

Quarantine is a fool's errand

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Similar arguments to the ones I outlined on [6 April 2023](#) about the impossibility of border closures and lockdowns, and on [24 April 2023](#) about why social distancing and focused protection cannot work, also apply to quarantine. But for quarantine we have the benefit of a long and well-studied history of failure.

In a few cases (Ebola, smallpox and SARS1) targeted quarantine can indeed be helpful but for the vast majority of diseases, quarantine is a fool's errand. Dr Charles Maclean MD, who had learnt about the nature of spread of disease during his work in India and Turkey, showed in 1817 that quarantine can never work. He called quarantines "positively tyrannical" and said that the harm caused by this measure is "little short of willful murder". He called upon the British government to "ascertain the expediency of their immediate and total abolition".

Edwin Chadwick, the founder of modern public health, fought against quarantine all his life. Even towards his end, he wrote (in 1883) about the widespread scientific, evidence-based consensus in the medical profession that "quarantines ... were of as little avail as they would be against the east wind". Worse, they cause great harm: "cordons sanitaires, internal as well as external, ... aggravate instead of mitigating the evils to the population".

In this two-part article I summarise why quarantine is not a viable or sensible policy to protect society from disease. Instead, sanitation and vaccination – both of which were advocated by the Sanitarians (who founded modern public health) – are the solution.

1. Quarantine to protect from the plague

John Booker noted in his 2022 book, *Forty Days*, that "Detention [quarantine] in past centuries was rooted in the fear of bubonic plague, which was endemic in the Near East. As other lethal diseases emerged, especially yellow fever and cholera, the rigmarole of quarantine was extended against them as well".

While the word "quarantine" was originally used in relation to inter-country movement of goods and people, it now applies more broadly to any form of coercive isolation (such as covid lockdowns, which are a form of mass-quarantine). Intra-country quarantine orders were issued in the case of smallpox, where the sick were sometimes quarantined within their own home. Breach of quarantine can lead to corporal punishment (as in India and Australia during covid lockdowns) or even death, as was the case in Spain in the past.

2. A history of absolute failure

Even assuming perfect implementation, for quarantine to make scientific sense, the relevant germ must transmit person-to-person. For the three main quarantine diseases of the past, however, this was not the case.

Consider plague – which prompted the quarantine system. On 16 April 2021, Australia's national news broadcaster, ABC (while allegedly "fact-checking" my opposition to lockdowns) cited the London quarantine of 1665 against the plague as evidence that covid lockdowns are a scientific measure. They forgot to mention that it has long been known in the literature that these measures did not work, and instead, made things worse. Dr Charles Maclean published a masterpiece in 1817, entitled "Results of an investigation respecting epidemic and pestilential diseases", in which he

demonstrated that “In 1665, the plague ... proved most fatal, at the very period, that the shutting up of houses ... were most rigorously enforced”.

One can understand medieval people adopting quarantine before the discovery in 1894 by Alexandre Yersin of *Yersinia pestis*, the plague-causing bacterium. But how are we to explain that ABC did not know in 2021 that there is virtually no person-to-person transmission of the plague and that imprisoning people can't stop it. ABC is not aware that rats, which transmit the plague, are able to hitch a ride inside containers and are heedless of man-made national borders. ABC probably does not know, therefore, that “Plague, which had been smoldering in the North Persian provinces since 1876, burst through the quarantine defences of Astrakhan and Russia in the winter of 1878-79” (as informed by J.C. McDonald in a 1951 paper entitled, “The History of Quarantine in Britain during the 19th century”). Moreover, since rats can swim (up to 0.8 kilometres), quarantine of ships can't stop the plague, either. The only way to stop it is to get rid of rats. Instead, ABC wants people to be cloistered indoors with flea-infested rats.

