

# Six Seconds Per Eyelid: The Medical Inspection of Immigrants at Ellis Island, 1892-1914 (\*)

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## SUMMARY

I.—Restriction and its Rationales. II.—Snapshot Diagnosis. III.—The Medical Inspectors. IV.—Mental Testing. V.—Rejections, Confinement, Appeals. VI.—Funding. VII.—The European Inspection. VIII.—The Medical Inspection's Vanishing Role. IX.—Conclusions.

## ABSTRACT

Beginning in 1892, immigrants to the United States were subject to a medical inspection, created to restrict the entry of persons with a «loathsome or dangerous contagious» disease or mental deficiency. Ellis Island, which received over 10 million newcomers between 1900 and 1914, served as the largest ever medical screening facility. Far from reflecting a unified policy, the medical inspection offered a complicated compromise amidst a swirl of competing interests. Many industrialists blamed the waves of Southern and Eastern European immigrants for urban joblessness, filth, unrest, overcrowding, and disease. In an era of depression, labor groups opposed immigrant competitors for scarce jobs. Nativists believed immigrants could not overcome their

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defects because these were genetically transmitted. Germ theory proponents recognized communication of microorganisms as the problem, with controlling the spread of infections as the solution. Many Progressive reformers held that the scientific screening of immigrants offered a systematic solution for the disorder. Dozens of immigrant aid societies struggled to attenuate the effects of the inspection, and as depression subsided after 1900, employers, too, favored the influx of immigrants. This paper examines the social and political basis for the inspection, its realization at Ellis Island, and the reasons for its inability to debar large numbers of immigrants.

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In 1894 the Immigration Restriction League was founded by a group of young Harvard College graduates who perceived the flood of new immigrants to be a menace to their social class, race, health, and comfortable existence (1). Race suicide—the notion that Americans of Northern European extraction were disappearing into statistical insignificance—was a particular preoccupation at Harvard; during the 1890s the alumni magazine repeatedly lamented the low fertility rates of Harvard men and their wives. For members of the League, restricting immigrants from Southern and Eastern Europe and Asia was an easier and more decorous task than persuading Harvard alumni to sire earlier and more often.

The 1891 law mandating a medical inspection at Ellis Island was the fruition of more than the phobias of Ivy League alarmists. Developments in American society in the latter part of the nineteenth century led to the creation of this new tool of government policy. For the first time, many business leaders, charity organizations, and segments of organized labor began to push for the restriction of immigrants. Race theorists and nativist associations argued that the new immigrant groups were physiologically inferior to their predecessors, endangering the nation's health and future development. The field of medicine was also changing. A move toward standardized medical training and the unfolding of new theoretical and practical armamentaria to battle disease improved the status of allopathic medicine and its practitioners. At the same time,

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(1) HIGHAM, JOHN. *Strangers in the Land: Patterns of American Nativism*, New Brunswick, New Jersey, Rutgers University Press, 1955.

Progressive Era reformers recognized an opportunity to resolve a political and social dilemma using scientific methods. Connected by a piece of legislation, these diverse groups expected the medical inspection to provide an efficient, effective answer to the immigration problem.

## I. RESTRICTION AND ITS RATIONALES

Until the late nineteenth century, economic expansion was believed a permanent feature of U.S. society, nourished by a seemingly endless supply of immigrants. By the 1870s, however, the country began to understand that industrial expansion came at a price: overcrowding, city slums, filth, disease, and, surprising to economists, businessmen, and migrants alike, economic depression (2).

When the California slump turned gold panners into panhandlers, blame was aimed at the easiest target. Chinese immigrants were simpler to scapegoat on racist terms than were the elusive mechanisms of the regional economy, and in 1882 the Chinese Exclusion Act became the nation's first law barring immigrants (3). Once this precedent was set—and economic downturn began to trouble more of the country—immigration reform gripped industrialists, laborites, social reformers,

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(2) See RIIS, JACOB A. *How the Other Half Lives: Studies Among the Tenements of New York*, New York, Hill & Wang, 1957; HUBERMAN, LEO. *We the People: The Drama of America*, New York, Monthly Review Press, 1960; HOFSTADTER, RICHARD. *The Age of Reform*, New York, Knopf, 1974; and HIGHAM, note 1.

(3) U.S. CONGRESS. *Act of 3 August 1882*, 22 Stat. 214, Washington, 1882; STEPHENSON, GEORGE M. *A History of American Immigration*, New York, 1964. An 1875 law regulated contract laborers and convicts from China and Japan but resulted in few debarments. Federal jurisdiction over immigration resulted from an 1848 Supreme Court decision in the «Passenger Cases», which declared unconstitutional several earlier New York and Massachusetts state laws which regulated immigration via quarantines, head taxes, and registration requirements. The decision held that immigration was a matter of commerce, not of police, and was therefore under exclusive federal jurisdiction. U.S. SUPREME COURT. *Passenger Cases*, 1848. This decision paved the way for federal immigration legislation beginning in the 1880s and 1890s. See HUTCHINSON, E. P. *Legislative History of American Immigration Policy, 1798-1965*, Philadelphia, University of Pennsylvania Press, 1981.

and politicians, who could variously perceive immigrants as the cause—and restriction of immigrants as the solution— of their woes (4).

An assortment of 1880s state-administered federal restrictions on convicts, contract laborers, and «lunatics» were difficult to enforce, prompting the U.S. House and Senate Standing Committees on Immigration to examine the nation-wide impact of immigrants «who do not readily assimilate with our people, and are not in sympathy with our institutions» (5). The Treasury Secretary elaborated: «our asylums for the poor, the sick and the insane, and our prisons are crowded with strangers, whose charge upon the public may be said to have begun with their landing» (6). For a government suffering multiple social problems, singling out arriving immigrants was both practical and politically expedient. Notwithstanding their large numbers, immigrants could be tagged and regulated at a handful of entry ports.

Armed with compelling rhetoric, on March 3, 1891 the U.S. Congress passed a bill excluding «idiots», insane persons, paupers, and those suffering from a «loathsome or dangerous contagious» disease, as well as criminals, political deviants, contract laborers, and polygamists (7). For the first time, immigrants to the United States would have to offer evidence of their «moral, mental, and physical qualifications to become good citizens» (8).

The act created the Bureau of Immigration (9), placed immigration

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(4) HIGHAM, note 1, pp. 45-62.

(5) *Annual Report of the Secretary of the Treasury on the State of Finances for the Year 1890*, p. LXXV.

(6) Note 5.

(7) U.S. CONGRESS. *Act of 3 March 1891*, 51st Cong., 2nd Sess., 26 Stat. 1084, Washington, 1891.

(8) Note 5.

(9) The Bureau of Immigration initially fell under the jurisdiction of the Department of the Treasury. In 1905 the Bureau was moved to the nascent Department of Commerce and Labor. When Commerce and Labor split in 1913, the Bureau of Immigration followed the Department of Labor. In 1906 the Bureau of Immigration was renamed the Bureau of Immigration and Naturalization, and in 1933 it became the Immigration and Naturalization Service. In 1940 the Immigration and Naturalization Service was transferred to the Department of Justice.

completely under federal administration (10), mandated a medical inspection by the U.S. Marine Hospital Service (in 1903 renamed the U.S. Public Health and Marine Hospital Service and 1912 renamed the U.S. Public Health Service [PHS, as it will be referred to hereafter]), made steamship companies liable for deportations, and commissioned the construction of the Ellis Island station and hospital (11). Over the next twenty years a series of laws extended excludability to persons with epilepsy, tuberculosis, trachoma, two bouts of insanity, various categories of mental retardation, and to anarchists, «professional» beggars, former deportees, and prostitutes.

