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# SCIENCE AT THE BORDERS

*Immigrant Medical Inspection and  
the Shaping of the Modern Industrial Labor Force*

*Amy L. Fairchild*

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## CHAPTER ONE

IMMIGRANTS AND THE NEW  
INDUSTRIAL ECONOMY

Loathsome contagious disease.—A loathsome disease is a disease which excites abhorrence in others by reason of the knowledge of its existence. The term contagious as used in the law shall be regarded as synonymous with communicable. By loathsome contagious disease is meant a loathsome communicable disease, essentially chronic in character.

Dangerous contagious disease.—By a dangerous contagious disease is meant a communicable disease, essentially chronic in character, which may result in the destruction of one of the most important senses or loss of life.

—*Book of Instructions for the Medical Inspection of Aliens*, 1910

ONE OF THE MOST enduring icons of the American immigration experience is the Statue of Liberty, the towering figure who, we imagine, welcomed and embraced the arriving immigrant. Just as moving as the statue itself are the bronzed words of Emma Lazarus adorning the base:

... cries she  
With silent lips. 'Give me your tired, your poor,  
Your huddled masses yearning to breathe free,  
The wretched refuse of your teeming shore.'<sup>1</sup>

Viewed sentimentally, the Lazarus poem suggests a fundamental sympathy for the "tempest-tost" immigrant seeking refuge in a land of opportunity. John Higham explains that Lazarus, moved by the plight of Jews fleeing Russian pogroms in 1881, intended the poem as a "message of succor." He notes that immigrants themselves believed the Statue of Liberty extended a warm welcome. He argues, however, that the statue did not become a figure widely perceived as beckoning immigrants and forging a sense of common heritage un-

til the 1940s. During the peak period of immigration over which it presided, this symbol of "republican stability," Higham asserts, "remained for most citizens an aloof, impersonal symbol, conveying a warning."<sup>2</sup>

But the Lazarus poem, when read most simply, reflects the national decision to admit millions of immigrant laborers. Once we begin to think about immigration legislation in terms of admitting and processing an unprecedented "flood" of bodies to join the industrial working class, the form the immigrant medical examination took and the function it served begin to make sense. The decision to engage in the mass processing of individuals necessarily shaped the organization of inspection procedures, favoring the expression of power as a productive process for disciplining the body for industrial work, rather than as a negative process of exclusion. But because of ambivalence regarding immigrants within the labor force and the nation, the poem reflects the unfolding, complex drama of language, bodies, and authority in industrial-era America.

Immigrants evoked a mix of responses from different sectors of society concerned with the industrial economy. In this chapter I focus on the responses of labor, business, and the federal government. While the forces in favor of exclusion were strong, and did leave their mark on the effort to control immigration at the borders, the imperative to discipline the labor force exerted a stronger influence on the immigrant medical experience.

For organized labor, which by the 1890s was firmly in favor of immigration restriction, immigrants represented not only competition, but also the changing structure of American production.<sup>3</sup> Between the Civil War and World War I, the United States was transformed from a society of artisans to one of the world's industrial powers. Before the 1880s, although the United States was in the early throes of the industrial revolution and work was becoming increasingly mechanized, individual workers and their unions retained control over production. Manufacturers subcontracted work out to unions, which negotiated the pay rate, hours, and daily production quotas. As David Montgomery explains of the iron and steel industry, "both the management of the production process and the craft union of workers rested on the same social basis." Workers, therefore, exerted collective control and self-discipline in the workplace.<sup>4</sup> Although industry sought to wrest control from workers, both sides agreed that the new industrial equipment that increased the speed and efficiency of production lacked one critical component, controlled exclusively by the skilled labor force—"brains."<sup>5</sup>

short

While skilled workers retained control over production until the late nineteenth century, common laborers were largely excluded from unions and collective bargaining because they were not central to the production process. They might move and haul and clean, thus facilitating production, but they did not produce. As mechanization allowed smaller and smaller crews to produce efficiently, the proportion of laborers in the workforce steadily increased.<sup>6</sup> More and more, the common laborer was drawn from a new peasant work force arriving from southern and eastern Europe. Unions saw the new laborer as living outside the craftsman's ethic of collective behavior: "There were no men invited such as Slavs and "Tally Annes," / Hungarians and Chinamen with pigtail cues and fans."<sup>7</sup> This "dangerous class" of unskilled labor was perceived as "inadequately fed, clothed, and housed"; accordingly, it "threatened the health of the community."<sup>8</sup> A new means of production, combined with a new method of industrial management and supervision that increasingly allocated workers to discrete tasks representing only a step in production, opened the door for this "unworthy" labor force to become the engine of America's industrial might after the 1890s.

Labor leaders within the federal government and the unions attacked a newly arriving immigrant work force in physical terms because they perceived them as making an assault on the American laboring body. For example, Terrence Vincent Powderly, the nation's first commissioner general of immigration and a former labor leader, identified a space in which trachoma, favus, itch, heart disease, feeble-mindedness, blindness, and other communicable and chronic diseases were understood as "contagious." Wrote Powderly, who oversaw the creation of a vast machinery for regulating immigration beginning in 1891:

Just take a day off, if you're willing and able;  
 Please sit for a time at one side of our table  
 And listen to the stories, some false and some true,  
 That are told every day to the Board of Review.

.....  
 One comes as a student (he shows his diploma).  
 But we can't let him in 'cause he has trachoma:  
 A well-meaning lady, kind hearted, would have us  
 Admit those afflicted with itch and with favus.

short

plains, "Taylor was a product of his environment." Taylor articulated a core set of industrial values that resonated with widely shared conceptions of the proper place and role of the worker as contrasted to the manager. His rise was part and parcel of a trend toward systematic organization and technical or scientific expertise in economic and political life—what Robert Wiebe classically described as the "search for order." Accordingly, after 1910, Frederick W. Taylor was not merely an engineer who gained wide respect in his field and in industry. Rather, Taylor "became (with Henry Ford and Herbert Hoover) one of a trinity of early-twentieth-century technician-philosophers."<sup>18</sup>

Although not all American manufacturers adopted Taylorism, the early twentieth century saw the "irreversible transformation" of work in the nation's leading growth industries. Montgomery argues, "Skilled workers in large enterprises did not disappear, but most of them ceased to be production workers. Their tasks became ancillary . . . while the actual production was increasingly carried out by specialized operatives." At Bethlehem Steel, for example, while craftsmen served as foremen, 95 percent of the production positions were unskilled, retrained laborers.<sup>19</sup> Mechanization, in particular, helped to undercut the control, autonomy, and decision-making capacity of the worker. In mining, machines and not men cut half of the nation's coal by 1913. In the 1880s one Kentucky miner, who intuitively grasped the implications of Taylorism and mechanization, explained, "Anyone with a weak head and strong back can load machine coal. But a man has to think and study every day like you was studying a book if he is going to get the best of the coal when he uses only a pick."<sup>20</sup>

Within this new industrial ideology, defective, worn-out cogs could be discarded and easily replaced. Indeed, easy replacement was essential. Paul Miceli penned:

Here in the land of far famed liberty  
Men are treated as part of a machine;  
Hired and fired without necessity  
According to set rule, and set routine.  
By younger men the old were soon replaced,  
Because they had outlived their usefulness;  
Cast off like some worn part in discard placed,  
Without regard to those it brought distress.<sup>21</sup>

Easy replacement was not only essential but also inevitable. In his poem "In the Sweat-Shops," Morris Rosenfeld, who was born in Poland in 1862 and

worked in New York City sweatshops, found no answer to the question, "Pray, how long will the weak one drive the bloody wheel?" But he was certain of one thing: "when the work will have killed him another will be sitting in his place and sewing."<sup>22</sup>

The worker himself, accordingly, began to fill a role analogous to machines. One manager bragged of a prized employee, "She is a sure machine." A shirt worker in 1903 described the nature of the "1000 souls" engaged in factory work as "purely mechanical," producing "results as nearly as possible identical to one another, and all to the machine itself."<sup>23</sup> The poets, however, captured the grim reality of factory life most hauntingly:

The machines in the shop roar so wildly  
that often I forget in the roar that I am:  
I am lost in the terrible tumult,  
My ego disappears, I am a machine.  
I work, and work, and work without end;  
I am busy, and busy, and busy at all time.  
For what? And for whom? I know not, I ask not!  
How should a machine ever come to think?<sup>24</sup>

Even for workers in factories whose structure continued to bear little resemblance to the scientifically managed organization, new modes of production shaped the nature of work and the ethos of scientific management affected the milieu.<sup>25</sup> Thus, although Rose Cohen's father worked as a tailor doing piecework, and not on a modern assembly line, the ethic was the same. After only a few weeks in America watching her father's routine, Ruth asked, "Father, does everybody in America live like this? Go to work early, come home late, eat and go to sleep? And the next day again work, eat, and sleep? Will I have to do that too? Always?" She soon discovered the grinding, mechanical expectations of piecework for herself when, at the age of twelve, she "climbed the dark, narrow stairs of a tenement house on Monroe Street" to begin work as a feller, sewing the lining of men's coat sleeves. Some sewed buttons, some pressed, but each worked at the same monotonous task day in and day out. Wrote Rose, "You with your eyes close to the coat on your lap are sitting and sweating the livelong day. The black cloth dust eats into your very pores. You are breathing the air that all the other bent and sweating bodies in the shop are throwing off, and the air that comes in from the yard heavy and disgusting with filth and the odour of the open toilets."<sup>26</sup> Indeed, even office workers

were touched by the imperative for speed and efficiency, and learned the monotony of repetitive work.<sup>27</sup> In "A Typist's Lament," a stenographer laments,

I stenograph, type and flame  
 Each weary, sunny hour;  
 Numbed fingers, palms grown lame. . . .  
 I type and am a prey  
 To commerce's letters, dull,  
 All day, in office gray. . . .  
 Which makes my living null. . . .<sup>28</sup>

For all workers, skilled or unskilled, it was the clock that heralded the new importance of speed in production work: "my boss cries: 'Speed-' . . . Ah, speed, the cry of greed. . . . The clock-ticks never miss."<sup>29</sup> In Rosenfeld's "The Sweat-Shops," the clock similarly drives the worker on:

The clock in the workshop does not rest;  
 It keeps on pointing, and ticking, and waking in succession.  
 . . . . .  
 In its sound I hear only the angry words of the boss;  
 In the two hands I see his gloomy look.  
 The clock, I shudder.—it seems to me it drives me  
 And calls me "Machine," and cries out to me: "Sew!"<sup>30</sup>

The federal government's interests in exclusion versus discipline were more complex and consequently are harder to tease apart. Both the Public Health Service and the Immigration Service voiced an interest in exclusion, and the inspection regimes set up at the nation's immigration stations were intended to accomplish just that. Within the leadership of the IS, which made final decisions regarding admission or exclusion for all immigrants, the rhetoric of exclusion resounded. Some shared his roots in organized labor, and all of Powderly's successors in the IS during this period favored strict exclusionary practices.<sup>31</sup> For example, Frank Sargent, who followed Powderly as director of the IS, equated diseased immigrants with criminals and moral degenerates, arguing that their "mere presence is a menace to society." He insisted, "Further restrictive legislation is needed if the United States is to maintain its present industrial prosperity and to protect itself from pauperism and disease." The United States must not become the "'dumping ground' for the diseased and pauperized peoples of Europe."<sup>32</sup> As Powderly had put it, the United



States was not to be "the hospital of the nations on earth."<sup>33</sup> Herman J. Schulteis evoked similar imagery in warning against admitting socialist labor leaders, such as New York City's Joseph Barondess, to the United States: "We should guard against an invasion of such hordes as we would against an armed host or a pestilence."<sup>34</sup>

When he started out with the PHS, Dr. Victor Heiser was assigned to examine immigrants in Boston, where he "worked so well . . . that [he] was promoted to the chief center of immigration at New York." Heiser explained, "I believed that health should be regarded from the economic as well as from the humanitarian viewpoint. To be without it was to be without earning power."<sup>35</sup> Another official, Dr. Victor Safford, interpreted his job in these words: "It seems safe to say that it was the intention of those who have framed the provisions relating to a medical examination in our immigration laws . . . to provide a means of stopping the entry of the classes of aliens who were showing themselves to be a direct economic burden on this country after arrival."<sup>36</sup>

The PHS, representing both the state and science, was an ideal agent for determining the meaning of disease and shaping the consequences of being diseased for the marginal immigrant. Bacteriology offered new possibilities for protecting individuals and nations from infection, but it was also a social and cultural phenomenon: Our "traditional" public health policies, born of bacteriology, encompass ways of looking at the world and at relationships between groups that are not necessarily "scientific" or value-free. The categorization of immigrant diseases and laboring bodies, therefore, was open to the influence of ethnic, social, and economic perceptions of immigrants. Judith Walzer Leavitt, Naomi Rogers, and Nancy Tomes have shown that in the American system bacteriology, like other branches of medicine, was informed by class, race, and gender norms, and worked to "pathologize" private behavior.<sup>37</sup> In the very different setting of Africa, Maynard Swanson, John Cell, and Randall Packard argue that bacteriology was used to justify new forms of social segregation.<sup>38</sup> Thus, bacteriology needs to be understood not only as a science that failed to break the popular links between race, class, gender, and disease, but also as a science that could help to forge those links. In a nation in which different groups had very different interests in the immigrant laborer, bacteriology offered a means to objectify social fears using the ostensibly neutral language of science.

