNETT. But if you wished to send one there you could, and he would be properly treated by the quarantine officers?

Dr. WYMAN. I suppose he would, but it would be impracticable to keep a regular officer at each station all the time.

Mr. STEWART. Does not the difficulty lie in this, that the execution of the laws is by the State and not by the national authorities?

Dr. WYMAN. Yes, sir.

Mr. STEWART. And that is the difficulty. That is the remedy that the Caffery bill wants to remove?

Dr. WYMAN. The Caffery bill provides that the regulations should be made by the Government instead of by the States, and insures prompt execution of same.

One thing I do not think I brought out plainly enough—in regard to the age of our officers. There seems to be an impression that our officers are young and inexperienced men. I wanted to say that the average age of our officers is about 45.

Mr. BENNETT. That is the average age?

Dr. WYMAN. Yes, sir.

Mr. BENNETT. What is the minimum age?

Dr. WYMAN. There are only a few under their thirtieth year.

Mr. MANN. I thought they had to be under 30 in order to get in?

Mr. HAWLEY. There have been no recent appointments; that is the explanation of that.

Thereupon the committee, at 12 o'clock, took a recess until 2 o'clock.

AFTER RECESS.

The recess having expired, the committee reassembled.

ADDITIONAL STATEMENT OF SURGEON-GENERAL WYMAN.

I would like to correct a few little verbal errors that I perhaps made in my statement this morning. Where I said that the salaries of the surgeons were \$2,500 a year with fogies, I do not know that it was understood what fogies are. That is 10 per cent additional for every five years up to 40 per cent, and no further.

I think I stated that 45 years was the average age. As to the youngest officers in the Marine-Hospital Service, I would state that there may be three or four of the youngest assistant surgeons under 30 years old.