How did this comprehensive law, requiring massive bureaucratic mobilization and an intricate means of restriction, reveal the concerns of late nineteenth century U.S. society? While business forces generally favored the free entry of workers as the economy expanded, a growing number of industrialists began to associate labor unrest with immigrant radicals. The 1886 Haymarket Affair in Chicago was blamed on German immigrant anarchists, and an 1877 strike in Pennsylvania had been

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- (10) Until 1891 states shared jurisdiction over immigration with the federal government, with the latter mandating minimum shipboard sanitary conditions and limits to passenger crowding. A number of states and port cities established quarantine stations and ship inspections through the 19th century to stem the entry of epidemic disease, and medical inspection (often cursory) of emigrants was practiced in some European ports. See KRAUT, ALAN M. *Silent Travelers: Germs, Genes, and the «Immigrant Menace»*, New York, Basic Books, 1994. No state or municipality had enacted compulsory debarment of immigrants for medical reasons, but in 1855 the state of New York refashioned Castle Garden (a fort at the southern end of Manhattan) into an immigration station, where state health officers conducted individual medical exams as a counterpart to shipboard quarantine inspections that took place south of New York harbor. In the late 1840s hospitals were established on Ward's Island and Blackwell's Island to detain and isolate sick immigrants. During this period, other ports, from Boston to Galveston, began to enact similar practices. See DUFFY, JOHN. *A History of Public Health in New York City, 1625-1866*, New York, Russell Sage Foundation, 1968.
- (11) The Ellis Island immigration station was opened in 1892, replacing Castle Garden, a smaller center located in lower Manhattan's Battery. In 1897, the wooden Ellis Island buildings burned down, and a new, grander replacement was inaugurated in 1900. Separate baggage, kitchen, laundry, and dormitory facilities were constructed in the ensuing years. Land fills in 1899 and 1906 created two new islands which housed the Ellis Island Hospital (1902) and contagious disease wards (1911).

spearheaded by Hungarian coke miners. At the same time, many employers hired recent immigrants as strikebreakers, raising the ire and xenophobic militancy of native-born workers. As depression reappeared and intensified in the early 1890s, high unemployment became more dangerous to the social order than it was serviceable for lowering wages. Organized labor, which had previously opposed only contract laborers, began to perceive all newcomers as threatening competitors for scarce jobs (12). In protecting their jobs, workers were encouraged to channel hostility against immigrants instead of challenging big business.

International political imperatives guided some, who believed that the continued admission of Russian «chronic incurable paupers» would allow Russia's undemocratic government to expel its most zealous opponents rather than face internal unrest. Unrestricted immigration was «the best incentive for the Czar to persevere in his policy of extermination, because it postpones the revolution that must precede the creation of a wholesome and progressive state of things in Russia» (13). If agitators could find a haven in the United States, restrictionists argued, Russia's democratization and modernization might be delayed indefinitely.

Urban hygiene campaigners increasingly assigned culpability for deteriorating cities to new arrivals, who were «of a decidedly lower scale of life» than their counterparts several decades earlier. As problems of slums, urban filth, disease, alcoholism, crime, joblessness, and overcrowding soared towards the end of the nineteenth century, reformers' once-

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(12) The Knights of Labor, embracing both skilled and unskilled workers, supported the restriction of immigrants unable to support themselves. The skilled workers of the American Federation of Labor —many of them immigrants— opposed restriction. A large faction battled with AFL leader Samuel Gompers, who held that making agreements with business-owners would provide workers with the best situation within the existing system. The growing severity of the 1890s depression led most unions to support —still somewhat ambivalently— immigration restrictions. Many disaffected union members joined the American Protective Association, founded in 1877 by the fiercely anti-Catholic lawyer Henry Bowers. U.S. CONGRESS. *House*, 19 January 1911, Washington; GOMPERS, SAMUEL. The American Federation of Labor on Immigration, and MITCHELL, JOHN. Protect the Workman. In: *Congressional Record*, 61st Cong., 3rd Sess., Washington, DC; HIGHAM, note 1, pp. 47-62, 69-72; HUBERMAN, note 2, pp. 229-239.

(13) WHITE, ARNOLD. Immigration of Aliens. *The Charities Review*, 1893, 3, 78.

confident solutions were replaced by the scapegoating of immigrants. These immigrants «have no idea of bringing up their families after the American custom. They do not appreciate the institutions of a free land; they care nothing for the public schools, and very little whether their children receive any education at all» (14). Immigrant families, whose survival often demanded sending young children into the labor force, were faulted for living «more like cattle than like human beings, with little or no regard for sanitation or the common decencies of life» (15). Newcomers who failed to relish and absorb the values of their adopted domicile were deemed undeserving of generosity, just as many destitute citizens were abandoned by charity organizations as incorrigibly immoral. Philanthropists, too, blamed intractable immigrants for worsening social conditions and overflowing asylums.

Scientific ideas also contributed to the politics of restriction. By 1900, belief in the racial and cultural proclivity to particular diseases, vice, and pauperism was gaining both medical and lay popularity. Restriction of immigrant defectives complemented the eugenics movement's desire to outbreed American society's own degenerates —criminals, morons, prostitutes, and the insane (16). Immigrants became the menace of all menaces: physically, intellectually, and morally impaired, according to

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(14) KNIGHT, JOHN WATROUS. *The Working Man and Immigration*. *The Charities Review*, 1895, 4, 365-366.

(15) KNIGHT, note 14, p. 366.

(16) Conceptualized by the English scientist Francis Galton in the 1880s, eugenics began to influence U.S. society within a decade. American theorists, such as the ardent supporter of inherent racial differences Madison Grant, quickly made an impact on national policy. The American Breeders' Association, the eugenics movement's first professional organization, was devoted to improving crop strains as well as humans. The leading U.S. eugenics researcher was Charles Davenport, who headed the experimental station of the Carnegie Institution at Cold Spring Harbor, NY for thirty years beginning in 1904. Like Grant, Davenport had close ties to immigration restrictionists. The history of the eugenics movement in the United States has been adeptly discussed by a number of researchers. See HALLER, MARK H. *Eugenics: Hereditarian Attitudes in American Thought*, New Brunswick, New Jersey, Rutgers University Press, 1963; KEVLES, DANIEL. *In the Name of Eugenics: Genetics and the Uses of Human Heredity*, New York, Knopf, 1985. On the role of eugenics in public policy-making see PICKENS, DONALD K. *Eugenics and the Progressives*, Nashville, Vanderbilt University Press, 1968.

eugenics subscribers, their high fertility rates meant that mediocrity would multiply. The Immigration Restriction League likened immigrant inspection to pest control:

«We do not hesitate to prohibit the importation of cattle from a foreign country where a cattle disease is present [...], yet there are certain parts of Europe from which all medical men and all biologists would agree that it would be better for the American race if no aliens at all were admitted» (17).

According to eugenics advocates, barring genetically inferior immigrants before they stepped on the mainland was the necessary counterpart to sterilizing and secluding defective Americans.

The enactment of laws barring sickly immigrants was driven by an alliance of business, philanthropy, and organized labor, but the specific mechanism of control was charged to a heretofore unvoiced force in public policy-modern medicine. If diseases were indeed contagious, then restriction was a public health necessity. The bacteriological discoveries of Robert Koch, Louis Pasteur and others led to an understanding that large numbers of people could be exposed to disease without being aware of it (18). Doctors trained to identify microorganisms under the microscope could see what lay persons could not. The gradual endorsement of the germ theory made exclusion of the diseased a tenable tactic.

Still, in 1892 the germ theory had barely begun to attain credibility, and it remained a controversial doctrine within the U.S. medical community. Medical inspection laws presupposed its legitimacy, as had state and municipal quarantine and inspection measures and the Quarantine Act of 1878, which mandated the quarantine of ships arriving from ports affected by cholera, yellow fever, and other contagious diseases. This was one of many instances in which the U.S. government chose sides in

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(17) U.S. SENATE. *Reports of the Immigration Commission: Statements and Recommendations Submitted by Societies and Organizations Interested in the Subject of Immigration*, Senate Document No. 764, 61st Cong., 3rd Sess., Vol. XLI, Washington, 1911 .

(18) See DOWLING, HARRY F. *Fighting Infection: Conquests of the Twentieth Century*, Cambridge, Massachusetts, Harvard University Press, 1977.

a scientific debate, interpreting its responsibility to protect the people from all known enemies to include tiny microbes.

Supporters of unrestricted immigration failed to organize effectively against medical regulation because it was difficult to challenge the exclusion of disease carriers and public charges. The medical inspection was billed as a rational and incremental measure that could satisfy, at least temporarily, both extremist Nativist and moderate forces. Contested only by the fractionalized, semi-organized «foreign vote», medical restriction of immigrants was an effective political ploy —government authorities owed neither rights nor favors to these pre-citizens.