With the immigration law of 1891, the federal government took control over immigration and created the machinery for federal officials to inspect and ex-

clude immigrants. In 1892, four PHS officers examined immigrants at seven ports across the nation—some serving more than one port. By 1910, seventeen commissioned and sixty noncommissioned PHS officers inspected immigrants at seventy-five American ports or immigration stations. The number of ports of entry continued to mount, with more than one hundred officers inspecting arrivals at one hundred twenty-six immigration stations around the nation by 1930.

Federal law required medical officers of the PHS to inspect and issue a medical certificate to all immigrants suffering from a "loathsome or a dangerous contagious disease." Loathsome and dangerous contagious diseases—also known as Class A conditions—included trachoma (also known as granular conjunctivitis), an infectious eye condition that could lead to blindness; favus, a fungal infection of the scalp and nails; venereal diseases; parasitic infections; and tuberculosis, perhaps the paradigmatic disease associated with immigrants and economic devastation.<sup>39</sup> A subset of Class A conditions included mental conditions such as insanity, feeble-mindedness, imbecility, idiocy, and epilepsy (table 1-1).

By 1903, in addition to loathsome and dangerous contagious diseases (labeled Class A conditions mandating exclusion), the PHS had created a new category of Class B diseases or conditions: those rendering the immigrant "likely to become a public charge."<sup>40</sup> The PHS gave its officers little guidance in determining what constituted a Class B condition. Immigrants who should receive Class B certificates were defined only as "those who present some disease or defect, physical or mental, which may be regarded as conclusive or contributory evidence to justify the exclusion . . . of the person in question as an alien 'likely to become a public charge.'"<sup>41</sup> Officers were merely informed that "the certificate in each case should be sufficiently explicit to enable the inspectors whose duty it is to pass final judgment on these cases to form an opinion as to what degree the disease or deformity will affect the immigrant's ability to earn a living."<sup>42</sup> Conditions rendering the immigrant likely to become a public charge included hernia, valvular heart disease, pregnancy, poor physique, chronic rheumatism, nervous affections, malignant diseases, deformities, senility and debility, varicose veins, and poor eyesight (table 1-1).<sup>43</sup>

Congressional exclusion of people with diseases affecting ability to earn a living led both the PHS and IS to believe that officers were legally required to state on the medical certificate whether a disease affected ability to earn a living. This imperative created lasting problems and tension between the two ser-

vices. While the PHS instructed its officers that this determination was to be based on medical opinion, IS officers had ultimate responsibility for deciding whom to exclude, so that the IS was the final arbiter of whether a disease or condition did materially affect an immigrant's ability to earn a living.<sup>44</sup> Nevertheless, the IS pushed the PHS to put the full weight of its medical authority into Class B certifications. The IS complained about the PHS practice, adopted after passage of the 1907 legislation, of certifying Class B conditions with the annotation, "which *may affect* ability to earn a living" (emphasis added). The IS directed PHS officers to state explicitly that a particular disease "does (or does not) affect ability to earn a living." In making such a determination, the IS also insisted that "the occupation of the immigrant must be the deciding point."<sup>45</sup>

Dr. George Stoner at Ellis Island anticipated this requirement and gave examples of how assessments of ability to earn a living might be incorporated into the medical certificate: "This is to certify that the above named alien has Hernia which affects his ability to earn a living—as a laborer. . . . This is to certify that the above named alien has Loss of Left Foot, which does not affect her ability to earn a living—as a housewife. It is corrected by an artificial foot."<sup>46</sup> Nevertheless, Stoner and other PHS officers were uncomfortable making decisions about whether an immigrant's disease would affect his or her ability to earn a living.<sup>47</sup> This seemed a task more properly assigned to the IS because of the occupational and financial information needed to make such decisions. As an example Stoner cited the problems stemming from a diagnosis of "old age": "That an advanced age of eighty or eighty-five years, does affect ability to earn a living, goes almost without saying, In cases of this kind, however, the alien may be surrounded and supported by able bodied or well-to-do children. Or later, before a Board of Special Inquiry, may produce evidence to show that he is not only a well-to-do, but actually a rich man."<sup>48</sup>

Ultimately, Stoner advocated dropping any formal medical annotation regarding an immigrant's ability to earn a living. He was already of the opinion that "too many excluding certificates are being rendered," many of which would be more accurate if they read "does not affect ability to earn a living." Moreover, it was unclear whether such diseases would "incapacitate" the alien from earning a living or merely "affect" that ability. But even the question of whether a disease "affected" ability to earn a living was tricky. As an example, Stoner noted that "certain forms of psoriasis . . . might seem worse than more serious affections of different character" to a lay IS Board of Special Inquiry

TABLE 1-1. U.S. Public Health Service Classification of Disease (the "Immigrant Nomenclature"), 1903-1930

Class A. Loathsome and Dangerous Contagious (Exclusion Mandatory)			
1903	<p><i>Dangerous Contagious Diseases (Subdivision I)</i>                      Trachoma                      Pulmonary TB*<sup>1</sup></p> <p><i>Loathsome Diseases (Subdivision II)</i>                      Favus *                      Syphilis                      Gonorrhoea                      Leprosy</p> <p><i>Insane Persons (Subdivision III)</i>                      Requires certificate of two physicians</p> <p>Idiots (Subdivision IV)</p>		
Class A			
1910	<table border="0"> <tr> <td style="vertical-align: top;"> <p>Idiots                      Imbeciles                      Feeble-minded persons                      Epileptics                      Insane persons                      Tuberculosis *<sup>2</sup>                          of respiratory tract                          of intestinal tract                          of genitourinary tract</p> <p><i>Loathsome Contagious Diseases</i>                      Favus *                      Ringworm of scalp *                      Sycoosis barbae *<sup>3</sup>                      Actinomycosis</p> </td> <td style="vertical-align: top;"> <p><b>Blastomycosis</b>  <b>Frambesia (yaws)</b>  <b>Mycetoma (Madura foot) *</b>                      Leprosy *                      Syphilis                      Gonorrhoea *                      Soft chancre *                      Endemic haematuria *</p> <p><i>Dangerous Contagious Diseases</i>                      Trachoma                      Filariasis (Filaria sanguinis hominis) *<sup>4</sup>                      Uncinariasis (hookworm) *                      Amoebic infection (Amoeba coli) *</p> </td> </tr> </table>	<p>Idiots                      Imbeciles                      Feeble-minded persons                      Epileptics                      Insane persons                      Tuberculosis *<sup>2</sup>                          of respiratory tract                          of intestinal tract                          of genitourinary tract</p> <p><i>Loathsome Contagious Diseases</i>                      Favus *                      Ringworm of scalp *                      Sycoosis barbae *<sup>3</sup>                      Actinomycosis</p>	<p><b>Blastomycosis</b>  <b>Frambesia (yaws)</b>  <b>Mycetoma (Madura foot) *</b>                      Leprosy *                      Syphilis                      Gonorrhoea *                      Soft chancre *                      Endemic haematuria *</p> <p><i>Dangerous Contagious Diseases</i>                      Trachoma                      Filariasis (Filaria sanguinis hominis) *<sup>4</sup>                      Uncinariasis (hookworm) *                      Amoebic infection (Amoeba coli) *</p>
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Class A			
1917	<table border="0"> <tr> <td style="vertical-align: top;"> <p>Idiots                      Imbeciles                      Feeble minded                      Epileptics                      Insane                      Constitutional psychopathic inferiority                      Chronic alcoholism                      Mentally defective                      Tuberculosis<sup>5</sup>                      ◀ Expanded to TB in any form</p> <p><i>Loathsome Contagious Diseases</i>                      Favus *                      Ringworm of scalp and nails                      Sycoosis barbae *<sup>3</sup>                      Actinomycosis *                      Blastomycosis *</p> </td> <td style="vertical-align: top;"> <p>Frambesia (Yaws)                      Mycetoma (Madura foot) *                      Leprosy *                      Oriental sore (cutaneous leishmaniasis) *                      Syphilis*                      Gonorrhoea *                      Soft chancre *</p> <p><i>Dangerous Contagious Diseases</i>                      Trachoma                      Filariasis *                      Amoebiasis *                      Schistosomiasis *                      Leishmaniasis *                      Trypanosomiasis (sleeping sickness) *                      Paragonomiasis *                      Clonorchiasis</p> </td> </tr> </table>	<p>Idiots                      Imbeciles                      Feeble minded                      Epileptics                      Insane                      Constitutional psychopathic inferiority                      Chronic alcoholism                      Mentally defective                      Tuberculosis<sup>5</sup>                      ◀ Expanded to TB in any form</p> <p><i>Loathsome Contagious Diseases</i>                      Favus *                      Ringworm of scalp and nails                      Sycoosis barbae *<sup>3</sup>                      Actinomycosis *                      Blastomycosis *</p>	<p>Frambesia (Yaws)                      Mycetoma (Madura foot) *                      Leprosy *                      Oriental sore (cutaneous leishmaniasis) *                      Syphilis*                      Gonorrhoea *                      Soft chancre *</p> <p><i>Dangerous Contagious Diseases</i>                      Trachoma                      Filariasis *                      Amoebiasis *                      Schistosomiasis *                      Leishmaniasis *                      Trypanosomiasis (sleeping sickness) *                      Paragonomiasis *                      Clonorchiasis</p>
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Immigrants and the New Industrial Economy

Class B Affecting Ability to Earn a Living (Exclusion Discretionary)

- Hernia
- Valvular heart disease
- Pregnancy
- Poor physique ("chickenbreast," symptoms of pulmonary TB without evidence of bacillus)
- Chronic rheumatism
- Nervous affections (locomotor ataxia, spastic paraplegia)
- Malignant diseases (carcinoma, sarcoma)
- Deformities (scoliosis, lordosis, scoliosis, mutation of extremities, etc.)
- Senility and debility
- Varicose veins
- Eyesight (refractive errors, optic atrophy, choroiditis, retinitis pigmentosa, etc.)
- General considerations (disease/deformity that cannot be placed in other classes)

Class B Class C Less Serious

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>Hernia</li> <li>Heart disease (no longer limited to valvular disease)</li> <li>Permanently defective nutrition and marked defective skeletal and muscular development</li> <li>Chronic arthritis and myositis</li> <li>Nervous affections</li> <li>Malignant new growths</li> <li>Deformities (see above)</li> <li>Senility</li> <li>Varicose veins</li> </ul> | <ul style="list-style-type: none"> <li>Eyesight</li> <li>Cutaneous affections</li> <li>Eruptive fevers</li> <li>Anaemia</li> <li>Tuberculous affections of the skin, glands, bones, and joints</li> <li>General considerations</li> <li>Poor physique</li> <li>Chronic rheumatism</li> <li>Debility</li> </ul> | <ul style="list-style-type: none"> <li>► Pregnancy (may be classified as B if appropriate)</li> </ul> |
|---|--|---|

Class B Class C

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Hernia</li> <li>Heart disease</li> <li>Permanently defective nutrition and marked defective skeletal and muscular development</li> <li>Chronic arthritis and myositis</li> <li>Nervous affections</li> <li>Malignant new growths</li> <li>Deformities (see above)</li> <li>Senility</li> <li>Varicose veins</li> <li>Eyesight</li> <li>Chronic malaria *</li> <li>► Uncinariasis (hookworm) *</li> <li>Pellagra</li> <li>Beriberi</li> <li>Cutaneous affections</li> <li>Eruptive fevers</li> <li>Anaemia</li> </ul> | <ul style="list-style-type: none"> <li>Pregnancy</li> </ul> |
|---|---|

continued

TABLE 1-1. Continued

Class A *	
1930	<i>Loathsome or Dangerous Contagious Diseases</i>
	Favus
	Ringworm of scalp, nails, or beard *
	Actinomycosis *
	Blastomycosis *
	Mycetoma *
	Leprosy *
	Yaws *
	Syphilis
	Gonorrhea *
	Soft chancre
	Trachoma
Amoebiasis *	
Leishmaniasis *	
Trypanosomiasis *	
Filariasis *	
Schistosomiasis *	
Paragonimiasis *	
Chromoblastomycosis	
Syccosis barbae	

\* Categories are the same as in 1917 except that "Loathsome Contagious" and "Dangerous Contagious" diseases are collapsed into a single category.

