QUARANTINE!

East European Jewish Immigrants and the New York City Epidemics of 1892

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Required Readings
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port, Joel Howell, Ronald Holmes, Arthur J. Vander, Robert P. Kelch, Jean Robillard, Nicholas Steneck, Richard Judge, Gina Morantz-Sanchez, Martin Pernick, Timothy Johnson, and Andrew Achenbaum. Finally, I must acknowledge the important role my parents, Samuel and Bernice Markel, and my grandparents, Louis and Miriam Lumberg and Issie and Sarah Markel, played in my life and education.

The Concept of Quarantine

My doctor told me that I was [isolated] in an infectious disease ward—that in adjacent rooms were people with tuberculosis and cholera. They put a person with a compromised immune system in a ward with the world's most contagious diseases. The doctor said it was not a medical decision but an administrative one. My room had five beds; it was the male HIV room. Physically, it was not clean—the bed frame next to mine was covered with dried vomit. For meals, a glass cabinet was built into the wall, and from the hallway a nurse would open a door and put the food in. Then I had to retrieve the food from the other side. Once or twice a day, a nurse came in to check my vital signs, and she wore a mask, gloves, a surgical cap, and a disposable covering over her uniform. I never saw her face. For the first and only time in my life, I considered suicide.

—Lawrence Berner, a fifty-year-old American with HIV/AIDS living in Japan, recalling his stay at the Tokyo-Komagome Hospital in 1989

Calls for quarantine appear in our daily newspapers and popular magazines as a panacea for epidemic diseases such as AIDS, pneumonic and bubonic plague, Ebola virus, and drug-resistant tuberculosis.[1] Unlike other once-heartily endorsed tools or doctrines of medicine such as the use of purgatives for humoral imbalances, the concept of quarantine is no mere footnote in an antiquated medical text or an artifact in a museum. It remains, for many, a viable method for the prevention and containment of epidemic diseases.

Historians have long been fascinated by epidemics and have pursued that fascination through a distinguished body of scholarship. An epidemic, as suggested by Charles Rosenberg, is a particularly useful means of studying social responses to disease because it is an event, not a trend: "It elicits immediate and widespread response. It is highly visible and, unlike some aspects of humankind's biological history, does not proceed with imper-

ceptible effect until retrospectively 'discovered' by historians and demographers."[2] Indeed, the "unique historical moment" of an epidemic allows one to study the effects of "a randomly occurring stimulus against which the varying reactions of [a population can] be judged."[3] As historian Asa Briggs suggested in 1961, epidemics are a useful means of testing "the efficiency and resilience of local administrative structures" and in exposing "relentlessly political, social, and moral shortcomings . . . rumors, suspicions and at times violent social conflicts."[4]

It is not surprising that epidemics have long been of interest not only to historians, physicians, and public health workers but also to novelists, playwrights, screenwriters, and journalists. Epidemics are, after all, a dramatic unfolding of events; they are stories of discovery, reaction, conflict, illness, and resolution. One of the most common social responses to epidemics, across time and national boundaries, has been the quarantine.[5]

If we look at quarantine as part of the typical progression of an epidemic, we begin to appreciate a number of impulses that often help shape it. These include: (1) the social response of avoiding the ill, or those perceived to be ill, particularly if the disease is thought to be easily transmitted from person to person (i.e., contagious); (2) negotiations over how the epidemic disease in question is understood by both experts and the community at large, especially in terms of cause, prevention, and amelioration; (3) the complex political, economic, and social battles that guide or obstruct a community's quarantine efforts; and (4) the extent to which ethnicity and perceptions about a social group associated with a contagious disease frame the social responses of quarantine.

Formalized practices of avoiding and isolating the ill have long been a major response to periodic visitations of contagious diseases. Some of the earliest recorded examples of such isolation and corresponding sanitary procedures can be found in the Old Testament. Medical historian Fielding H. Garrison identified the ancient Hebrews as the "founders of prophylaxis." To cite but a few examples, clear instructions on isolating lepers, disinfecting the home, and other procedures are discussed in the Books of Leviticus and Numbers. In Deuteronomy we find decrees on how one should properly dispose of his or her excreta. A now-forgotten function of the ram's horn or shofar, traditionally sounded during the Jewish High Holidays, was its ancient use as a signal that a case of diphtheria or another highly contagious disease had been noted in the community.[6]

Although the ancient Greeks had markedly different views of contagion and disease from those of modern medicine, there is ample evidence in the historical writings of Thucydides (c. 460–c. 400 B.C.) and the medical treatises of Hippocrates (c. 460–c. 370 B.C.) that they avoided the contagious.[7]

The Roman authority on medicine, Galen of Pergamon, occupied much of his professional life during the second century A.D. with the study of anatomy and internal causes of disease; yet he, too, warned that there were specific diseases (plague, tuberculosis, skin and eye infections) that made it "dangerous to associate with those afflicted."[8] Some three and a half centuries later, in A.D. 549, the Byzantine emperor Justinian enacted one of the first laws calling for the delay and isolation of travelers from regions of the world where the plague was known to be raging. Similar forms of detention for plague directed against sailors and foreign travelers were also widely practiced in seventh-century China and other parts of Asia and Europe during the Middle Ages. Not surprisingly, there was early recognition of the critical relationship between the transmission of epidemic diseases and the pattern and extent of human migrations.[9]

The word *quarantine* originates from the Italian words *quarantina* and *quaranta giorni.* The term refers to the forty-day period ships entering the Port of Venice were required to remain in isolation before their goods, crew, and passengers were allowed to disembark during the plague-ridden days of the fourteenth and fifteenth centuries. In about 1374, Venice enacted its forty-day quarantine regulation; twenty-nine years later, in 1403, the municipality established the first maritime quarantine station or lazaretto on the island of Santa Maria di Nazareth.

The origins of an enforced forty-day period of detention are vague. It may be based on the Hippocratic doctrine of distinguishing acute and typically contagious diseases (lasting fewer than forty-five days) from more chronic diseases. Other scholars have argued that the frequent use of the number 40 throughout the Old Testament may be the source of its origin. More likely, the time period was used because Renaissance observers noted that, after forty days, people stricken with the plague either died or recovered without further spread to others.[10] From medieval times on, shutting the gates of a city or port to all those suspected of being ill and isolating those sick people discovered to have entered represented the best, and often the only, means available for stemming the tide of an epidemic.

One of the most striking results of the rise of international commerce and travel during the Renaissance and the subsequent three centuries was the progressive spread of contagious and sexually transmitted diseases around the globe. To prevent the entry of contagion, sanitary cordons (quite literally a ring of armed soldiers ordered to guard against diseased fugitives) and quarantines were used in France, Britain, Austria, Germany, Russia, and several other European and Asian nations from the fourteenth through the nineteenth centuries.[11] By the mid-1800s, in response to devastating epidemics of cholera and plague imported from Turkey and Egypt, there was

great pressure by nations with the broadest commercial or colonial interests to create an international board of sanitary or quarantine control. These International Sanitary Conferences commenced in 1851 and continued well into the twentieth century.[12]

Yet the exact definition and length of quarantine vary widely, depending on the era, the location, and the threat of a particular disease. Like the topic it remains intimately connected with, infectious diseases, quarantine has many different meanings to different people. At first glance, the interdependence of quarantine policies and the concurrent medical understanding of contagious diseases seems intuitive. A closer examination of past epidemics suggests a far more complex interaction of medical knowledge and actual practices of disease control. During the first half of the nineteenth century in the United States, for example, the notion that a tiny microbe might be the cause of a devastating epidemic was almost laughable to medical experts and the lay public. Diseases we now commonly attribute to specific germs, such as plague, cholera, and yellow fever, were held by anti-contagionists to be caused by constitutional changes in the atmosphere, rotting organic matter, human and animal waste, and other environmental sources of filth. It was thought that the "cure" for such evils was cleaning up the environment. This does not mean, however, that the anti-contagionists were necessarily anti-quarantine. Their scientific doctrine was far more flexible in practice than in theory. Quarantines were often mounted even by those who did not believe in the existence of germs. Serious epidemics of yellow fever in the United States during the late eighteenth and early nineteenth centuries—a period of devout anti-contagionism among medical professionals—often inspired some type of quarantine regulation.

When studying the history of epidemics and quarantines in the United States over the past two centuries, one of the strongest leitmotifs is the use of quarantine as a medical rationale to isolate and stigmatize social groups reviled for other reasons. As psychiatrist and medical historian David F. Musto asserts, quarantine is far more than the mere "marking off or creation of a boundary to ward off a feared biological contaminant lest it penetrate a healthy population"; one cannot limit the consideration of quarantine to the control of a contagious disease without minimizing and underestimating the "deeper emotional and broadly aggressive character" of any policy that dictates separation. The element of blame and stigma associated with quarantine is especially real for those diseases linked to the poor, the alien, or the disenfranchised: "When an epidemic illness hits hardest at the lowest social classes or other fringe groups, it provides that grain of sand on which the pearl of moralism can form."[13]

A convenient target for the dangerous conflation of epidemic disease and

social scapegoating in this country has been the immigrant.[14] The nationality of "undesirable" immigrants has changed over time in the United States but their association with disease, either real or perceived, has not. This has been especially true during periods of economic or political dysfunction, such as the late nineteenth century, when many members of American society espoused sentiments of nativism—the frankly American distrust of all people, institutions, and ideas originating outside the United States.