Likewise for yellow fever, where mosquitos are the mechanism of transmission. The solution is to get rid of mosquitoes. Finally, cholera. Its transmission is indirect, via an infected person's hands contaminated with faeces (insufficient hand washing) or through the mixing of sewage with drinking water. The solution is washing hands and disposing faeces safely, not quarantine. Similar arguments apply to typhoid and typhus. Except for a very few diseases, no competent scientist can even imagine the possibility of quarantine. Yet, it was mainly for such diseases that quarantine was implemented for hundreds of years.

Innumerable, detailed accounts exist from scientists of the 19th century, that conclusively confirm that quarantines have always failed. The following literature is illustrative: 1817 book by Dr Charles Maclean: “Results of an investigation respecting epidemic and pestilential diseases”; 1817 pamphlet by Dr Charles Maclean: “Suggestions for the prevention and mitigation of epidemic and pestilential diseases, comprehending the abolition of quarantines”; 1847 book by Dr Gavin Milroy, “The cholera not to be arrested by quarantine”; the 1849 Report on Quarantine by The General Board of Health established under the Public Health Act 1848 (Edwin Chadwick and Southwood Smith were its key members); 1866 book that compiles lectures by Dr Southwood Smith before his 1861 death: “The common nature of epidemics: Also remarks on contagion and quarantine”; 1883 paper by Dr J.M. Cunningham, the Surgeon-General of India, entitled: “The Sanitary Lessons of Indian Epidemics”.

In 1866, Dr. Southwood Smith explained that that “facts and observations place beyond all reasonable doubt the utter inutility of this system [quarantine]”. In 1883, the Surgeon-General of India, J.M. Cunningham, presented a paper in which he showed that quarantines have led to the “most disastrous consequences” and warned that unless quarantine is abolished, “there seems to be every reason to fear that these disastrous consequences may increase rather than diminish”.

3. Huge collateral harm

Quarantine, whether at an inter-country or household level, doesn't stop disease but does cause devastating collateral harm. In a pamphlet published in 1817, Dr Charles Maclean conducted what is perhaps the first cost-benefit analysis (CBA) of quarantine. He showed that an even greater expense for quarantines would be justified if they work, but they don't. Maclean recognised a number of indirect harms caused by quarantines, such as: the alarm caused in society (“terror occasioned by these pernicious measures”); detriment to health (making the healthy sick); the desertion of friends, relations and attendants; creation of scarcity and inflation; destruction of lives, detriment to commerce and the intercourse of nations; loss of individual freedom.

Further, it was reported by Robert Andrew Lewis in his 1952 book, “Edwin Chadwick and the public health movement 1832-1854” that T. Thornely conducted a partial CBA of quarantines (ignoring harms to the economy and society) in 1854 and showed that the quarantine establishment cost the government around 80 million pounds in today’s value – for absolutely no gain.

Tens of CBAs of the mass-scale quarantines (lockdowns) of 2020 (including the Foster-Sabhlok CBA of Australia) have confirmed their extreme harm. There’s perhaps no worse public policy than quarantine.

4. The Sanitarians wanted sanitation to replace quarantine

Jeremy Bentham had espoused a philosophy of public health in his Constitutional Code (most of which was published after his death in 1832, with parts of it having been co-designed by his friend Dr Southwood Smith and Edwin Chadwick, his assistant). Bentham wanted a Preventative Service Minister of Health, who would focus on preventing disease.

Taking his ideas forward and using the findings of Charles Maclean (who died in 1824), the Sanitarians (led by Dr Southwood Smith and Edwin Chadwick) created the field of modern public health. If quarantine could never work, what was to be the remedy? They had an erroneous theory (miasma) that quirkily led them to the correct solution: sanitation. Along with John Snow’s (later) advocacy of clean water (for an entirely different reason), this package – of sanitation and water – became a major milestone in the history of humanity before any bacteria or virus had been scientifically identified.

Unfortunately, virtually no “expert” today knows that the Sanitarians didn’t merely want sanitary reforms, they wanted the total and permanent abolition of quarantine. (They also supported vaccines – at that time smallpox was the only vaccine available).

