

using the newcomers as subjects. There was special interest in venereal disease. In June 1915 the Surgeon General reported that in addition to testing those actually suspected of having syphilis, Ellis Island physicians had done "about 1,000 Wassermann reactions" on persons in the line inspection. He further reported that studies of trachoma were made with "culture and smears" and that there had been "inoculations into animals." The report concluded with a request for another PHS officer in the laboratory because "there is not another place in the service where there is more opportunity for good research work from the laboratory side; and the expenditures involved would be very modest." Long before the vocabulary of patient rights entered the medical lexicon, immigrants processed on Ellis Island served haplessly as the subject[s] for psychological and physiological research. . . .

. . . On Ellis Island, each diagnosis constituted a negotiation between the biological and the social. Ironically, even as PHS officers consciously refused to allow the agenda of immigration restrictionists to influence their medical assessments, the physicians were unconsciously swayed by their own ethnocentrism. Two such doctors, writing on trachoma, concluded that a perceived increase in the disease on Ellis was a direct result of the "change in the source of arriving immigrants and resulting differences in the character of the people."

But scrutinizing immigrants closely for specific diseases and debarring them accordingly was no mere matter of ethnocentricity. In a very real sense, PHS physicians navigated between their medical oath to minister unto the individual and their statutory responsibility to guard the health of the public at large. In steering between those two, often conflicting, charges, PHS officers made of Ellis Island an incubator for public health policy and a laboratory for scientific experimentation, a Progressive barricade against the germs and genes that Terence Powderly feared would leave Americans the blind, bald victims of immigration's silent travelers.

Bubonic Plague, Bacteriology, and Anti-Asian Racism in San Francisco, 1900

GUENTER B. RISSE

Early in the year 1900, an editorial in the *Journal of the American Medical Association* described the dangers posed by the relentless advance of bubonic plague towards the United States. In spite of high morbidity and mortality rates from the disease in China and India, the author sought once again to assure his readers that because of the "infinitely superior sanitary improvements of progressive civilization" in the West, a recrudescence of the pestilence would never again assume such dramatic characteristics as displayed during the Middle Ages. "There need be no fear of an introduction of the disease into the United States," the article concluded, "San Francisco, California, is already provided with the means to intercept infection."

This recurrent theme, already popular during the 1890s, was based in part on what the Surgeon General of the US Marine Hospital Service, Walter Wyman, and

Gunter B. Risse, "The Politics of Fear: Bubonic Plague in San Francisco, California, 1900," in *New Countries and Old Medicine*, ed. Linda Bryder and Derek A. Dow (Auckland, New Zealand: Pyramid Press, 1995), pp. 2-3, 5-9, 11-17. Copyright © 1995. Reprinted with permission.

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others optimistically perceived as "the scientific advance of modern medicine." For Wyman, cause, method of propagation, and means to prevent the spread of plague were now "matters of scientific certainty." The small number of casualties among Westerners living in the notorious plague spots of Asia was mainly attributed to "European blood and stamina." The perceived superiority was not only considered genetic but equally environmental, a tribute to proper hygiene and nutrition. . . .

In the aftermath of the Spanish-American War [of 1898], the price for our new imperialism was heightened threats from a number of diseases, including cholera, yellow fever and plague. On 23 November 1899, given the imminent danger of plague transmission to American ports—two cases (introduced from Brazil) were discovered in New York—the President of the United States assigned twelve additional officers from the Marine Hospital Service to serve on US consulates abroad, gathering local epidemiological intelligence while also screening persons travelling to this country. Wyman, described in California papers as "the commander in chief of this new army who will save his country from the dreaded foe" of plague, had already forged what was described as "an impregnable chain of defenses": eleven national quarantine stations strategically located at some of the most important American ports.

However, such confidence-building rhetoric masked the reality of a divided and conflicted system of American public health much in evidence during the yellow fever epidemics afflicting the Gulf states during the previous two decades. Historically, the federal government had left public health functions to the states, and by further delegation to local authorities. A reluctant Congress enacted federal laws that continued to stress close co-operation with state and local governments and compliance with their regulations only when foreign and interstate trade seemed jeopardised. . . .