## II. SNAPSHOT DIAGNOSIS

Almost all immigrants arrived at a handful of American ports, and through the peak years of 1892 to 1924, 71.4 percent of the total, or 14,277,144 people, came through New York. From 1900 to 1914, 10,100,310 immigrants came through Ellis Island. Annual arrivals ranged from 341,712 in 1900 to the 1907 high of 1,004,756 persons. Every day, a handful of officials inspected between 2,000 and 5,000 people, and on one record day in May 1907, 16,209 passengers arrived (19).

The medical inspection was a complicated though systematic process. As each ship entered New York harbor, quarantine officers boarded and inspected the crew and passengers for evidence of cholera, smallpox, typhus, yellow fever, and plague. All persons on ships infected with a quarantinable disease were detained at a quarantine station in the harbor until the threat of an epidemic subsided (20). Barring a need

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(19) Statistics based on Annual Reports of the Commissioner General of Immigration. In: *Reports of the Department of Treasury 1892-1904, Reports of the Department of Commerce and Labor 1905-1912, Reports of the Department of Labor 1913-1914*. National Archives, Washington, DC.

(20) WILLIAMS, RALPH CHESTER. *The United States Public Health Service, 1798-1950*, Washington, DC, Commissioned Officers Association of the United States Public Health Service, 1951. For an engaging account of the politics, prejudices and mechanics of quarantine during an epidemic see MARKEL, HOWARD. Knocking out the Cholera: Cholera, Class, and Quarantines in New York City, 1892. *Bulletin of the History of Medicine*, 1995, 69, 420-457.

for quarantine, steerage passengers —anxious after having spent two to three weeks aboard crowded, vomit-ridden ships— were shuttled by barge to the main building on Ellis Island. Closely monitored so that none would escape, and burdened with layers of clothing, baggage, and children, the immigrants were pushed single-file into Ellis Island's high-ceilinged Great Hall, where they faced the notorious line inspection. With no free hands to clutch important papers, many had identification cards pinned to their collars or perched between tense lips. Journalist Frederick Haskin observed:

«[...] they are lined up in long rows, with two doctors for each row [...] As they approach, the doctors begin to size up each immigrant. First they survey him as a whole. If the general impression is favourable they cast their eyes at his feet, to see if they are all right. Then come his legs, his body, his hands, his arms, his face, his eyes, and his head. While the immigrant has been walking the twenty feet the doctors have asked and answered in their own mind several hundred questions. If the immigrant reveals any intimation of disease, if he has any deformity, even down to a crooked finger, the fact is noticed. If he is so evidently a healthy person that the examination reveals no reason why he should be held, he is passed on. But if there is the least suspicion in the minds of the doctors that there is anything at all wrong with him, a chalk mark is placed upon the lapel of his coat» (21).

Between fifteen and twenty-five percent of immigrants were chalk-marked for further examination. The mark «X» indicated a suspected mental defect, «E» was for eyes or trachoma, «H» for heart, and so forth (22).

The official 1903 Public Health Service instruction booklet divided rejectees into two classes, those with an excludable illness (usually infectious or psychiatric) and those with defects that made them «likely to become

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(21) HASKIN, FREDERICK J. *The Immigrant: An Asset and a Liability*, New York, 1913, p. 76.

(22) MCLAUGHLIN, ALLAN. How Immigrants are Inspected. *Popular Science Monthly*, 1905, LXVI, 357-359. Chalk-marking increased after 1913, especially due to insanity and feeble-mindedness.



View of the Great Hall at Ellis Island, where millions of immigrants underwent medical inspection starting in 1892. William Williams Collection. United States History, Local History & Genealogy Division. The New York Public Library. Astor, Lenox and Tilden Foundations.

a public charge» (generally chronic maladies) (23) —which roughly corresponded to a directive preventing epidemics and unburdening public hospitals, asylums, and poorhouses.

In 1900 pneumonia and tuberculosis were the leading causes of death in the U.S. (24), but the eye disease trachoma and the skin ailment favus were the most frequent medical diagnoses at Ellis Island until 1906. Not coincidentally, these diseases could be identified rapidly on fully clothed persons. At first, inspectors probed only those eyes they suspected as trichomatous. Beginning in 1907, when the medical exam became more strict, each immigrant was given a trachoma test. Scalps were inspected for lice or favus, but weeks or months of caked-in filth made rapid sighting of these ailments more difficult. An eye infested with trachoma unmistakably oozed with pus. For practical rather than political or public health reasons, trachoma was the principal disease pursued on the line.

Trachoma was found in almost 80 percent of immigrants eventually deported. Although not fatal, in 1897 trachoma was classified as a «dangerous contagious» —and therefore mandatorily excludable— disease. The PHS instruction booklet declared that blocking the entry of «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» (25), was more important than preventing the spread of trachoma in the population.

For the immigrant, the trachoma test was the most unpleasant part of the medical exam. One recalled,

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(23) U.S. TREASURY DEPARTMENT, BUREAU OF PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE. *Book of Instructions for the Medical Inspection of Immigrants, Prepared by Direction of the Surgeon-General*, Washington, D.C. 1903.

(24) Many city health departments were concerned about the impact of immigrant populations upon the overall death rate. The 37th Annual Meeting of the American Academy of Medicine held in Atlantic City in June 1912 addressed the «Medical Problems of Immigration». See DAVIS, WILLIAM. *The Relation of the Foreign Population to the Mortality Rates of Boston*. In: *Medical Problems of Immigration*, Easton, Pennsylvania, American Academy of Medicine, 1913.

(25) U.S. TREASURY DEPARTMENT, note 23, pp. 7-8.

«[The] inspector has acquired an amazing speed and accuracy. He stands directly in the path of the approaching immigrant, holding a little stick in his hand. By a quick movement and the force of his own compelling gaze, he catches the eyes of his subject and holds them. You will see the immigrant stop short, lift his head with a quick jerk and open his eyes very wide. The inspector reaches with a swift movement, catches the eyelash with his thumb and finger, turns it back, and peers under it» (26).

Less dexterous inspectors used metallic shoe button hooks (dipped after each exam in a small bucket of disinfectant) to help them hastily grip and evert each eyelid.

Not all newcomers were subject to the same level of scrutiny. First and second class passengers received special shipboard inspections claimed to be identical to the line by immigration officials (27). PHS inspectors ferried to the mouth of the harbor and climbed aboard the steamers via rope ladders. As each ship made its way up the bay, the officers examined high-paying cabin passengers, yet believed that «diseased persons are not usually found in the first [class] cabin of the better lines» (28). Those requiring a more thorough physical examination were brought to separate, more comfortable quarters on Ellis Island for a shorter wait than steerage passengers. Immigrants with visible ailments were advised to travel by cabin because shipboard inspections were «milder» than the line inspection. Most officers believed the custom of separate inspections was «a good one» although «of an especially delicate nature because of the indisposition of the steamship companies to cause any seeming annoyance to saloon passengers» (29).

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- (26) HENRY, ARTHUR. Among the Immigrants. *Scribner's Magazine*, 1901, 29, 301-11.
- (27) *Organization of the U.S. Immigration Station at Ellis Island, New York, Together with a Brief Description of the Work Done in Each of its Divisions*, 23 October 1903, p. 9, Record Group 85, General Immigration Files, National Archives, Washington, DC. The 1912 Annual Report of the Commissioner General of Immigration called for separate and «proper» accommodations for detained cabin passengers, brandishing lists of well-off deportees to fend off charges of favoritism.
- (28) WILLIAMS, L. L. (circa 1913). *Report on Medical Inspection*, RG 90, Box 36, File 219, Document 98524/100, National Archives, Washington, DC.
- (29) WILLIAMS, note 28.



A Public Health Service officer looks for manifestations of trachoma. Program Support Center, Department of Health and Human Services. Washington, D.C.

Comprising twelve to twenty percent of total arrivals, cabin passengers were typically visited by five inspectors, while between two (1892-1898) and eleven (1914) officers attended the line inspection. The remaining four or five officers served in one of the Ellis Island hospitals and conducted more thorough exams for immigrants chalk-marked on the line.