◀ Moved up to a higher category from previous regulations.

▶ Moved down to a lower category from previous regulations.

**Bold** indicates that a disease was added to a category in that set of regulations.

~~Strikethroughs~~ indicate that a disease included in previous regulations was removed.

\* Microscopic confirmation required for certification.

<sup>1</sup> Sputum

<sup>2</sup> Sputum or intestinal or urinary discharges

<sup>3</sup> Microscopic confirmation recommended if possible.

<sup>4</sup> Examination of fresh drop of blood taken at night optional.

<sup>5</sup> Pronounced clinical symptoms sufficient for certification

<sup>6</sup> Wasserman recommended if feasible; results to be taken with caution

<sup>7</sup> Microscopic confirmation discussed but not explicitly required

SOURCES: *Book of Instructions for the Medical Inspection of Immigrants*, 1903; *Book of Instructions for the Medical Inspection of Aliens*, 1910; *Regulations Governing the Medical Inspection of Aliens*, 1917; *Regulations Governing the Medical Examination of Aliens*, 1930.

(BSI), but that they should not necessarily be considered as affecting ability to earn a living.<sup>49</sup> In 1907, though the IS also recommended omitting such language from medical certificates, the form of the medical certificate remained unchanged.<sup>50</sup>

The relative distribution of immigrant diseases according to the broad categories of immigrant certifications, from 1909 to 1930, is shown in figures 1-1 and 1-2.<sup>51</sup> The PHS subdivided Class A for reporting purposes. Class A1, the mental conditions, consistently represented less than 5 percent of total certifications. The loathsome and dangerous contagious diseases, Class A2, represented slightly more than 10 percent of certifications from 1910 to 1921, thereafter only about 5 percent. Diseases "affecting ability to earn a living" represented the vast majority of certifications, reflecting the relative importance of the economic threat that immigrant disease presented, and the PHS's willingness to render such certificates despite the protests of Stoner.<sup>52</sup>

Not only Class B conditions affecting ability to earn a living, but also the loathsome and dangerous contagious diseases, like tuberculosis, took on eco-

Class B	Class C
No specific diseases listed for either category.	Same criteria as in 1917.

conomic meaning in the hands of the PHS, which defined contagious immigrant diseases as "essentially chronic." The PHS also determined that a key element in the definition of a "dangerous contagious disease" was the stipulation that it "may result in the destruction of one of the most important senses." Chronic, debilitating disease represented the permanent inability of an immigrant to function in society; it represented dependency.

There is no better illustration of this point than the rationale used to classify trachoma as a Class A condition. In 1903, when it published the first set of regulations governing immigrant medical inspection, the PHS neatly summed up the dual rationale for excluding immigrants with trachoma: "The object is not only to prevent the introduction into this country of a communicable disease, but also to keep a class of persons from whom so large a proportion of the inmates of institutions for the blind and recipients of public dispensary charity are recruited."<sup>53</sup> Trachoma leads to blindness, and blindness to dependency: "Sight is not only a most valuable asset in earning a living, but it is the medium of some of the greatest joys of life."<sup>54</sup> Dr. Victor Heiser urged that officers always remain vigilant: "Trachoma, a contagious inflammation of the eyelids, had always to be watched for with special care. It was estimated fifteen percent of the blindness in the United States institutions at that time was due to this disease. Clinics in our large cities were overrun with cases which proved stubborn to treat and often impossible to cure."<sup>55</sup>

In 1897, trachoma became the first disease officially declared by the PHS to be "a loathsome or a dangerous contagious disease." The decision met rapid challenge. Nazaret Saropian, a twenty-two-year-old Armenian immigrant with trachoma, argued that because of the lack of medical consensus regarding its

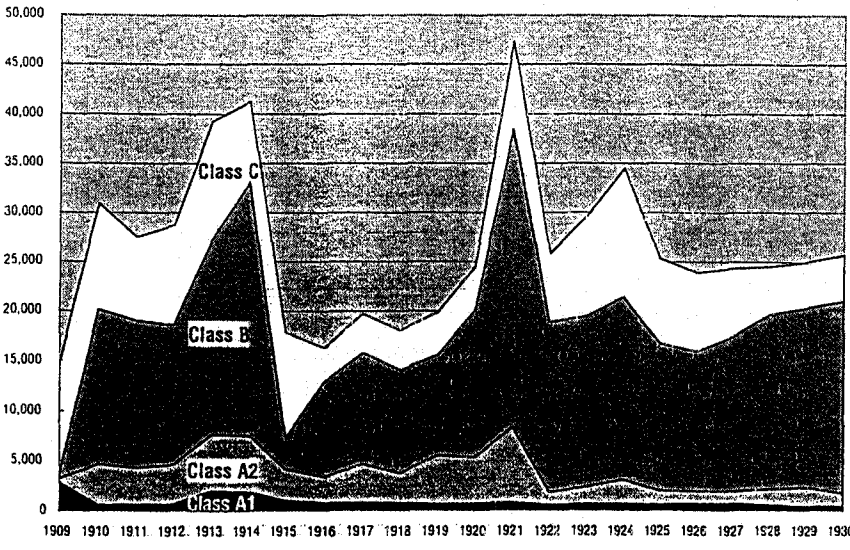
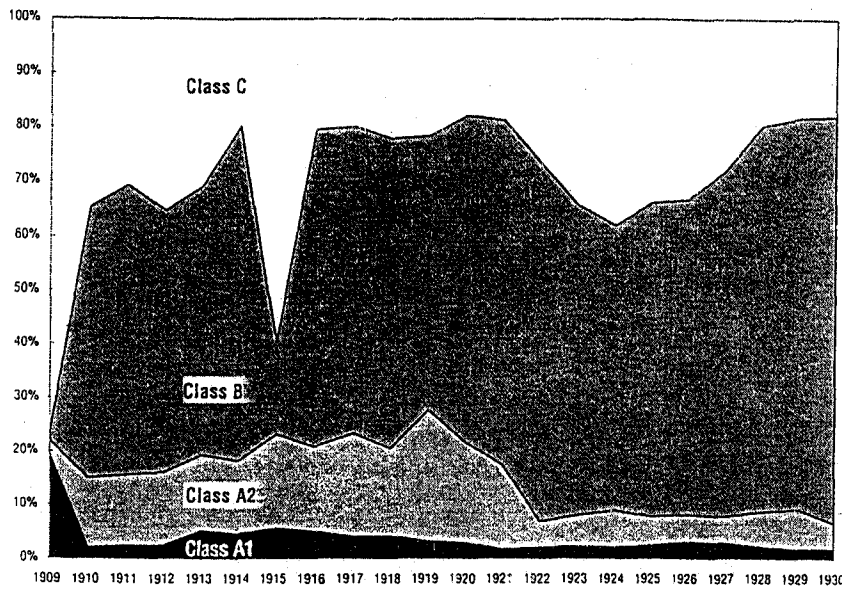


FIGURE 1-1. Immigrants certified by medical category, expressed as percentage of total, 1909-1930. (SCAR, 1909-30)

FIGURE 1-2. Number of immigrants certified by medical category, 1909-1930.



contagiousness and responsiveness to treatment, trachoma was neither a loathsome nor a dangerous contagious disease.<sup>56</sup> The question, "being one purely of medical science," was referred to Surgeon General Walter Wyman. Wyman responded by citing a leading medical authority on trachoma, who described a disease that "will spread slowly through an orphan asylum, tenement house, or other place where the poor are crowded together, unless special means are taken to prevent this result, leaving its victims handicapped for life and often nearly blind." Wyman noted that the disease was "seldom seen except among recent immigrants from the eastern end of the Mediterranean, Polish and Russian Jews, Armenians and others from that locality." He emphasized that "the presence of acute trachoma of the conjunctiva of immigrants should be a good and sufficient reason for turning them back whence they came. A large portion of these cases within a few months after their arrival become incapacitated and are public charges." Based on this opinion, in which trachoma was directly associated with immigration and dependency, Wyman—ignoring the question of loathsomeness—confirmed previous PHS conclusions that trachoma was "both dangerous and contagious." The IS dismissed Nazaret Saropian's appeal and promptly deported him.<sup>57</sup>

"Contagion," then, was not understood in purely bacteriological terms. Or, rather, bacteriology had both social and medical implications. Just as pathogens multiplied in, spread throughout, and depleted the bodies of infected individuals, immigrants with disease infected the economic body. Thus, Marcus Braun, the IS special investigator sent to investigate immigration conditions along the Mexican border shortly after the turn of the century, concluded that contagious conditions "not only present the dangerous feature of spreading . . . , but can also be looked upon from the stand point of public charges, since most of these people infess [*sic*] the Dispensaries, Hospitals and other public Institutions."<sup>58</sup> By 1907 the PHS had come to associate trachoma not only with contagion and financial ruin, but also with racial economic degeneration: "we must concede to trachoma a high place among the factors that go to decrease materially not only the economic efficiency of the individual sufferer, but that of the race or people as a whole among whom it is prevalent. . . . [T]he resulting visual impairment [of the sufferer] cannot fail greatly to reduce his efficiency and consequently his value to society at large. He is therefore restricted in his activities and may therefore become a public charge."<sup>59</sup>

The difficulty many immigrants had in paying for the medical care they re-

ceived at Ellis Island or other immigration stations convinced the IS and PHS that disease, in general, was the major cause of dependency. Neither service was eager to grant diseased immigrants medical treatment.<sup>60</sup> Both were convinced that many immigrants simply could not afford treatment, and perhaps did not even deserve it. In the case of Mrs. Emilie Beller, for example, the commissioner general of the IS felt that the situation "seems to be going from bad to worse as time elapses. Certainly the Department's generous exercise of clemency in this matter is not appreciated by the alien nor apparently by [her Chicago lawyer and physician]." Claiming that the "feeling of disgust which must arise from the lack of gratitude in places where it ought to be expected to exist" did not influence his objectivity, the commissioner general concluded that not only was hospital treatment an "abuse and a nuisance," but also it afforded diseased aliens an opportunity to escape—as did Mrs. Beller—or spread contagion, almost always leaving the government to foot expensive bills that immigrants could not pay.<sup>61</sup>

Clearly smarting from episodes like that of Emilie Beller, in 1913 the IS reviewed its most troublesome cases up to that time. The evidence seemed overwhelming: again and again, immigrant families defaulted on their hospital bills. The PHS and IS regarded as a harsh lesson experiences like that with Josef Abdallah, a twelve-year-old Turkish child certified with favus, in December 1907. Josef's father, a naturalized citizen working in Wisconsin, successfully petitioned for his son's treatment at Ellis Island. The PHS physicians were reluctant to comply, describing his as a "marked case" requiring "treatment for *at least* twelve months, if not longer, and may prove practically *incurable*." The father, however, "exhibited when here a roll of bills containing \$3000 and bank book with substantial balance" and declared himself "willing to pay \$5000 for the cure and landing of son." The IS authorized his treatment. More than a year later, in March 1909, though they extracted the medical expenses from the Immigrant Fund, the IS deported Josef after his father failed to pay a \$235 hospital bill, "pleaded indigence," and "wrote several untrue letters."<sup>62</sup> The Abdallah case was one of many that the IS and PHS used to underscore the inability of immigrants to afford steep hospital bills.