Ironically, there was little gaiety in the United States during the 1890s despite that decade's familiar sobriquet. It was a period marked by bouts of economic depression and the closing of the western frontier. It was also a period of social upheaval in the form of urbanization, industrialization, rapid transportation, and labor unrest. For many Americans, the personification of all these social evils was the foreign, impoverished, and unkempt immigrant from Russia, Italy, Austria-Hungary, and other European nations.[15] As Irving Howe noted, these "new immigrants" became both "the symptom and the cause of a spreading social malaise" in the United States.[16]

Widespread nativistic and hostile sentiments that cut across lines of class and geographic location were expressed by both native-born and well-assimilated, foreign-born Americans.[17] A number of Americans organized nativist groups and repeatedly urged the U.S. Congress during the late nineteenth and early twentieth centuries to put a halt to unrestricted immigration. This anti-immigrant activism culminated with the Immigration Restriction Act of 1924 and its progeny of laws enacted throughout the 1930s. These restrictive policies essentially closed the gates to immigration for more than forty years. In many respects, the movement to restrict immigration to the United States during this period was a call for quarantine in its broadest sense against undesirable immigrants. The reasons for such a call were not always specifically stated using the language of disease and medicine, but its results were remarkably similar to the medieval quarantines against plague: Foreigners perceived to be dangerous to the community were prevented from entry.

The native-born American of the Gilded Age had many reasons to be concerned about the huge number of immigrants arriving daily at Ellis Island and similar, but smaller, immigration stations around the country. The demographics of this wave of immigration are striking: Between 1881 and 1884, approximately 3 million new refugees arrived—a number nearly equal to the number of immigrants who came to the United States during the entire decade of the 1870s. Between 1885 and 1898, 6 million immigrants arrived; between 1898 and 1920, another 15 million foreigners landed on America's shores.[18]

There was also concern among late-nineteenth-century Americans over

the type of immigrant seeking entry to the United States. Clear classifications of "old" and "new" immigrants began to be elaborated. The term *new immigrants* referred specifically to those originating from Eastern and Southern Europe (Russia, Poland, Austria-Hungary, Bulgaria, Greece, Italy, Montenegro, Portugal, Romania, Serbia, Spain, and Turkey) while *old immigrants* originated from Northern Europe (England, Ireland, Scotland, Wales, Belgium, Denmark, France, Germany, the Netherlands, Norway, Sweden, and Switzerland). New immigrants, such as East European Jews and southern Italians, were considered by many Americans to be less assimilable and far more troublesome than their old counterparts. Many were extremely poor and uneducated. The late-nineteenth-century characterization of new immigrants as "wretched refuse" was not only uttered by the nativist in his or her parlor; it also appeared in Emma Lazarus's 1883 poem, "The New Colossus," inscribed on the Statue of Liberty's pedestal in New York Harbor.[19] Between 1819 and 1880, more than 95 percent of immigrants to the United States originated from the old immigrant regions; by 1892, the peak year for immigration during the nineteenth century, the more desirable old immigrants made up less than 50 percent of total immigration. This trend only continued as the twentieth century began.

Perhaps no one articulated the cultural differences between genteel, native-born Americans and the alien hordes better than Harvard Professor William James. In an essay entitled "What Makes a Life Significant?" inspired by an 1896 visit to the Chautauqua grounds in upstate New York, James called the bucolic retreat a "sacred enclosure" where "sobriety and industry, intelligence and goodness, orderliness and ideality, prosperity and cheerfulness, pervade the air." James even qualified why he thought Chautauqua was a "middle-class paradise": "You have no zymotic disease, no poverty, no drunkenness, no crime, no police. You have culture, you have kindness, you have cheapness, you have equality, you have the best that mankind has fought and bled for and striven for under the name of civilization for centuries. You have, in short, a foretaste of what human society might be, were it all light, with no suffering and no dark corners."[20] For many Gilded Age Americans, these "dark corners" represented city slums overcrowded with newly arrived immigrants and the urban poor.

The 1890s was also an era when remarkable advances in scientific knowledge were occurring. Smack in the middle of an exciting era of the "germ theory," new discoveries about the specific causes and possible prevention of tuberculosis, cholera, diphtheria, and other infectious scourges were being made with such rapidity that it reminded the renowned neurosurgeon Harvey Cushing of "corn popping out of a pan."[21] Less enthusiastic was pediatrician Abraham Jacobi, who worried publicly that too many physicians and lay persons were consumed with "bacteriomania."[22] Not unlike the advances being made today in genetics, progress in bacteriology and its applications during the 1890s were far from esoteric; the intricacies and import of bacteriology in daily life were avidly discussed by the general public and widely reported in the daily newspapers, popular magazines, and books written for a lay audience.

By 1892, the maritime definition of quarantine had changed markedly from its medieval origins. As the decade progressed and bacteriology's powerful tenets began to dominate public health and medicine, the process of quarantine was fine-tuned to the natural histories of specific, living, etiologic agents called germs. In America's largest port, New York Harbor, there existed a well-developed system of medical inspection and detention that had few similarities to the medieval doctrines of *quaranta giorni*. Instead, public health authorities defined *quarantine* as the process of inspecting all ships, cargos, and passengers for evidence of contagion. These inspections were conducted at a quarantine station placed in a remote portion of the port, off Staten Island, where all entering ships were required to berth for a cursory period. Passengers and sailors were examined for evidence of contagious diseases. The diseases deemed "quarantinable" by an American quarantine officer of the 1890s were cholera, typhus fever, yellow fever, plague (both bubonic and pneumonic), smallpox, and leprosy.[23] Those discovered to have one of these contagious diseases were admitted to the isolation hospital at the quarantine station, where they were attended by a small staff of physicians, nurses, and orderlies. Treatment was largely supportive and included bedrest, fluids (teas and broths), meals, and the occasional prescription of an opiate-based, pain-relieving medication. Those stricken with the less serious contagious diseases associated with childhood, such as measles, scarlet fever, and mumps, or other medical problems were sent to the U.S. Marine Hospital on nearby Ellis Island.

The health officer of the Port of New York during the late nineteenth century essentially held supreme control over any potentially threatening health issue. If the health officer decided it was necessary, he ordered disinfection of passengers, ship, and cargo with a variety of chemical agents at the shipper's expense. He could also order the detention and isolation of passengers or crew members suspected of being ill with a contagious disease. Sometimes the ship itself was detained at the quarantine station, incurring huge costs for the steamship company. By the 1890s, the period of detention was largely, but not always, dictated by the contagious disease in question — specifically, its period of incubation and infectivity to others as understood by physicians of that era. In reality, the health officer could legally set the detention for any period of isolation he decreed, regardless of the opinions or

theories of others. The health officer also had the final authority over the closure of the entire Port of New York for reasons of a public health emergency. Because it would elicit business community enmity in New York and beyond, this option was rarely taken.

The men who held this vast power over the economic and physical health of the Port of New York and similar American seaports during the nineteenth century did not necessarily earn it by years of studying maritime public health. A political appointee of the governor of the state of New York, the nineteenth-century health officer of the port was typically a medical doctor but his training and qualifications varied greatly from appointment to appointment. More often than not political connections proved far more instrumental in his obtaining this powerful position than his medical knowledge or abilities.[24]

In the city of New York, a parallel system of public health and disease control existed in the form of the city's Health Department. When contagious diseases such as cholera, yellow fever, smallpox, or typhus fever appeared in the city itself, the responsibility for inspecting those reported to be ill and overseeing their subsequent removal to the city's quarantine island fell to the department's Division of Contagious Diseases. Sanitary inspectors, physicians, and the Health Department's special police force were invested with the power to remove anyone or to close down anything that they remotely suspected of harboring a contagious disease.

The Health Department of the city of New York was long a leader of municipal health departments across the nation.[25] Like many local health agencies, the department continued to be governed by a politically appointed board of health throughout the nineteenth century. The board typically consisted of prominent businessmen who shared political ideologies with those holding power over the city. In 1892, this control rested largely in the lap of Tammany Hall. Political connections and patronage often had a great deal to do with the selection of physicians and workers for the important jobs in the Health Department during this era. Negotiating a career in the city's Health Department required both a mastery of new technologies and a healthy dose of political savvy.

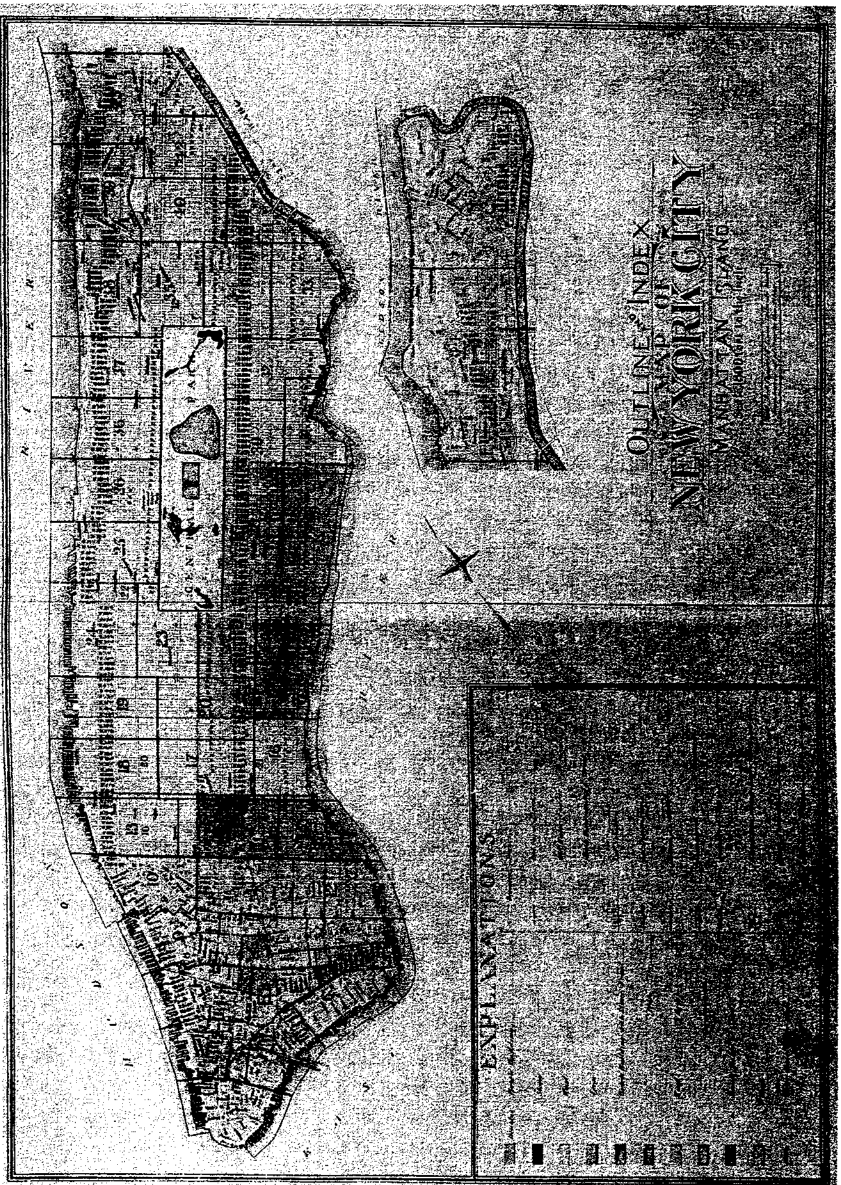
Municipal public health officials of the late nineteenth and early twentieth centuries had to be as adroit in selling the value of their services as in the actual delivery of them. A common dénouement to a turn-of-the-century American epidemic was the barrage of newspaper articles documenting the heroic and daring work of the Health Department. The professionals at the New York City Health Department were quite familiar with the working New York press; for example, Jacob Riis records in his memoirs daily interactions with prominent members of the Health Department as a police

