

NATIONAL BOARD OF HEALTH.

REMARKS

BEFORE THE

COMMITTEE ON PUBLIC HEALTH

OF THE HOUSE OF REPRESENTATIVES

IN SUPPORT OF

House Bill 2785, 48th Congress, 1st Session, for the
Protection of the Public Health,

BY DR. JAMES L. CABELL.

WASHINGTON, D. C.

GIBSON BROTHERS, PRINTERS.

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Remarks submitted by Dr. JAMES L. CABELL before the Committee on Public Health of the House of Representatives, February 7th, 1884:*

Gentlemen of the Committee on Public Health :

In accordance with what I understand to be the wish of the Committee, as expressed in a resolution unanimously adopted Monday, January 21st, on the motion of Dr. Davis, I shall proceed respectfully to state the grounds on which the National Board of Health prefers its claim to be continued the agent of the General Government in the execution of such measures of a national system of quarantine as may be required by national legislation, and to explain the special features of the act approved June 2, 1879, entitled "An act to prevent the introduction of contagious or infectious diseases into the United States," which act having expired by limitation, ought, in the opinion of the Board of Health, to be now re-enacted for the systematic protection of the country against the importation and spread of infectious diseases of exotic origin.

The National Board of Health was created by an act of Congress approved March 3d, 1879, entitled "An act to prevent the introduction of contagious and infectious diseases into the United States, and to establish a National Board of Health," which act has no limitation, and never having been repealed is, therefore, still in force. In addition to the establishment of a Board of Health it justified by one of its provisions, which looked to the prospective inauguration of quarantine regulations, the phraseology of the first part of its title. For, after assigning to the Board in general terms the duty of investigating the causes of disease and of obtaining information upon all matters affecting the public health, it provides

*These remarks were submitted to the Committee, as above stated, in manuscript, and are now printed for more convenient reference.—GEORGE E. WARING, JR., *Secretary National Board of Health.*

specifically that "the Board shall give special attention to the subject of quarantine, both maritime and inland, and especially to the regulations which should be established between State and local systems of quarantine and a national quarantine system."

At the date of the passage of this act in the second session of the 45th Congress there existed an unrepealed law enacted at the first session of the same Congress, and approved April 29th, 1878, entitled "An act to prevent the introduction of contagious and infectious diseases into the United States." Under the provisions of that act the Supervising Surgeon-General of the Marine Hospital Service was to be charged with their execution, and was to be authorized to "frame all needful rules and regulations for that purpose, which rules and regulations should be subject to the approval of the President, but should not conflict with or impair any sanitary or quarantine laws or regulations of any State or municipal authority which then existed or might thereafter be enacted." On a prior occasion, namely, in the session of 1873-4, following the yellow fever epidemic of the preceding summer, a proposition for the formation of a quarantine board, to consist of the Surgeon-Generals of the Army, Navy, and Marine Hospital Service, respectively, had been defeated in the Senate, as being contrary to the well-settled policy of the Government from its very foundation not to interfere with the quarantine powers possessed and exercised by the States separately. The Committee, in reporting the bill, had, indeed, endeavored to meet this objection by providing that the regulations to be made under the act should in nowise interfere with the regulations of the several States. But it was contended by the distinguished Senator from Ohio that there would be very great difficulty in that, for the regulations of the States are different one from the other. "How," said he, "this Board is to make any general regulations that will be effective and not interfere with the State regulations I do not clearly perceive." These remarks of Senator Thurman seem to have killed the bill, as no further action was

taken. It was, therefore, a matter of considerable surprise to the country when the 45th Congress enacted the law just referred to as having been approved April 29, 1878.