As in the Abdallah case, immigrants granted hospital treatment at Ellis Island and other ports were often deported for inability to pay hospital expenses associated with Class A conditions. The IS deported roughly 70 percent of all immigrants certified for disease or defect from 1891 to 1930. Nonetheless, the perception persisted that an elaborate system of regulatory, administrative,

and legal exceptions to immigrant medical exclusion built up after 1906 presented a tremendous barrier to the exclusion of diseased immigrants at domestic ports: "It is a matter of common knowledge that only a part of the immigrants certified for mandatorily excludable diseases in ports of the United States are actually deported. Lack of funds, political influence, and a host of other factors operate to make deportation difficult or impossible."<sup>63</sup>

Over time the IS granted medical treatment to more and more immigrants, often justifying it on humanitarian grounds. Section 37 of the Immigration Act of 1903 specified that the secretary of commerce and labor, at his discretion, could allow the wife and minor children of an immigrant who had declared his intention to become a citizen to receive medical treatment until cured, provided the disease had been contracted on board ship while the individual was en route to the United States. In 1907, however, Section 19 of the Immigration Act merely stated that diseased aliens could land only with the "express permission of the Secretary of (Commerce and) Labor." The law opened the door for any diseased immigrant to appeal for treatment upon arrival in the United States.<sup>64</sup>

Only 13 percent of those who applied for hospitalization after 1907—which included not only those immigrants medically certified but also those in need of treatment for a condition not covered under the immigration law, such as diarrhea—were denied treatment. Most immigrants, however, did not apply for treatment of Class A conditions because, if the request was granted, the immigrant was required to pay all medical expenses.<sup>65</sup> In 1919 the Ellis Island hospital charged the following per diem rates for hospital care: \$2.75 for adults and children, \$1.50 for nursing infants and children under five accompanying a sick parent, \$3.25 for communicable diseases, \$4.00 for cases of insanity, and \$2.25 for the care of seamen.<sup>66</sup> Ellis Island's hospital records show that the majority of immigrants were treated for short-term acute infections, such as measles, chickenpox, dysentery, minor eye infections, pregnancy, and childbirth.<sup>67</sup> Although immigrants suspected of having excludable conditions like tuberculosis and syphilis were admitted to the hospital and "treated" while they were under "observation," the hospital did not keep these immigrants with the intent to cure them unless they were granted permission to receive treatment. Chronic conditions, such as trachoma and favus, could exact a considerable toll with no guarantee of success. In Baltimore, the IS reported that in 1914 eleven immigrants certified with Class A conditions (two cases of favus, five cases of ringworm of the scalp, and four cases of trachoma) were granted

treatment. At the end of the year, two immigrants were still receiving treatment for trachoma and five for ringworm, "very slow progress toward a cure having been effected." The expense was great, totaling \$4,055 at the time of the report. At Ellis Island, a far greater number of immigrants were granted hospital treatment. By 1921 the PHS claimed that 90 percent of immigrants certified with Class A conditions received treatment.<sup>68</sup> The IS concluded that "another year's experience but emphasizes the inadvisability of granting hospital treatment except in cases of exceeding merit, where the assurances for payment are beyond question."<sup>69</sup>

PHS constructions of disease and disability resonated powerfully in American popular culture, playing particularly well off nativist sentiments and fueling the call for exclusion. Although immigrants had been associated with disease long before the rise of bacteriology, contagious disease provided a powerful, provocative, popular means of representing the immigrant "menace" to Americans.<sup>70</sup> Beginning in the 1870s, the American public was introduced to and rapidly became familiar with "germs," "microbes," "bacteria," and "microscopic parasites."<sup>71</sup> There was, nonetheless, little widespread popular or medical appreciation of the precise implications of contagion; the popular conception of germs was vague. Germ theory easily coexisted and overlapped with older miasmatic and filth theories of disease causation, all of which often linked immorality to disease.

Vague understanding of germs exaggerated their power in the popular imagination.<sup>72</sup> Dust, gases, "effluvia" exuded by the human skin, fabric, public soap, drinking cups, soda fountain glasses, pencils, playgrounds, books, money, ice, and flies were implicated in the popular press as carrying the germs of disease.<sup>73</sup> Such was the popular sense of constant assault by germs that the futility of avoiding them became the subject of jest. One soloist in a popular operetta of 1915 sang:

In these days of indigestion  
It is often times a question  
As to what to eat and what to leave alone;  
For each microbe and Bacillus  
Has a different way to kill us,  
And in time they always claim us for their own.  
There are germs of every kind  
In any food that you can find

In the market or upon the bill of fare.  
 Drinking water's just as risky  
 As the so-called deadly whiskey.  
 And it's often a mistake to breath the air  
 [Chorus]

*Some little bug is going to find you some day,  
 Some little bug will creep behind you some day,  
 With a nervous little quiver  
 He'll give cirrhosis of the liver,  
 Some little bug is going to find you someday.*<sup>74</sup>

Immigrants were often quite literally equated with germs, threatening to establish "colonies" or "little centres of foreign inoculation" within the national body.<sup>75</sup> To writers in the popular press, the immigrant represented societal "contamination with criminality, contagious diseases, mental delinquency and hereditary handicaps."<sup>76</sup> As one commentator wrote in 1905, "An emigration tide unless thoroughly policed carries with it the germs of anarchy, crime, disease, and degeneracy."<sup>77</sup> The real "danger of allowing Europe to *drain* her social system into the United States" was "a wide contamination of society."<sup>78</sup>

Yet in this era in which germ theory easily coexisted with older sanitarian or miasmatic notions of disease transmission, the immigrant was also powerfully linked to disease through more subtle metaphors of contagion. Water metaphors, for example, described immigrants in terms of "swamps," "tides," "streams," "floods," "cesspools," and "drains."<sup>79</sup> Immigrants "poured" into the nation and "saturated" tenement districts.<sup>80</sup> Garbage metaphors evoked images of "human refuse," "dregs," "waste," "riff-raff," "flotsam," or "pollution" being "dumped" on the shores of America.<sup>81</sup> In the insect metaphor, immigrants were perceived as arriving in "swarms" or "hordes."<sup>82</sup> Often, these metaphors were extended. In 1896, for example, Francis Walker, the superintendent of the U.S. Census, declared that the "foul and stagnant pool of population in Europe, which no breath of intellectual or industrial life has stirred for ages, should not be decanted upon our soil."<sup>83</sup> Many of the refuse and water metaphors found expression in political cartoons, which depicted immigrants as garbage dumped into America's backyard and as water or sewage drained from Europe (figs. 1-3 and 1-4).

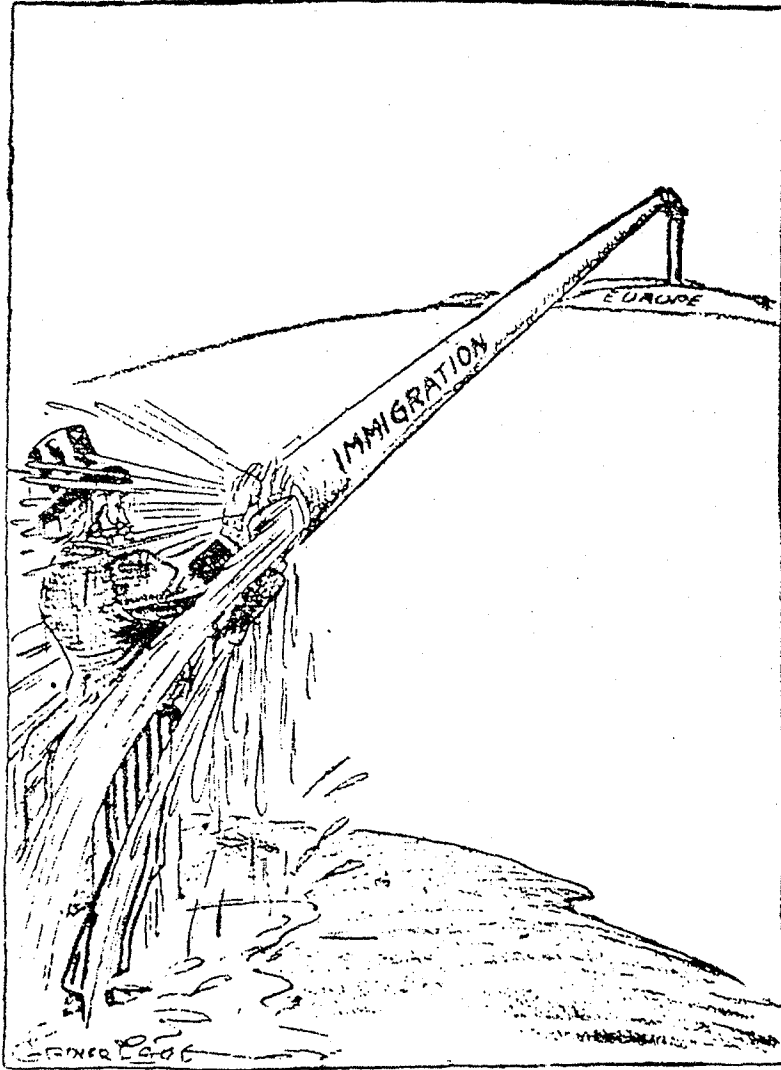
Just as imagery such as water or dirt could convey the filth of the immigrant, seemingly neutral representations of the immigrant could, in turn, suggest wa-



Knott in Dallas News

Do we want any more trash dumped into our back yard?

FIGURE 1-3. "No Dumping Here." (*The Independent* 105 [7 May 1921]: 485; reprinted with permission of the *Dallas Morningstar News*)



REGULATE THE FLOW AT THE SOURCE

—Page in *Louisville Courier-Journal*

FIGURE 1-4. "Guarding the Gates against Undesirables." (*Current Opinion* 76 [April 1924]: 401; reprinted with permission of the *Louisville Courier-Journal*)

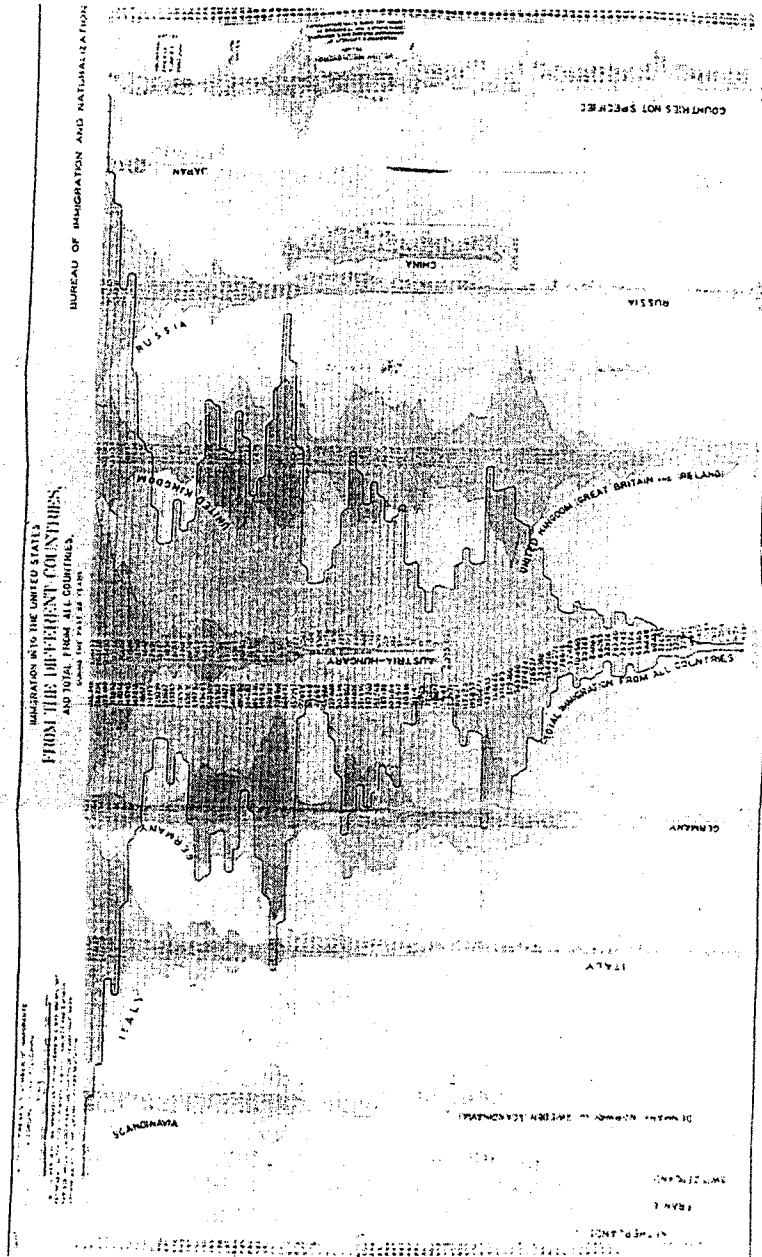


FIGURE 1-5. A 1968 graphic showing the shifting streams of immigration. (CGAR, 1968)



ter and its powerful connotations. The ostensibly objective graphic images that the IS used to represent the numbers and nationalities of immigrants arriving in the United States suggest the rising tide and shifting streams of immigration (fig. 1-5). So uncontrolled were these incoming waves of immigrants that they cascaded one upon the other, creating near chaos.

