

Doctors at the Gate: PHS at Ellis Island

John Parascandola

On January 1, 1892, a 15-year-old Irish girl named Annie Moore became the first immigrant to enter the United States through Ellis Island, the newly opened Federal immigration depot in New York Harbor. The Island opened for business at the beginning of the period of peak immigration in U. S. history. During its first year of operation, Ellis Island processed nearly half a million people, and the annual number of newcomers received there more than doubled within fifteen years. By 1924, when more restrictive laws greatly slowed the flow of immigrants to America, some twelve million people had already entered the country through the Island. Each of these immigrants passed under the watchful eyes of physicians of the U.S. Public Health Service (PHS) before being admitted to this country.

PHS evolved from the Marine Hospital Service, a Federal government program created in 1798 to provide health care to merchant seamen. A series of marine hospitals were established in port cities across the country to care for the mariners. An 1870 reorganization converted the loose network of local hospitals into a centrally controlled system headed by a Supervising Surgeon (later Surgeon General). The physicians of the Service were organized into a Commissioned Corps, with uniforms and ranks modeled after the military.

As public concerns about the spread of epidemic diseases intensified in the late 19th century, the Marine Hospital Service (renamed the Public Health Service in 1912) was given increasing responsibilities for quarantine inspection of ships arriving from foreign ports. Federal legislation in 1891 also mandated the medical inspection of all arriving immigrants, assigning this task to the Marine Hospital Service. The law stipulated the exclusion of

"all idiots, insane persons, paupers or persons likely to become public charges, persons suffering from a loathsome or dangerous contagious disease" and criminals. The physicians who performed the medical inspections saw themselves, in the words of one of them, as "watchdogs at the gate."

Medical Inspection of Immigrants

First and second class passengers on steamships arriving in New York were examined in the privacy of their cabins, but the "huddled masses" in steerage disembarked at Ellis Island. Given the flood tide of immigrants in the late 19th and early 20th centuries, the medical examinations were necessarily brief and superficial. The medical inspection began as the immigrants ascended the stairs to the Registry Room in the main building, with PHS physicians at the top of the stairs watching for signs of heart trouble, difficulty in breathing, or physical disabilities.

The immigrants proceeded through the Registry Room in lines, with each newcomer's hands, eyes, throat, and scalp inspected by a uniformed physician at the head of the line. Each immigrant's eyelid was everted to check for trachoma, a contagious eye disease that could lead to blindness. Because no specialized instrument yet existed for this procedure, physicians employed conveniently shaped button-hooks, more commonly used to assist women in buttoning high-top shoes or long gloves. The scalp was probed for lice or scabs -- symptoms of favus, a contagious skin disorder. Leprosy, schistosomiasis, syphilis, and gonorrhoea are other examples of "loathsome or dangerous" contagious diseases that could deny an immigrant entry into the country.

Although modern technology was increasing the doctor's diagnostic

abilities, the speed with which physicians had to act during the line inspection made an experienced glance the best diagnostic instrument at hand. John Thill, a PHS physician who served on the Island, commented of one of his colleagues: "I can recall what a clever diagnostician and acute observer our chief medical officer was, Dr. Billings. A German lady was in the line and he took one look at her and he said, Nehmen Sie die Parucke Ab, meaning take off the wig, which we had not noticed, and were astounded to see a totally bald lady who had had favus."

Women immigrants presented a particular challenge. For a woman who had never been touched by a man other than her husband, being examined by a male physician could be a traumatic experience. In 1914, two women doctors were appointed to the medical staff. Before that, PHS rules required the presence of a matron during the examination of an immigrant woman by a male physician. Female nurses were also employed by the PHS on Ellis Island at an early date.

During the line inspection, whenever an immigrant's condition aroused concern, the doctor made a chalk mark on the right shoulder of the newcomer's garment to signal the need to detain the person for further examination. Letters symbolized the suspected condition, for example, "K" for hernia, "G" for goiter, "X" for mental deficiency. Most newcomers filed through the line medical inspection in less than an hour, and most passed. Trachoma was the most frequent medical cause of rejection.

The medical diagnoses made by Public Health Service doctors could determine the fate of an immigrant. However, as historian Alan Kraut has pointed out in *Silent Travelers: Germs, Genes, and the "Immigrant Menace"* (1994): "Physicians tried to keep their medical assessments separate from final decisions to admit or deport." The physician reported his or her

findings and then left it to immigration officials to rule on admission. For this reason, physicians refused to sit on the boards of special inquiry, which made the final decisions on exclusions. Only about 2% of the arriving immigrants were refused admission into the U.S.

Mental Examination

One area of particular concern to Americans who felt threatened by the flood of immigrants was mental health. Many Americans worried that people with mental health problems would have difficulty earning a living and become public charges. They also believed that insanity and mental defects tended to perpetuate themselves through heredity. There were exaggerated fears that a substantial proportion of inmates of mental hospitals were immigrants.

A 1918 PHS Manual of the Mental Examination of Aliens gives us a good picture of the procedures in effect at that time for detecting "mental deficiencies." In the initial inspection of immigrants on the line, the physician had to rely largely on "appearance, attitude, and conduct" in endeavoring to identify "aliens who may have mental defects." While admitting that appearance alone was not a dependable guide, the manual noted that "idiots and many imbeciles generally present some physical signs which immediately attract attention to their mental condition." Physicians were advised to look for people who seemed unusually dull or apathetic, or unusually agitated. They were also encouraged to learn a few key phrases in the languages that they would most frequently encounter so that they could address simple questions to the immigrants (for example, name the months of the year, count from 1 to 20).