### III. THE MEDICAL INSPECTORS

Medicine at Ellis Island reflected the notion that immigrants —except those traveling by first class— were inherently physiologically different from native-born Americans. The cursory line inspection relied on specific racialist formulae to quicken the making of diagnosis. Together with the poor, immigrants were believed to have weak constitutions, which made them more susceptible to disease. Elizabeth Yew has argued that because ships carrying persons with acute contagious diseases were quarantined prior to PHS inspection —denying officers direct authority over these diseases— the PHS was forced to rely on hereditarian theories of disease instead of the more «democratic» germ theory (30). Yet inspectors employed both doctrines (31). Mental disorders, inferior physiology, a tendency toward vice and prostitution, and a weakened constitution could be ascribed to faulty genes while tuberculosis, trachoma, and venereal disease were attributed to germs. Once suspected of an ailment, immigrants were sent for laboratory tests, physical exams, and

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- (30) YEW, ELIZABETH. Medical Inspection of Immigrants at Ellis Island, 1891-1924. *Bulletin of the New York Academy of Medicine*, 1980, 56, 488-510.
- (31) This ambiguity was reflected in American medicine as a whole in this period, with the coexistence of eugenics and germ theory influences and the gradual triumph of allopathy over its many sectarian competitors. See ROTHSTEIN, WILLIAM G. *American Physicians in the 19th Century: From Sects to Science*, Baltimore, Johns Hopkins University Press, 1985; BURROW, JAMES G. *Organized Medicine in the Progressive Era: The Move Toward Monopoly*, Baltimore, Johns Hopkins University Press, 1974; VOGEL, MORRIS J.; ROSENBERG, CHARLES E. (eds.) *The Therapeutic Revolution: Essays in the Social History of American Medicine*, Philadelphia, University of Pennsylvania Press, 1979; CASSEDY, JAMES H. *Medicine in America: A Short History*, Baltimore, Johns Hopkins University Press, 1991; KEVLES, note 16; and DOWLING, note 18.

mental testing, allowing the new science of bacteriology and modern diagnostics to confirm or deny the suspicions generated on the line.

Medical officers prided themselves on impartiality yet hungered for stereotyped clues. Inspectors were to closely examine Syrians, Greeks, Armenians, and Russians for trachoma, as these nationalities purportedly suffered a high rate of trachoma though they exhibited little outward evidence of it (32). Likewise, medical officers were taught to associate favus with Eastern European Jews and feeble-mindedness with Italians and Russians. Line inspector S.B. Grubbs, a long term PHS officer and expert on bubonic plague, yellow fever, and typhus control, recalled,

«I wanted to acquire this magical intuition but found there were few rules. Even the keenest of these medical detectives did not know just why they suspected at a glance a handicap which might later require a week to prove [...] Deep lines about the mouth seemed to go with hernia, [...] a certain pallor called for examination of the heart, and the glint of the eyes suggested tuberculosis» (33).

Science and intuition became awkward partners at Ellis Island.

Alertness, experience, and indefatigability were the qualifications essential to a line inspector. Yet because seasoned PHS officers considered the line an undesirable posting, line doctors typically were overworked neophytes possessing few of these qualities. The Ellis Island Hospital, was preferred, «because the Line was just routine inspection of an immigrant, and in the Hospital you were treating illness, and you were a doctor there» (34). Nonetheless, PHS officials viewed the role of guardian of the nation's health to be prestigious, at once demonstrating PHS loyalty, the potential of modern medicine, and the value of research.

The PHS, originally the Marine Hospital Fund, began in 1798 as an effort to provide hospital care for seamen in ports around the U.S. By

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(32) U.S. TREASURY DEPARTMENT, note 23, p. 8.

(33) GRUBBS, SAMUEL B. *By the Order of the Surgeon General*, Greenfield, Indiana, William Mitchell Printing, 1943.

(34) Grover A. Kempf interviewed by Elizabeth Yew, 10 September 1977, Tucson, Arizona. Transcribed at the National Library of Medicine, Bethesda, Maryland.

the 1870s the Fund was transformed into the Marine Hospital Service, gaining responsibility for quarantine enforcement and expanding the routine medical care of sailors (35). These reforms allowed the service to enlarge its scientific expertise to include the investigation of transmissible diseases at the service's Hygienic Laboratory, set up in 1887 under Dr. Joseph Kinyoun (36).

In order to match its growing research capabilities, the PHS required a proficient team of medical scientists. Established in 1889, the Commissioned Corps of the Marine Hospital Service professionalized medical personnel and shielded officers from the vagaries of political appointment (37). Commissioned officers were selected through a rigorous week-long written, oral, and clinical exam, which covered medical subjects and general knowledge. These competitive entrance exams ensured that new officers had received adequate medical training, including bacteriology and laboratory methods. Despite the need for officers, only a small percentage passed the exam each year and were admitted to the PHS (38).

Towards the end of the nineteenth century, government interest in bacteriological research was aroused on two fronts. First, growing concern with poverty and disease empowered the public health movement across the country. Kinyoun's laboratory became involved in the production and regulation of diphtheria antitoxin in 1894, and the PHS increasingly cooperated with states and municipalities, assessing water quality and helping battle disease outbreaks. Second, the toll of yellow fever and malaria on soldiers in the Spanish-American War and workers building the Panama Canal placed new pressures on U.S. research capabilities (39). The PHS, the nation's foremost proponent of the new bacteriological

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(35) A National Board of Health was established in 1879. Initially the Board took over many PHS functions, but its demise in 1883 served to strengthen the PHS.

(36) MULLAN, FITZHUGH. *Plagues and Politics: The Story of the United States Public Health Service*, New York, Basic Books, 1989.

(37) MULLAN, note 36.

(38) MULLAN, note 36, Commissioned Corps ranks were, in ascending order, Assistant Surgeon, Passed Assistant Surgeon, Surgeon, and Surgeon General.

(39) FURMAN, BESS. *A Profile of the United States Public Health Service, 1798-1948*, Washington, D.C., Department of Health, Education and Welfare, 1973.

medicine, was in a position to expand its role in the nation's health matters.

When the law restricting immigrants on medical grounds was passed in 1891, the Commissioned Corps of the PHS was immediately designated to conduct the inspection. Employed by the federal government, trained in the recognition and control of transmissible diseases, pledged in loyal service to the nation, experienced in the administration of quarantine, and accustomed to authority and team work, the members of the Commissioned Corps were ideal candidates for the job of inspecting immigrants.

In 1900 approximately 100 commissioned officers served the PHS, with over 10 percent posted at Ellis Island (40). Together with their scientific and organizational qualifications, PHS officers shared a common social background. In the first decade of the century the PHS was a «tightly-knit group of men, many of whom were from the South» (41). A review of their surnames reveals mostly English heritage, with a handful of German descendants. On Ellis Island, a homogeneous team of young, well-trained but inexperienced doctors rapidly judged who was fit to become an American.

The busy inspectors could not avoid extending their personal attitudes to the work on the line. Far from slowing their work, prejudice seemed to speed diagnosis, allowing examiners to target a series of diseases for each ethnicity. PHS officer Thomas Salmon, who later became the first Medical Director of the National Committee for Mental Hygiene and an international expert on mental health, hailed the immigration station as the ideal setting in which to effectively apply the principles of eugenics through the «scientific selection of these parents of future American children» (42). In order to maintain the inspection's societal importance, he insisted, «consideration of the medical problems of immigration

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(40) MULLAN, note 36.

(41) Bernard Notes interviewed by Elizabeth Yew, 4 September 1977, Washington, transcribed at the National Library of Medicine, Bethesda, Maryland.

(42) SALMON, THOMAS W. *Immigration and the Mixture of Races in Relation to the Mental Health of the Nation*. In: White and Jelliffe (eds.), *Modern Treatment of Nervous and Mental Disorders*, Philadelphia, Lea and Febiger, 1913, p. 277.

[must] be kept absolutely outside of the field of politics» (43). Another officer envisioned the role of medicine in national policy-making, hoping for the day when immigrants «will be required to present a clean bill of health, physically and mentally, and a clean bill of character» through a system «devised by the scientist and the statesman of the future» to compel the newcomer «to prove his right to enjoy the benefits of American citizenship» (44).