We are warranted in assuming that its enactment was brought about by an oversight, for the same Congress which had passed the bill refused at the same session to make any appropriation for the execution of its provisions; and at the succeeding session, as we have seen, while the act was nominally in force, the same Congress directed the National Board of Health to give special attention to the subject. The act in question thus became a dead letter, and no attempt was made to execute it except in one notable instance, which gave rise to very harsh criticisms by the quarantine officer of the port of New York and by the Senators of that State on the floor of the Senate chamber. I refer to an order issued by the Treasury Department under the provisions of the act, and presumably by the advice of the Chief of the Marine Hospital Service, prohibiting the importation into the United States of "rags, furs, skins, hairs, feathers, boxed or baled clothing or bedding, or any similar articles" coming from Southern Russia by way of the Black Sea or the Sea of Azof, and declaring that no vessel having such articles on board from that quarter should enter any port of the United States. The letter of Dr. Vanderpoel, health officer of the port of New York, and the remarks of Senator Kernan, will be found in the Congressional Record for the first session of the Forty-sixth Congress, April 30, 1879, in the discussion of Senate bill 108. It was shown that most extensive and important commercial and manufacturing interests had been most unnecessarily jeopardized by an order based on wrong premises and exhibiting utter ignorance of the channels of trade by which Russian rags could reach this country.

Not satisfied with the provisions of the act approved April 29th, 1878, which though still remaining on the statute book, had proved to be a dead letter for want of appropriations, the Supervising Surgeon-General of the Marine Hospital service

had, in the second session of the 45th Congress, just after the widespread and devastating epidemic of the summer and fall of 1878, caused to be introduced a bill creating the office of a director of health, with plenary and autocratic powers in matters of quarantine. This officer was also to have charge of the marine hospital service. This bill was apparently strangled in the committee to which it was referred. The Senate committee reported instead a bill creating a bureau of public health, to be composed of the Surgeon-Generals of the Marine Hospital Service, of the army and of the navy, and a Board to consist of seven members from civil life. This bill passed the Senate, but was defeated in the House of Representatives, and then the act establishing the National Board of Health as now constituted was passed, and approved March 3d, 1879, at the very close of the session.

As already stated, that act provides, among other things, that the Board thereby constituted "shall give special attention to the subject of quarantine, both maritime and inland, and especially as to regulations which should be established between State and local systems of quarantine and a national system of quarantine." This provision of the act in question manifestly implied two things—first, that Congress did not regard State and local systems of quarantine as adequate to meet all the emergencies that had arisen or that might arise in the prevention of the introduction of contagious and infectious diseases into this country from foreign countries, and that there existed insuperable objections to any attempt to enforce practically the provisions of an act approved April 29, 1878, which conferred independent quarantine powers upon the Supervising Surgeon-General of the Marine Hospital Service. In the second place, it was fair to infer that Congress contemplated the ultimate establishment of a national quarantine system of such a kind and with such regulations as would secure harmony of action with State and local quarantine authorities, and at the same time would give a complete and effective sys-

tem of sanitary defences against the introduction of infectious diseases from foreign countries.

At the date of the passage of this act it was, doubtless, supposed that the 46th Congress would not assemble until the usual time in December. In the meantime the Board of Health was required to prepare a report on the subject of quarantine, with special reference to the regulations which should be established between State and local systems of quarantine and a national quarantine system. But an extra session having been called, the new Congress proceeded immediately to undertake the solution of the problem which its predecessor had assigned as the duty of the National Board of Health. The first tentative effort in this direction was made by means of Senate bill 108, 46th Congress, introduced March 24, 1879, by which ample quarantine powers were proposed to be conferred upon the Board of Health, then recently created by the constituting act, approved March 3d. This bill encountered the most determined opposition on grounds identical with those which had been successfully urged against all preceding attempts to centralize quarantine powers in conflict with the traditional policy of the General Government. By a decisive vote the bill was recommitted with instructions to the committee to divest it of the obnoxious features. Having been so amended in the committee as to completely change its complexion in regard to this matter, it finally passed both branches of Congress, and was approved June 2, 1879.