Metaphors, theorists argue, pervade and structure our normal conceptual and discursive systems.<sup>84</sup> They are not just colorful or decorative language. George Lakoff and Mark Johnson argue that "the essence of metaphor is understanding and experiencing one kind of thing in terms of another." Shared understanding must be rooted in experience. Although we still use many of the same metaphors to describe immigration today, water, insects, dirt, and germs all carry different meaning for us.<sup>85</sup> The metaphors in use at the turn of the twentieth century constituted a systematic discursive expression of a bacteriological or, perhaps, a "bacterio-sanitary" worldview.<sup>86</sup>

Although each metaphor was directly associated with germs and disease, each also expressed culturally relevant aspects of the nation's experience with immigrants. The complex network of coherent and consistent metaphors all reinforced not simply the notion that the immigrant was pathogenic and in need of exclusion, but also the notion that the immigrant must be controlled and disciplined.<sup>87</sup> Water was a force that, in the form of a flood or deluge or simply an open sewer, could not be contained. Insects transgressed class boundaries. Flies, for example, were commonly referred to as "germs with legs."<sup>88</sup> Moreover, immigrants—particularly southern and eastern European immigrants—were widely credited with creating the conditions in which the fly could breed; born of the immigrant neighborhood, the fly could transgress social and geographic boundaries to threaten the health of middle-class and even wealthy families.<sup>89</sup> Garbage and refuse represented pollution of the public space with private filth. In the specific context of immigration control, the metaphors of disease and immigration not only expressed nativist fears of contamination but also and more critically the need to order and manage a defined set of problems that emerged at the intersection of immigration, industrial production, and social dependency.

The industrial economy created a tension between the imperative to exclude and the imperative to discipline. Dramatic changes in industrial production brought about the unprecedented expansion of American industry, but at the price of great economic fragility. Thus, at the dawn of the modern industrial era, the world's emerging power began to grapple with the problem

of unemployment, introducing a new dimension into defining and managing a necessarily fluid industrial work force while providing a compelling rationale for excluding those deemed to be destined to dependency. Government agencies and social reformers thus began to redefine the concept of "inability to work."

Pre-industrial means of production had been characterized by workers' control over production. Workers lived in communities that allowed them to integrate agricultural and manufacturing pursuits, substituting one type of work or production for another with changes in the season or economic cycles. The collapse of that system left workers vulnerable to "forced" unemployment beginning in the 1870s. According to Alexander Keyssar, as workers increasingly located in urban areas and the labor supply swelled to accommodate the demands of a rapidly growing industrial power, tens of thousands of industrial workers became "utterly dependent upon their industrial earnings in order to survive."<sup>90</sup> The survival of the working class, noted the Massachusetts Bureau of Labor Statistics, was "contingent upon continuous health and continuous work. But with the exception of some few in-door employments, continuous work is the exception and not the rule."<sup>91</sup> Boston's South End House estimated that 12 percent of the population of the city's North End and 9 percent of the West End received charitable assistance in 1901-2. This figure included all of the two districts' casual and intermittent workers.<sup>92</sup>

America may have been the world's leading industrial power, but, as Keyssar observes, "at least once in the course of each decade, there occurred a wave of bank and business failures, the engines of progress coughed and sputtered, wages dropped and some men and women were 'thrown out of work.'" Many "minor" recessions and depressions accompanied the six "major" economic downturns that the nation experienced from 1870 to 1921. "In all," according to Keyssar, "the business cycle rose and fell thirteen times between 1870 and 1921; roughly two out of every five years contained periods of recession or depression."<sup>93</sup> Pauline Newman, who worked for a time in the Triangle Shirtwaist Factory as a young girl, noted that unemployment struck abruptly: "If the season was over, we were told, 'You're laid off. Shift for yourself.' How did you live? After all, you didn't earn enough to save any money."<sup>94</sup> Abe Koosis, who came to New York City from Russia as a sixteen-year-old boy in the early 1920s, described a similar experience: "I worked in about a dozen places, some jobs lasting a week, some a year. I worked in a tin can factory, in a belt factory, in a luggage factory, as a pleater of women's skirts, as a shipping clerk, and for

a publisher. There was no long-term employment. When things got busy, people would be employed; when it slowed up, people were discharged, without even a day's notice."<sup>95</sup> In Massachusetts, industry laid off one in three workers for up to four months in the ten years following 1885. Such a portrait of unemployment characterized periods of economic expansion as well as those of depression and recession. Eastern industrial states like New York and Massachusetts sought to maintain an adequate supply of reserve labor to meet the unpredictable yet urgent demands of expanding enterprise.<sup>96</sup>

Sickness and ill health during bouts of unemployment could mean the difference between survival and destitution. Commented a Massachusetts furnisher polisher in 1879, "For a family of three to save one hundred dollars a year, the head of the family must earn twelve dollars each week the whole year round. . . . Suppose a man is idle a couple of months, or sick: what is going to become of his family?"<sup>97</sup> The sickness or death of working family members often precipitated or attended the descent into poverty. A case of rheumatism, for example, launched the Jenkins family in Philadelphia into poverty in the late 1920s. Mrs. Jenkins reported, "Last year Frank had rheumatism; so when they didn't have enough work to keep every one busy, he was one of the first to be laid off. He was out four months. Things got so bad then we went to live with his mother." Work thereafter was only sporadic for the thirty-year-old roofer. The Jenkinses' youngest daughter died of measles and pneumonia. "I couldn't help feeling that if he'd been working all winter she'd have been stronger and maybe not died," mused Mrs. Jenkins. "But of course you never know about them things."<sup>98</sup>

Settlement workers in Omaha, Nebraska, and Detroit, Michigan, observed that even when the families of "broken work" escaped illness, it was still the factor that always threatened ultimate ruin.<sup>99</sup> The U.S. Department of Labor's study of unemployment in Springfield, Massachusetts and Racine, Wisconsin, for example, described the decline of an Italian laborer unemployed for fourteen months. Soon after he lost his job in 1920, his wife fell ill and required an operation, while his brother died, reducing family income and resulting in further accumulation of debt from funeral expenses. Within a year, the family had accumulated some twelve hundred dollars in debt.<sup>100</sup>

Thus, even in the "prosperous" 1920s, settlement house workers continued to find equally high rates of sickness accompanying extended unemployment. Of 150 cases observed by settlement house workers in major cities around the nation, 77 percent of families endured the effects of malnutrition, starvation,

and the more severe consequences of illness with colds leading to pneumonia or tuberculosis, or death. While children and women bore the primary burden of unemployment—representing 50 percent and 44 percent of cases, respectively, of illness or death in homes suffering sickness—primary wage earners suffered from illness, disability, or death in 34 percent of families. Thus, Mrs. Domico, a thirty-year-old single mother of three working as a children's dress operator in Philadelphia, confided to a worker in the House of Industry her fear "that she will become ill and lose her position, and she has no money for doctor bills."<sup>101</sup>

Most of the laboring class relied primarily on the resources of family and friends during lean times, and less often on union unemployment benefits, savings, and simply the accumulation of debt.<sup>102</sup> It was unusual, at least in the Northeast from the 1870s through the 1920s, for the unemployed worker to rely on public or private charity or relief organizations unless he became "unemployable."<sup>103</sup> Nonetheless, the prevailing perception was that the link between unemployment and reliance on charity was strong. Assessments of the immigrant contribution to the burden of dependency in the United States thus received a new attention and specificity.<sup>104</sup> Organizations such as the Immigration Service, the Immigration Commission of the U.S. House of Representatives, the Children's Bureau, the American Council for Nationalities Service, and individual reform, penal, and charitable institutions began documenting the link between immigrants' health and dependency.

In 1909 the U.S. Immigration Commission surveyed the causes of need among 31,374 cases given charity assistance from 1850 to 1908. Nearly 50 percent of cases received charity due to the death or disability of a breadwinner or other member of the family. In another 18 percent, need resulted from the "neglect or bad habits of the breadwinner," which included spousal desertion, incarceration, intemperance, and neglect.<sup>105</sup> The Children's Bureau drew a more definitive conclusion. Based on a 1918 study in Gary, Indiana, the agency affirmed that "illness of self or of some other member of the family was the major cause of nonemployment."<sup>106</sup> U.S. agencies, commissions, and charities reached two main conclusions: (1) immigrants were over-represented in institutions serving the dependent; (2) physical disability was the "outstanding problem which leads to dependency."<sup>107</sup>

Although industry became interested in the problems of illness, employers were not concerned with dependency, as was the federal government; their main concern was labor turnover and the resulting inefficiency. At the Ford

Motor Company, for example, the worker deemed fit to share in company profits had to meet high standards in "thrift, honesty, sobriety, better housing, and better living generally." The company duly admonished workers to "live in clean, well conducted homes, in rooms that are well lighted and ventilated. Avoid congested parts of the city. The company will not approve, as profit sharers, men who herd themselves into overcrowded boarding houses which are menaces to their health" and promote high rates of absenteeism and turnover.<sup>108</sup>

In an era in which the worn-out machinery of human bodies—discarded from the assembly line—found little place in industrial society, health was at a premium. But understanding illness, rather than unemployment, as the factor leading to dependency placed the onus of dependency on the immigrant rather than on the American industrial economy that thrived on a large, highly mobile, and responsive unskilled labor force. Among Jewish garment workers, for example, the imperative was for the worker to maintain his own body: "Stronger immigrant bodies meant more productive workers better able to withstand the alternating frenetic and slack seasons and the poor workplace conditions of garment work." Thus the director of the Educational Alliance in New York City, an organization providing a gymnasium for workers, proclaimed, "Let a young man develop his body, and he will neither shrink from . . . danger nor shirk manual work which falls [to] his lot."<sup>109</sup>

So while much of public and federal discourse and even immigration law favored exclusion, the economy made exclusion impractical. Industry relied on a constant supply of labor to draw on at a moment's notice and then discard when the need for immediate production diminished, and Congress accordingly formulated immigration law "along conservative lines [in order to] avoid measures so drastic as to cripple American industry."<sup>110</sup> Thus, a new, industrial-era conception of assembly-line production, interchangeable tasks, and chronic, cyclical unemployment undercut the impulse to exclude and reinforced the necessity of disciplining the laboring body. It was not simply the case that the worker bound for dependency had to be barred at the nation's threshold; rather, at the nation's threshold, *all* workers had to learn the rules and expectations of industrial society. Immigrant laborers—more vulnerable than native-born workers to unemployment during the many periods of depression<sup>111</sup> had to learn that they were expected to remain fit throughout the inevitable spells of unemployment that they would be required to weather. The worker had to be taught quickly the need to endure the cyclical rise and

fall of the nation's economy. This meant that immigrants had to be adaptable to work in a variety of industrial settings at whatever task was demanded of them. They had to survive hard times without falling into poor health and without relying on the kindness of anyone but family and friends. Bridget Fitzgerald, who came to the United States from Ireland in 1921 at age eighteen, understood perfectly: "You know what you needed then mostly? I'll tell you. Strong and healthy, that you won't become a public charge, because then, I mean, you go right back."<sup>112</sup> Just as immigrants were taught these lessons on the factory floor, they were introduced to them at the nation's gates.