reporter during the 1880s and 1890s.[26] These public health physicians were aware of the power of positive media accounts of their work and made themselves readily available for interviews with reporters covering the hard-boiled police, health, and fire beats for their respective papers. Such attention to public perceptions and political maneuvering was essential for the development of the public health agency's role as a powerful social institution.[27]

During the year 1892, no American locale was more threatened by imported epidemic disease than New York City. New York boasted the busiest port in the country and, after Hamburg, the second busiest in the world. The port was so commercially active that tariffs charged on the goods delivered to it made up over half of the budget of the U.S. federal government.[28] It was also the port of first landing for more than 75 percent of all immigrants coming to the United States.[29] Pandemics of typhus and cholera raging in Asia, Russia, and continental Europe during the summer, combined with the global village created by rapid steamship transportation, made New Yorkers unlikely to rest complacently on the notion that the wide Atlantic Ocean would protect them from diseased newcomers or, worse still, devastating epidemics.

To be sure, the most frequently sounded objection to the wave of immigration to the United States during this period was an economic one—the age-old fear that immigrants would inevitably drive down wages and overuse public assistance, despite excellent evidence to the contrary.[30] A close second objection was tied to racist sentiments against particular immigrant groups. The group in question was predicted to have difficulties assimilating into the American way of life. Too often, anti-immigrant prejudice was cloaked in the concern about an immigrant's untoward political (e.g., anarchist, socialist, or communist) beliefs and the fear of the immigrants' collective potential somehow to taint the American political process or American society itself. As Herman J. Schulteis warned the U.S. Treasury Department in early 1892 on the dangers of admitting Russian Jewish socialists such as labor leader Joseph Barondess into the United States: "We should guard against an invasion of such hordes as we would against an armed host or a pestilence."[31]

One of the most insidious rationales for the nativist's fear of unrestricted immigration, however, surrounds safeguarding the nation's public health against infections potentially transported by immigrants. Regardless of social or medical explanations of a particular infectious disease's etiology, historical analysis of past epidemics in the United States suggests that one of the greatest risk factors for the creation of class- or race-biased public health policies is the association of contagious diseases with a particular undesirable segment of the population, such as newly arrived immigrants.[32] The reaction to such an association has frequently been medical isolation, or



quarantine, and a call for broad immigration restrictions. A neglected risk of linking anti-immigrant sentiment to quarantine policies is the potential for inhumane or inadequate health care justified on the basis of race, socioeconomic status, or nationality.

But it is essential to view the institution of quarantine as both a dramatic example of how society responds to the threat of contagious disease *and* an extremely real event for those unfortunate enough to be in one. The isolation of the ill from the healthy, the essential aspect of quarantine, is a double-edged sword; the measure of protection afforded depends exclusively on which edge of the sword you find yourself. Most of us find ourselves protected by the sword of quarantine and we spend little time considering its negative characteristics—such as how cultural perceptions about a scapegoated group guide medical practice or public health policies or how such policies are interpreted by those most affected by them—the isolated scapegoats. It is only by examining such issues and paying attention to the voices of quarantined people that one begins to get a sense of the quarantine's aggressive potential for harm.

In New York City in 1892, epidemics of typhus fever and, six months later, cholera were closely associated with newly arriving East European Jewish immigrants. Judging largely by the accounts of white, native-born Americans, the conclusions one might draw include this one: The quarantine efforts were virtuous examples of modern medical science and public health. Brave medical men were heralded as scientific warriors in the battle against epidemic disease. The East European Jewish immigrants were commonly portrayed in these accounts as less than human and a decided health threat to New York City and beyond. A far different picture emerges, of course, when exploring the Yiddish American press, the fount of information on the New World for East European Jewish immigrants, and similar firsthand Yiddish accounts. Instead of a story describing the honorable work of doctors and the value of quarantine, we find accounts filled with fear describing insensitive and rapid removal from one's home, terrible unsanitary living conditions on isolated islands, and, for some, death.

There are many other social scapegoats in the annals of American history that illustrate how quarantine policies were often based on social assumptions and cultural perceptions. The impoverished alien has been an especially common but hardly exclusive target of blame during epidemics. I have chosen to focus on several hundred unfortunate East European Jews in 1892 largely out of personal interest and, more pragmatically, because the

Figure 1.1. Map of New York City, circa 1890. From G. W. Bromley's *Atlas of New York City.* Collection of the New-York Historical Society.

enticing circumstances of East European Jewish immigrants accused of importing epidemic disease into the United States did occur that year and the events were well documented.

My reliance on such a case history approach where the events discussed occurred over a fifteen-month period should not be interpreted as my having constructed a universal explanation of how all policies of quarantine are generated; nor should these events be transformed into an equation such as social scapegoat plus epidemic disease always equals disaster. Rather, I hope to study a brief episode in American history where the conflation of one socially undesirable group with epidemic diseases did lead to a combination of disastrous and positive results. My purpose is to document fully and to interpret one historical moment of quarantine not only from the perspective of the medical officers or social authorities instituting it but also from the essential—and often overlooked—perspective of these victims of quarantine.

The result, I hope, is a textured historical analysis of how the many levels of social, political, economic, legal, and cultural barriers isolate the ill—or those perceived to be ill—long before the dreaded "quarantine" placard is actually hung on their window. These layers of separation reflect the social conflicts and differential medical policies that may emerge from the devastating combination of an undesirable social group with a dreaded contagious disease. The events that constitute this book may, at times, appear horrifyingly cruel; at other times, they may appear to be sound preventive public health measures. The tension between the two ends of the spectrum of quarantine—conquest of disease versus isolation or death of the individual—is purposeful. This tension continues to challenge American society when confronted with epidemic disease and the potential for social scapegoating.

PART I

AVERTING A PESTILENCE

The Typhus Fever Epidemic on New York's Lower East Side

Our things were taken away, our friends separated from us; a man came to inspect us, as if to ascertain our full value; strange looking people driving us about like dumb animals helpless and unresisting; children we could not see crying in a way that suggested terrible things; ourselves driven into a little room where a great kettle was boiling on a little stove; our clothes taken off, our bodies rubbed with a slippery substance that might be any bad thing; a shower of warm water let down on us; without warning we are forced to pick out our clothes from among all the others, with the steam blinding us; we choke, cough, entreat the women to give us time. . . . Those gendarmes and nurses always shouted their commands at us from a distance, as fearful of our touch as if we had been lepers. . . . [Our] last place of detention [before embarking to America] turned out to be a prison. "Quarantine" they called it. . . . Several hundred of us were herded in half a dozen compartments . . . with never a sign of the free world beyond our barred windows; with anxiety and longing and home sickness in our hearts. . . . The fortnight in quarantine was not an episode; it was an epoch, divisible into eras, periods, events.

—Mary Antin, reflecting on the two weeks she spent in quarantine at the Port of Hamburg, just prior to departing for Boston in 1894

CHAPTER 1

The Russian Jews of the SS *Massilia*

In February 1892, an epidemic of typhus fever erupted on New York City's Lower East Side. Although only two hundred people contracted the extremely contagious and highly feared disease, its limitation to one area (the impoverished and dirty Jewish Quarter) and to one particular group (newly arrived Russian Jewish immigrants) engendered vigorous calls for quarantine from the New York City Health Department, the U.S. Congress, the U.S. Marine Hospital Service, and numerous newspapers and private citizens.

Typhus fever was no stranger to New York and many other urban centers in America, as there were frequent outbreaks of the lethal contagious disease throughout the nineteenth century. Nevertheless, in February 1892, no deaths from typhus had been reported in New York City since 1888.[1] Despite this decline in mortality, the exact cause and transmission of typhus fever remained a mystery during most of the germ-theory era.[2] Its clinical manifestations, however, were frequently observed and highly feared. Like many acute infectious diseases, typhus fever begins in a vague manner. The victim may complain of muscle pain, headache, nausea, thirst, and the sudden onset of an intensely high fever (104°F to 105°F). As the disease progresses over the first week, the patient experiences dizziness, sleep disturbances, weakness or exhaustion, and a curious body rash—irregular, raised pink-to-purple splotches that disappear with the slightest pressure of one's finger. Sometimes accompanying these symptoms is the "classic typhus odor," which has been described by physicians since the days of the Renaissance as the repulsive smell of rotting straw.