In the course of the discussion in the Senate the advocates of the original bill were reproached for having framed it under the advice of a board composed of medical men who knew nothing of the important interests of commerce. A comparison of dates suffices to refute this charge. The bill was introduced March 24th. The commissions of the first appointed members of the Board are dated March 27th, and the first assembling of the non-resident members for the organization of the Board did not take place until April 2d. The objectionable features had been borrowed from bills introduced in the

preceding Congress in the interest of the Marine Hospital Service, with only the substitution of the newly-created board of health for that bureau of the Treasury. The Board, after its organization in April, *was* consulted as to the amendments made in the Committee and incorporated in the act as it finally passed and was approved.

This act inaugurated a novel system of co-operative work in which the Board, as the national agent, and the State and local quarantine authorities were to exercise respectively their appropriate functions. The national authority is required in order to secure—

- (a) International sanitary co-operation.
- (b) The collection and distribution of sanitary information.
- (c) The preparation of maritime sanitary regulations.
- (d) The enforcement of maritime sanitary inspections in foreign ports.
- (e) The erection and maintenance of refuge stations.
- (f) The aid of State authorities.
- (g) The organization of quarantines where none exist.
- (h) The power to add necessary rules to any deficient quarantine.

The State authority is required to secure the organization and maintenance of efficient quarantine service at ports within the States. This duty includes—

- (a) The inspection of vessels.
- (b) Provision for the care of vessels not infected with cholera or yellow fever.
- (c) A competent health officer.
- (d) Making and enforcing rules and regulations governing the quarantine.

Many interesting and important illustrative details might be stated under each of the items of this schedule, but it would consume more time than the Committee could probably spare.

The act was designed to have the effect of so uniting the national and the local agencies in the common defence of the States and the nation against the invasion of a common enemy

as to secure perfect harmony of action and to avoid all risk of exciting the fears of sensitive commercial communities lest the great interests of commerce should be compromised and endangered by undue interference of the central authority. Inasmuch, however, as the system was to a large extent a novel experiment, a Southern senator, whose constituents were specially interested in the objects of the bill, proposed that its operations should be limited to four years, and the proposed amendment was accepted by the patron of the bill. It is understood that before the time was half out both senators were so well satisfied of the efficiency of the system as to become earnest advocates of a repeal of the limiting section.

This, gentlemen of the Committee, is the act which the Board of Health now asks Congress to re-enact, and bases this request upon the beneficent effects which attended its operation during the four years that it was in force. For conclusive evidences of the character and value of these results I would respectfully refer to a report made to the Senate Jan. 26, 1883, to accompany bill S. 2259, 2d session of the 47th Congress, by Senator Harris from the committee to investigate and report the best means of preventing the introduction and spread of epidemic diseases, to the testimony of the Memphis Cotton Exchange and kindred bodies in Little Rock, Shreveport, Vicksburg, and elsewhere; of the general superintendent of the Mississippi and Tennessee railroad, and of officers of other leading railroad lines; of the superintendent of the St. Louis and Vicksburg Anchor lines of packets, and of the representatives of various other similar lines of railroad and packet companies, all of which will be found in the *Annual Report of the National Board of Health for 1880, Appendix S*, p. 617.

Attention is also specially invited to the very significant fact that nearly all the quarantine authorities of the United States have put on record official expressions of their cordial approval of the system, and several have petitioned Congress for the re-enactment of the law of June 2, 1879, to be executed under the auspices of the National Board of Health. An attempt

has been made to depreciate the value of this latter testimony by the absurd allegation that it is the testimony of interested parties who expect to get a share of the funds placed at the disposal of the Board of Health. This charge cannot be sustained. A large majority of the parties in question have never received the slightest amount of pecuniary aid from the Board, either directly or indirectly. This is true of the State boards of health of New Hampshire, Connecticut, New York, Iowa, Kentucky, Alabama, and many others. In no case was money turned over to any State or local authority. The aid has consisted in establishing refuge stations to which infected vessels might be sent by the quarantine authorities of the ports of arrival, and in instituting inspecting stations for inter-State sanitary inspections, thus indirectly conferring inestimable benefits to the States in a way for which they could make no provision, but without furnishing them with a single dollar.