While the dual fears of dependency and social contamination drove the impulse to exclude immigrants and shaped the classification of immigrant diseases, the needs of the industrial economy shaped the kind of examination that the PHS would conduct at the nation's borders and gave it a surprising meaning and purpose. Although touted as an exclusionary tool, the exam served a normative function. It conveyed a system of classification, of social ordering and industrial expectations to immigrants who feared and, ultimately, remembered it. Although she laughed at all she had forgotten about her early years in America, Sadie Guttman Kaplan at one hundred years of age remembered her arrival in New York as a child of twelve, insisting, "Ask me about Ellis Island. I can tell you about it."<sup>113</sup>

## ONE. Immigrants and the New Industrial Economy

*Epigraph:* Bureau of Public Health and Marine-Hospital Service, *Book of Instructions for the Medical Inspection of Aliens* (Washington, D.C.: Government Printing Office, 1910). See also letter from A. H. Glennan, acting surgeon general, to the commissioner general of immigration, 7 May 1909. RG 90, Central File, 1897-1923, Box 36, File No. 219, NARA.

1. Emma Lazarus, "The New Colossus" (1883).
2. John Higham, "The Transformation of the Statue of Liberty," in *Send These to Me: Immigrants in Urban America* (Baltimore: Johns Hopkins University Press, 1975, 1984), 73, 75, 76.
3. The Knights of Labor, previously opposed only to contract labor, favored broad restriction of immigration in 1892—the year the Ellis Island immigration station opened. The American Federation of Labor, which still had a large foreign-born membership, followed suit, and by 1893 union endorsement of immigration restriction was relatively widespread. John Higham, *Strangers in the Land: Patterns of American Nativism 1850-1925* (New York: Atheneum, 1967), 71.
4. David Montgomery, *The Fall of the House of Labor: The Workplace, the State, and American Labor Activism, 1865-1925* (Cambridge: Cambridge University Press, 1987), 12. See also David M. Gordon, Richard Edwards, and Michael Reich, *Segmented Work, Divided Workers: The Historical Transformation of Labor in the United States* (Cambridge: Cambridge University Press, 1982); and David Brody, *Workers in Industrial America: Essays on the Twentieth Century Struggle* (New York: Oxford University Press, 1980).
5. *National Labor Tribune*, 26 August 1882, quoted in Montgomery, *Fall of the House of Labor*, 15. See also Frederick W. Taylor, *Principles of Scientific Management* (Atlanta: Engineering and Managing Press, 1911, 1998).
6. Montgomery, *Fall of the House of Labor*, 24, 25; Roger Daniels, "Two Cheers for Immigration," in *Debating American Immigration, 1882-Present*, ed. Roger Daniels and Otis L. Graham (Lanham, Md.: Rowman and Littlefield, 2001), 5-24; and Kitty Calavita, "U.S. Immigration Policymaking: Contradictions, Myths, and Backlash," in *Regulation of Immigration: International Experiences*, ed. Anita Böcker et al. (Amsterdam: Het Spinhuis, 1998), 140.
7. Michael McGovern, *Labor Lyrics, and Other Poems* (Youngstown, Ohio, 1899), 27-28, quoted in Montgomery, *Fall of the House of Labor*, 25.
8. Edith Abbott, "The Wages of Unskilled Labor in the United States," *Journal of Political Economy* 13 (June 1905): 324.
9. Terence Vincent Powderly, "With the Board of Review: A Plea for Better Immigration Laws" (n.d.), Terence V. Powderly Papers, Reel 83, Document 9, Part 4, Pamphlets, 1883-1905, Bancroft Library, University of California, Berkeley.

10. Daniel Nelson, *Frederick W. Taylor and the Rise of Scientific Management* (Madison: University of Wisconsin Press, 1980), 10, 11. See also Daniel Nelson, *Managers and Workers: Origins of the New Factory System in the United States, 1880-1920* (Madison: University of Wisconsin Press, 1975).

11. Gordon, Edwards, and Reich refer to this as the "drive system" and categorize it in three ways. First, it involved "reorganization of work, facilitated by both mechanization and job restructuring, which produced increasingly homogeneous employment for production workers." Second, it was characterized by "a rapid increase in plant size . . . , which reinforced the spreading impersonality of wage labor." Finally, it allowed the "continuing expansion of the freeman's role, which added an insistent supervisory impetus to the new system of employer control" (*Segmented Work, Divided Workers*, 128).

12. Taylor, *Principles of Scientific Management*, 89.

13. H. A. Worman, "Recruiting the Workforce. IV—Hiring the Unskilled Workman," *Factory 1* (February 1908):158, quoted in Montgomery, *Fall of the House of Labor*, 61.

14. Alter Abelson, "The Designer," in *Songs of Labor* (Newburgh, N.Y.: Paebur Co. Publishers, 1947), 67.

15. Taylor, *Principles of Scientific Management*, 30-31, 83.

16. Abelson, "The Song of the Boss," in *Songs of Labor*, 82.

17. Nelson, for example, convincingly argues that Taylor's management system, "both as symbol and substance of the factory revolution, profoundly affected American industry, but its impact in practical terms consisted mostly of changes in machine operations, plant layout, and managerial activities" (*Taylor and the Rise of Scientific Management*, x). He concludes that "the effects of scientific management on the workers were minimal" (151). Although some scholars, like Melvyn Dubofsky, feel that Montgomery failed to respond to the challenge raised by Daniel Nelson that Taylorism failed to change industrial management or alter the nature of work, Nelson and Montgomery treat scientific management very differently. Nelson is more interested in the internal history of scientific management as defined by Taylor and his disciples, while Montgomery treats Taylorism as reflecting broader social and industrial norms. Both agree on the profound change in the nature of factory work that made Taylor such an important cultural and political figure. Melvyn Dubofsky, review of Montgomery, *Journal of American History* 75, no. 1 (June 1983): 215-17.

18. *Taylor and the Rise of Scientific Management*, 20, 168. Nelson argues that *The Principles of Scientific Management* was far more "than a promotional tract" (*ibid.*, 173).

19. Montgomery, *Fall of the House of Labor*, 215, 249, 223.

20. Quoted in Brody, *Workers in Industrial America*, 4.

21. F. Paul Miceli, *Pride of Sicily* (New York: Gaus' Sons, 1950), 60. See also



Lorenzo D. Gillespie, *Songs of Labor* (Salina: Central Kansas Publishing Co., 1904), 52, where the factory is described as "consuming" the worker's good health.

22. Morris Rosenfeld, "The Pale Operator," in *Songs from the Ghetto* (Boston: Copeland and Day, 1898; rpt., Upper Saddle River, N.J.: Literature House/Gregg Press, 1970), 9. In this same volume, Rosenfeld's poem "In the Sweat-Shop" relates the shop floor to a "bloody battlefield," where "[t]he corpses fight for strangers, for strangers! / and they battle, and fall, and disappear into the night" (5).

23. Quoted in Brody, *Workers in Industrial America*, 6-7. Pauline Newman, who emigrated from Lithuania in 1901, wrote of garment work: "What I had to do was not really very difficult. It was just monotonous. . . . [Y]ou did the same thing from seven-thirty in the morning till nine at night." Indeed, "the employers didn't recognize anyone working for them as a human being. You were not allowed to sing. . . . We weren't allowed to talk to each other" (Joan Morrison and Charlotte Fox Zabusky, *American Mosaic: The Immigrant Experience in the Words of Those Who Lived It* [New York: E. P. Dutton, 1980], 10).

24. Rosenfeld, "In the Sweat-Shop," in *Songs from the Ghetto*, 3. See also Charles Denby, *Indignant Heart: A Black Worker's Journal* (Detroit: Wayne State University Press, 1978), 31. Denby explains that in the Detroit foundries the shift to piecework in 1924 meant that "we had to work just like a machine." See also Alma Herbst, *The Negro in the Slaughtering and Meat-Packing Industry in Chicago* (Boston: Houghton Mifflin, 1932), 6, who says that "'robots' became the preferred workmen."

25. Montgomery, *Fall of the House of Labor*, 116.

26. Rose Cohen, *Out of the Shadow* (New York: J. S. Ozer, 1971), 74, 81, 25.

27. See also the narrative of a Lithuanian meat packer, c. 1903, in Rhoda Hoff, *America's Immigrants: Adventures in Eyewitness History* (New York: Henry Z. Walck, 1967), 110, who describes the imperative for speedy work.

28. Alter Abelson, "A Typist's Complaint," in *Songs of Labor*, 56.

29. *Ibid.*, 56-57.

30. Rosenfeld, "In the Sweat-Shop," in *Songs from the Ghetto*, 3, 5.

31. Daniels, "Two Cheers for Immigration," 16.

32. Frank P. Sargent, commissioner general of immigration, "The Need of Closer Inspection and Greater Restriction of Immigrants," *Century Magazine* 67 (January 1904): 470-72.

33. Terence Vincent Powderly, quoted in Fitzhugh Mullan, *Plagues and Politics: The Story of the United States Public Health Service* (New York: Basic Books, 1989). The nation as hospital was a popular metaphor: "America must not be made a lazaretto, either physical or moral" ("An Alien Antidumping Bill," *Literary Digest* 69 [7 May 1921]: 13).

34. Herman J. Schulteis, *Report on European Immigration to the United States of America and the Causes Which Incite the Same; with Recommendations for the Fur-*

*ther Restriction of Undesirable Immigration and the Establishment of a National Quarantine, Submitted January 19, 1892* (Washington, D.C.: Government Printing Office, 1892), 25, quoted in Howard Markel, *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892* (Baltimore: Johns Hopkins University Press, 1997), 9.

35. Victor Heiser, *An American Doctor's Odyssey: Adventures in Forty-five Countries* (New York: W. W. Norton, 1936), 15, 37-38.

36. Victor Safford, *Immigration Problems: Personal Experiences of an Official* (New York: Dodd, Mead, 1925), 252.

37. Judith Walzer Leavitt, "'Typhoid Mary' Strikes Back: Bacteriological Theory and Practice in Early Twentieth-Century Public Health," *Isis* 83 (1992): 608-29; Naomi Rogers, *Dirt and Disease: Polio before FDR* (New Brunswick, N.J.: Rutgers University Press, 1992); Nancy Tomes, "The Private Side of Public Health: Sanitary Science, Domestic Hygiene, and the Germ Theory, 1870-1900," *Bulletin of the History of Medicine* 64 (1990): 509-39.

38. Maynard W. Swanson, "The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909," *Journal of African History* 18 (1977): 387-410; John W. Cell, "Anglo-Indian Medical Theory and the Origins of Segregation in West Africa," *American Historical Review* 91 (1986): 307-35; Randall M. Packard, *White Plague, Black Labor: Tuberculosis and the Political Economy of Health and Disease in South Africa* (Berkeley: University of California Press, 1989), 52-66.

39. Barbara Bates, *Bargaining for Life: A Social History of Tuberculosis, 1876-1938* (Philadelphia: University of Pennsylvania Press, 1992), 16-18; Georgina D. Feldberg, *Disease and Class: Tuberculosis and the Shaping of Modern North American Society* (New Brunswick, N.J.: Rutgers University Press, 1995), 14, 44, 3-5; Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (New York: Basic Books, 1994), 13-15.

