ORIGINAL COMMUNICATIONS.

OPERATION AND RESULTS OF QUARANTINE
IN BRITISH PORTS SINCE THE BEGINNING
OF THE PRESENT CENTURY.

By GAVIN MILROY, M.D.

(Read before the Epidemiological Society, June 6th, 1853.)

THE subject which I have the honour to bring this evening under your notice is one which seems to me to belong, in an especial manner, to a society whose declared aim is to investigate the natural history of epidemic diseases, with the view, of course, to the discovery of the most effectual means to control their development, arrest their spread, and mitigate their fatal malignity. Its importance will be recognised by all, when it is considered that quarantine professes to be a precautionary plan or process, whereby pestilences may be altogether kept at bay, and countries be thus preserved from the invasion of their destructive agency. No theme, therefore, in state medicine, more deserves our attention; and just in proportion to the importance of its bearings, is it necessary that our opinions be based upon reason and truth,—in other words, upon sound conclusions drawn from a sufficient number of well observed and faithfully recorded facts. Nor let it be forgotten that, independently of the immediate practical consequences involved in its right solution, this is one of the principal questions about which medical men are necessarily brought into direct contact and conference with the higher departments of public life; and on which the value of their advice is not confined within the circle of mere professional criticism, but will be subjected to the scrutiny of all who are interested in the freedom of international intercourse, from the statesman and the legislator down to the merchant and the traveller.

And yet, strange to say, there is not a topic in medical literature which has been so imperfectly handled, or on which there is less reliable evidence on the one hand, and a greater amount of extravagant and absurd assertion on the other. Unfortunately, too, there is not a single work in existence, as far as I know, to which any one seeking for detailed and trustworthy information upon the subject of quarantine can be referred. It is not so much as even named in the *Cyclopædia of Medicine*, published in 1835; while Dr. Copland, in his elaborate *Dictionary*, has, under the head of Protection from Pestilences, treated it with so little precision and clearness, and under the manifest influence of so strong a bias to particular one-sided views, that the reader finds himself both perplexed and unsatisfied. Nor has the subject fared better in the standard encyclopædias of general information. In the last edition of the *Encyclopædia Britannica*, published so recently as 1842, there is the most meagre mention possible—not exceeding a couple of dozen lines;—although the commercial bearings of quarantine are so important, that it has been estimated that a loss of little short of a million sterling is thereby annually inflicted on our shipping; and even this brief notice is not free from palpable error. Occasionally, at distant intervals, an article in a literary review has drawn public attention to the general question, or to some particular details; but never with the scope of a systematic or comprehensive inquiry.

You thus see how imperfectly the subject has hitherto been investigated; and you will probably all agree with me that it is high time, alike for the credit of our profession, which claims to guide public opinion upon such matters, as well as for the general interests of the community, that an attempt be made to ascertain the real state of our knowledge as derived from past experience, with the ulterior view of finding out, if possible, a clue to guide us to the truth through the meshwork of discordant and contradictory statements and opinions in which it is involved. This entanglement is necessarily not a little increased by the

circumstance, that it is not to one disease alone, but to several—and these varying too from each other in many features of character,—that the relations of quarantine have to be considered. Hitherto, it has been almost exclusively in reference to the oriental plague (against which quarantine was originally instituted) that the subject has been discussed. All the parliamentary evidence that has at any time been published in this country, is, as far as I know, limited to this one topic; and, indeed, so little have the bearings of quarantine to other diseases been generally thought of, that the writer in the *Encyclopædia Britannica*, a distinguished professor too of medical jurisprudence, does not so much as even name any other besides the plague. The plague, however, constitutes but one item in the inquiry; and even supposing that we had arrived at anything like decided conclusions respecting this form of pestilence, we should then have settled but a single point. How stands the question of quarantine with yellow fever?—with Asiatic cholera?—not to mention typhus fever, and the whole tribe of the exanthemata. Probably, most of my hearers are aware, that in very many places where quarantine restrictions exist, they are enforced, not against one only, but against each and all of the diseases now enumerated.