Immigrants who were suspected of having "mental defects" were to be

detained for further examination. The manual emphasized the importance of conducting such examinations under conditions giving the best advantage to the immigrant. For example, the instructions recommended that the immigrant have a bath, a good meal, and adequate sleep before the examination begins. The examiner and the interpreter were advised to be calm, patient, and sympathetic with the newcomer. The manual noted that the decision to declare a person mentally incompetent in some way "is one fraught with such consequences to the alien that it should not be made hastily."

The tests used for determining the mental status of immigrants were designed to ascertain both the amount of their acquired knowledge and their cognitive abilities. With respect to the former, it was assumed that a person of normal intelligence will subconsciously acquire and retain a certain amount of knowledge concerning the ordinary affairs of his or her everyday life. For example, a person from a farm family should know such things as the seasons for sowing and reaping of crops and the quantity of milk that a cow gives, regardless of his or her level of formal education. On the other hand, it would not be reasonable to expect a city person to possess this information. Almost every person should know such things as the days of the week and the months of the year. The examiners were warned, however, to be very careful in making judgments based on acquired knowledge, for "it is almost impossible for Americans to realize the narrowness of the lives of some of the poorer classes of the countries of Europe." The manual gave the following example:

The farmer of southern Italy, tilling a few acres of land and living in a hut, the bare walls of which contain only one ornament, an unframed picture of the Madonna, and the only articles of furniture of which

are a bed, a chair or two, a few kitchen utensils, and a little bedding, can hardly be expected to define the word "charity." He has never been 50 miles from his place of birth. He could not go into a room in any ordinary American home and give the name in his own language for even a small part of the things he would see there, because he has never seen or heard of them before. His possessions, his ideas, his vocabulary, and his experiences are all extremely limited, and he must be judged and measured accordingly.

Although this statement may reflect in part an attitude of condescension towards immigrants (especially those flooding in from southern and eastern Europe), it was also very perceptive in recognizing the limitations of the testing methods and in cautioning examining physicians not to mistake lack of experience for lack of intelligence. Testing the mental abilities of immigrants independently of the amount of knowledge that they had acquired was obviously desirable, although not without its own difficulties. A wide array of methods was used to determine the ability of an individual to reason abstractly, form correct judgments, and draw logical conclusions. The examiner could describe an imaginary situation calling for a decision or comment on the part of the subject. One such method, for example, involved telling the immigrant that a young woman's body was found cut into 18 pieces and then to ask whether it was likely that she committed suicide.

Performance tests were also considered important in making decisions about the mental status of immigrants, especially since they did not require the intervention of an interpreter. These puzzles were described in the 1918

manual as follows:

These consist of a frame with empty spaces into which blocks of corresponding size and shape fit. The subject is required properly to adjust the blocks into the frame. There are a number of these tests, some of them very simple and others more difficult. The manner in which the subject attempts to solve them throws considerable light on his general intelligence.

Hospital Facilities

Immigrants arriving at Ellis Island sometimes required hospitalization, and the PHS erected several hospital buildings on the Island, including psychiatric and communicable disease wards. The psychiatric ward was primarily intended for temporarily detaining for observation those suspected of being mentally ill. Immigrants with acute contagious diseases might be detained and treated at the hospital facility until healthy and then admitted into the country. The doctors, nurses, and other health professionals on Ellis Island faced all types of conditions, from broken arms to tuberculosis. One observer commented about the hospital complex: "It was at once a maternity ward and an insane asylum." More than 350 babies were born on Ellis Island.

In spite of the tensions and concerns that patients must have felt on being confined to the hospital, they often expressed appreciation to the staff for their care. Pearl Libow, a Russian immigrant patient, described her relationship with her nurse:

She used to feel sorry for me because I am alone and I

used to be very lonesome. To stay just and see the ground floor and I used to see the boats passing by, so she used to bring there her parakeet to keep me company. She was so sweet, I could never forget her.

Hospital staff in turn not infrequently developed attachments to patients, especially children. PHS physician Grover Kempf noted: "There were quite a number of babies involved and one became attached to them even if you couldn't speak their language!" The kind treatment that the children received is perhaps revealed by the health warning that was given to contagious disease ward nurses: "Do not kiss a patient."

Conclusion

The uniformed PHS officers constituted the immigrants' first contact with Americans in the United States, and no doubt many newcomers were intimidated by the martial quality of a process that they little understood. As Russian immigrant Katherine Beychock recalled: "And the doctors and everybody that was supposed to interrogate us were dressed in uniforms...[that] had a terrible effect on me...we were scared of uniforms. It took us back to the Russian uniforms that we were running away from." Yet given the large number of immigrants to be processed, the public pressures to exclude "unfit" immigrants, and the widely-held cultural biases concerning many of the newcomers, in general the PHS physicians "served as evenhanded -- even benevolent keepers of the gate," in the words of physician-historian Fitzhugh Mullan (*Plagues and Politics*, New York, 1989).

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