The refuge stations established on remote uninhabited islands belonging to the General Government have proved to be of inestimable value to the quarantine authorities of the neighboring ports, since they supply a desideratum in the prevention of the introduction of contagious and infectious diseases, which could not otherwise be obtained, but in no sense can their appreciation of this fact and the force of their testimony be discredited as coming from interested witnesses. It is this very interest which imparts a special value to their testimony.

By the constitution of the Board of Health the General Government is represented by four detailed officers from different departments, one medical officer of the Army, one medical officer of the Navy, one medical officer of the Marine Hospital Service, and one officer from the Department of Justice, while the States are represented by seven members to be appointed by the President by and with the advice and consent of the Senate, not more than one of whom can be appointed from any one State. Such a constitution of the Board met the approval of sanitarians all over

the Union, with scarcely an exception. The members from civil life were selected for their real or supposed devotion to sanitary science. They were recommended to President Hayes by representatives of the American Public Health Association, the leading, indeed the only, national voluntary association of sanitarians of this country. The duties of surgeons of the army and navy are such as to require a special training in sanitary science as a part of their professional education, and although this cannot be said to be the case with the Marine Hospital Service, of which the duties relate rather to curative than to preventive medicine, it was conceded that this branch of the public medical service should have its representative, who should have equal rights and privileges with those of other members.

Of the three branches of the National Medical Service it possessed the least claim on the score of experience or of special training for sanitary work, and yet it now asserts a claim to be the exclusive depository of the powers to be conferred by acts of Congress in respect of that branch of sanitary work which of all others is the most difficult and responsible, and which requires the highest degree of prudence and discretion in the adjustment of the delicate relations between the national authority on the one side and the State and local authorities on the other.

This extraordinary demand is attempted to be justified by the assertion that the Marine Hospital Service, as a bureau of the Treasury Department, possesses, without the necessity of special purchase or special organization, all the machinery needful for the execution and enforcement of quarantine regulations. I shall show that this statement is not supported by the facts of the case, and that the expenses incurred by that service in dealing with epidemics, and in the disbursement of the epidemic fund placed under the control of the Treasury Department, largely exceeded any ever incurred by the National Board of Health in emergencies of similar character and of equal magnitude. But I desire first to say that under

cover of a plausible statement as to opportunities for *executive* work that service has persistently aimed to obtain entire and exclusive control of the quarantine, and to lay down principles and frame regulations which closely affect the interests of commerce and those of the public health. If there were really any ground for the claim of special fitness for executive work in connection with quarantine, it would only be necessary for the Board of Health to request the President to detail some of the officers of that service for temporary duty, to act under the direction of the Board, in conformity with the provisions of section 7 of the act which it is proposed to revive. In this way, whatever advantages the Marine Hospital Service may possess for such *executive* work would be fully utilized. I hazard little in affirming, however, that the chief of that service will not be satisfied with such an opportunity of doing the work. His aims are much higher and more exclusive.

I add that there is really no ground whatever for the allegation that his bureau possesses the necessary machinery for carrying on the work inaugurated by the Board of Health. The machinery for the only quarantine work which the Board could undertake, that, namely, of the refuge stations, is peculiar, and is not to be found to hand by the Marine Hospital Service. So true is this that the machinery loaned by the Board of Health after the lapse by limitation of the act of June 2, 1879, constituted the exclusive equipment of the Marine Hospital Service when acting last summer under the orders of the Secretary of the Treasury in the disbursement of the epidemic fund appropriated by Congress. The alleged economy is also easily shown to be fallacious. The employment of officers of the Marine Hospital Service for this work necessarily detached them from the appropriate work of their own service. If there be a surplus of officers in that service, the true interests of the Government and of the people would seem to require a reduction.