The second and third weeks of a bout of typhus are most alarming to those who observe it and, of course, to those who experience it. At this point, the patient becomes quite delirious, if not crazed, most likely a result of the central nervous system's reaction to the causative organism of typhus fever, *Rickettsia prowazekii.* Charles Murchison, the world's leading medical authority on typhus fever during the late nineteenth century, described the disease's "delirium phase" as dangerous to the patient and, frequently, shocking to the family: "[On occasion] the patient shouts, talks incoherently, and is more or less violent; if not restrained, he will get up and walk around the room, or even throw himself from an open window. This violent state is usually followed by great collapse, or the noisy condition passes into

low, muttering delirium."[3] The intense struggle against the infection typically ends within three weeks. A sudden onset, excruciating fevers and pain, a period of crazed delirium, and for two or three out of every ten patients, death—such was the terrifying experience of typhus fever in 1892.

Most late-nineteenth-century American physicians and public health workers associated typhus fever with impoverished living conditions, overcrowding, and unsanitary habits. What was also clear to Gilded Age physicians was typhus fever's rapid and malignant spread from person to person in the event of an epidemic.[4] Not surprisingly, in an era of mass immigration, slum housing, poverty, and intense social revulsion toward immigrants, typhus fever came to be regarded if not as a foreign disease, then certainly as a disease of the urban poor and foreigners.[5]

The 1892 epidemic in New York City was especially remarkable because almost every case of typhus fever, with the exception of some medical attendants, police guards, and close neighbors, occurred among newly arrived Russian Jewish immigrants who had traveled on the same steamship, the *Massilia*, and were temporarily housed under the bond of the United Hebrew Charities of New York City in eight boarding houses on the Lower East Side.[6] The primary mechanism of disease containment was quarantine, whether it was the forced removal of the immigrant Russian Jews and their neighbors afflicted with typhus to the city's contagious disease hospital on North Brother Island; the quarantine of developing typhus cases and their healthy contacts on the Lower East Side; or the temporary detainment of all Russian Jews but not other immigrants at the Port of New York's quarantine station.

The Pale of Settlement

The life of the Jews in Russia was, at best, a difficult and precarious one. Novelist and noted *New York Times* European correspondent Harold Frederic spent the year 1891–92 covering the Russian famine. He often referred to the Russian Jews in his dispatches as "the Pariah Community."[7] Theirs was a life lived separately from other Russians—religiously, socially, economically, geographically, and legally. Indeed, if one were searching for a living metaphor of quarantine or isolation, one could hardly do better than to look at the Russian Jews confined to the Pale of Settlement during the late nineteenth and early twentieth centuries.

A significant amount of this social separation was imposed by the Russian Jewish communities themselves. On a religious level, the Jews were mandated by the teachings of the Torah to think of themselves as distinctly different from other people. The rigid orthodoxy of Judaism advocated the avoidance of all things secular, including literature, music, and art. The Jew-

Figure 1.1. From Martin Gilbert, *The Atlas of Jewish History* (New York: William Morrow, 1992).

ish religion instilled in its practitioners the fervent belief that a loyal faith in God would bring about a Messianic miracle, the restoration of the Holy Land, and individual salvation in the afterlife, provided the Jews maintained this social separation from the Gentile world and followed the strict precepts of the Torah. On a cultural level, the Russian Jews often spoke Yiddish rather than Russian, making communication between Russians and Jews difficult. Many prominent Russians derided Yiddish as jargon or gibberish, belying the language's rich and expressive power. For example, the Yiddish word *goyim* originates from the Hebrew word for "nations." It subsequently came to mean "other nations" and, later still, "the other" in the sense of those who are not of the Jewish faith. With the slightest change in intonation, however, *goyim* becomes a harsh slur directed at Gentiles.

Another barrier had to do with one of the few interactions Jews might have with their Russian neighbors: mercantile trade.[8] Jewish mastery or so-called exploitation of the Russian peasant class in petty business relations was often a sore spot in the Russian psyche. Its true extent is difficult to estimate. For example, in his report on the inciting causes of immigration from Russia to the United States in 1891, Herman J. Schulteis interviewed several Russian government officials who made exaggerated claims of Jewish dominance over the Russian economy: "They practically monopolize the fur, grain, clothing, and live-stock trades. . . . One-third of them own nearly one-half of the entire wealth of the country."[9] Certainly, some Jewish businessmen were successful even in Czarist Russia, yet contemporary studies of the level of poverty among Russian Jews suggest that the "financial dominance" issue was still another means of justifying the many anti-Semitic edicts of the government.

On a more imposing level, Czar Alexander III and his minister of the interior, Nicholas P. Ignatiev, enforced the Russian Jews' pariah status with harsh economic sanctions and repressive edicts, such as the May edicts of 1882. These laws required the majority of the Jews of Russia to live in the Pale of Settlement, twenty-five provinces of the Russian Empire that included fifteen western districts of Russia and the ten districts of the former Kingdom of Poland. Jews were forbidden from venturing outside their restricted province for a visit or for purposes of settlement unless they had special permission from various Russian authorities. Such permission was difficult to obtain, to say the least. The severity of this imposition takes on graver meaning when one considers the social impact of the Russian famine of 1891–92, the 1892 cholera pandemic, and the resulting desire among Russian Jews to migrate to safer regions.

Other anti-Semitic sanctions ranged from petty annoyances to policies of death and destruction. For example, in 1891, the mayor of Moscow, M. Aleixieff, ordered a ban on the admission of "sick Jews" to Muscovite hospitals. This same mayor expelled ten thousand Jews from Moscow in October 1892 for fear that they might disrupt the daily life of the city. Similar orders were made by a number of provincial governors across the Pale between 1891 and 1892, in imitation of Moscow's official refusal to provide medical services to Jews. Other anti-Semitic sanctions included restrictions on how Jews could

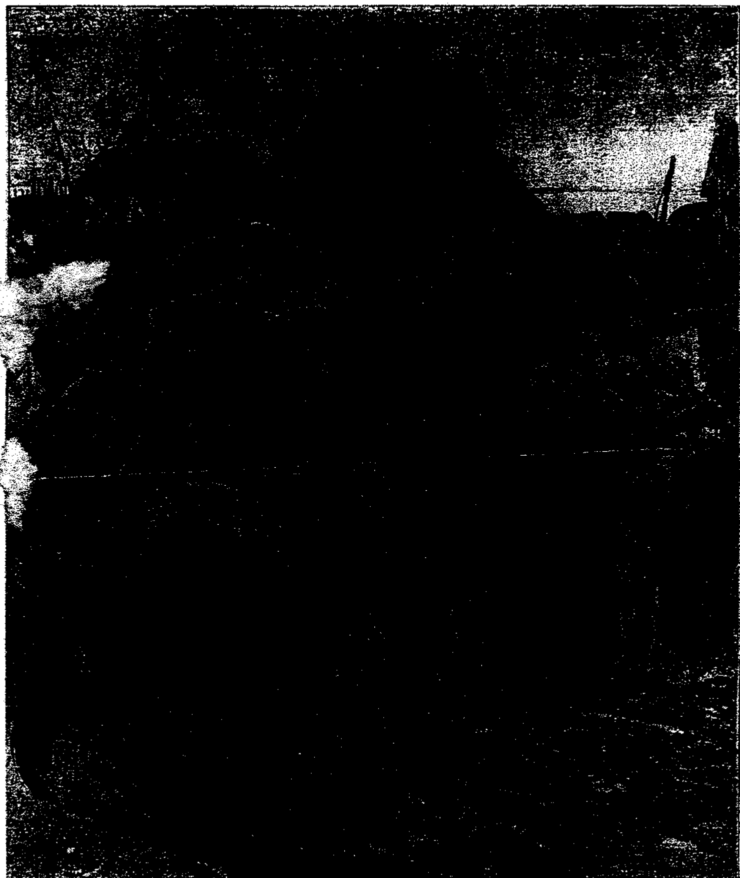


Figure 1.2. The famine in Russia. A Cossack patrol prevents peasants from leaving their village. *Frank Leslie's Illustrated Weekly* 74 (1892).

earn a living, regulations barring Russian Jews from attending colleges and universities or obtaining government jobs, heavy taxes on kosher foods and items needed for ritual devotions such as Sabbath candles and skull caps (*yarmulkes*), and forced conscription in the Russian army for all firstborn Jewish males between the ages of twelve and eighteen for periods as long as twenty-five years.[10]

There was a negative synergy to Czarist Russia's social and legal quarantine of the Jews combined with the Russian Jews' self-imposed isolation from Russian culture and life. In early 1893, Pierre Botkine, the secretary of the Russian legation to the United States, publicly denied all allegations of Russian anti-Semitism in an article he wrote for the popular American magazine *The Century.* Botkine characterized the Russian Jews as a "backward" and "superstitious" lot who wanted to live apart from the Russians. To prove his point, Botkine cited the Jews' refusal to adopt the native tongue, their inability to read or write Russian, and their devotion to a separate God as evidence of their desire to live apart in the Pale.[11] Such outcries against the Russian Jews, simultaneously barred from Russian society and chastised for their subsequent ignorance of it, reminded the Yiddish journalist Abraham Cahan of "the hypocritical miser who kept his gate guarded by ferocious dogs and then reproached his destitute neighbor with holding himself aloof."[12]