In spite of greater budget allocations by Congress to the Marine Hospital Service during the 1890s, the national quarantine station at Angel Island in San Francisco Bay remained a somewhat run-down complex of buildings. A new chief officer arrived on a cold foggy day in early June 1899: Joseph H. Kinyoun, considered one of the most prominent members of the service. Locals reassuringly interpreted the assignment as evidence of the President's and Surgeon-General Wyman's concern for their city in the face of an expected invasion by the plague. After all, Kinyoun was one of the new Pasteurians, having trained in Europe with the famous bacteriologists Koch and Roux. More recently, he had been the director of the service's prestigious hygienic laboratory in Washington, while also holding a professorship in bacteriology at Georgetown University. Little did San Franciscans know that Kinyoun's transfer had actually been the result of political intrigues in the nation's capital, engineered by no other than Wyman himself, who wanted to get rid of an independent-minded academic in favour of more pliable acolytes. . . .

[In] early January 1900, . . . [i]n spite of systematic screening and disinfection by federal quarantine authorities, bubonic plague came to the Hawaiian Islands; its victims were all Chinese. For some, the findings only confirmed the scientifically sanctioned view that the plague showed, as one San Francisco newspaper declared, "predilection for yellow meat." Just as in the slums of Hong Kong and Canton, filth and overcrowding seemed to create ideal conditions for the transmission of this disease. Following procedures previously employed by the Marine Hospital

Service for cholera, the Hawaiian Board of Health created a sanitary cordon around Honolulu's dilapidated Chinatown section, divided it into separate sections, and with the help of volunteers carried out a house-to-house inspection. Plague suspects and relatives of victims were forcibly removed to makeshift detention barracks erected outside the city. A few weeks later, during cleansing procedures that included burning down an infected building, Honolulu's Chinatown was accidentally set on fire and virtually destroyed, rendering 4,000 people homeless.

For more than a generation, San Francisco's own Chinatown had grown into the largest Asian settlement in North America, housing more than 25,000 people in a twelve square block area located in the heart of the city. For locals and tourists alike, it was an exotic window to the Orient on the North American continent, with its dark alleys, rooftop gardens, and colourful shops. Others, including local officials, considered it a filthy alien slum, populated with murderous gangs, where gambling, opium smoking, and prostitution flourished in spite of frequent efforts by local police officers who were rendered helpless in this maze of subterranean tunnels and rooftop hideaways. For decades, Chinatown was perceived as a menace to the public health of San Francisco, with health board members routinely calling, without success, for cleaning and vaccination campaigns in that district. Perceived as the eyesore of San Francisco, calls for razing Chinatown were periodically issued, and ignored, since most of the run-down properties belonged to wealthy, non-Asian San Franciscans living outside the district. In truth, Chinatown's commerce, tourist value, and easy money from drugs and prostitutes were important to the local economy.

Following the establishment of the early March quarantine, fearful Chinatown inhabitants immediately fled from the district, finding shelter in suburban laundries and vegetable gardens belonging to their relatives and friends. From the very outset, San Francisco's newspapers, commercial interests, and Chinese organisations vigorously opposed the notion that Chick Gin [a Chinese laborer found dead in a Chinatown cellar on 6 March] had died of bubonic plague. They also strongly condemned the inconveniences for local business brought on by the quarantine and the absence of Asian menial labour in the rest of the city. San Francisco's citizens, meanwhile, were reassured by their Democrat mayor, Mr Phelan, vowing that "scientific methods will be employed to protect the public health" during what would probably be just another temporary scare. . . .

. . . [I]n spite of concealments, three additional bodies of Chinese dwellers were discovered in Chinatown and bacteriologically diagnosed as having suffered from bubonic plague. Amid further local press claims that another "bubonic scare" was being manufactured, Hearst's *New York Journal* of 18 March—under the headline "Black Plague Creeps into America"—informed the entire nation that there was indeed plague in San Francisco. The sensationalised report used historical descriptions and iconography from the 1665 London plague to paint a dramatic picture of fear and panic. . . .