Hitherto the Board of Health has asked for a few details from the Army and Navy, chiefly of experts in science, for special in-

vestigation relating to the causes of disease. But in respect of the execution of quarantine duties at the refuge stations it was deemed best in the interests of the subjects of yellow fever, and as subserving harmony with State authorities, to engage the services of yellow fever experts recommended by the local authorities of the State which was to be protected. Thus Dr. T. S. Scales, of Mobile, a physician of large experience in the treatment of yellow fever, and accredited by an honorable reputation, was recommended by the authorities of the Gulf States for the Ship Island station; Dr. Wm. H. Elliot, of Savannah, in like manner, by the authorities interested in the station at Sapelo Sound, and Dr. F. L. Galt for the station in Hampton Roads. But in this latter case the station was never adequately equipped, and no occasion arose for calling on Dr. Galt to assume charge. These stations were maintained in full force for a small portion of each year, the expenses during the remainder of the year being limited to the wages of a few watchmen for the preservation of the property.

In accordance with the letter of the act approved July 1, 1879, entitled "An act to provide office rooms for the National Board of Health, and for the publication of its reports and papers, and for other purposes," the Board of Health "erected *temporary* quarantine buildings" on Ship Island, but though temporary in the sense of being constructed of unpainted wood, they are admirably adapted for their uses in a mild climate, and can be kept in repair for an indefinite number of years at a small annual cost.

The Supervising Surgeon-General of the Marine Hospital Service has condemned the Ship Island Station on account of alleged faulty location, and with a confidence bred of ignorance of the facts has asserted that one of the Chandeleur Islands, or the Grand Gozier, would be a much better place for the quarantine. Accordingly, without hesitation, he has submitted estimates for condemnation of site and erection of hospital, warehouse, and wharf, amounting to \$65,000, more than three times the cost of the Ship Island buildings, which

we aver to be fully adequate to the necessities of the quarantine service. In view of this action by the Supervising Surgeon-General the Treasury Department directed one of the officers of the revenue service to investigate the question as to the alleged unfitness of Ship Island and the superior advantages of any other locality. This officer, Capt. Lay, after a thorough investigation, reported that there was no reasonable objection to Ship Island, which was ten miles from the main land, and which had such an extent of anchorage for vessels of large draught that the quarantine anchorage was fully two miles from that of other vessels. He states that the islands designated by Dr. Hamilton were out of the question for want of sufficient depth of water, and added that Ship Island was the only suitable location on the entire coast, a fact which the National Board of Health had ascertained before it commenced operations at that place.

I would respectfully invite attention to the fact that for two years in succession a contingent appropriation of \$100,000 was made and placed at the disposal of the National Board of Health, to be available in the event of an outbreak of epidemic disease, and that not a dollar was used in either year. During both years yellow fever existed in one of the Southern ports—Key West, in Florida—and it was competent for the Board to open the fund in question for combating the disease at that place and for preventing its transmission to other parts of the United States. The reasons which induced the Board to abstain from making the large pecuniary outlay which would have been necessary to establish quarantine inspections and to enforce quarantine regulations at that port were fully stated in the annual report for 1880.

During the year ending 1882, small-pox prevailed as an epidemic, chiefly among recently arrived immigrants, in several parts of the Northwestern States, and in anticipation of the necessity of using the contingent fund then under the control of this Board, an account was opened with that fund on the books of the Treasury, but by strict economy

it was found that the expenses of the immigrant inspection service could be met during the remainder of the fiscal year out of the general fund, and thus no portion of the contingent appropriation was used.

The allegation that the Marine Hospital Service is enabled by its constitution and by its relations with other bureaux of the Treasury Department to execute quarantine duties with less expense to the Government than will be incurred by the Board of Health has already been partially considered, and it has been shown that whatever savings of a special appropriation may result from the employment of salaried officials of the Treasury Department is illusory and deceptive as regards actual economy. These officers are paid regular salaries for other work, from which they must be detached in order to execute and enforce quarantine regulations. Moreover, when their aid is necessary in emergencies they are required by the law of 1799 to extend it on the demand of the States, and when deemed expedient by the President of the United States they may be detailed for temporary duty under the direction of the Board of Health, in conformity with the provisions of the act now proposed to be re-enacted, quite as readily and as conveniently as under the supervision of Dr. Hamilton.