Upon this, however, as indeed upon every other head, the most ridiculous and contradictory practice is followed in different countries, and often too in different parts of the same country. Without descending to particulars, it cannot but be obvious that, to do anything like justice to the subject, a very wide and most varied field of examination is necessary; for, while each disease requires to be considered in reference to its own ascertained laws of propagation and diffusion, it is of the utmost importance to compare these laws together, to ascertain wherein they differ, and wherein they agree; with the view of determining how far the diseases are controllable by quarantine restrictions. The work is a large, and perhaps not a very easy one; but until it be fairly done, in a spirit of calm and conscientious inquiry, the medical profession fails, I think, to perform a duty which it owes to the public service. On the present occasion, I must impose upon myself much narrower limits, and shall confine my remarks to three only of the diseases alluded to; viz., the plague, yellow fever, and the Asiatic cholera. And here let me say, that it is not my intention to lead you into the troubled waters of controversy, respecting any single point in the purely medical history of these diseases. The object of this paper is not to discuss any theory, or to balance any dispute, but simply to narrate with thorough truthfulness facts and occurrences, as they have been recorded by trustworthy writers, leaving it to each gentleman to form such conclusions as the data may seem to warrant. Let me but offer one suggestion; viz., that in seeking to arrive at the truth in such an inquiry, we should,—while keeping our minds free from all preconceived opinions, and unperplexed by any other debateable questions save the one immediately under consideration,—apply the same laws of evidence, and follow the same mode of reasoning to discover the truth in respect of the origin of an epidemic disease, as we recognise to be necessary in the investigation of the causes of other natural phenomena, or in forming a judgment from circumstantial evidence in a case of criminal prosecution. Let facts and occurrences be looked at in their own light, and not through the coloured spectacles of a preadopted creed; let us avoid placing reliance on hearsay unsifted testimony,—let us be on our guard against eking out imperfect and unsatisfactory information by mere conjectures,—and let us cease to have recourse to that too common phrase, “it is highly probable”, in our endeavours to trace a connexion between antecedent and subsequent phenomena. It would be well, I have often thought, if the Scottish form of verdict, “not proven”, were more steadily before the minds and more frequently on the lips of medical juries, on a variety of occasions.

Quarantine is defined, very vaguely it must be acknowledged, in the *Encyclopædia Britannica*, to be “a trial which ships must undergo when suspected of pestilential infection”. If the trial alluded to were confined to the ships alone,

it would be a simple and comparatively a very inoffensive procedure. But this is a very minor part of the quarantine system. It is not the ship alone, but all and everything on board, animate and inanimate, that is subjected to the said trial; which trial consists in an enforced detention and seclusion for a period of from two or three to forty days (the word *quarantine* indicates the latter number), followed in many instances by the fumigation of persons and things, before they are set at liberty. Bear in mind too, that it is not necessary that any disease should actually exist on board at the time of the vessel's arrival, or even that any case whatever of illness should have occurred at any time during the voyage. It suffices, if she has come within a specified time from a place where disease is reported to be. This circumstance alone is generally regarded as an adequate reason for the imposition of quarantine restrictions, on the ground, either that disease may be present in an incubative form in the system of some person or another among the crew or passengers, or that its material cause—the *matrices morbi*—may be adhering to some article or another on board.

Quarantine therefore is not (as is sometimes alleged by those who seek to make light of its grievances) the mere detention of the sick and infected, with the view of preventing their being landed at once and being taken wherever they or their friends may choose, without restraint or any regard to sanitary precautions. It applies equally to the well and healthy; nor is any distinction ever made between different individuals in point of susceptibility or liability to become attacked. All are treated alike; although, in the case of yellow fever, some may have had the disease and others have not; or, in the case of small-pox, some may have been vaccinated, while others are wholly unprotected. Quarantine bears to simple sanitary prophylaxis the same relation as a lazaret does to an ordinary clean and airy hospital.