Perhaps most trying of all for the Russian Jews was the rising tide of mass orders for expulsion and the violent pogroms that threatened their lives. At the arbitrary whim of a provincial governor, an entire shtetl or village population could be abruptly ordered to resettle to a different area or leave the country entirely. Such decisions were commonly based on a substantial dislike for Jewish residents and a desire to rid the province of their influence. During the enforcement of these orders of exile, Jews were beaten by Russian citizens and army personnel, women were raped, children were spat upon, and many Jews were summarily executed; others were forced to view their cemeteries and synagogues being vandalized, and were exposed to numerous other atrocities without any means of recourse or protection under existing Russian law.[13]

In 1891, U.S. Commissioner of Immigration John B. Weber and neurologist Walter Kempster made a visit to the Russian Pale of Settlement at the request of the U.S. House of Representatives Immigration Committee. The report that Weber and Kempster subsequently sent to President Benjamin Harrison in December of that year noted not only the inhumane persecutions of the Russian Jews but also the international repercussions of such atrocities:

> Willing and able to work, they are unable to trade in the country, unable to leave the precincts where they now are, excluded from governmental work, it is no wonder they wish to fly somewhere where they can breathe and have an equal chance in the struggle for existence. The only thing that prevents them from going *en masse* to other countries is their poverty.[14]

In 1911, a subsequent U.S. government inquiry into the emigration situation in Russia was conducted by the Senate Committee on Immigration. The resulting report characterized the year 1892 as one of widespread famine, disease, and overcrowding, and, with the various anti-Semitic laws enacted that year, as "one of the most oppressive for the Jews." This report went on to describe graphically the effect pogroms had on the Russian Jews:

> One cannot estimate the damage done by the pogroms in mere figures. Completely destroying the safety of property, the pogrom ruins credit, brings about economic crisis, and throws tens of thousands of unemployed workmen into the streets. Still more terrible is the effect of the pogroms upon the moral atmosphere prevailing among the Jews. The knowledge that in the full light of day in the sight of everybody, a crowd of the lowest rabble may burst into your house, plundering and murdering, destroying all that you have toiled for, may violate the honor of those who are dearer than life itself, may maim or kill you while those who are set to preserve your security will at best remain passive spectators of these events and at worst may take active part in them, the knowledge that it is useless to struggle, because behind the pogromists armed force is against you—such knowledge paralyses the energy of people, causes them to fly without retrospection, without calculation, only to escape from the threatening horrors of the pogrom.[15]

In this environment of ostracism and oppression, as Irving Howe observed, "neither stability nor peace, well-being nor equality was possible for the Jews of Russia."[16]

The Voyage of the SS Massilia

Odessa had long been a cultural center and desirable place to live for Russian Jews exiled to the Pale of Settlement. Originally a Turkish possession, the city and its surrounding province on the northwestern shore of the Black Sea was annexed by the Russian Empire in 1789. Unlike the harsh and often anti-Semitic provincial governments of other regions in Russia, the local authorities in Odessa had a reputation for being benevolent toward Jewish citizens. For example, Jews in Odessa during the eighteenth and early nineteenth centuries were allowed to establish their own schools, to participate in commercial activities of the province, and to follow their religious beliefs.[17] By the mid-nineteenth century, Odessa was attracting large numbers of Jews who were escaping harsh living conditions or who had been expelled from the provinces of Volhynia, Podolia, Lithuania, and Galicia.

At the end of September 1891, a large group of Jews escaping from the province of Volhynia arrived in Odessa. Although these Jews and their ancestors had lived in their tiny shtetl for generations, they began a long nomadic trek that would take them far away from the Russian Pale. Forcibly evacuated from famine-stricken Volhynia in the late summer by the provincial governor, they traveled on foot to Podolia. They were as unwelcome there as they were in their home province and continued their arduous travels to Odessa, hoping to escape the famine, disease, and tyranny they had left behind.

On October 4, 1891, approximately five days after their arrival in Odessa, the provincial governor issued an order expelling the 1,168 Russian Jews. The edict gave them forty-eight hours to leave what was considered to be one of the friendliest places for Jews to live in Russia. The exiled Jews had few options but to go back where they came from, hardly a desirable choice given the circumstances of their exile, or to leave the country entirely.[18] Quickly arranging their passage out of Odessa and packing what little belongings and clothing they owned, the group of laborers, petty artisans, butchers, draymen, and their families left Russia forever with the hope of emigrating to Palestine. Within earshot of the footsteps of armed Russian soldiers sent to evict them from their cheap boarding houses, the exiled Jews boarded a dilapidated steamer that would take them across the Black Sea to Constantinople. As the Yiddish American newspaper, the *Arbeiter Zeitung*, described it, the 1,168 Jews escaped Odessa "with the greatest of difficulties and the bitterest of pain."[19]

The difficulty and pain were only magnified once the exiled pilgrims landed at Constantinople. Although they carried papers approved by the Odessa authorities giving them dual status as Russian and Turkish subjects, the Jews were denied travel papers by representatives of the sultan of Turkey. A recent law enacted by the Turkish government expressly forbade the passage of Russian Jews through the Ottoman Empire to any other country, based on "sanitary grounds."[20] Instead of making the planned escape to Palestine, the émigrés were forced to hide in the Jewish ghetto of Constantinople, a district described in the Yiddish press as a den of "pestilence, sin and death."[21] There they remained, fugitives without a national identity, for three months while Turkish authorities deliberated their fate.

On Christmas Eve 1891, the Russian Jews were again given expulsion orders, this time endorsed by Turkish officials. Without many choices, they hurriedly escaped to Smyrna. From there the 1,168 Jews were embraced by agents of the Baron de Hirsch Fund, a philanthropic agency founded by the German Jewish financier and multimillionaire Baron Maurice de Hirsch. The fund, with its $2.4 million endowment, was dedicated to helping Jews get out of Russia and settle in the United States, Palestine, and South America.[22]

Not surprisingly, a charity concerned solely with aiding the emigration of Jews out of the Russian Empire to America was subject to intense scrutiny and concern by immigration restrictionists in the United States. Both Terence V. Powderly and Herman J. Schulteis warned the U.S. Treasury Department in 1891 of the Baron de Hirsch Fund's "hypnotic influences" and its aim of obscuring the immigration laws of the United States in order to bring over as many Russian Jewish paupers as possible.[23] An angry *New York Sun* editorial on the subject of "undesirable new immigrants" asked: "Can we afford to honor Baron Hirsch's drafts?"[24] Similarly, Senator William Eaton Chandler, chairman of the Senate Immigration Committee and an avowed opponent of the entry of undesirable Russian Jews and Italians, openly questioned the legitimacy of the Baron de Hirsch Fund from the well of the U.S. Senate.[25]

In Smyrna, the Hirsch Fund agents sent 900 of the exiled Jews to Argentina; the other 268 continued their disastrous exodus, traveling by rail to Marseilles and then boarding the Febre Line steamship *Massilia*, bound for New York City, on January 2, 1892. The ship did not point its bow toward America, however, until after a January 7 stop in Naples, where it picked up 470 Italian passengers also emigrating to the New World. Given the cursory state of immigrant medical inspections at both Marseilles and Naples during the winter of 1892, it seems doubtful that any of the *Massilia* passengers underwent a careful medical examination before embarking for America.[26]

The *Massilia*'s twenty-eight-day voyage across the Atlantic Ocean was especially difficult and long, marked by stormy weather and rough seas. The average length of voyage for most steerage steamers making the crossing from Europe to America during that period was about seven to twelve days. The ship had been launched in 1891, after being built in Dundee by the Scottish shipyard Gourlay Brothers. The *Massilia* was small in size for a transatlantic steamer (340 feet by 25.5 feet), slow in speed, and easily tossed about in the rough waters. Even with two sailmasts to augment its velocity, the ship's single-screw engine only carried the vessel at 11 to 13 knots, about half the speed of the state-of-the-art transatlantic steamships of the day.[27]

Cramped and unsanitary living conditions aboard the ship only made the rough voyage rougher for the immigrants. The steerage compartments consisted of long tiers of berths on either side of the ship with a central area for benches and tables where the passengers took their meals. The fare served on board steerage steamships of that era typically consisted of decaying herring, rotten potatoes, stale black bread with a paltry ration of rancid butter, and tea. In addition to frequent complaints of unappealing food and seasickness, the Jewish immigrants feared ingesting food that was forbidden by Jewish dietary (kosher) laws. Many of the Jewish passengers ate little or

Figure 1.3. SS *Massilia.* Collection of the Peabody Essex Museum, Salem, Mass.

nothing during the *Massilia*'s voyage. Such malnourishment, overcrowded conditions, and the chronic debilitation enforced by bitter travails only increased the passengers' risks of contracting such so-called filth diseases as typhus and cholera.

The berths in the steerage were divided among those traveling as families, single men, and single women. The Febre steamship line later reported that the Russian Jewish immigrants were berthed in separate compartments from the Italians picked up at Naples. Yet all those aboard the *Massilia* were exposed to filthy living conditions in the poorly cleaned steerage. Open troughs served as toilets; they were sporadically flushed with water or cleaned during the voyage. Salt water basins were used for personal washing as well as for cleaning laundry, plates, and utensils.

Perhaps the only respite the "chosen people" aboard the *Massilia* enjoyed were the occasional rare days when the weather was clear enough for them to go up to the open deck. There, huddled together trying to protect themselves from the cold, the immigrants were allowed the luxury of "fresh air."[28] As one marine hospital surgeon stationed at Ellis Island the day the *Massilia* sailed into New York Harbor observed: "The *Massilia* is one of the best ships afloat for the propagation of typhus fever."[29]

Although in retrospect it is evident that the *Massilia* passengers were likely not in the best of health, there is evidence to suggest that the medical inspection process at New York Harbor in January 1892 suffered from a number

of flaws that made the importation of an epidemic disease possible. For example, when the ship reached New York Harbor on January 30, 1892, it made a brief but mandatory inspection stop at the quarantine station located off Staten Island at the point of the Narrows. More than eight hundred passengers and crew members aboard the *Massilia* were inspected for evidence of typhus, cholera, plague, yellow fever, smallpox, and leprosy by two physicians in little under an hour.