But in point of fact the actual expenditures by this officer out of the epidemic fund assigned to him by the Secretary of the Treasury in the summer of 1882 very largely exceeded those of the Board of Health in the execution of similar duties. Notwithstanding the privilege conceded to the Marine Hospital Service to employ its own officers and other Treasury officials, whose regular salary was not chargeable against the epidemic fund, the actual expenses incurred in combating a local outbreak in Brownsville, Texas, more than quadrupled the cost to the National Board of Health of stamping out a similar outbreak of much larger proportions which occurred at the same time in Pensacola, Florida.

Dr. Hamilton, in his last annual report, states that "up to June 30, 1883, the entire expenses on account of the epidemic

appropriations for both years were \$54,678.10." This phraseology was, doubtless, intended to impress the reader with the notion that the work which had cost \$54,678.10 extended over a space of two years with the appropriation of \$100,000 each. In point of fact the epidemic fund for the fiscal year ending June 30, 1883, was turned over to the Marine Hospital Service August 7th or 8th, 1882. And although the appropriation for the succeeding fiscal year was made by act of Congress March 3d or 4th, 1883, it was not available until July 1st of that year, so that "up to June 30, 1883," the work for which the expenditure of \$54,678.10 was made, instead of covering "both years," with two available appropriations, did not extend beyond a period of something less than eleven months, and was really limited to only a small fraction of that time.

Dr. Hamilton has nowhere in his Annual Report given any further details as to how and where the amount was expended, but inasmuch as there was no other epidemic under his treatment save that of Brownsville in the fall of 1882, and he was prevented by his superiors from carrying out a purpose of making a wholly unauthorized expenditure as a measure of prevention in Pensacola in the succeeding spring of 1883, it may be safely assumed that the whole or nearly the whole of the amount in question was expended at Brownsville. Now, it should be remembered that at the same time Pensacola was suffering from a similar epidemic of threefold larger proportions and much greater malignity, and that the disease was confined to that place without any expenditure for the payment of guards to confine it by a *cordon sanitaire*, and at an expenditure of the national funds by the National Board of Health not exceeding one-fourth or even one-fifth of the amounts expended by the Marine Hospital Service at Brownsville, and also that in 1879, when a terrible epidemic raged in Memphis, and lesser outbreaks existed in New Orleans, in the Teche country, and at various points elsewhere, the disease was confined to these several *foci* at an aggregate cost considerably

less than was incurred by the Marine Hospital Service at this one locality in Texas. In not a single case was the barbarous practice of shutting in the entire population by a cordon ever resorted to. The greatest triumph of modern sanitary science in respect to stamping out epidemics has been achieved by the process of depopulating a town in which the disease has just begun to appear, so as to remove the susceptible persons from the sphere of infection; with due precaution as to the disinfection of baggage and other *fomites* this may be done without danger. To shut in all the population is to insure the continuance of the disease as long as susceptible persons are on hand.

Allusion has been made to certain unauthorized expenditures which Dr. Hamilton desired to make, and actually offered to make, at Pensacola in April, 1883, but in regard to which he was overruled by his superior at Washington. He had positively refused to extend aid to the authorities of Pensacola during the prevalence of the malignant epidemic in the fall of 1882 because they objected to his proposition to assume entire control and to apply the same measures which he was applying at Brownsville at such unnecessary cost and in violation of the principles which have received the sanction of most modern epidemiologists, principles which governed the action of the National Board of Health in dealing with the local outbreaks of 1879 at Memphis, New Orleans, and elsewhere.