At this time there were deep divisions of opinion within the medical profession concerning the presence of bubonic plague in the city. The new bacteriology with its microscopic slides, germ cultures, and selective inoculations of experimental animals remained an alien world for most practitioners trained in an earlier age. They insisted that these procedures were at best ancillary to clinical information,

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and difficult to obtain given the fact that most plague victims in Chinatown were found dead. While clinicians had difficulties making a diagnosis of bubonic plague since the symptoms suggested many infectious diseases including venereal ones, bacteriologists argued amongst themselves about the morphological characteristics of the causative bacillus. To compound matters, the accepted epidemiology of plague still emphasised the primacy of human transmission through inhalation or ingestion of particles, thus linking the disease with notions of filth and dust, and thereby justifying public health approaches informed by miasmatic theory.

... [T]he state squared off against both the federal Marine Hospital Service and the local San Francisco Board of Health. The latter, encouraged by Wyman's offer of 20,000 doses of Haffkine vaccine, officially declared the existence of bubonic plague in the city to justify such an inoculation scheme without placing a new sanitary cordon around Chinatown, a decision that only produced a further exodus from the district. To monitor this new movement of people and to avoid a possible spread of plague across state lines, Kinyoun dispatched a number of his federal officers to California's borders with Nevada and Arizona, stationing them at railroad stations ready to inspect outbound travellers.

Almost immediately, the San Francisco health authorities encountered stiff resistance to the vaccination scheme from the inhabitants of Chinatown. Many were scared by rumours—supposedly spread by Caucasian physicians working in the district—that the Haffkine vaccine was experimental and highly toxic; others simply received death threats from highbinder gangs if they submitted to the procedure. Among the few who were initially vaccinated, severe reactions of pain, fever, and prostration only heightened the fear and opposition to the programme. In a telegram to the Chinese ambassador in Washington, the consul general strongly objected to the local vaccination scheme, indicating that Chinatown residents would rather return to their homeland before submitting to injections with the Haffkine serum. Aware of earlier resistances in India and China, Wyman suggested that Kinyoun “use tact and discretion” in promoting the voluntary vaccinations, as well as making sure that the vaccine was not exclusively administered to Asians.

Faced with the failure of the proposed vaccination campaign and convinced that he still had an obligation to stop plague suspects from leaving Chinatown and possibly bringing their infection to other parts of the country, Wyman now acted decisively. If local measures failed or were not available and the spread of infectious disease was imminent, the Quarantine Act of 1890 allowed for presidential orders and their implementation by the Marine Hospital Service. Thus, the Surgeon General sought and obtained authorisation from President McKinley to “forbid the sale or donation of transportation by common carriers to Asiatics or other races liable to the plague.” Kinyoun was immediately notified that all Orientals without proper health certificates from the Marine Hospital Service could not purchase train or ship tickets, and that all means of transportation out of the state of California were to be henceforth monitored by federal agents placed at points of embarkation. . . .

Within days, such blatant discrimination against Asians prompted a lawsuit in the US Circuit Court, filed on behalf of a Chinese merchant by the Six Companies. The defendants were Kinyoun and members of the San Francisco Board of Health. After a hearing, the presiding judge ruled in favour of the plaintiffs, indicating that the inoculation campaign was a clear violation of the equal protection clause of the

14th amendment of the US Constitution. In addition, Judge Morrow determined that "all public health measures, while lawful, are not **totally immune to judicial scrutiny**, and inasmuch as they impair personal liberties, **totally arbitrary measures** cannot be permitted to stand." . . .

At the federal level, Wyman's reaction to the ruling was simply to insist once more that the presidential order be applied to all persons, not just Asians, a critical shift in position. . . .

If San Francisco and California were destined to remain under a cloud of suspicion regarding the presence of bubonic plague, thereby hampering **state business and inviting federal intervention**, a smaller target had to be identified. **Prodded by powerful railroad officials**, San Francisco's commercial interests now **shifted positions** and pressured the local board of health and the Board of Supervisors to place a sanitary cordon around Chinatown. Not surprisingly, this time around the measure was also supported by the State Board of Health and state businesses increasingly concerned about embargoes against California goods. Without again expressly acknowledging the presence of bubonic plague, this move was designed to signal to the outside world that both the city and state were capable of containing within the perimeter of Chinatown whatever health problems existed in that despised slum.