The rapid and routine medical inspection processes at the New York quarantine station and similar public health outposts were often critically questioned by experienced clinicians. Seldom, however, were improvements (such as hiring more medical inspectors) made during periods when no epidemic disease was threatening. As the Johns Hopkins Hospital superintendent, Dr. Henry Hurd, pointedly asked during the fall of 1892: "How can a physician inspect two thousand persons as they should be in a couple of hours, when it sometimes takes a doctor twice that long to diagnose one patient?"[30]

Adding to the rush and confusion of medical inspection was the striking shift of medical personnel going on at the quarantine station the week the *Massilia* landed in New York. The long-time health officer of the port, Dr. William Smith, had recently been ousted from his position in a bitter political battle. Smith was to be replaced on February 1, 1892, by the Tammany Hall-supported William Jenkins. When the *Massilia* sailed into New York Harbor on January 30, however, there was no official chief of the station and she was inspected by the acting health officer, Dr. E. C. Skinner. After a thirty-five-minute inspection of the vessel, Skinner found nothing "medically remarkable" about the bedraggled, half-starved immigrants and

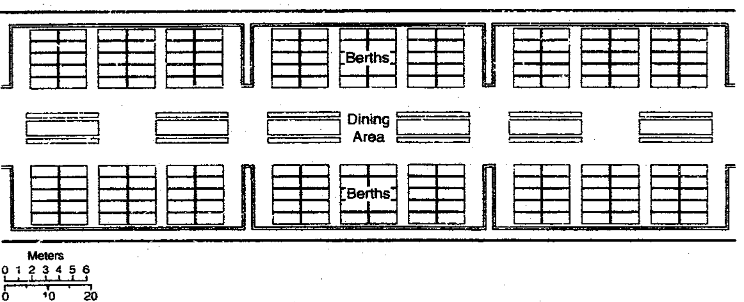


Figure 1.4. Steerage compartment of the SS *Massilia.* Artist's reconstruction based on ship plans from the University of Dundee Archives, Scotland.

admitted the *Massilia* into the Port of New York.[31] A similarly quick process of medical inspection followed at the immigration station on Ellis Island.

Both medical teams at the quarantine station and Ellis Island later justified their rapid inspection of the passengers on the basis of the ship's "clean bill of health" and because no outbreaks of disease were noted during the voyage. This bill of health, however was essentially useless since the papers attesting to the Jewish passengers' health were endorsed by the U.S. consul at Odessa, John Volkmann, some four months earlier and *before* the *Massilia* Jews began their exile in Turkey. Although the ship's log contained information that documented the *Massilia*'s passengers' three-month stay in the typhus-infested districts of Constantinople, this definite risk factor was not given serious consideration by the health officials in New York Harbor.

Falsified or inaccurate consular reports attesting to the health of a particular immigrant ship posed a common and vexing problem to American immigration officials during the early 1890s. Frequently, the consular agent signing the bill of health had no experience in public health or medicine and rarely had an opportunity to inspect the ships or immigrants leaving a particular port. Moreover, as Colonel John Weber observed during his inspection of Russia for the U.S. Immigration Commission during 1891, there were simply too many immigrants per consular agent to make any such bill of health an effective tool for quarantine officers on the American side of the Atlantic.[32] Careful medical inspections and observation of those suspected to be ill at the port of arrival were considered by leading maritime quarantine authorities of the late nineteenth century to be a less-than-perfect means of preventing immigrants from importing infection.[33]

What remains difficult to explain, therefore, is not the failure of the various health officers to diagnose an incubating case of typhus fever as it quickly passed the eyes of a few physicians inspecting hundreds of passengers; this was a virtual impossibility even in the hands of the most experienced physician in 1892. Instead, what is troubling about the state and federal inspection process is that the health officers ignored the acknowledged debilitated condition of the Russian Jewish passengers and their documented history of forced exile in Constantinople. Neither of these factors induced them to perform further medical investigation or to call for temporary observation of the passengers at either the quarantine station or the Ellis Island hospital on the day the *Massilia* sailed into port.

One curious example of the inconsistent public health procedures practiced in the Port of New York was articulated by the commissioner of immigration at Ellis Island, Colonel John Weber. Weber was a strong advocate of open immigration and a prominent "friend" of the East European Jewish immigrant community. Two days after the *Massilia*'s landing, Weber openly

protested to the *New York Times* about the "inhuman if not criminal handling" of the *Massilia* passengers by its ship's surgeon and the Febre steamship line.[34] Weber went one step further to notify the assistant secretary of the treasury A. B. Nettleton on February 19, 1892, about his recollections on the state of health of the Russian Jews aboard the *Massilia:*

> I happened to be standing at the entrance through which they passed on reaching here and saw what seemed to me to be a clear case of inhumanity on the part of the ship's surgeon in permitting these cases to be brought down, as it was evident that they should not have been directly transported or transferred but sent directly to a suitable hospital for treatment and care. . . . The passengers of the *Massilia* embraced a number of Russian Jews who came here in an emaciated, worn condition the explanation of which is that they had been expelled from their country and traveled about, many of them since last spring.[35]

According to the Immigration Bureau's annually published regulations, Weber's observations should have prompted further investigation by the health officers at either the quarantine station or Ellis Island, but the ship was not held over for isolation or observation. One month after the *Massilia*'s landing, Weber confidently testified before the Congressional Immigration Committee that he and his staff were in no way responsible for the incursion of typhus fever into New York City.[36]

In fact, only sixty-eight of the *Massilia* passengers were temporarily detained by the immigration officials at Ellis Island. Those detained, however, were not considered threats to the public health or in any way ill. Instead, these unfortunate immigrants were held back because of the "Likely to Become a Public Charge" exclusionary laws. All but twenty-three of the detained immigrants were eventually released under the bond of the United Hebrew Charities Organization and allowed to settle in the United States. The twenty-three immigrants who were barred entry to the United States were excluded solely for economic reasons. Their deportations were justified on the immigration officials' belief that they would require public charity within twelve months of living in the United States. One representative example of these exclusions was an immigrant named Rachel Weinstein, a thirty-five-year-old seamstress with four young children who had been driven out of Russia. Mrs. Weinstein was described as being in excellent health and never having received public support. She was deemed likely to become a public charge, however, because she had no money or family in America and her husband had died during their exile.[37]

A frequently described scene in the American immigration experience is that of a steamship entering New York Harbor under the outstretched arm of the Statue of Liberty. As ships steamed past this magnificent symbol of

America, immigrants on the open decks were known to stand in awe, simply staring at the statue. Men took off their hats in deference; the attention of chattering children became focused and riveted; many women cried. All of their hopes, dreams, and tears seemed intimately tied to her.[38] Unfortunately no written record of the *Massilia*'s voyage, inspection process, or landing at the Hudson piers on Manhattan's Lower West Side survives. Nor can the historian presume to speculate what hopes the immigrants may have borne or what fears must have been in the minds of these storm-tossed, potentially ill immigrants as they faced inspections, temporary lodging on the Lower East Side, the crushing need to find their own places to live and jobs to keep food on the table, and the challenges of adjusting to a new land and mode of life. We probably can assume, however, that they could not have known the threat of typhus fever they may have carried with them from the *Massilia*—or contracted in New York. How could they imagine the revulsion and fear they would soon conjure in the eyes of many Americans? Unlike countless other steamships that transported destitute immigrants in their steerage, the *Massilia* Jews faced a far different fate. As the *New York Herald* later declared, "Death, disease and widespread trouble was the cargo the *Massilia* brought."[39]

The Typhus Ward

The journalist Jacob A. Riis, himself an immigrant from Denmark, graphically described the plight of New York City's urban poor in his 1890 best-selling book *How the Other Half Lives*. He characterized the Jewish Lower East Side in this exposé as "the typhus ward," a place where filth diseases "sprout naturally among the hordes that bring the germs with them from across the sea and whose first instinct is to hide their sick lest the authorities carry them off to be slaughtered."[40] This description appeared especially prescient during the 1892 typhus epidemic.

Abraham Cahan, then editor of the Yiddish American *Arbeiter Zeitung*, a socialist paper published by the United Hebrew Trade Union, presented a more poetic yet nevertheless distressing portrait of the crowded district in his 1896 novella *Yekl:*

> It is one of the most densely populated spots on the face of the earth—a seething human sea fed by streams, streamlets, and rills of immigration flowing from all the Yiddish-speaking centers of Europe. Hardly a block but shelters Jews from every nook and corner of Russia, Poland, Galicia, Hungary, Roumania; Lithuanian Jews, Volhynian Jews, South Russian Jews, Bessarabian Jews; Jews crowded out of the "pale of Jewish settlement"; Russified Jews expelled from Moscow, St. Petersburg, Kieff, or Saratoff; Jewish runaways from justice; Jewish refugees from crying political and economical injustice; people torn from a hard-gained foothold in life and from deep-rooted attachments by the caprice of intolerance or the wiles of demagoguery—innocent scapegoats of a guilty Government for its blind fury.[41]

Situated almost on top of the other immigrant communities of Italian, Chinese, and Irish newcomers struggling to make their way in America, New York City's Tenth and Thirteenth Wards and portions of the Seventh and Eleventh Wards made up the crowded Jewish section described by Cahan. This small area, less than a half square mile in size, was "one of the [world's] most densely populated spots," with over 523 inhabitants per acre in some sections in 1890.[42] Bounded by the East River, the Bowery on the west, Monroe Street on the south, and Houston Street on the north (but already beginning to spill over as far north as Fourteenth Street), the Jewish Lower East Side was a district that inspired fascination from a few observers, worry from others, and intense concern on the part of most native-born Americans.