Being anxious, however, to induce the authorities of Pensacola to appeal to the Treasury Department for aid in the succeeding year, as a possible means of influencing the decision of the President as to the disposition of the epidemic fund for that year, Dr. Hamilton went in person to Pensacola in April, 1883, before the President's decision was made, and, having called the local board of health to meet him, made to the board the following remarkable proposition, "which," he said, "he was assured the Treasury Department would ratify." "The Treasury Department will assume charge of the quarantine station at this port (Pensacola) and manage it without any expense to the city of Pensacola. It will conduct it *under* its

own regulations as at present existing, and such additional ones as experience may demonstrate the necessity of, and in harmony with such suggestions as may be agreed upon by the Board of Health. As the representative of that Department, I (Dr. H.) will have prepared instructions relative to the mode of fumigation and disinfection of vessels, discharge of ballast, and the inspection and general sanitary condition of all vessels entering the port. In these matters the Department must use its own methods, without, however, interfering with the State and local laws, which it has no desire to conflict with."

So far little exception needs to be taken, except for the unwarrantable assumption of the President's future decision before he had made any, and for agreeing to pay the entire expenses of quarantine operations for the city. But this was followed by a most extraordinary proposition :

"Aid will be extended to the board of health of Pensacola in order to effect and maintain a thorough sanitation of the city. First, in the payment of bills for the removal of garbage during the months of May, June, July, August, September, and October. The garbage shall be systematically collected and removed from every house and building or enclosure under a contract made by the Board of Health, the contractor to give bonds satisfactory to the Board for the faithful performance of the work, and providing for liquidated damages in case of failure," &c.

"Contracts to be made also for temporary drainage and for the cleaning up of the principal streets. The drains to be opened, gutters made under the direction of the city engineer, and approved by the Board of Health. The contracts to provide that the work shall be commenced within the earliest practicable time and completed within 30 days from signing, otherwise the contractor to be subject to a stipulated demurrage in case of default. The work to be paid for under like restrictions as that paid under other contractors," &c.

"No quarantine fees for discharging of ballast or for fumigation and disinfection will be exacted from vessels entering this port during the quarantine season."

The nature of these contracts proposed by Dr. Hamilton in-

dicated so great an ignorance of the limits of the authority of the General Government in such matters, under existing laws, as to demonstrate his unfitness to be invested with discretionary powers in the execution of quarantine regulations which involve questions of delicacy and importance with reference to the adjustment of the relations between the States and the central authority.

The National Board of Health has encountered during the last two years peculiar difficulties, against which no human foresight could have provided. In the discussions on the Sundry Civil Appropriation bill during the last hours of the session the most extraordinary misstatements in regard to the official acts of the Board were made on the floor of the House of Representatives, where, presumably, they exerted a very damaging influence, as there could be no opportunity to correct them. Some of these were stated, by the members who made them, to have been derived from Dr. Hamilton, who had employed his assistant, serving as a detailed member of the Board of Health, to collect items of expenditure in order to exhibit in a false light certain scientific investigations for which that officer had himself voted as a member of the Board.

These extraordinary and secret procedures on the part of an officer of the Government towards a legally constituted Board in the service of the same Government, and on which his own bureau was represented by a detailed officer, is now attempted to be excused by himself and his immediate adherents by the avowal, openly made, that "this is a matter of official life or death" to him. He apprehends the possibility of a future decision on the part of Congress not any longer to superintend the medical treatment of a particular class of men (sailors of the civil marine) from whose wages a compulsory deduction is made for this purpose. He apparently fears that the Marine Hospital Service may be extinguished unless some other functions are assigned to it of a character less likely to be subject to be withdrawn.

Thus this persistent effort to divest the National Board of Health of the most important of all its natural functions—that of preventing the recurrence of epidemics—is not based upon public considerations, but on the prospective needs of the Marine Hospital Service, for which it is desired to make adequate provision by way of anticipation of a possible injury.

Respectfully submitted on behalf of the National Board of Health.

J. L. CABELL,
President.