The term is sometimes applied to the precautionary measure of isolating the sick on shore, or of establishing a cordon around a district, in the hope of confining a pestilence and arresting its progress. At other times, it is used to designate voluntary seclusion by individuals in health within their own dwellings, during the prevalence of sickness. But it would be much better if the word were confined to its original acceptation, viz., that of a detentive coast-guard against the importation of disease by shipping. It is in this restricted sense that it is employed in the following observations; my aim being to ascertain how far the system, as hitherto practised, has succeeded in the object for which it was established. Small islands present, of course, the most favourable opportunities for inquiry.

As to the various measures which have been adopted for the arrest of diseases, when they have found their way into a country, and as to the results of these measures, this topic does not come within the scope of the present paper.

I now proceed to my statement of facts; and, first, respecting the plague. As my narrative is purposely confined to the present century, I have no instance to mention until we come down to the memorable outbreak in Malta, in 1813. Two or three prefatory remarks, however, may not be misplaced. It is a fact worthy of notice that in Egypt, Syria, and Turkey—the countries which are always regarded as the parent lands of plague—there was a remarkable lull, all but a complete cessation, of epidemic plague between 1803-4 and 1812. We shall afterwards see that other epidemic diseases seem to have been similarly affected in remote countries during this interval. In 1812, one of the most formidable outbreaks of the pestilence that was ever known occurred in Constantinople; nearly 150,000 persons perished. Egypt also suffered rather severely in that year; and Smyrna on the west coast of Asia Minor, and Odessa on the Black Sea, not to mention other places, are also known to have been attacked. In the following year, 1813, the pestilence appears to have become more widely diffused; for we find that it prevailed more or less extensively in Wallachia, Roumelia, Albania, and Greece, all provinces

then of Turkey in Europe. There was also, at the same time, an unusual prevalence of malignant fever over the greater portion of Europe; and we shall afterwards see that, in this year, a fresh outbreak of yellow fever took place in different parts of Spain. At Malta, the spring season was remarked to be a very sickly one; sudden deaths were more frequent than usual; but the most noticeable feature of the prevailing medical constitution was, the remarkable tendency that existed to furuncular and other forms of unhealthy outward inflammation. "Every whitlow festered, and every scratch became an ugly sore. A tight shoe was sufficient to produce a livid boil with symptomatic bubo. The military hospitals were crowded with such cases."

I will now detail the ascertained facts connected with the development of the pestilence in the island, which it may be remarked, was believed to have been exempt from the plague for one hundred and twenty years. Nowhere perhaps is a quarantine establishment more complete in all its details and appliances than at Malta. The quarantine harbour is quite distinct and separate from the general harbour; there is an extensive lazaretto for the reception of the sick or suspected; and there is a regular staff of health officers. In consequence of the island being jealously watched by the Neapolitan and other Mediterranean States, which are ever ready to put her in quarantine upon the slightest pretext, the vigilance of all concerned is ever on the alert.

On the 28th of March, a vessel arrived from Alexandria, having a foul bill of health in consequence of the plague existing in that city. Two fatal cases of plague had occurred on board during the voyage. Her cargo consisted of flax. Immediately upon arrival, her crew were sent on shore to the lazaret, and the vessel was placed under the strict charge of health guardians, to prevent all communication either with the shore or with other vessels. The captain and one of the crew sickened in the lazaret on the 1st of April; both died on the 7th. In consequence of this, it was at first proposed that the vessel with her cargo should either be burnt, or taken out to sea and sunk; a mode of procedure that had been more than once resorted to at Malta for the public security.* A less summary plan to get her out of the way was however agreed to, viz., to send her back forthwith to Egypt, with her cargo untouched. Accordingly a fresh crew were put on board, and she was dispatched on the 10th of April. It is an interesting fact, that not a single case of sickness occurred, either on board during the ten days' voyage back to Alexandria, where she arrived in safety, or among the people engaged in unloading her in that port.