Some medical inspectors adopted the language of immigration restrictionists. Medical inspector Alfred Reed depicted Eastern and Southern European immigrants as «ignorant of hygiene and sanitation. They live on a low plane. Overcrowding, disregard of privacy, cleanliness, and authority, their gregariousness and tendency to congestion along racial lines in cities are all important in the spread of disease among them and by them» (45). Writing in *Popular Science Monthly*, Reed asserted, «The immigrant per se has no moral or social right to enter this country against the will of its citizens» (46). Fellow officer Allan McLaughlin believed that only immigrants with excellent physiques suitable to heavy physical labor should be allowed entry. This requirement «would have very little effect upon the most desirable alien races. It would fall heavily upon the parasitic and competitive classes» (47).

While Reed and the outspoken McLaughlin were more prolific than many of their counterparts, they were not atypical. Like many Ellis Island inspectors, McLaughlin continued his career in the PHS for many years. He gained prominence for attributing high typhoid rates to pollution in the Great Lakes and served as the sanitary expert for the International Joint Commission that oversaw U.S.-Canada border affairs.

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(43) SALMON, THOMAS W. The Diagnosis of Insanity in Immigrants. *In: Annual Report of the Surgeon General of the Public Health and Marine Hospital Service*, Washington, 1905, p. 278.

(44) WILLIAMS, L.L. The Medical Examination of Mentally Defective Aliens. *American Journal of Insanity*, 1914, 71, 257-268.

(45) REED, ALFRED C. Immigration and the Public Health. *Popular Science Monthly*, 1913, 83, 321.

(46) REED, ALFRED C. The Medical Side of Immigration. *Popular Science Monthly*, 1913, 80, 392.

(47) MCLAUGHLIN, ALLAN. The Problem of Immigration. *Popular Science Monthly*, 1905, 75, 531-537.

Whether they pinpointed specific immigrant classes or spoke in broader «scientific» terms, medical inspectors pledged impartiality. Some expressed sympathy for the immigrants and were troubled by the implications of their diagnoses. At the same time they felt bound to report the diseases and defects they detected. All but the most naïve medical examiners realized the importance of their position on the «first, most comprehensive and effectual line of defense against the introduction of disease or taint from without» (48).

Although medical inspectors had no final say over rejections, their tasks became increasingly politicized. Beginning in 1907, they had to determine who fell into the category of «LPC», those «likely to become a public charge». This diagnosis rapidly became the most frequent cause for deportation. More than ever, immigrants were to be disbelieved. Medical examiners were advised to «ever be on the alert for deception. The nonchalant individual with an overcoat on his arm is probably concealing an artificial arm; the child strapped to its mother's back may be unable to walk because of infantile paralysis» (49). LPC categories generally corresponded to chronic conditions, including hernia, feeble heart action, senility, deformities, poor eyesight, varicose veins, and perhaps the most remarkable, «poor physique». Not only could poor physique prevent the individual from making a living at manual labor, according to the instruction manual, he was «very likely to transmit his undesirable qualities to his offspring should he, unfortunately for the country in which he is domiciled, have any» (50). The medical inspection embodied contradictory messages, on one hand immigrants were blamed for flooding the labor market and on the other they were accused of arriving physically unable to work.

The responsibilities of medical inspectors were magnified by the need to regulate conditions that were followed closely by the American public. The era's fanatical fear of sexual diseases focused attention upon immigrants as a source of infection, especially immigrant

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(48) REED, note 45, p. 329.

(49) MCLAUGHLIN, note 22, p. 358.

(50) Prescott Hall to Surgeon General Wyman, 22 December 1906, RG 90. Box 36. File 219. National Archives, Washington, DC.

prostitutes (51). Although these prejudices could be empirically disproven, they persisted in guiding policy and practice. In 1903 3,427 unmarried men were strip-searched for syphilis. This labor-intensive experiment yielded so few cases (five) that it was abandoned within a few months (52). In 1910 the recently devised Wassermann test was quietly instituted, yielding unspectacular results but placating moral crusaders. Another little-publicized component of the Ellis Island inspection was performed by «perceptive» women stationed around the Great Hall, scrutinizing the faces of young women who, it was supposed, might be lured into prostitution or who already earned a livelihood through harlotry (53).

The rapidly changing world of medicine was only partially reflected in the Ellis Island inspection. X-rays and stethoscopes were not amenable to the line and were routinely used on chalk-marked immigrants only after 1910. While many doctors lamented the unavailability of lab tests, a band of medical Luddites argued: «In these days of laboratory experimentation and [...] refined methods of diagnosis, the value of simple inspection of the patient has gradually been lost sight of, and the art of snapshot diagnosis has been left almost entirely in the hands of the charlatan» (54). Chalk-marked immigrants could expect to go through more rigorous examinations in the small, enclosed rooms that ringed the upper level of the Great Hall. Here auscultation for chest irregularities, fecal analysis for the cholera vibrio, X-rays for lung deficiencies, microscopical identification of tuberculosis, Wassermann tests for evidence of syphilis, temperature taking of children, isolation to prevent the spread of infectious disease, and a barrage of agility and psychological quizzes for insanity or mental deficiencies were carried out by a small group of PHS officers.

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(51) BRANDT, ALLAN. *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880*, New York, Oxford University Press, 1985.

(52) UNRAU, HARLAN. *Ellis Island Statue of Liberty National Monument: Historic Resource Study (Historical Component)*, Washington, DC, U.S. Department of Interior, National Park Service, 1984.

(53) U.S. Secretary of Commerce and Labor Victor Howard Metcalf to President Theodore Roosevelt, 29 July 1903. RG. 85. Letter No. 39716. National Archives, Washington, DC.

(54) WILSON, J.G. Diagnosis by Inspection. *New York Medical Journal*, 1911, p. 94.

IV. *MENTAL TESTING*

The detection of «insane persons» was an important charge at Ellis Island, for this class of newcomers was believed destined for state institutions (55). Several PHS surgeons decried the «fact that immigration is alone responsible for the high rate of insanity in the United States» (56). Others emphasized the economic implications of admitting insane persons, claiming that the foreign born accounted for 48 percent of New York state mental hospital patients but only 30 percent of the general population (57).

Both psychiatrists and line inspectors called for a more stringent inspection, but neither group could provide adequate guidelines. On the line, suspicion of insanity might be deduced via «a tremor of the lips when the face is contorted during the trachoma examination, a hint of negativism or retardation, an oddity of dress, unequal pupils, or an unusual decoration worn on the clothing» (58). Officers also posed questions to ascertain insanity, such as: «If a boy eats his mother and father, what is he called?»/ The «correct» answer —certifying sanity— was not «a cannibal», but «an orphan» (59).

The 1903 PHS instruction booklet described insanity as a deranged condition, characterized by delusions, depression, or homicidal tendencies or the «inability to distinguish right from wrong». While physical appearance was to provide key evidence, «In the case of immigrants, particularly the ignorant representatives of emotional races, due allowance

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(55) Growing industrialization, urban poverty, and social dislocation during the nineteenth century contributed to a new means of caring for the insane. Once shielded by their families at home, the mentally ill were increasingly placed in resident asylums. Mental hospitals at once medicalized insanity and isolated the insane. See GROB, GERALD. *Mental Illness and American Society, 1875-1940*, Princeton, Princeton University Press, 1983.

(56) SALMON, note 43, p. 271.

(57) STONER, GEORGE. Insane and Mentally Defective Aliens Arriving at the Port of New York. *New York Medical Journal*, 1913, 97, 957-960.

(58) SALMON, note 43, pp. 271-278.

(59) Harold Fields to Franz Boas, 27 November 1927. *Franz Boas Papers*, circa 1858-1942. American Philosophical Society Library, Philadelphia, PA.

should be made for temporary demonstrations of excitement, fear, or grief» (60).

After 1907, when exclusion of persons certified as «likely to become a public charge» became compulsory, the number of deportations for insanity quickly rose, going from 32 in 1900 to a peak of 173 in 1908 (25 per 100,000 immigrants). In 1913, George Stoner, the Chief Medical Officer at Ellis Island, reported that foreign born admissions to mental institutions comprised only 18 percent of the total, not the previously reported 48 percent. Rather than accept these figures, Stoner blamed the «necessarily hurried examination» for the admission of insane immigrants, most of whom, he argued, remained undetected once they had passed through Ellis Island (61). This explanation was at least partially corroborated. The drop in arrivals during World War I allowed inspectors time to carefully examine every immigrant, more than doubling the proportion of physical and mental deportees to seven percent of the total rejected (62).

