PHS CHRONICLES

A Gate to the City: The Baltimore Quarantine Station, 1918–28

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Between the 1880s and the 1920s, United States maritime quarantine policy shifted from a local (municipal or State) function to a national one. By 1921, the Public Health Service (PHS) operated every quarantine station in the continental United States, the Hawaiian Islands, the Philippines, Puerto Rico, and the Virgin Islands under a uniform set of quarantine regulations. The purpose of this national system was to prevent the entry of contagious diseases by inspecting all incoming ships from foreign ports, the disinfection of suspect vessels, and the isolation of the ill and their contacts for specific periods. This essay describes the activities of one such Public Health Service Quarantine Station located at Leading Point in Baltimore, MD, between 1918 and 1928.

The physical plant. The City of Baltimore built its quarantine station first at Hawkins' Point on the southern shore of the Patapsco River by legislative mandate in response to the yellow fever epidemic of 1794. By 1881, the quarantine station had moved to several locations in the Port of Baltimore before finally settling at Leading Point, about 8 miles below Fort McHenry on the west side of the Patapsco River. Beginning in the 1890s, with the passage of the National Quarantine Act of 1893, the Public Health Service (then the Marine Hospital Service) began assuming control of the many municipal and State-run quarantine stations across the United States in order to create a uniform, national system. The Baltimore Station, one of the last outposts to be incorporated into the national quarantine system, was assumed by the Public Health Service in 1918. It remained at Leading Point until it was closed by the Public Health Service in 1961. In keeping with the isolation principles of a lazaretto, the station was distant from the city proper. It was typically reached by boat as the overland roads leading to the station were rough and unpaved.

The station consisted of four small buildings built in the 1880s. There was a barracks building that served as an isolation hospital with bed space for up to 150 patients; an administration building (which contained offices, a bacteriology laboratory, a dispensary, and sleeping facilities for the station's orderlies and laborers); an officers' dormitory; and a storage building that housed a boiler, an ambulance, and a steam chamber delousing device which was described by the chief medical officer of the station in 1920 as "antiquated and dangerous." Along the docks of the station were makeshift wharf warehouses for disinfecting supplies. The station also operated its own tugboat, gasoline launch, and a sand filtration water supply system.

The staff. The station's medical staff consisted of a chief medical officer who supervised all of the station's operational activities and an assistant medical officer who actually performed the bulk of the ship inspections and medical examinations of the alien seamen, and supervised the fumigation of ships. Although quarantine officers during this period were typically commissioned officers of the PHS, the Baltimore Station was administered by Thomas L. Richardson, MD, who obtained his job from the City of Baltimore in 1906 when the city's department of health operated the quarantine station before its assumption by the Federal Government in 1918. He was succeeded by PHS Assistant Surgeon Harry F. White, MD, in 1924.

The qualifications for a quarantine officer were many. In addition to competency as a diagnostic physician, one had to be well versed in bacteriology, disinfection, maritime matters, and the commercial interests of the port. The delicate balance between maintaining the business of a major port and preventing the entry of contagious diseases must have been the most difficult part of the quarantine officer's job.

Yet there is evidence that the PHS physician of the early 20th century faced other professional problems. Being a quarantine officer was an extremely lonely job. One was almost forced to live in the quarantine station given that commissioned officers were not provided with stipends that allowed them to move their families with them, from post to post, or to live off-site.

The metaphor of a lonely public health officer assigned to a quarantine station, cut off from friends, family, and a social life was brilliantly, if unconsciously, described by Assistant Surgeon J. C. Travers who asked his superior officers to transfer him away from the Baltimore Quarantine Station in 1919 because "the four years of quarantine duty, with its isolation, has had a more or less reaction and depressing effect on my general health and several of my medical friends have advised me to secure a change if possible."

Other employees at the quarantine station included an assistant naval architect responsible for the upkeep of the station's vessels, an administrative assistant who functioned as the station's chief clerk, a material and a personnel officer, 2 assistant sanitary inspectors who were responsible for fumigating ships suspected of harboring a contagious disease, a boat pilot, a boatswain, 3 mechanics, and 14 orderlies or attendants.

The workload at the Baltimore Quarantine Station was heavy. In an average year, the station's officers inspected 701 seagoing vessels, 29,283 seamen, passengers, and stowaways, and fumigated 310 ships. During the period studied, 1919–28, the station participated in about 3 to 5 percent of all the transactions of the National Quarantine System of the PHS.