The reform advocacy of the Benthamite Sanitarians led to the Public Health Act in 1848 in England which established a General Board of Health. The Board issued an extensive Report on Quarantine in 1849. The Report elaborates on the “signal failure of quarantine as a means of prevention, with reference at least to the most prevalent epidemics, in all the nations of Europe in which it has been tried in modern times”. It states that “it must be futile to array such a machinery as that of quarantine, that is to say, a vessel placed at the entrance of one or two seaport towns, a line of soldiers guarding a few miles of the frontier of a particular country against morbid agents”. Further, “experience has fully shown the utter inefficiency of quarantine”.

R.A. Lewis explained in his 1952 book that: “The Board ... proposed the dissolution of the existing quarantine establishments, and their replacement by sanitary regulations.”

5. Practicality as the major reason for the failure of quarantine

As the Sanitarians repeatedly pointed out, it would not matter if a disease was contagious (person to person). Quarantine would still fail. It is mainly on the question of practicality, therefore, that the merit or otherwise of quarantine ultimately stands.

The total failure of quarantine in history has not been simply because the diseases involved were transmitted by causes other than person-to-person transmission. It was mainly because of the sheer impossibility of implementation. The idea of quarantine is close to futile: even so-called “advanced” nations like Australia have failed miserably with their attempts to create quarantines for covid (e.g. the “Hotel Quarantine fiasco” in Melbourne). Quarantines of aged-care centres (as part of focused protection) invariably fail.

Quarantine is porous due to human failure, human error and guile. There are millions of ways in which this can happen. It could be incomplete compliance, for instance, "... though communications between London and Edinburgh by sea were impossible, by stage coach all travel was uncontrolled" (Dr South Smith cited in a 1951 paper, "The History of Quarantine in Britain during the 19th century" by J.C. McDonald). Or it could be that "No attempt was made to separate the sick from the healthy".

The kinds of measures undertaken in the name of stopping the plague were beyond ridiculous. For instance, Charles Maclean noted (as cited in the Board of Health's 1849 Report) that "it is contended by medical men that plague-virus may remain in cotton for an indefinite period". Therefore, all bales of cotton imported into England needed to be pulled apart and "aired", as if doing so would magically kill the plague "virus". While this was dutifully done in some ports, in others (as reported in the 1849 Report), they would "never do more than hoist the bags upon the deck". Bags would not be opened because captains stated "that it was impossible to do it".

Likewise, the 1849 Board Report explained that "whilst clean bills of health were refused at the Port of London, on account of the prevalence of cholera after it had ceased, clean bills were given to vessels departing from ports where we were aware that the disease prevailed in the most severe form .. [O]ur own vessels have regularly been admitted which have touched at minor ports where the plague has broken out, but has not been declared or officially notified." As a result, "it may be doubted whether an instance exists of any large or populous kingdom where a complete quarantine has at every point been maintained at any one time". (This is almost precisely the point made by Paul Frijters.)

Then there is concealment. Passengers and other misrepresent sickness: "The whole of the passengers and crew being exposed to grievous inconvenience on account of the sickness of individuals, it is the practice to prevail on the sick to misrepresent the nature and cause of their sickness". And there are public health inspectors who use their powers to make corrupt money by allowing infected ships to pass through.

Of course, this is just the beginning. Quarantine is likely to worsen the sanitary situation, making things worse. Germs may be either introduced by quarantine workers themselves or taken out by them to the wider public. Most importantly, once a germ has reached the society (in almost all cases without the border checks having been able to identify, let alone stop it), quarantine is utterly worthless. The permutations and combinations of the failure of quarantine are too many to be imagined, let alone list. Diseases like measles, flu and covid will therefore always spread, regardless of quarantine.

I wish to reiterate that for a few cases, such as Ebola, smallpox and SARS1, targeted quarantine (if superbly implemented) could help. But a thorough analysis must be undertaken before implementing any form of restriction on movement in the name of health.