In 1907, mental deficiency was added as an excludable category, and immigrants unknowingly served as experimental subjects for the new field of intelligence testing. The results of Ellis Island testing surprised even H. H. Goddard, the staunchly nativist director of research at New Jersey's Vineland Training School for Feeble-Minded Boys and Girls. According to a 1913 study of immigrants he conducted at Ellis Island using the Stanford-Binet intelligence test, over 80 percent of Jews, Italians, and Hungarians were «feeble-minded» or «morons» (63).

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(60) U.S. TREASURY DEPARTMENT, note 23, p. 10.

(61) STONER, note 57, p. 957.

(62) E.H. Lewinski Corwin to Rupert Blue, 18 December 1914. RG 90. Box 36. File 219. National Archives, Washington, DC.

(63) GODDARD, HENRY H. Mental Tests and the Immigrant. *Journal of Delinquency*, 1917, 2, 243-277. For a critical perspective on H.H. Goddard and the hereditarian theory of IQ see GOULD, STEPHEN J. *The Mismeasure of Man*, New York, Norton 1981. Goddard is defended as a man working within the constraints and assumptions of his day by GELB, STEPHEN A. Henry H. Goddard and the Immigrants, 1910-1917: The Studies and their Social Context. *Journal of the History of the Behavioral Sciences*, 1986, 22, 324-332. For a longer historical perspective on the construction and treatment of the «feeble-minded» in the U.S. see TRENT, JAMES W. JR.

Mental testing of illiterates on Ellis Island was pioneered largely by Howard Knox, an eager assistant surgeon with no training in this area (64). His exercises required immigrants to: recall the details of a story recited to them, match pairs of identical drawings, take apart and put together a jigsaw puzzle, and describe the features distinguishing a cow from a horse. Over a period of eighteen months, Knox tested 4,000 arrivals, yielding feeble-mindedness rates between zero and 21 percent. Notwithstanding the wide variability of his results, Knox believed that his work offered an advantage over the former practice of simply observing the newcomers. The appearance of aliens was often deceptive, for «some who look bright are in reality defective [and] some who look defective prove on examination to be of normal intelligence» (65). By the time Knox became chief medical officer in 1914, between 75 and 100 «feeble-minded» persons were deported from Ellis Island each month. Overall, the deportation of «idiots», «imbeciles», and «morons» rose from one person in 1900 to 29 persons in 1907 (when the exam became more stringent) to 1.077 people in 1914, at the same time comprising an increasing proportion of overall medical rejections.

Inspector E. K. Sprague realized that poor performance on Knox's tests could be based on exhaustion, excitement, and unsympathetic translators. Sprague noted, «After a good night's rest combined with quiet and good food», most improved markedly. He struggled with the moral dilemma of an honest officer who was reluctant to confer upon the immigrant «a permanent stigma, probably blasting his career, and possibly making him an outcast into some European port» (66). Sprague's compassionate views were not widely shared by his colleagues, however,

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*Inventing the Feeble Mind: A History of Mental Retardation in the United States*, Berkeley, University of California Press, 1994, especially pp. 131-183.

- (64) ALAN M. KRAUT has written extensively about the detection of mental ailments on Ellis Island. For an absorbing account, see *Historical Perspectives on Refugee Movements to North America*. In: W. Holtzman and T. Boremann (eds.), *Mental Health of Immigrants and Refugees*, Austin, Hogg Foundation for Mental Health, 1990.
- (65) KNOX, HOWARD A. A Scale, Based on the Work at Ellis Island, for Estimating Mental Defect. *Journal of the American Medical Association*, 1914, 62, 742-743.
- (66) SPRAGUE, E. K. Mental Examination of Immigrants. *Survey*, 1914, 31, 466-468.



A woman is asked to assemble a puzzle as part of the mental inspection. Program Support Center, Department of Health and Human Services. Washington, D.C.

and consideration of immigrant stress rarely led to the modification of test results.

#### V. REJECTIONS, CONFINEMENT, APPEALS

Most immigrants passed the inspection and were ushered to the registration table. After answering a series of questions about their origins, destination, and the amount of money in their pockets, they were presented with a landing card, the final ticket to American soil. Scores of immigrant aid societies set up booths to help newcomers gain their bearings, purchase train tickets, and contact relatives. Other organizations illegally recruited immigrants to the garment industry or brothels.

For the approximately 25 percent of immigrants tagged at the line, there were three more chances to pass the inspection: after a more thorough physical exam clearing them of an excludable ailment, by the Boards of Special Inquiry, or through a personal appeal. Each day hundreds of people had to be re-examined, with only a few handfuls to be permanently excluded. Up to 2,000 people were detained at a time, crowded into small waiting rooms for hours (67).

Many of those detained, including pregnant women, were given treatment at local hospitals or at Ellis Island's general hospital, completed in 1902. From the 1890s through 1914, less than one percent of arrivals required hospitalization (68). The Ellis Island Hospital became overcrowded soon after it opened, and the Immigration Bureau maintained contracts with regional hospitals until World War I. Children and others with measles, scarlet fever, diphtheria, and chicken pox were sent to New York City Health Department hospitals because of the contagiousness of these diseases. In 1906, 205 of 1,506 children who arrived with infectious

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(67) HASKIN, note 21, p. 78.

(68) In 1902, 747,218 immigrants were inspected, with 5,155, or 0.7 percent hospitalized. Approximately three percent of persons hospitalized died each year. See Annual Report of the Commissioner General of Immigration, *Reports of the Department of Commerce and Labor*, for the years 1900 to 1914.

diseases died at one of the hospitals (69). In 1911 the long-awaited, 450-bed contagious disease hospital opened on Ellis Island, lowering the mortality associated with transferring contagious disease patients.

Ellis Island intermittently served as a small research center, where doctors could observe the course of disease and attempt experimental interventions. Beatrice Norman, who arrived at Ellis Island as a young girl, had her hair removed in Antwerp in order to keep her scalp clean for the sea voyage. But inspectors presumed her baldness was a treatment for favus, and she was detained at the Ellis Island Hospital for three months until her hair grew back and her health was certified (70). Persons suspected of trachoma were often held at the hospital for up to a year, even though the only recourse was to facilitate «nature's attempt at a cure» (71).

An immigrant presented with a rejection certificate had the right to have his or her case reviewed by a three-member Board of Special Inquiry. This body of non-medical immigration officials evaluated the evidence and decided whether or not to overturn the debarment. Occasionally a medical inspector was called in to testify, often to demystify a Latin medical term. Most medical inspectors were glad to be exempted from the Boards of Inquiry, in order to avoid conflicts between science and politics. When Commerce and Labor Secretary Oscar Straus suggested that physicians sit on the Boards of Inquiry, Ellis Island's chief surgeon Stoner protested. Stoner argued that physicians should serve merely as advisors to clarify ambiguous terms such as «poor physique» which the Boards might consider more strongly than intended. Otherwise a doctor voting on a Board of Inquiry «is in the nature of a retained attorney. He is interested in the exclusion of the immigrant» (72).

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(69) WATCHORN, ROBERT. Annual Report of the Commissioner General of Immigration, *Reports of the Department of Commerce and Labor*, Washington, 1907.

(70) Beatrice Norman interviewed by Anne-Emanuelle Birn, 20 December 1985, New York, NY.

(71) CLARK, TALIAFERRO; SCHERESCHEWSKY, JOSEPH W. Trachoma: Its Character and Effects, *Public Health Service Bulletin*, 1910, No. 19, Washington, DC, p. 30.

(72) Conference of Public Health Service Officers with Secretary Oscar S. Straus, February 8, 1907. Immigration and Naturalization files. RG 85. INS file 51490/19. National Archives, Washington, DC.