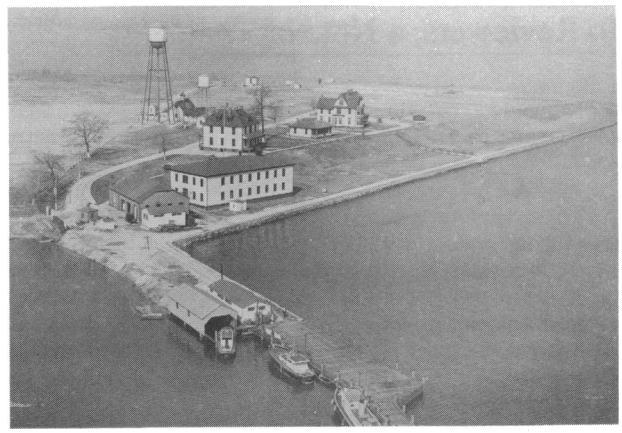
Operational activities. There were seven "dangerous contagious diseases," during the time period studied, that the quarantine officer was on guard against: cholera, yellow fever, smallpox, plague, typhus, anthrax, and leprosy. If a person on board an inspected ship was discovered to be ill with one of the seven diseases or if a suspicious death occurred during the voyage, the quarantine officer detained the ship, its passengers, and its cargo. Other contagious diseases such as mumps, measles, scarlet fever, tuberculosis, and whooping cough were not subject to quarantine. However, if these diseases were diagnosed, the stricken passenger was referred to the Baltimore Department of Health for further evaluation and treatment.

When a ship arrived at the Port of Baltimore, it was required to be brought alongside the pier of the Quarantine Station to present its Bill of Health. This document gave a physical description of the vessel, the number of officers, crew, and passengers aboard, the sanitary history of the vessel, date of ship's last fumigation and disinfection, information on the water and food supply during the voyage and specific data, if applicable, on any passenger or crewman ill or dead from one of the seven quarantinable diseases.

Vessels arriving from ports known to be infected with dangerous contagious diseases or those ships which had an outbreak of one during its voyage were subject to the closest scrutiny by the quarantine officers. If a ship was discovered to harbor active cases of one of the seven dangerous contagious diseases, the crew and passengers were detained at the station's hospital. The ship, forced to fly the infamous yellow flag (the international symbol for quarantine) on its mast, was fumigated and disinfected. On the other hand, if a ship arrived from a disease-free port and had a "clean bill of health," it was classified "pratique" (from the French for "clean bill of health") and allowed to proceed. Finally, if a ship originated from one of the South American ports where yellow fever was prevalent, it was classified "provisional pratique" even if passengers were not ill. These ships were boarded, inspected, and prophylactically fumigated.

In actuality, the medical officers at the Baltimore Quarantine Station rarely faced passengers or crew afflicted with one of the seven dangerous contagious diseases during the period 1918 to 1928. Most of the quarantine patients treated at the station during these years were Baltimore City or County residents discovered to have smallpox. In a long-term agreement with the City of Baltimore, the quarantine station served as its smallpox isolation hospital.

Occasionally, a case of typhus fever or leprosy is recorded in the files of the Baltimore Quarantine Station deposited in the National Archives, but there were no cases



Aerial view of the Baltimore Quarantine Station, 1920s

Boarding launch at the Baltimore Quarantine Station, 1939

of cholera, plague, yellow fever, or anthrax noted. Perhaps not ironically since the typical "passenger" inspected at the quarantine station was a worldly sailor, the most common medical diagnosis made was that of a sexually transmitted disease. Immigrants seeking entry to the United States via Baltimore were inspected by PHS officers at nearby Locust Point rather than the quarantine station.

Conclusion. PHS quarantine stations, located along the Atlantic and Pacific seaboards, the gulf coast and other critical border regions, helped protect the public health of American citizens from the importation of deadly epidemic diseases from other regions of the world during the first half of the 20th century. Instead of reacting a step or two behind the arrival of epidemic diseases, as was commonly done by local and State quarantine stations during the 19th century, the PHS national system of quarantine stations focused largely on prevention during the 20th century. In an era of rapid trans-oceanic transportation and limited abilities to treat contagious disease, prevention of epidemics by careful surveillance of health conditions around the world and the sanitary inspection of all vessels entering U.S. ports were the major public health defenses available.

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