40. Bureau of Public Health and Marine-Hospital Service, *Book of Instructions for the Medical Inspection of Immigrants* (Washington, D.C.: Government Printing Office, 1903), 5, 10-11 (hereafter cited as PHS, 1903 *Book of Instructions*).

41. Bureau of Public Health and Marine-Hospital Service, *Book of Instructions for the Medical Inspection of Aliens* (1910), 5 (hereafter cited as PHS, 1910 *Book of Instructions*).

42. PHS, 1903 *Book of Instructions*, 10.

43. The only disease the PHS ever explicitly listed as one of the "minor" Class C conditions was pregnancy (PHS, 1910 *Book of Instructions*, 20).

44. *Ibid.*, 18.

45. Letter from George Stoner to the surgeon general, 15 July 1907, RG 90, Central File, 1897-1923, Box 36, File No. 219, NARA.

46. *Ibid.*

47. Safford, *Immigration Problems*, 276-79.
48. Letter from George Stoner to the surgeon general, 15 July 1907.
49. Letter from George Stoner to the surgeon general, 19 July 1907, RG 90, Central File, 1897-1923, Box 36, File No. 219, NARA.
50. Letter from George Stoner to the surgeon general, 12 July 1907, RG 90, Central File, 1897-1923, Box 36, File No. 219, NARA; Memorandum of Conference Held in Office of Commissioner-General, 23 October 1907, RG 85, Box 55, File No. 51758/3, NARA; Memorandum re Changes Which Should be Made in Said Act to Overcome Such Difficulties, 14 January 1908, RG 85, Box 4, File No. 51389/14E, NARA; Memorandum in re Difficulties Encountered during Six Months' Experience with the Administration of the Immigration Act Approved February 20, 1907, 7 January 1908, RG 85, File No. 51538/6; letter from Robe Carl White, second assistant secretary, to the surgeon general, 26 December 1924, RG 85, Box 265, File No. 5461/13, NARA.
51. In his annual report the surgeon general of the PHS rarely reported data regarding immigrant medical certification for more than one or two ports before 1909. By that time, however, careful recording of the disease status of immigrants was paramount.
52. The pattern of certifications according to the "immigrant nomenclature" is very similar for the different regions of the United States. Although Class B conditions typically represented the majority of certifications, along the Pacific and Gulf coasts Class A and B conditions represented approximately the same proportion of certifications. Class B conditions accounted for the largest percentage of certifications along the Canadian border.
53. PHS, 1903 *Book of Instructions*, 7. See also George W. Stoner, "Immigration—The Medical Examination of Immigrants and What the Nation Is Doing to Debar Aliens Afflicted with Trachoma," *Medical News* (10 June 1905): 1070. This rationale was also used for the exclusion of immigrants with eczema and other skin diseases. See L. Duncan Bulkley, "On the Exclusion of Immigrants Affected with Diseases of the Skin," *American Academy of Medicine* 14 (1913): 259.
54. Allan J. McLaughlin, *Personal Hygiene: The Rules for Right Living* (New York: Funk and Wagnalls, 1924), 40. See also Martin Cohen, "The Importance of Ophthalmological Examinations in Immigrants," *New York State Journal of Medicine* 13 (November 1913): 603.
55. Heiser, *An American Doctor's Odyssey*, p. 14.
56. Letter from the commissioner of immigration, Ellis Island, to the commissioner general of immigration, 26 October 1897, RG 85, Box 265 (renumbered 228), File No. 54261/12; letter from attorneys for Seropian, Nassau St., New York, to Treasury Department, U.S. Immigration Service, on the matter of the appeal of Nazaret Seropian, from the decision of the Board of Special Inquiry, debarring him from landing, n.d., RG 85, Box 265 (renumbered 228), File No. 54261/12, NARA.
57. Letter from Frank H. Larned, acting commissioner general, to the commis-

sioner of immigration, Ellis Island, 30 October 1897, RG 85, Box 265 (renumbered 228), File No. 54261/12, NARA.

58. Letter from Marcus Braun to Commissioner General Frank Sargent, 26 September 1903, RG 85, Box 27, File No. 51463/A, NARA.

59. Report on trachoma for the Mexican government, 2 March 1907, RG 85, Box 27, File Nos. 51463/A and B, NARA. Mexico passed its first immigration law, modeled on U.S. law, in 1909. Republic of Mexico, Department of the Interior, Division of Immigration, Decree Designating the Frontier Places Authorized for the Entry of Passengers into the Republic and Regulations for the Inspection of Immigrants, 1909, RG 85, Box 439, File No. 55609/551, NARA.

60. CGAR, 1914, 10-11.

61. Letter from the commissioner general to the acting secretary, 9 December 1911. See also the cases of ingratitude described in a letter from William Williams, commissioner of immigration, Ellis Island, to Commissioner General Keefe, 27 July 1911. During 1911 the IS claimed to allow treatment on a more limited basis. Department Circular No. 235, Bureau of Immigration and Naturalization, "Imposition of Fines under Section 9 of the Immigration Act," Department of Commerce and Labor, Office of the Secretary, Washington, D.C., 25 November 1911; letter from Commissioner General Keefe to commissioner of immigration, Angel Island, 23 August 1912; letter from Commissioner General A. Caminetti to commissioner of immigration, San Francisco, 29 September 1913; letter from William Williams to the commissioner general, 2 March 1913. All in RG 85, Box 121, File No. 52516/11A, NARA.

62. "Cases of Loathsome and Dangerous Contagious Diseases Ordered Held by the Department of Commerce and Labor for Treatment Which Illustrates Some of the Difficulties Presented by Cases of This Character," 22 March 1913, RG 85, Box 121, File No. 52516/11B. See also memorandum from Commissioner General Keefe to the acting secretary, 29 July 1909, RG 85, Box 121, File No. 52516/11A, NARA.

63. Draft of a manuscript entitled "Medical Inspection of Aliens," 1929, RG 90, General Subject File, 1924-35, Box 941, File No. 0950-56, NARA. In Boston, for example, PHS inspectors complained of the endless stream of legal cases that immigrants filed upon rejection. Letter from Victor Safford to Surgeon General Rupert Blue, 20 August 1913, RG 90, Central File, 1897-1923, Box 58, File No. 409, NARA.

64. CGAR, 1914, 10-11.

65. The law exacted a head tax of fifty cents per immigrant to cover the expenses of those who defaulted on their hospital bills. By 1917 each immigrant paid a head tax of eight dollars.

66. Memorandum from J. W. Kerr, chief medical officer, to the commissioner of immigration, 28 October 1919, RG 85, Box 262, File No. 54202/17, NARA.

67. Hospital reports for the different immigration stations across the nation can be found in the CGAR and scattered throughout RG 85 and RG 90, NARA.

68. Letter from J. McMullen, chief medical officer, Ellis Island, to the surgeon general, 10 January 1921, RG 90, Central File, 1897-1923, Box 38, File No. 219, NARA.

69. CGAR, 1914, 195.

70. See Charles Rosenberg, *The Cholera Years* (Chicago: University of Chicago Press, 1962, 1987); Francois Delaporte, *Disease and Civilization: The Cholera in Paris, 1932* (Cambridge, Mass.: MIT Press, 1986); S. L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca, N.Y.: Cornell University Press, 1988).

71. Andrew McClary, "Germs Are Everywhere: The Germ Threat as Seen in Magazine Articles, 1890-1920," *Journal of American Culture* 3 (1980): 33-46; Suellen Hoy, *Chasing Dirt: The American Pursuit of Cleanliness* (New York: Oxford University Press, 1995); Terra Ziporyn, *Disease in the Popular American Press: The Case of Diphtheria, Typhoid Fever, and Syphilis, 1870 to 1920* (New York: Greenwood Press, 1988), 23, 36, 147. Ziporyn also points out that while both "low-brow" and "sophisticated" magazines often used the term *bacteria* without explanation, the "middle genres" described bacteria as "microbes" and "germs," "often personifying them as evil little people" (147). Regardless, the lay public was inundated with the language of germs; as a collection of letters written to scientists at the Rockefeller Foundation regarding polio demonstrates, people were comfortable discussing germ theory and bacteriology, sometimes in sophisticated terms. See Rogers, *Dirt and Disease*, chap. 4. The foreign-language press also familiarized readers with the language and concepts of germ theory. See, for example, an article in the Polish press that discussed tuberculosis as a "contagious" disease "caused by little organisms called bacilli." "Health and Sanitation," *Dziennik Zwiazkowy*, 7 November 1911. Chicago Foreign Language Press Survey, Immigration History Research Center (IHRC), University of Minnesota, St. Paul. See also the Louisiana State Board of Health, Almanac for 1918, which emphasized the importance of "germs" in a discussion of "infectious" conditions such as malarial, typhoid, tuberculosis, and gum diseases. In its 1919 almanac the Louisiana board boldly stated that "disease germs are the greatest enemies of mankind" (24). Again in 1927, the almanac listed as one of its "health aphorisms" on the inside back cover, "Remember that bacteria are our greatest enemies." The almanac also discussed the role of science in disease, emphasizing Koch's and Pasteur's contributions to bacteriology and Lister's to antiseptic surgery (State Museum, New Orleans).

72. Tomes, "Private Side," 511-12. McClary argues that writers often exaggerated the importance of germs in the spread of disease, and articles increasingly focused on "the many ways in which germs are able to reach us" (McClary, "Germs Are Everywhere," 34).

73. McClary, "Germs Are Everywhere," 34-39; Rogers, *Dirt and Disease*, 42. For an extended list of disease vectors, see Charles Chapin, *How to Avoid Infection* (Cambridge: Harvard University Press, 1917), 44-51; and Charles V. Chapin, *The Sources and Modes of Infection* (New York: John Wiley and Sons, 1910), 126, 146-53, 170-

212. Within the IS, we find evidence that an immigrant inspector in Key West believed that syphilis could be transmitted via cigars. The officer had observed that local cigar makers moistened the tips of the cigar with their mouths to seal the tobacco leaf. Moreover, he believed that syphilis could be diagnosed "by pulling down the lower lid of the eye, or examination of the features." See letter from Joseph Y. Porter, M.D., state health officer, Florida, to Surgeon General Wyman, 27 July 1903; letter from Inspector Eager to Commissioner General Sargent, 29 June 1903; both in RG 90, Central File, 1897-1923, Box 485, File No. 4446, NARA.

74. From Franz Lehar's Operetta, *Alone at Last*, 1915.

75. William Z. Ripley, "Races in the United States," *Atlantic Monthly* 102 (December 1908): 747.

76. Remsen Crawford, "The Deportation of Undesirable Aliens," *Current History* 30 (1929): 1077.

77. James Davenport Whelpley, "Control of Emigration in Europe," *North American Review* 80 (June 1905): 867.

78. James Davenport Whelpley, "International Control of Immigration: The Startling Facts about the Organized Movement of Undesirable Populations—The Physical and Economic Dangers to the United States Are So Great That Both European and American Regulation Is Necessary," *World's Work* 8 (September 1904): 5255; W. E. Chandler, "Methods of Restricting Immigration," *The Forum* 13 (March 1892): 128.

79. Oswald Ottendorfer, "Are Our Immigrants to Blame," *The Forum* 11 (July 1891): 543; John Weber, commissioner of immigration, and Charles Steward, New York Chamber of Commerce, "Our National Dumping-Ground: A Study of Immigration," *North American Review* 154 (1892): 424-38; Terence Vincent Powderly, "Immigration's Menace to the National Health," *North American Review* 175 (1902): 55-56; Roland P. Falkner, "Some Aspects of the Immigration Problem," *Political Science Quarterly* 19 (March 1904): 32-49; Whelpley, "International Control of Immigration," 5254; U.S. Senate, *Report of the Immigration Commission, Statements and Recommendations Submitted by Societies and Organizations Interested in the Subject of Immigration*, vol. 2 (Washington, D.C.: Government Printing Office, 1911), Statement of the Immigration Restriction League and Statement of the American Federation of Labor; Alfred C. Reed, "The Relation of Ellis Island to the Public Health," *New York Medical Journal* 98 (1913): 173; Charles T. Nesbitt, "The Health Menace of Alien Races," *World's Work* 27 (November 1913): 75; Arthur H. Gleason, "The Yellow Peril," *Harper's Weekly* 58 (2 May 1914): 8; "Social Deterioration of the United States from the Stream of Backward Immigrants," *Current Opinion* 57 (November 1914): 340; "Keep America 'White!'" *Current Opinion* 74 (1923): 399; and "Sifting Immigration," *The Nation* 128 (3 April 1929): 389. Immigrants and those sympathetic to immigrants also invoked such metaphors. See, for example, Abraham Cahan, *Yekl and the Imported Bridegroom and Other Stories of the New York Ghetto* (New York: Dover, 1970), 13.