Medical inspectors were fully aware that they were not the final arbiters of rejection or admission. Assistant Surgeon General L. E. Cofer hailed the checks provided by immigration officials, which ensured «unbiased and unprejudiced treatment» (73). Likewise, the PHS was not troubled when the Boards of Inquiry overturned medical certificates recommending the restriction of immigrants. As Surgeon General Rupert Blue explained in 1913, «it would not be remarkable if, with the handling of this enormous number of people, some errors were made from time to time in diagnosis. Indeed, errors in diagnosis take place in medical practice, under much less severe stress» (74).

If the rejectee was not satisfied with the outcome of the inquiry, a special appeal could be filed to the Board. Only a handful of cases reached the Commissioner General of Immigration, who had the final word on the rejection of immigrants for medical reasons. Although the Boards of Special Inquiry were notorious for their paternalistic decisions and sparse explanations, their rulings resulted in relatively few debarments—less than twenty each day (75). Medical deportations hovered between one and 2.5 percent of arrivals, amounting to 5,000 to 12,000 persons per year (76), a small number given the political pressure favoring rejection.

Immigrant protection societies aimed at easing restrictive practices and routinely issued both medical and moral appeals on behalf of rejectees. These societies complained to members of Congress, joined forces with muckrakers to publicize abuses and corruption at Ellis Island, and demanded second opinions of medical diagnoses by non-PHS doctors. The most active of these groups, the Hebrew Immigrant Aid Society (HIAS), had 1,944 deportation orders overturned in 1913 (77). Formed

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(73) COFER, LELAND E. *The Medical Examination of Arriving Aliens*. In: *Medical Problems of Immigration*, Pennsylvania, American Academy of Medicine, 1913, p. 32.

(74) Rupert Blue to E. H. Mullan, September 1913. RG 90. Box 36. File 219. National Archives, Washington, DC.

(75) Often entire families would return to Europe when one member was rejected.

(76) Statistics calculated from the *Annual Report of the Commissioner General of Immigration*, 1893-1914, especially 1913; and from MCLAUGHLIN, note 47.

(77) WISCHNITZER, MARK. *Visas to Freedom: The History of HIAS*, Cleveland, World Publishing Company, 1956.

in 1902, HIAS provided immigrants everything from sweaters to housing, jobs, kosher food, and legal assistance at the Boards of Special Inquiry. HIAS attorney I. Irving Lipsitch, the Ellis Island representative from 1909 to 1914, relentlessly pestered the Surgeon General to explain exclusion terminology so that HIAS could warn potential European immigrants affected by these definitions. Lipsitch also argued that persons with «favus or ringworm of the head or nails usually pay no attention to same, believing that the symptoms thereof are birthmarks» (78). This was a perceptive point, for immigrants unexposed to a medicalized world might consider limps, malnutrition, rashes, and other ailments as part of day-to-day life.

## VI. FUNDING

The medical inspection was chronically underfunded. On busier days a doctor might spend two minutes on each patient, or as one inspector put it, «six seconds per eyelid» (79). Journalists likened the inspection to the six o'clock rush (80), and H. H. Goddard noted in 1913 that the inspectors «have not money enough to do the work thoroughly» (81). Immigration officials and medical inspectors repeatedly complained about the shortage of inspectors and the excess of work, but requests for increased resources were met with minuscule concessions. Until 1911, when Senator William P. Dillingham's Immigration Commission issued a massive forty-two volume report, few legislators were involved with Ellis Island appropriations. In 1914 the Commissioner-General of Immigration requested \$295,000 from Congress to cover construction costs and routine expenses at Ellis Island. Although the head tax paid by immigrants led to a surplus of more than two million dollars (in 1913 the Bureau of Immigration collected \$4,818,805.28 from 734,869

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(78) Irving I. Lipsitch to Samuel Mason, 7 October 1915. HIAS Legal Briefs. File 136. YIVO Institute Archives, New York, NY.

(79) SPRAGUE, E. K. Medical Inspection of Immigrants. *Survey*, 1913, 30, 420-422.

(80) EBERLE, LOUISE. Where Medical Inspection Fails. *Colliers*, February 8, 1913, 50, 27.

(81) GODDARD, HENRY H. The Binet Tests in Relation to Immigration. *Journal of Psycho-Asthenics*, 1913, 18 (2), 107.

immigrants and operated on a budget of \$2,525,000), many Congressmen balked at the idea of appropriating more money (82).

Various forces influenced the financing of the medical inspection of immigrants. Legislating a medical inspection was a means of appeasing restrictionists, but underfunding the inspection process also served to mollify opposing constituencies. By 1910 lobbying efforts undertaken by immigrant aid societies reflected a reluctant acceptance of the inspection as irreversible; demands focused on improvement of shipboard and immigration station conditions. Board of Inquiry appeals were increasingly made on behalf of individual rejectees rather than on classes of excluded people.

After 1900 business owners again favored immigration to fill low-paying jobs yet supported a rigorous inspection to deport trouble-making anarchists and potential public charges. Limited financing revealed confidence in the ability of trained medical inspectors to separate quickly the healthy from the infirm. Widely held stereotypes of physiologically inferior immigrants led legislators to believe that the newcomers' ailments were easily discernible by an experienced eye. Finally, in an era of balanced budgets and no income tax, large federal outlays, other than for the military, were unknown to lawmakers.

To solve the budgetary and personnel shortages on Ellis Island, noncommissioned officers were hired as temporary line and cabin inspectors, serving one third of these posts by 1910. During a 1906 visit, Assistant Surgeon General H. D. Geddings noted that though these acting assistant surgeons were efficient medical officers, they were not «imbued with the same 'esprit de corps', the same sense of subordination to lawful authority, and the same singleness of purpose as the commissioned officer». Geddings contended that because these doctors lacked job security, they forged alliances with immigration officials rather than with PHS officers. He also believed that the acting assistant surgeons

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(82) U.S. CONGRESS. House, Debate among Congressional Representatives Buchanan, Burnett, Fitzgerald, Gardner, Madden, Mann, Oglesby, Raker, and Commissioner-General of Immigration Roger O'Donnell, *Congressional Record*, 24 February 1914, 63rd Cong., 2nd Sess., Washington, DC.

were attempting to form their own corps which might permanently displace the PHS from immigration inspection (83). Cost-saving measures risked frustrating Ellis Island's already imperfect system.

## VII. THE EUROPEAN INSPECTION

Inspection efficacy was aided by a 1903 law that imposed a one hundred dollar fine on shipping companies for every deportee whose defect could have been detected «by a competent medical examination at the foreign port of debarkation» (84). Steamers already bore the costs of detention and deportation, but a steep fine proved a stronger deterrent. European inspection seemed the perfect solution to administrative costs and problems at Ellis Island. U.S. officials strongly favored the extra deterrence provided by an overseas inspection; immigrant protection groups supported a stringent hometown exam as the most humanitarian solution if immigrants were to be regulated; and Department of Commerce officials were keen to test the honesty of steamship companies.

Inspection of emigrants at European ports began in the late 1840s, not as a restrictive measure but as a means of protecting steerage passengers from shipboard illness. During the mid-century wave of immigration following the Irish famines, thousands died of typhoid fever, diarrhea, pneumonia, and other contagious diseases contracted during the sea voyage (85). In an attempt to protect immigrants from unhealthy travel conditions, U.S. consular officers were charged with inspecting the sanitary conditions of embarking ships but rapid inspections of emigrants failed to stem shipboard disease outbreaks. Unlike the 1890s laws, intended to protect American society from diseased newcomers, the earlier measure was conceived as a safeguard (albeit an unsuccessful one) for the health of immigrants.

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(83) H.D. Geddings to Surgeon-General Walter Wyman, *Investigations of Medical Policies, Procedures, and Personnel Practices at Ellis Island*, 16 November 1906. RG 90. File 2855, National Archives, Washington, DC.

(84) U.S. SENATE. *Reports of the Immigration Commission: Emigration Conditions in Europe*, Senate Document No. 748, 61st Cong., 3rd Sess., 1911, p. 70.

(85) See SOLIS-COHEN, ROSEBUD T. The Exclusion of Aliens from the United States for Physical Defects. *Bulletin of the History of Medicine*, 1947, 21, 33-50.

Beginning in the late 1890s, roving PHS officers served at foreign ports, but only Naples was continuously attended. U.S. observation teams inspected medical setups abroad twice between 1906 and 1911, generally praising European efforts but deploring tales of smuggled, diseased immigrants, fake remedies for trachoma, and the sale of clean bills of health (86).