On the 16th of April, a young girl, the child of a shoemaker, living in one of the low unhealthy parts of Valetta, at a distance from the harbour, sickened with fever; she died in the course of a few days. The pestilential nature of her case was not suspected at the time. The mother was next attacked; in her case, the fever was accompanied with swelling of the inguinal glands. Suspicions now began to be excited, and rumours to be circulated, that the plague had made its appearance in the town. As it does not belong to the object of this paper to follow the subsequent course of the disorder, I shall say no more than that it is admitted by all who have written upon the subject, that, ere the Committee of Public Health had quite decided as to the real nature of the visitation, "the insidious disease was insinuating itself in every angle of the city, in places remote from the scene of its first appearance". The question for us to consider is, how did it find its way in, presuming

* The same decisive measure has been occasionally had recourse to on our own coasts. At the beginning of the present century, three vessels from Mogadore were sent round to the Nore, and there, by order of the government, upon the advice of the then quarantine authorities, sunk in deep water, along with their cargoes, consisting chiefly of goat-skins. The country had to pay upwards of £20,000 to the owners for this act of sanitary precaution! Something of the same sort was done at Stangate Creek in 1814. A cargo of skins, being deemed incapable of effectual expurgation from the possible retention of plague miasmata, without great risk to the men employed, was ordered to be sent on shore and burnt. In 1819, an infected vessel was submerged for a time in Malta harbour. No later than 1846, a work on Plague and Quarantine was published in London by a military medical officer, who had been in Corfu during the prevalence of the pestilence there; therein it is gravely recommended that, "generally speaking, it will be best, and perhaps the cheapest way in the end, to destroy the ship and cargo at once."

that it was imported by the infected vessel, notwithstanding all the rigorous precautions which had been taken?—and, moreover, how came it to appear first, not among the health officers who had been put aboard of her, or even among the servants of the lazaretto where the captain and one of the crew had sickened and died, nor yet in the immediate neighbourhood of the *parlatorio* or landing-place, where the only communication between vessels in quarantine and the town is permitted, and that too through a grating, and under the eye of officers, but in a locality at a considerable distance, and among people wholly unconnected with the shipping? A rumour indeed got afloat, long after the event, that the father of the girl who was first attacked was in the habit of eking out his small gains as a shoemaker by acting as a smuggler, and that he had managed, somehow or other, to get a package of new linen from the vessel. It would occupy too much time to narrate the odd gossiping sort of evidence, on which this rumour was based. Suffice it to say, that it was never shown that the suspected package had ever been traced to the poor man at all (he died at an early period of the pestilence); nor indeed that any such package or anything else had ever been abstracted from the vessel. All that Sir A. B. Faulkner, the principal medical officer of the forces in Malta at the time, and who had made it his business to inquire into the circumstances upon the spot, ventured to say, was, that he thought “it an event not improbable that some of the family might have got goods from the vessel”. The story was, however, believed by the quarantine authorities, and has been more than once repeated in print. It should, however, be known, that Dr. Calvert, physician of the forces, who was then in Malta, and who subsequently communicated a detailed account of the pestilence to the Medico-Chirurgical Society, regarded it as wholly groundless. “It is next to an impossibility”, says he, “that it could have been brought in by clandestine intercourse. The crew of the infected ship was securely locked up in the lazaret; guards were placed upon the ship itself as long as it continued in the harbour; while every suspected person was seized and carried to the lazaret. But all was to no purpose: the disease seemed to laugh at their exertions, while it jumped from house to house, and from street to street. Those who had no communication together, as well as those who had, fell alike victims to its fury. Nothing could bring to light the way in which the infection was brought. Surely, if any evidence had been forthcoming, it would not have been kept back, when a free pardon was offered to the delinquents, besides a reward of a thousand scudis; or, if this was not sufficient, the dreadful anathemas that issued from the church could not have failed to produce confession.”* The late Dr. Hennen, too, when medical inspector at Malta, after having examined with the utmost care all the official documents on the subject in the archives of the island, and collected the evidence of surviving residents who could give any information, came to the conclusion that the story about the smuggled linen was not to be credited; and Dr. John Davy, who subsequently occupied the same post, and whose attention was specially called to the results of the quarantine establishment, states, in his interesting work on Malta and the Ionian Islands, that the mode in which the pestilence was introduced “is still unexplained in a satisfactory manner”.