For example, a distinct affection for the Lower East Side was displayed by many literary luminaries of the Gilded Age. Lincoln Steffens, the well-known muckraking journalist, reported that as a teenager he was as "infatuated with the ghetto as Eastern boys were with the wild west."[43] Hutchins Hapgood spent years of his journalistic career writing sketches of ghetto life that romanticized the hard lives of the denizens of the Lower East Side.[44] Novelist William Dean Howells wrote sympathetically about the Russian Jewish ghetto-dwellers in 1896 as well as his avoidance of a quarantined "typhus quarter."[45] The fastidious Henry James noted in 1906 that the ghetto was a "crowded, hustled roadway where multiplication, multiplication of everything, was the dominant note, at the bottom of some vast sallow aquarium in which innumerable fish, of over-developed proboscis were to bump together, forever, amid heaped spoils of the sea."[46] British writer Arnold Bennett described the Lower East Side in 1912 as a region where "the architecture seemed to sweat humanity at every window and door."[47]

Many Americans familiar with life on the Lower East Side and other urban ghettos during the 1890s could not help but be concerned about the potential for illness to creep uptown. Even pro-immigrant groups during this era publicly worried about the health risks brewing on New York's Lower East Side. For example, during the mid-1880s, a group of prominent New Yorkers formed the Sanitary Aid Society of the Tenth Ward of New York City. Its membership included Kilean van Rensselaer, Theodore Roosevelt, Jesse Seligman, and former mayor of New York Abram Hewitt. Their mission was to improve health and sanitary conditions on New York's Lower East Side. Yet even this group, sympathetic enough toward the urban poor actually to do something about their squalor, revealed its revulsion for these immi-

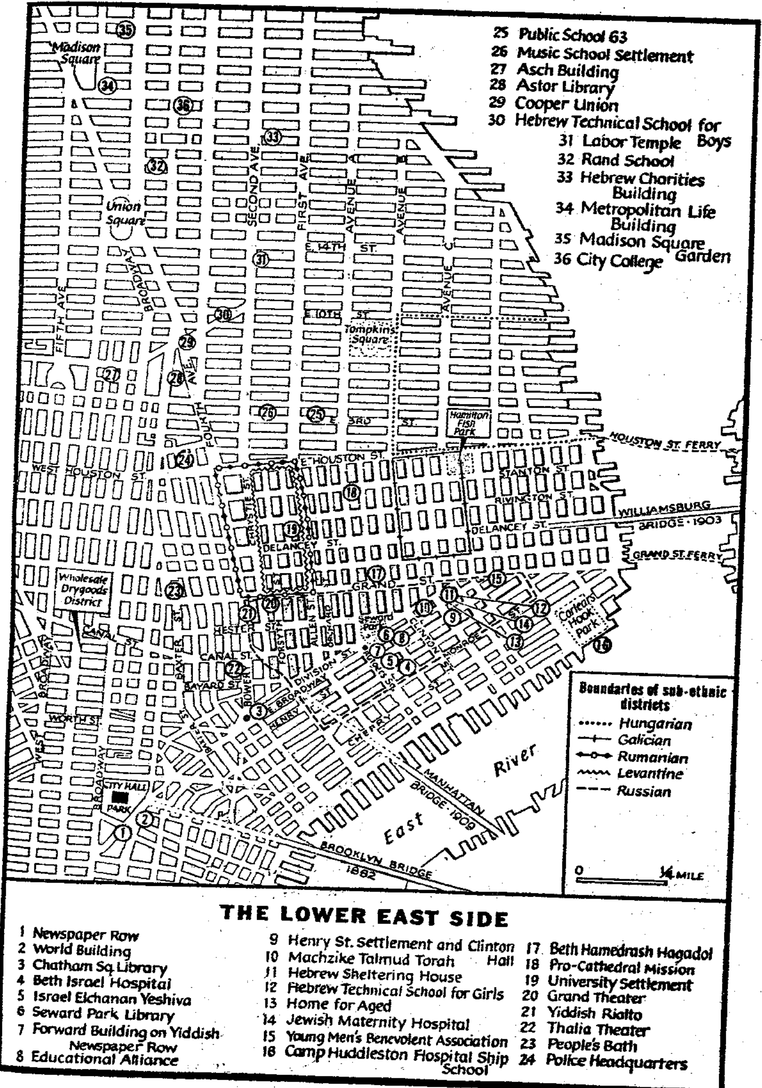


Figure 1.5. Map of the Lower East Side, New York City. From Moses Rischin, *The Promised City: New York's Jews, 1870–1914* (Cambridge, Mass.: Harvard University Press, 1962).

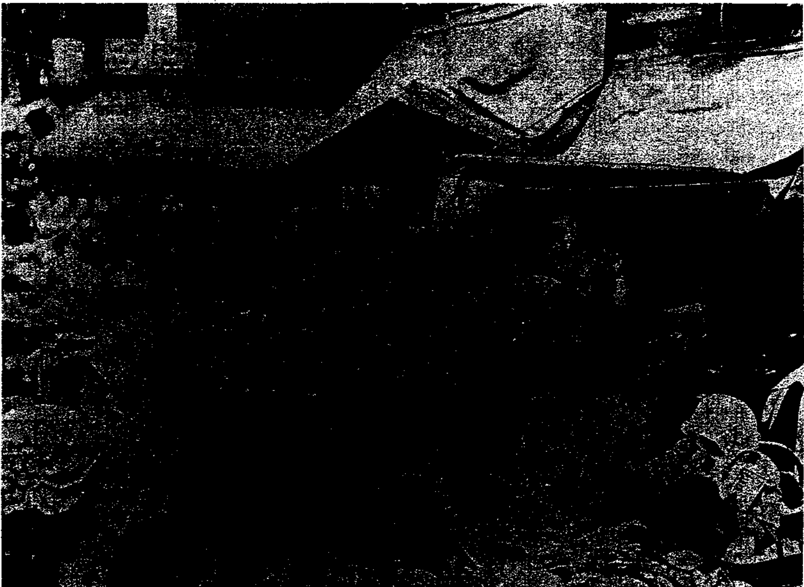


Figure 1.6. Hester Street vendors, circa 1895. Byron Collection, Museum of the City of New York.

grants as it described them in its annual reports. The Sanitary Aid Society routinely mixed their noblesse oblige with judgmental descriptions of the people they were trying to help. Their immigrant charges were routinely referred to as "human maggots" who led dismal lives consisting of "so much filth, so many filthy homes and pestilential rookeries, so many human beings with insufficient breathing space, bad ventilation, plumbing, [and] . . . festering masses." As the society's *Annual Report for 1890* concluded, without the society's guidance and aid, New York's immigrants were destined to lead lives of poverty, degradation, immorality, and crime.[48]

The Russian Jews' co-religionists, the well-assimilated German Jewish Americans, were both supportive and fearful of the consequences of the wave of East European Jewish immigration. In many respects, the German Jewish American community held the East European Jewish immigrants at a symbolic arm's length—helping them adjust to life in America through successful charitable enterprises while avoiding close physical or social contact with them. German Jewish patricians could be counted on for funding to address the refugee crisis, but they would not welcome a *grine kuzine* (green immi-

grant)[49] to Sabbath services at their Reform temple on Fifth Avenue. The most powerful symbol of this fear was, of course, New York's Lower East Side.

The editorial pages of the *Jewish Messenger*, a leading American German Jewish weekly based in New York, reflect this ambivalence. Most issues of the *Messenger* during the early 1890s covered some aspect of the cruel plight of Jewish brethren in Czarist Russia. During the fall of 1891, for example, one finds weekly updates on Czarist atrocities and anti-Semitic sanctions. Alongside these dispatches from Russia was a series of articles on public health conditions of those Russian Jews living on the Lower East Side. The articles are a sophisticated and thorough survey of the squalid living conditions and potential for disease among the newly arrived Russian Jews. The reporter clearly takes the side of the New York City Health Department, blaming much of the health conditions on the noncooperation of the "ignorant immigrant community." The articles nervously warned the paper's well-assimilated Jewish readers that "the surroundings of the Fiji Islander are more conducive to health than those that environ thousands of Israelites who continue to live in the slums of New York."[50]

The theme that rings loudest in contemporary accounts of life in this urban slum during the 1890s is that of overcrowding, dirt, foul odors, unsanitary living conditions, and noise. In our present era of an all but pious allegiance to personal hygiene (often manifesting itself in the form of frequent showers and use of deodorants, the advanced management of sewage, the pristine packaging of foodstuffs, and, for most Americans, decent living quarters), it is difficult to imagine fully the pervasive filth and dirt of life on the Lower East Side during this period.[51]

The average 25-foot by 25-foot cramped, airless tenement apartment housed four or more people to a room often without a window or, at best, with access to a stifling "airshaft." These airshafts were actually architectural loopholes in the New York City Housing Code and more typically served as makeshift garbage chutes than as a source of sunshine and ventilation. Most tenement apartments consisted of a front parlor that was 10.5 feet by 11 feet (usually the largest room of the flat), a tiny kitchen area, and one or two bedrooms about 7 feet by 8.5 feet.

