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## THE HASKIN LETTER

### TYPHUS AND QUARANTINE

By Frederic J. Haskin.

Early in March confidential reports had been received at the bureau of public health service in Washington concerning the prevalence of typhus fever and cholera in Serbia and of typhus fever in Greece. This served as warning that these diseases might be found among immigrants arriving from these countries, and gave the quarantine officers opportunity to prepare for this contingency. When the Greek steamer, *Christoforos*, arrived in New York last week with a typhus case on board there was no panic, but all was in readiness to take prompt action for the protection of the public health, with the shortest possible detention of the vessel.

Twenty-five years ago, a great typhus epidemic ravaged New York. It cost many lives and filled the hospitals to overflowing. Among the victims were a number of doctors who contracted the disease from their patients. A tablet now stands in Bellevue hospital, erected to the memory of these doctors, whose services during the epidemic of 1890 cost them their lives.

The disease was brought into the country from Europe by passengers who evaded the quarantine regulations of that period. As the epidemic grew more serious, these regulations became more rigorous, so that at least one large vessel carrying first class passengers was held a quarantine prisoner outside of the port of New York for over six weeks.

The *Christoforos* was detained only twelve days and then allowed to proceed upon her course with a proper health certificate. The difference between the present procedure in protecting the health of the American public from typhus, and that in vogue twenty-five years ago is due to better understanding of the disease and the better equipment of the quarantine officials.

Accurate knowledge regarding the cause of typhus fever was secured in 1910 by studies conducted by Dr. John P. Anderson, now director of the hygienic laboratory of the public health service, and Dr. J. A. Goldberger, both of whom were at that time stationed in Mexico. They were able to confirm what other scientists had suspected regarding typhus, that it was caused entirely by the bite of the insect *Pedicularis vestidos*, commonly known as the body louse. The insect carries the infection by going from a person already suffering with the fever to a healthy person who, when bitten, receives the infection in his blood. It is now practically certain that all typhus infection starts in this way.

Typhus is one of the oldest diseases of the world. It is sometimes known as jail fever or ship fever, and breaks out only when human beings are herded closely together, although of course, the insect breeding it may be carried into other conditions. The Mexican typhus, now causing some alarm to those living in border towns, is identical with the other, although the danger of an epidemic being brought over the border is slight and easily overcome in the light of present knowledge.

Since the disease centers around the insect, the best preventive measure is the absolute destruction of all these insects. This is not a difficult matter, if attempted in the right way. Unlike the plague breeding flea, the pedicularis has small power of locomotion. When the body has been thoroughly cleaned, the clothing, bedding and surroundings properly disinfected, the danger of the spread of the disease is practically conquered. After a patient suffering from typhus has been removed to the quarantine station, the vessel and its cargo are fumigated by the best modern methods. All those who have been exposed to contagion are removed and kept under observation for five days. If disease symptoms do not develop within three days from the infectious bite, they are not likely to occur.

Typhus is essentially a disease of the temperate or colder climates. It does not prevail in the tropics, and is apt to lessen at the approach of summer. This fact constitutes the chief hope of the war surgeons of Europe, who, with the Red Cross nurses, are valiantly struggling with it in the trenches and crowded camps and hospitals. It is claimed that a number of doctors and at least fifty nurses have died from it within the last two months. The Mexican typhus attacks only the men who are camping in the mountains at high altitudes. As soon as they go down where it is hot and dry the disease almost disappears. For this reason the probability of typhus being brought into this country from Mexico is small.

Science has not discovered any means of checking the progress of typhus when it has once been introduced into the blood by the bite of the insect. The disease is bound to run its course with more or less severity according to existing conditions. It develops rapidly. A person may go to bed in apparent health and rise the next morning with an aching head, and other symptoms, which will cause a return to bed within a few hours.

Inoculation is now being tried, and has been advised for persons who are likely to be exposed to conditions producing typhus as are the nurses and doctors in the war zone. Dr. Plotz, of Mt. Sinai hospital, New York, is now engaged in the cultivation of an organism from typhus and the use of this organism in developing a serum or vaccine, which may serve as a substitute for inoculation. The inoculation is made from cultures taken from patients having "Brill's disease," a mild form of typhus discovered by Dr. Brill in New York a number of years ago.

Public sentiment has changed completely as regards its attitude to the quarantine service. Formerly, ship owners, captains, ship surgeons and many passengers looked upon it as needless red tape, and in too many instances attempted to conceal diseases which were a menace to the ports they entered. Education has taught the nation that any epidemic is a blot upon its health roll, as well as an avoidable risk of life and waste of money. The public health service has been organized to prevent this risk and waste so far as possible. Its quarantine service is one of its strongest branches, because of the number of diseases likely to be brought in by ships from foreign ports, many of which have no health restrictions.

The maritime quarantine service of this country now includes sixty-four stations, among them the leading ports of continental United States; besides large stations and sub-stations at Porto Rico, Hawaii and the Philippine islands. It is under the direction of Dr. Leland E. Cofer, assistant surgeon general of the United States and at each station, properly qualified medical officers and their assistants are prepared to follow out in detail the provisions and regulations which have proved most efficient in preventing disease being brought into the country from foreign ports.

The quarantine stations include suitable quarters for the different classes of passengers, who would have to be detained if a case of infectious or contagious disease were found upon board. They would be compelled to leave the vessel in order that it might be fumigated under the direction of the health officers before it could be permitted to enter port. Under these conditions passengers are regarded as the guests of the United States government, and special pains have been taken to insure their comfort, and to make their detention as short as is consistent with the absolute safety of the public.

A disinfecting wharf at each quarantine station provides known facilities for speedy and thorough disinfection. Steerage passengers taken from an infected vessel are passed through shower bath alleys, and supplied with fresh clothing to wear while their own clothing is being disinfected. As over ninety per cent of the contagious diseases brought into the country are brought by steerage passengers, the utmost care is used to insure their freedom from infection.

The studies continually being made as to the nature of communicable diseases have materially lessened the period of detention at quarantine stations. It now ranges from five to fifteen days, according to the nature of the disease, and also at the discretion of the officer in charge of the station. Cholera, yellow fever, typhus, smallpox and plague are the diseases most often encountered. The plague is most frequently communicated by rats and the destruction of the rats upon an infected ship is one of the most important of the quarantine measures.

Most of the quarantine work of this country is now in the hands of the federal authorities. As the result of a conference last week, arrangements have been made for the public health service to take over the quarantine work of Boston. A similar arrangement will be made in Galveston within a few weeks. The increase in disease resulting from the European war renders it imperative that the utmost vigilance should be exercised to protect the health of this nation. The advantages to be secured from federal, rather than local, control are becoming well understood. The possibility of disease being brought into the country is a national, rather than a local matter. When the entire quarantine arrangements are under the direction of the public health service, a unity of regulations and protection is secured which would be impossible under state or city control. Through the cooperation of other government departments, especially the department of state, the health service bureau secures a thorough knowledge of the health conditions in foreign ports, and is thus warned of possible disease menaces calling for special precautions, as in the Greek vessel referred to. As this service is under military control, it is not affected by political changes, which often prove destructive to good quarantine administration under local authority. With but three exceptions, the quarantine of each of the large American cities is now under the national public health service.

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