I must now request you to accompany me to the little island of Gozo, distant about one mile from Malta. It had remained quite healthy throughout the dreadful visitation of the latter, in consequence, it was believed at the time, of all intercommunication having been subjected to the most vigilant and rigorous quarantine. Great, therefore, was the surprise, when a man died suddenly in Gozo, with suspicious symptoms, in the last week of February 1814. His daughter sickened a few days afterwards; she also died; and, within a few days, several inhabitants of the village where they resided were attacked. The following explanation of the mode in which the disease was thought to have

been introduced has been given. The man first attacked had shortly before come from Malta, bringing with him a box of new wearing apparel, which, it was alleged, he had concealed from the knowledge of the expurgators, by having buried it some months previously, when the plague existed in his neighbourhood. It had thus escaped proper purification. Sir T. Maitland, the Governor of Malta, in his official dispatch to the Colonial Minister on the subject, after recapitulating all the circumstances connected with the appearance of the disease in Gozo, expresses his opinion thus: “Although I should not be able to prove it in law, yet I have a perfect moral conviction that it was carried into the island of Gozo in the following manner”—viz., that as now described. Sir A. B. Faulkner appears to have had some doubts upon the subject, for he says: “Whether the above account of the box be strictly authentic or not, it is certain that the plague broke out immediately in the family after the arrival of their relative” from Malta. Dr. Calvert says: “A man indeed did go from this neighbourhood (near Casal Curmi) to Gozo, and was the first in that island who fell a sacrifice to the disease; but, as to his digging up a box, this was an idle report, and could not be substantiated, as I was confidently assured from the best authority.”

Fortunately, the disease did not spread much, and soon ceased, after carrying off about sixty or seventy persons.

From Malta and Gozo, I now pass to the Ionian Islands, where the pestilence made its appearance at the end of the following year, 1815. Throughout the whole of that year, it had continued from the previous one in different parts of Albania, on the coast of Dalmatia, and along the shores of the Gulf of Lepanto. Ample warning had thus been given, that the dreaded foe was not far distant; and, indeed, Mr. Tully, one of the quarantine medical officers in Corfu, had been sent by the British government to Greece, with the view of gaining the most exact information. Moreover, the experience of the recent disastrous visitation of Malta had served to increase the vigilance of all the health authorities. As Mr. Tully has written a minute history of the disease in the Ionian Islands, we are enabled to follow it step by step. The place first attacked was the malarious district of Leftimo, in Corfu. Mr. Tully was at once dispatched thither, to organize measures for arresting the disease. But with these we have not at present to do. As to the origin or mode of introduction of the disease, this was then, and for a long time afterwards, quite inscrutable. The residents attributed it to the agency of an evil spirit; in other words, to endemic or indigenous causes; and Mr. Tully himself, in one passage of his work, states that he shared the opinion of those who believed that it was generated on the spot. It would seem, however, from the rest of his narrative, that, to use his own words, it “was ultimately ascertained, by the most undoubted proofs, to have been introduced through the medium of infected goods, which, by a strange combination, had remained on the island, under lock and key, for a considerable time.” The goods alluded to consisted of a box, containing an opera hat, shirts, and a quantity of new silk handkerchiefs, with several copper kitchen utensils, which a smuggler was said to have left in Leftimo a year and a half before the appearance of the plague there, but was only opened shortly before the first cases occurred. Such is the alleged mode in which the disease managed to evade the quarantine at Corfu. It continued in the island until the May or June of 1816, when Cephalonia, another of the Ionian group, began to be infected. Mr. Tully was of opinion that it was introduced there by some men who had come from the Albanian coast, where the pestilence had now existed for eighteen months and upwards. They had been detained in quarantine for seven days, and had remained quite well all the time. But it was afterwards alleged that one of the party had brought with him some clothes, which he had stolen from two Turks, who had died. The story is, at best, a very lame one; nor was Mr. Tully himself quite satisfied about it. A more important fact is, that, while the plague existed in one part of the island, a most deadly form of endemic fever, with very similar symp-