Broughton Brandenburg, an American who disguised himself as an Italian peasant to experience the plight of the immigrant, quickly learned about Naples shams. He came across doctors who claimed they could cure trachoma in 48 hours, but he found that after treatment, «The eyes would be worse than before [...] and if continued too long [the treatment] would cause blindness» (87). When a person was rejected, Brandenburg witnessed the wails of entire villages, reinforcing his belief that «Only in the hometown can the truth be learned and the proper discriminations made» (88).

In 1907 Senator William Dillingham's Immigration Commission was organized to root out corruption at immigration stations in the U.S. and Europe, study the nature and magnitude of immigration and its regulation, and answer the incessant demands of restrictionists. The Commission determined that «in ordinary years at least five times the number of intending immigrants are turned back at European ports to one debarred at United States ports of arrival» (89), not an astonishing finding given that inspectors at Fiume were held personally responsible for every immigrant deported from New York. In 1907 Naples rejected approximately 4% of 240,186 immigrants; in Bremen 5.5% were stopped, counting inland control station figures. As in New York, over 80% of these medical rejections were for trachoma (90). Although a succession of Commissioners General of Immigration recommended providing all

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- (86) U.S. SENATE. *Reports of the Immigration Commission, and Report of Conditions Existing in Europe and Mexico Affecting Emigration and Immigration*, RG 85. File 51411/1, p. 63, National Archives, Washington, DC.
- (87) BRANDENBURG, BROUGHTON. *Imported Americans*, New York, NY, Frederick A. Stokes Company, 1904, p. 167.
- (88) BRANDENBURG, note 87, p. 222.
- (89) U.S. SENATE, note 84, p. 76.
- (90) U.S. SENATE, note 84, p. 124.

foreign ports with PHS doctors, this was deemed impractical and costly. Some local governments, like that of Antwerp, were «unwilling to yield even partial control» of the inspection (91). An inspection on the U.S. side remained indispensable; steamship companies' profits were directly tied to volume, and they had little incentive to restrict large numbers of passengers.

### VIII. *THE MEDICAL INSPECTION'S VANISHING ROLE*

As immigration began to level on the eve of World War I, the medical inspection became a zone of contention. On one side restrictionists clamored for a literacy test, advanced by the United Hatters of North America, the American Breeders' Association, and hundreds of municipalities across the country (92). Labor groups worried that advances in workplace legislation, such as the move towards an eight-hour day, would be jeopardized by the millions of newcomers who were quickly channeled into substandard jobs.

On the other side lay a less vociferous, yet influential, force that helped delay the passage of a literacy test until 1917. Opponents included the Association of Foreign Language Newspapers, immigrant aid societies, and the National Liberal Immigration League, together with prominent educators, scientists, and industrialists. This varied group supported existing restrictive measures as long as they were fairly and rigorously administered.

The changing configuration of medical inspection advocates invariably led to ambiguous, and sometimes contradictory, support for restriction policies. Jane Addams, the founder and director of Chicago's Hull House, supported provisions barring dangerous and financially burdensome persons. Yet she viewed laws excluding «insane» and «feeble-minded» persons as destructive to families, leaving formerly wage-earning families

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(91) *Reports of the Immigration Commission, and Report of Conditions...*, note 86, p. 77.

(92) Testimony of Congressman Burnett, 4 February 1914, *Congressional Record*, 63rd Congr., 2nd Sess., Washington, DC.

separated and destitute. Addams favored more humanitarian conditions for immigrants and a conclusive home port medical inspection, supplemented by American shipboard matrons «to look after the conditions of comfort, health, and morals» (93).

The National Liberal Immigration League, headed by Charles W. Eliot (president of Harvard University from 1869-1909), judged medical debarment a valid means of preserving American genetic stock. But Eliot also believed that «every healthy, honest laborer who comes hither from other lands contributes appreciably to the productiveness and wealth of the country» (94). Andrew Carnegie agreed that «able-bodied immigrants of good character» were a most valuable resource (95). This reversal of Carnegie's previous stand surfaced with the latest growth phase of the economy, reflecting a need to balance the demand for cheap labor with the potential for unrest.

These forces offered only lukewarm support for the medical inspection. By 1910 zealous advocates of a literacy test, such as the Immigration Restriction League's lead lawyer Prescott Hall, believed that a medical inspection would never result in substantial debarment of newcomers. By the 1920s the clamor for restriction moved well beyond «scientific» measures to preserve American vigor; the solution for debarment was a national origins quota favoring Northern European immigrants at the expense of all others (96).

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(93) Jane Addams to Hon. Joseph G. Cannon, 11 June 1906, *Congressional Record*, 59th Congr., 1st Sess., Washington, DC.

(94) Charles W. Eliot to Edward Lauterbach, 10 January 1911, in *Congressional Record*, 61st Congr., 3rd Sess., 14 January 1911, Washington, DC.

(95) Andrew Carnegie to Charles Eliot, 2 February 1911, in *Congressional Record*, 61st Congr., 3rd Sess., Washington, DC.

(96) The 1921 act limited the annual number of immigrants from each country to three percent of the nationality's population according to the U.S. census of 1910; its 1924 successor further favored Anglo-Saxons by limiting immigration to two percent of the 1890 census's national origins makeup. Today active tuberculosis and a positive human immunodeficiency virus test are the principal medical grounds for exclusion.

## IX. CONCLUSIONS

The medical inspection served as only one in a series of increasingly stringent measures limiting immigration. Far from reflecting unified policy, it offered a complicated compromise amidst a swirl of competing interests. It was an expensive and administratively unwieldy means of regulation —low deportation rates disappointed nativist expectations. For restrictionists, the inspection came to represent a failed attempt to control the entry of immigrants. Advocates of free immigration, first opposed, then criticized, and finally tolerated the medical inspection in order to fend off harsher restrictions. For those arriving, the Ellis Island inspection induced fear and desperate attempts to redress physical defects. The number of potential immigrants who chose to stay home rather than brave the medical inspection cannot be gauged.

The contradictions inherent in the medical inspection served to sustain it for over three decades. Restrictionists believed that increased funding would bear out race-based theories of physical and mental inferiority. Anti-restrictionists held that fair regulations and vigilance would limit the inspection's capacity to debar immigrants. Each camp had Ellis Island-based advocates, with medical inspectors attempting to maximize medical debarment given budgetary constraints and aid societies appealing the cases of rejected immigrants.

At the end of the nineteenth century, reformers increasingly turned to science as the secular moral arbiter of social questions. The development of the germ theory, eugenics, and innovative diagnostic methods offered promise for the accurate selection of new citizens. Ironically, only a handful of diagnostic techniques provided the armamentaria for Ellis Island's uniformed doctors. Historian Alan Kraut has argued that Ellis Island served as both «an incubator for public health policy and a laboratory for scientific experimentation» (97). This view is perhaps optimistic, for the inspection reflected more a tangle of arbitrary decisions and accidental arrangements than a rational policy-making process or a controlled laboratory.

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(97) KRAUT, ALAN M. *Silent Travelers: Germs, Genes, and American Efficiency, 1890-1924*, *Social Science History*, 1988, 12, 388-389.

As a grand prototype for scientific bureaucracy, Ellis Island was a marked failure. Though Progressive Era social crusaders devised elaborate regulations in the name of efficacy, keeping the line moving was more important than detection of disease. The jumble of techniques and practices comprising medical examination and diagnosis were overshadowed by the need to yield results quickly. Trachoma, an easily distinguishable, non-fatal disease, led to far more deportations than the diseases and defects that politicians and restrictionists had decried so vehemently, such as syphilis and tuberculosis. The science in scientific management was haphazard, not efficient; inadequate budgets and chaos at Ellis Island perpetuated the practice of snapshot, not laboratory-verified, diagnosis.

Ultimately, the medical inspection was unable to prove the large-scale inferiority of immigrants. Only the introduction of quotas could reduce the number of new arrivals; by the 1920s the Lady Liberty who had once sought to comfort the «tired, the poor, and the hungry» now reserved her embraces for the Teutonic, the literate, and the well-proportioned.