80. Robert A. Woods, ed., *Americans in Process: A Settlement Study by Residents and Associates of the South End House*. (Boston: Houghton, Mifflin, 1903), 40, 44.

81. Weber and Steward, "Our National Dumping-Ground"; Francis A. Walker, "Restriction of Immigration," *Atlantic Monthly* 77 (June 1896): 828; Powderly, "Immigration's Menace to the National Health," 53; Whelpley, "International Control of Immigration," 5255; Roderick Austin, "What an Immigrant Inspector Found in Europe," *World To-Day* 11 (August 1906): 803-7; Ripley, "Races in the United States," 747; U.S. Senate, *Report of the Immigration Commission, Statements and Recommendations Submitted by Societies and Organizations Interested in the Subject of Immigration*, vol. 2, Statement of the American Federation of Labor; H. F. Sherwood, "Those Who Go Back," *Harper's Weekly* 56 (20 July 1912): 18; "No Dumping Here," *The Independent* 105 (7 May 1921): 485; "An Alien Antidumping Bill," *Literary Digest* 69 (7 May 1921): 12-13; "Keep America 'White!'" 401; Henry H. Curran, "Smuggling Aliens," *Saturday Evening Post* 197 (31 January 1925): 145; William T. Ellis, "Americans on Guard," *Saturday Evening Post*, 196 (25 August 1923): 80; *New York Times*, 29 August 1892, 1.

82. Chandler, "Methods of Restricting Immigration," 133; Ripley, "Races in the United States," 746; Herman J. Schulteis, *Report on European Immigration to the United States of America and the Causes Which Incite the Same . . . Submitted January 19, 1892* (Washington, D.C.: Government Printing Office, 1892), 25; U.S. Senate, *Report of the Immigration Commission, Statements and Recommendations Submitted by Societies and Organizations Interested in the Subject of Immigration*, vol. 2, Statement of Junior Order of American Mechanics, Statement of the Immigration Restriction League, Statement of the American Federation of Labor, and letter from T. J. Bassett, De Paul University Academy; and "An Alien Antidumping Bill," 13.

83. Walker, "Restriction of Immigration," 828. See also Ripley, "Races in the United States," 747. For examples from testimony before the U.S. Immigration Commission, see the following items in U.S. Senate, *Report of the Immigration Commission, Statements and Recommendations Submitted by Societies and Organizations Interested in the Subject of Immigration*, vol. 2: Statement of the Junior Order of American Mechanics; Statement of the Farmer's Educational and Cooperative Union of America; clipping from the Farmer's Union News, 10 February 1909; and Immigration Restriction League, Exhibit 30, letter from Allen G. Braxton, reading, "For years past the Atlantic steamship lines have acted as a siphon to draw off, as it were, the sewage from the cesspools of Europe and discharge it into the choice place of America." See also, in the same volume, Immigration Restriction League exhibit 39, letter from James N. Arnold, historian and genealogist, and exhibit 123, letter from James F. Ailshie, Justice, Supreme Court of Idaho.

84. George Lakoff and Mark Johnson, *Metaphors We Live By* (Chicago: University of Chicago Press, 1980).

85. Timothy Christenfeld, "Wretched Refuse Is Just the Start." *New York Times*, 10 March 1996. In contemporary Germany, for example, the water or "liquid" metaphors are frequently used to describe immigration. Combined with the notion of the nation as a "bottle," these metaphors, read in light of the pressures created by a unified German state, convey the notion of overflow—pushing social and economic resources beyond their capacity. Meredith Anne Green, "Bottles, Buildings, and War: Metaphor and Racism in Contemporary German Discourse," master's thesis, University of Arizona, 1995, 25.

86. For an alternative discussion of disease and metaphor, see Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors* (New York: Doubleday Anchor Books, 1978). Sontag, for example, identifies the year 1882, when the tuberculosis bacillus was identified, along with 1944 and 1952, when streptomycin and isoniazid were developed, as critical both in augmenting the power of tuberculosis as metaphor and shifting the host of metaphors used to describe the disease. Other diseases, such as insanity and cancer, Sontag argues, simply inherit the metaphorical legacy of tuberculosis; similarly, AIDS inherits the metaphorical history of syphilis. Yet, in this analysis, disease as metaphor and the metaphors used to define disease are transhistorical, waiting to attach themselves to new, little-understood, and untreatable diseases, rather than historically contingent or constructed.

87. Lakoff and Johnson, as part of a larger project on theorizing about the place of metaphors in our conceptual system, argue that "the reason we need two metaphors is because there is no one metaphor that will do the job—there is no one metaphor that will allow us to get a handle simultaneously on both [aspects of the thing being described]." "These two purposes cannot be served at once by a single metaphor." See Lakoff and Johnson, *Metaphors*, 95.

88. Hoy, *Chasing Dirt*, 132.

89. Lys Ann Shore reminded me that this was also the central image of Emile Zola's late nineteenth-century novel *Nana*: the fly on the dungheap of society infecting the higher classes. Emile Zola, *Nana* (Bath, England: Absolute Classics, 1990). Rogers, *Dirt and Disease*, chap. 1; Naomi Rogers, "Dirt, Flies and Immigrants: Explaining the Epidemiology of Poliomyelitis, 1900-1916," *Journal of the History of Medicine* 44 (October 1989): 486-505.

90. Alexander Keyssar, *Out of Work: The First Century of Unemployment in Massachusetts* (Cambridge: Cambridge University Press, 1986), 25.

91. Massachusetts Bureau of Labor Statistics, *Second Annual Report*, 2, quoted in *ibid.*, 36.

92. Woods, ed. *Americans In Process*, 135.

93. Keyssar, *Out of Work*, 47.

94. Joan Morrison and Charlotte Fox Zabusky, *American Mosaic: The Immigrant Experience in the Worlds of Those Who Lived It* (New York: E. P. Dutton, 1980), 11.



95. Abraham Koosis, *Child of War and Revolution: The Memoirs of Abe Koosis* (Oakland, Calif.: Sea Urchin Press, 1984), 33, 35.
96. Keyssar, *Out of Work*, 50, 74-75.
97. Quoted in *ibid.*, 143.
98. Unemployment Committee of the National Federation of Settlements, *Case Studies of Unemployment* (Philadelphia: University of Pennsylvania Press, 1931), 71.
99. *Ibid.*, 253, 352.
100. Emma O. Lundberg, *Unemployment and Child Welfare: A Study Made in a Middle Western and Eastern City during the Industrial Depression of 1921 and 1922*, U.S. Department of Labor, Children's Bureau Publication 125 (Washington, D.C.: Government Printing Office, 1923), 82.
101. Unemployment Committee of the National Federation of Settlements, *Case Studies in Unemployment*, 307.
102. Elizabeth Cohen, *Making a New Deal: Industrial Workers in Chicago, 1919-1939* (Cambridge: Cambridge University Press, 1990), 57.
103. Keyssar, *Out of Work*, 151-52, 155, 164-65.
104. See, for example, the CGAR for 1905-8, detailing the characteristics of immigrants in penal, reformatory, and charitable institutions.
105. *Reports of the Immigration Commission, Immigrants as Charity Seekers*, vol. 1 (Washington, D.C.: Government Printing Office, 1911), 28-29.
106. Elizabeth Hughes, U.S. Department of Labor, Children's Bureau, *Children of Preschool Age in Gary, Ind. Part I. General Conditions Affecting Child Welfare*, Children's Bureau Publication 122 (Washington, D.C.: Government Printing Office, 1922), 35.
107. CGAR, 1898, 2. See also memorandum abstracting information, in "The Alien as Charity Seeker," Children's Bureau, U.S. Department of Labor, vol. 4, no. 29 (October 1927). The annual report of the Charity Organization Society of New York, 30 September 1930, listed the physical problems of the families served: tuberculosis (261 families, 4.9% of clients), asthma (87 families, 1.6%), cancer (48 families, 0.9%), cardiac trouble (357 families, 6.7%), syphilis (244 families, 4.6%), gonorrhea (30 families, 0.6%), vaginitis (24 families, 0.5%), gynecological trouble (244, 4.6%), maternity (583, 11%), endocrine disturbance (61, 1.1%), malnutrition (371, 7%), disease of the respiratory system (214, 4%), other chronic illness (920, 17.3%), other acute illness (670, 12.6%), need of dental care (500, 9.4%), need of optical care (289, 5.4%), blindness or sight seriously impaired (168, 3.2%), paralyzed or crippled (318, 6%), disability due to old age (460, 8.6%), other physical disability (630, 11.8%), death (179, 3.4%) (American Council for Nationalities Service, Shipment 2, Box 1, General, Aliens and Charity, IHRC). Similarly, the Immigration Commission found that "death or disability of the breadwinner" or another member of the family was responsible for 47.6% of the cases in which public assistance was given. Death or disability was the primary cause of de-

pendency in 49.7% of foreign-born charity seekers as compared to 46.1% of native-born charity seekers (U.S. Senate, *Reports of the Immigration Commission, Abstracts of Reports of the Immigration Commission, Abstract of the Report on Immigrants as Charity Seekers*, vol. 2 [Washington, D.C.: Government Printing Office, 1911], 116).

108. Ford Motor Company, *Helpful Hints and Advice to Employees to Help Them Grasp the Opportunities Which Are Presented to Them by the Ford Profit Sharing Plan* (Detroit, 1915), and *A Brief Account of the Educational Work of the Ford Motor Company* (Detroit, 1916), cited in Stephen Meyer, "Adapting the Immigrant to the Line: Americanization in the Ford Factory, 1914-1921," *Journal of Social History* (Fall 1980): 81, 70.

109. Miriam Blaustein, ed., *Memoirs of David Blaustein* (New York, 1913), 127-37, cited in Daniel Bender, "'A Hero . . . for the Weak': Work, Consumption, and the Enfeebled Jewish Worker, 1881-1924," *International Labor and Working-Class History* 56 (Fall 1999): 9.

110. *Congressional Record* (1902): 5763-64.

111. Keyssar, *Out of Work*, 88-90.

112. Morrison and Zabusky, *American Mosaic*, 42. As an employee Fitzgerald described herself as a "useful girl."

113. Paul Sigrist, interview with Sadie Guttman Kaplan. 2 July 1992. EIOHP.

#### Two. The Function of Medical Inspection

*Epigraph.* Foreign Language Information Service report for submission to the Commonwealth Fund, c. 1919, 4, quoting a Yugoslav newspaper. Josephine Aspinwall Roche Papers. IHRC.

1. See, for example, the case of Sammy Goldman, a Russian immigrant awaiting deportation whom the Hearst newspapers championed. The papers led a campaign to convince President Harding to block Goldman's deportation on the grounds that he was feeble-minded. "Washington Orders Sam Goldman Back to Russia: Boy's Only Hope Now Rests in Harding: Deportation Order Signed in Washington—Will Be Sent Away on April 1," *Syracuse Telegram*, 25 March 1923; "New Move to Save Sammy: New Examination Is Granted; Lad Ordered Sent Back to Russia," *Syracuse Telegram*, 29 March 1923.

2. See RG 90, Central File, 1897-1923, Box 36, File No. 219, NARA.

3. "In Re Hearing Given Gotlieb Herdenreder, alias Harcheurader, Under Department Warrant of Arrest No. 51890/79, Dated March 14, 1908," 17 March 1908, RG 85, 519806/79, NARA.

4. There are no records available regarding the immigrant medical examination provided by steamship company physicians for any of the steamship lines carrying passengers from Europe, Asia, or Latin America during this period.