* Trans. Med. Chir. Soc., vol. vi, p. 56.

toms, prevailed among the troops recently arrived from England, in another.

It does not appear that any other of the Ionian islands, save Corfu and Cephalonia, were visited by the pestilence. The immunity of Santa Maura is the more remarkable, as it lies between Cephalonia and that part of the Albanian coast whence the disease was supposed to have been derived.*

Since 1816, the plague has not appeared, as far as I am aware, in any of the British possessions in the Mediterranean, except a few imported isolated cases in the lazaret at Malta. To these I would now invite your attention for a few moments. Fortunately, the records of the quarantine establishment there, since the island came into the possession of Britain at the beginning of the present century, enable us to ascertain the truth. It appears that no vessel having plague on board arrived in Malta harbour, and that no case of the disease occurred in the lazaret, from that period down to 1813. Since the cessation of the pestilence in that year, to 1845, twelve vessels either actually infected or suspected have arrived, and about fifty cases of what has been regarded as plague—although in many of them the characteristic symptoms of the disease were absent, and they would have been recorded as cases of petechial typhus, had they not occurred in individuals from plague countries—have been treated in the lazaret. Now, it is an extremely interesting fact that of all the persons engaged in attending upon these sick, or who had been put on board the infected vessels as health guardians (and the number of these persons must have considerably exceeded a hundred) only four were attacked with any illness, and but one died. Two of the four men had been put on board a foul ship from Alexandria in 1821; they soon recovered. The other two cases occurred in men who had volunteered their services to be confined in the lazaret with a crowd of poor filthy Moors, on their way from Egypt to the Barbary coast.† It was one of these cases which proved fatal. The complete immunity of all the regular officers connected with the lazaret thus seems to show that there is little or nothing to be dreaded from the infection of plague, when patients are kept in clean, airy apartments. How different are the results, when the sick are compelled to remain in confined crowded places, as on board of a foul ship, for example! A vessel arrived at Zante, in June 1819, from Tunis, where the plague existed at the time of her sailing. There was no actual sickness on board when she arrived; but, as there was not a suitable lazaret ashore, she, with her crew of eight persons, was placed in strict quarantine in the harbour, having a health guardian on board to prevent all communication with the land. Within the next nine days, no fewer than seven of the crew, and the health officer, were attacked with a malignant fever, accompanied with bubos and carbuncles; every one of the cases terminated fatally. Only one of the unfortunate crew survived. Great credit was given at the time to the quarantine authorities that the fever did not spread to the shore.

I must not forget to mention that, among the many hundred men who have been employed during the present century in the lazarets of Malta and Marseilles (those of Genoa and other Italian ports may be added) in expurgating, as it is called, the bales of cotton and other articles of

