

QUARANTINE

A scathing editorial in the *New York Times* (October 28, 2014) suggested that New Jersey's Governor Christie and New York's Governor Cuomo "fed panic by imposing a new policy of mandatory quarantine for all health care workers" returning from West African through local airports. The editorial characterized the action as politically motivated, likely to be counter-productive and contrary to guidelines established by the Centers for Disease Control. Letters to the Editor were even more outspoken suggesting "political grandstanding" and "hysteria." An article in the *New England Journal of Medicine* characterized the governors' action as "like driving a carpet tack with a sledgehammer; it gets the job done but overall is more destructive than beneficial." But for a historian it all creates a sense of *deja vu*. After all, the more things change, the more they are the same.

Quarantine to combat contagious disease has a long and contentious history in this country. By the early 19th century earlier scourges from smallpox and yellow fever had declined but, largely as a result of urbanization and crowded tenement life, were replaced as a public menace by cholera – indeed, the period between 1832 and 1866 has been described as "the cholera years." Cholera could not be ignored because medicines, nursing and hospitals needed to be provided for the sick. Like with bubonic plague, or for that matter Ebola, cholera struck suddenly, could kill quickly and there was no effective treatment. It was terrifying.

During a severe outbreak of cholera in 1832, New York City's Board of Health assured the public that existing statutes were "full and ample to meet every emergency" and that it had the authority to "exercise all powers as in their judgment the circumstances of the case and the public good shall require." According to historian Charles E. Rosenberg, few physicians in 1832 believed that cholera was contagious; its cause lay in the atmosphere [!] It was another two decades before they were proved wrong, that it was the water. Prevailing medical opinion was decidedly against quarantine which would serve merely to "flatter vulgar prejudices," and "embarrass with unnecessary restrictions, the commerce and industry of the country." Some insisted that quarantines were "the engines of oppression, despotism and bureaucracy" and one physician declared that they were the result of "yielding by the thinking part of the community to the irrational fears of the panic-stricken multitude: Some future historian will record

our folly and credulity in the same chapter of events as Salem witchcraft, divining rods, and animal magnetism.”

But for government not to have enforced quarantines would have been political suicide and, despite the scorn of the medical establishment, a quarantine was established for coastal cities, lake ports and river towns. This strained local budgets for towns which sometimes had to provide for hundreds of quarantined immigrants. And when it became evident that quarantine was ineffective as a preventative, cholera “hospitals” were established for the impoverished sick and because suitable facilities were non-existent, taverns, churches and public schools were pressed into service; to be sure, some argued that the “respectable” poor could be safely treated in their homes rather than in these “slaughterhouses.” Nurses were almost impossible to find – it was dirty, dangerous work and, according to one observer, offers of exorbitant salaries attracted only “mercenaries who appear to possess as little sympathy or humanity as the walls.”

Newark historian Stuart Galishoff noted that at the outset some believed that the cause was “Divine Judgment” and the Governor ordered a day of fasting and prayer. A local newspaper reassured its readers that 90% of fatalities were those whose “constitutions had previously been injured by intemperate habits.” But it soon became apparent that even the man of “regular habits” could be cut down while “the sot that wallowed in the mire of intoxication” often escaped. Immigrants were scapegoated and those who could afford to fled the city. When the last outbreak of cholera in Newark occurred in June, 1866, sanitary cordons were erected around the stricken, homes were vacated and bedding, clothing and personal effects disinfected or destroyed. Only twenty cases developed, and the Board of Health was credited with having prevented an epidemic.

Cholera outbreaks notwithstanding, New Jersey historian David L. Cowen noted that quarantine of incoming ships as a public health device embroiled New Jersey and New York in a series of disputes through much of the last half of the 19th century. Dr. Ezra M. Hunt, the chairman of New Jersey’s Sanitary Commission which advised the Governor and the general public, insisted that moral suasion was ineffective, that only “the strong arm of the law” could properly “turn out, clean out and purify and disinfect, and, if need be, quarantine.” During the 1860’s and 1870, application of quarantine measures for sick persons frequently involved disputes between sanitarians, who were concerned with

clean air, water purification and sewage removal, and “anti-contagionists” who argued that once disease had arrived, quarantine was too late.

The germ theory of disease changed much of this and starting with Newark’s Sanitary Code of 1888 physicians were requested to report contagious diseases to the Board of Health which could require isolation of the patient if they thought it necessary. At the end of the century the nurse attending patients in the isolation ward of the Orange Memorial Hospital was not permitted to write letters and could read only such books as could later be burned. The Morristown Board of Health issued a circular which required that any child under 16 years of age who came into town (unless just passing through) was to be placed under quarantine for at least two weeks and inspectors were to go through town daily to seek new arrivals.

As described in Howard Markel’s book *Quarantine*, when cholera raged again in New York City in 1892, the Health Department issued frequent bulletins to allay the public’s fear. Newspapers and magazines devoted entire issues to covering the epidemic but the arrival of horse-drawn ambulances, with teams of physicians, sanitary inspectors and policemen, at any home where there was a suspicious case of diarrhea was disconcerting. By the 1890’s most physicians understood that cholera was caused by a water-borne bacterium, but the popular perception of the disease as rapidly spreading and a certain agent of death persisted.

The eminent bacteriologist William Henry Welch of Johns Hopkins was consulted by the chief of New York’s quarantine station William T. Jenkins. Welch, who strongly opposed quarantine and enforced isolation of immigrants, advised the local authorities to cooperate with federal guidelines, but although Jenkins publicly insisted that he was following the consultant’s advice, he did the exact opposite. This so enraged Dr. Welch that he described this treachery as “a spectacle of inhumanity without parallel in civilized lands in modern times.” One Senator who favored restricting immigration argued that “permitting steamships to enter our ports would overtax all resources and distress our whole people, even if it does not widely break into our borders and ravage our homes. If we allow immigration we are largely at the mercy of foreigners. If we suspend it our lives are in our own hands. In suspension [of immigration] alone is there any certainty of safety.”

Amidst this confusion, President Benjamin Harrison got into the act by endorsing a public health circular which established quarantine restrictions on immigration as a means of preventing cholera's entrance into the United States. The circular characterized entering European immigrants (mainly Russian Jews) as a direct menace to the public health. The federal law ordered a twenty-day quarantine on all ships potentially contaminated by cholera; detained immigrants from the "pest ships" would be placed in quarantine "stations" on tiny off-shore islands. This infuriated New York City's Tammany-controlled politicians who challenged the legality of federal intrusion on their turf even though the act stipulated that federal regulations could not "conflict with any sanitary or quarantine laws or regulations of any state or municipal authorities."

So what's new now? Confrontation between federal and state authorities, panic fanned by incessant media coverage, fluctuating guidelines, appeals for public policy to be guided by science and not by fear – all of these characterized earlier outbreaks of infectious diseases just like now. As Debbie Wilson, a nurse just returned from six weeks treating patients in Liberia, recently wrote to the *Times*, "I have been incredulous, shocked and now angry at the fearful, panicked and, yes, cowardly behavior of the American politicians and public. America needs to get a grip."

SOURCES

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