For their part, the various San Francisco business associations promptly created a Citizens Relief Committee and pledged to raise by subscription \$50,000 to carry out a comprehensive inspection and sanitation campaign within Chinatown. As part of this effort, the health board considered establishing detention centres outside the city for **suspected plague victims** and asked the **federal government** for space to house up to 7,000 persons. Amid complaints from the Chinese to the State Department that the quarantine was "without cause," and widespread fears of an evacuation of Chinatown as a preliminary step before razing the entire district, elements of the local press echoed the Honolulu experience in their continued attack on the designated culprit:

In no city in the civilized world is there a slum more foul or more menacing than that which now threatens us with the Asiatic plague. The only way to get rid of that menace is to eradicate Chinatown from the city . . . clear the foul spot from San Francisco and give the debris to the flames.

From the start, Kinyoun and the Marine Hospital Service supported the municipal evacuation plan. **To the federal government, this scheme, which had been implemented in other parts around the world, made perfect sense from a public health point of view.** In fact, Kinyoun requested and was asked to assume control of the future detention **camps at Angel Island and Mission Rock**, and entrusted with the screening, cleansing and feeding of its inmates. The procedure would involve the transfer of "about five thousand coolies from the tenements by June 5"—Chinatown's "floating population." Once more, panic and fear gripped the inhabitants of that neighbourhood, now cast in their role as sacrificial lambs in the struggle between the various interested parties. Not surprisingly the Chinese immediately threatened to resist eviction from their homes by legal action and, if necessary, the force of arms. Indeed, on the appointed day, another legal suit, requesting an injunction against all quarantine measures, including the expected removal, was filed in the US District Court by the Chinese Six Companies which had hastily assembled

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a \$40,000 fund for legal expenses. Again the shadow of events in Honolulu earlier that year cast a pall over the beleaguered population of Chinatown. Rumours of bribery offers to health officials, and threats of physical violence to anyone willing to be deported from Chinatown, circulated widely.

The legal proceedings once more exposed the differences of opinion among physicians concerning the presence of the plague in San Francisco, with affidavits from prominent medical men who emphatically rejected the diagnosis. Before a final verdict was reached, Governor Gage, in a turn-around, also testified on behalf of the plaintiffs. Seeking to further slant official opinion in favour of a plague-free San Francisco, he sent a telegram to the Secretary of State. To support his contention, Gage cited his own medical experts (including the presidents of three San Francisco medical colleges), as well as prominent local bankers and merchants. Shortly thereafter, the federal court handed down its decision in favour of the Chinese, declaring that the quarantine imposed by the local board of health was arbitrary and racially discriminatory. . . .

. . . The politics of fear had indeed done their deed. For the time being, the merchants' fears of a commercial embargo against California and San Francisco had been eased, and the Chinese fears of an eviction from their ethnic neighbourhood similarly relieved. . . .

Because the plague outbreak initially occurred exclusively among Chinese, it reinforced the long-standing and blatant sinophobia prevailing in California, including San Francisco. By establishing quarantines, carrying out inspections, and threatening resettlement, local officials tried to settle old scores with a stigmatised minority variously portrayed as alien and hostile to American values and laws. Under the circumstances, the fearful Chinese repeatedly tried to defend themselves, seeking protection through their commercial associations and in the federal courts. Not surprisingly, Chinatown inhabitants remained unfamiliar with modern Western disease constructions based on bacteriological criteria. Frightened by the prospects of harmful fumigations and vaccinations, they craftily concealed their sick and dead, smuggling them out to surrounding fishing villages around the San Francisco Bay and in the San Joaquin River delta. The postmortem dismemberments and cremations acceptable to Westerners, prevented the traditional custom of returning human remains to China for burial. It is very possible that the small number of official plague cases in 1900 were just the visible tip of a sizable underground epidemic claiming hundreds of victims as in Sydney, Rio de Janeiro, and Oporto. The ultimate goal, already expressed more than a decade previously, was to employ all sanitary regulations to disperse the Chinese population: "[T]he more rigidly this enforcement is insisted upon and carried out, the less endurable will existence be to the Chinese here, the less attractive will life be to them in California."

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