merchandise in vessels from Egypt and Turkey, there is not a single instance of one of them having ever been attacked. This, with a host of other most interesting facts respecting the true history of plague, was first made known in the Parliamentary bluebook on Quarantine, in 1843, and in the admirable Report of the French Academy published in 1845. Before the appearance of these important documents, the utmost ignorance prevailed. The experience of the French and Italian physicians, and of our own countryman, my late lamented friend, Dr. Laidlaw, who witnessed the severe Egyptian epidemics of 1834 and 1837, has effected an entire revolution in medical opinion upon the subject, by proving the utter fallacy of the old idea, that it is chiefly, if not altogether, by direct contact with the sick or with fomites, *i.e.*, articles imagined to be infected, that the plague is liable to be communicated, while atmospheric contamination has nothing to do with the matter. Upon this most absurd belief, the machinery of quarantine regulations has been mainly planned. We now know that the plague, in respect of the circumstances which affect or favour its development and spread, is altogether similar to typhus in our own country. The same measures of prevention and repression are therefore required in both instances. Since the appearance of the French Report, the relations of the plague to quarantine have excited much attention in this and in foreign countries. The publication of the first Report of the General Board of Health, in 1849, gave fresh impulse to inquiry. Our distinguished corresponding member, Professor Sigmund of Vienna, has for many years past done excellent service to the cause of enlightenment and truth by his numerous writings. Dr. Sigmund's authority is the more important, from his personal knowledge of the pestilence in the Danubian provinces at different periods from 1828 to 1837, and his thorough acquaintance with the state of almost all the lazarets on the continent. The results of his observations during his mission to Turkey and Egypt, on which he was lately sent by the Austrian government, are contained in his very valuable work on Quarantine Reform published at Vienna in 1850. It is much to be regretted that our own Government has not followed the example set by France, Austria, and Russia—that of sending competent medical men to those countries where the plague is endemic, or which have been most frequently the scene of its visitations, to collect reliable information upon its history, and to ascertain the actual results which have attended the quarantine and other precautionary measures hitherto resorted to in the cause of public health. Foreign countries charge us with saying much and doing little, except for our own immediate benefit and profit; and unhappily there seems to be too much ground for the charge. In a mere commercial view, no country is so deeply interested in the discovery of the truth and the right application of sound conclusions in practice, as our own.

[To be continued.]

Fitzroy Square, London, June 1853.

THE PROPRIETY AND MORALITY OF USING: ANÆSTHETICS IN INSTRUMENTAL AND NATURAL PARTURITION.*

(IN A LETTER TO PROFESSOR MEIGS, OF PHILADELPHIA.)

By J. Y. SIMPSON, M.D., Professor of Midwifery in the University of Edinburgh, President of the Medico-Chirurgical and Obstetric Societies, etc., etc.

(Dated Edinburgh, 1st of August, 1848.)

MY DEAR SIR,—A few days ago, I happened to see your excellent epistle to me on the use of Anæsthesia in Midwifery, extracted, in an abridged form, from the *Philadelphia Medical Examiner* into the *London Medical Gazette*. It reminded me that, amid other avocations and work, I had hitherto indolently omitted to answer the objections

* A recent intelligent writer, who was detained for a week in quarantine at Santa Maura, upon landing from Albania, although that country was in perfect health at the time, describes the lazaret in which he was confined as the most miserable shed imaginable. "In short," says he, "during the whole range of my travels in Asia and Europe, I never met with the equal of this for the utter wretchedness of its accommodation and the insularity of the situation." The result of the sufferings he experienced during his detention was a severe attack of fever. (Spencer's *Travels in European Turkey*, etc., 1851.)

This is but an instance of what is continually taking place in many of the lazarets in the East. It is surely a disgrace that such an enormity should exist in a British colony at all events, in the present day.

† The experience of the lazaret at Marseilles accords in a striking manner with that of Malta. No infected vessel had arrived there, and no case of plague had been seen in the lazaret from 1796 down to 1819. Between this year and 1846, only two infected vessels arrived; one in 1825, and the other in 1837. The entire number of cases received into and treated in the lazaret, does not appear to have exceeded four or five; and the only instance of sickness among the attendants and employees of the quarantine establishment occurred in a man who had been put on board an infected vessel as health guardian.

* The following letter to Dr. Meigs has been sent to us for publication by its author, Dr. Simpson. It was printed some time ago in Philadelphia; but has not yet been published in this country. EDITOR.