More than half of the East European Jewish families living on the Lower East Side during this period were required to take in boarders simply to make ends meet. This only further crowded an already overcrowded flat. Some entrepreneurial "landlords" even rented out cots or couches precariously placed between the parlor and the kitchen on a shift basis. The tenement home also frequently served as either an extension or a primary site of the sweatshop where fathers, mothers, and children spent their hours at home sewing piecework for the city's burgeoning garment industry.[52] For the newly

arrived immigrant who had not yet found a suitable place of his own, living conditions were even more objectionable. A common way for an unscrupulous tenement house landlord or "hotel keeper" to earn money was to lease one room to ten to twenty newly arrived immigrants "just off the boat."[53]

Matters of decent living were further constrained by a lack of toilet facilities in these tenement homes. There were two per floor among the very best and most recently built tenement houses. More commonly, tenements built before 1885 only provided outdoor privies for their tenants and these were sporadically emptied by the city's Sanitation Department or private "night soil" removal services. No matter how hard the classic "Yiddishe Mama" struggled to keep her home decent and clean for her family, it was always an uphill battle. Add to this the odor of rotting fish, meat, and vegetables sold on uncovered pushcarts, the immense amount of animal waste from horse-drawn wagons and trucks, dirty streets, and the stench of a crowded humanity where over 82,000 people lived, worked, and played within fifty square blocks. Dirt was "all-pervading" in the Lower East Side, as were its frequent companions: crime, prostitution, and vice.[54]

Even as late as 1892, there were some New Yorkers who believed in the miasma theory of disease, which postulated that malodorous, decaying organic matter—such as sewer gas, rotten fruits, vegetables, and meats, animal or human feces, and other common environmental features of the Lower East Side—could "infect" the air and yield an epidemic. If a modern-day reader can imagine the realities of life on the Lower East Side in an era when concepts of epidemics still held vestiges of miasma theory and when immigrants were the personification of dirt, filth, and disease, he or she can begin to understand some rationale behind the revulsion expressed by native-born Americans toward impoverished and unkempt immigrants. Instead of the fascination exhibited by Howells, Hutchins, or Steffens, most were content to read about immigrants in the comfort of their parlors and to avoid physical contact entirely.

What the American public read in *Scribner's Monthly*, the *Century*, *Harper's Weekly*, *Leslie's Illustrated Weekly*, and other popular magazines about East European Jews and the Lower East Side was rarely complimentary.[55] There were, of course, occasional authoritative reports of positive health conditions along the Lower East Side, such as one written by John Shaw Billings in 1890 revealing that immigrant Jews enjoyed the lowest rates of infant and adult mortality among immigrant populations in New York and the lowest rates of tuberculosis among all New York populations. Nevertheless, the popular perception among many native-born New Yorkers was that the Lower East Side was a "breeding ground for pestilential disease."[56]

The social quarantine informally imposed by native-born New Yorkers

around the Jewish Quarter of the late nineteenth century was not lost on immigrant observers. Milton Reizenstein, the superintendent of the Hebrew Educational Society of Brooklyn, described imaginary "massive portals" separating the Lower East Side's Jewish Quarter from the "Non-Jewish districts of New York." Similarly, Abraham Cahan commented on the metaphorical social quarantine imposed on the Jewish ghetto of New York and its few "chances of contact with the English-speaking portion of the population."[57]

Using the terms of contagion and quarantine, perhaps no contemporary observer discusses this social separation more emphatically than Dr. George M. Price. Price, a Russian Jew who emigrated from Poltava in the Pale of Settlement to New York in 1882, graduated from the New York University Medical School in 1895. During the year 1891–92, Price contributed a series of articles to the Russian Jewish periodical *Voskhod* on the Russian Jews in America. His articles, although spiked with sarcasm, accurately record the struggles, tribulations, and achievements of East European Jewish immigrants in New York City during the early 1890s. His views on the public health of the Lower East Side are especially interesting since Price ultimately went on to a distinguished career as a physician, medical author, and inspector of tenement and factory health conditions for the New York City Health Department:

> A Jewish neighborhood grows in width, height, and depth, pushing out members of other nationalities, helping to build ten-story barracks, filling the attics, basements, and streets. These inhabitants—the poor, ignorant populace—are trying to eke out their daily bread, with from 100 to 200 families in one building or, as we might call them, penitentiaries. Can we, then, expect cleanliness, healthy air in these streets with their many buildings and large population? What then is the result?—A Jewish ghetto, filthy, odiferous and unsanitary. It is a ghetto where poverty, disease and epidemics prevail . . . [where] there is complete isolation from the American population.[58]

Adding to the difficulties in maintaining the public health in such an overcrowded area was the intense animosity between the immigrant communities and the city's Health and Police Departments. New Yorkers living on the Lower East Side frequently complained to the authorities about unscrupulous landlords, foul living conditions, and unclean streets. Their requests, however, were often ignored or denied by the Health Department unless it deemed the particular situation worthy of its attention.[59] Partly out of fear and partly out of retaliation, the Jewish immigrants on the Lower East Side, like other immigrant groups, responded as best they could in this hegemonic relationship: They avoided the Health Department at every opportunity. In

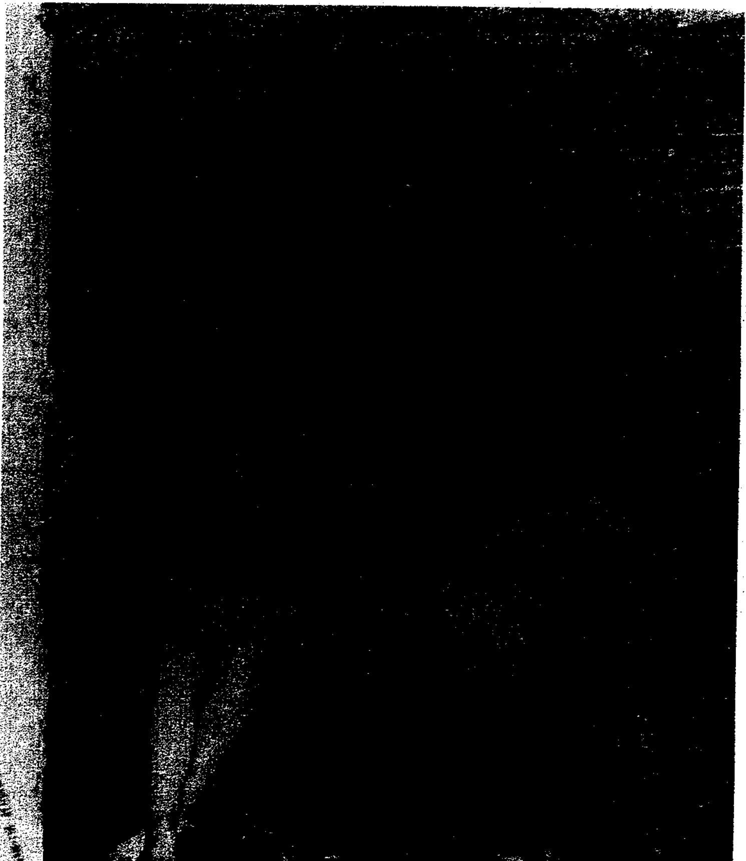


Figure 1.7. Lodger in a seven-cents-a-night lodging house on the Lower East Side, circa 1890. Jacob A. Riis Collection, Museum of the City of New York.

1890, Jacob Riis described a classic, yet all-too-typical confrontation between the Health Department and the Jews of the Lower East Side on market day:

> An English word falls upon the ear almost with a sense of shock, as something unexpected and strange. In the midst of it all there is a sudden wild scattering, a hustling of things from the street into dark cellars, into backyards and byways, a slamming and locking of doors under the improvised shelves and counters. The health officials' cart is coming down the street, preceded and followed by the stal-

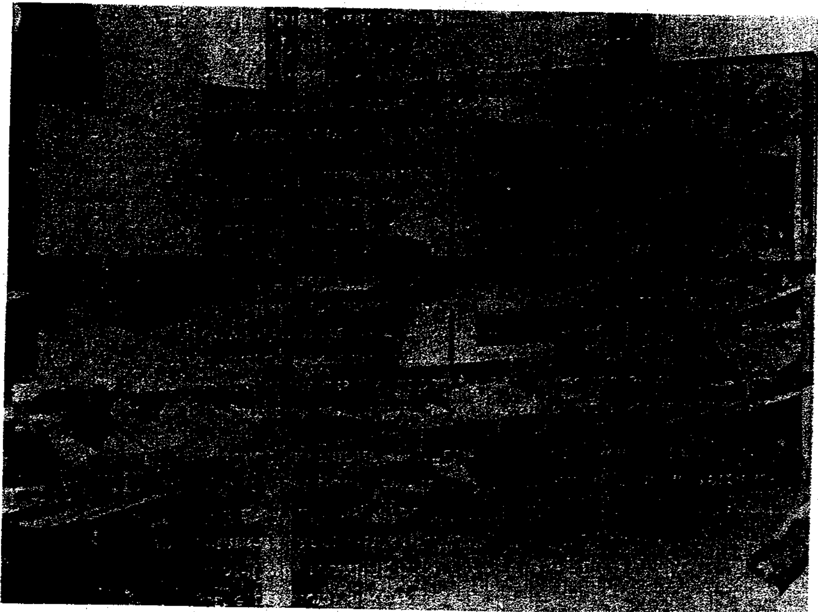


Figure 1.8. Interior, seven-cents-a-night lodging house in New York City. Jacob A. Riis Collection, Museum of the City of New York.

> wart policemen who shovel up the eatables—musty bread, decayed fish and stale vegetables—indifferent to the curses that are showered on them from stoops and windows, and carry them off to the dump. In the wake of the wagon, as it makes its way to the East River after the raid, follow a line of despoiled hucksters shouting defiance from a safe distance.[60]

In the event of a "real" public health emergency, such as an epidemic, the orders of the Health Department doctors frequently came down with resounding force on the lives of the Russian Jews in the Lower East Side. For example, if a contagious disease was thought to be brewing in a lodging house for transient immigrants, the Health Department entered the home and evicted its lodgers. Unfortunately, few of these people had the means or support to find other lodging quickly and often found themselves temporarily homeless after a public health raid.

If a public health officer believed that an immigrant pushcart peddler was somehow violating the sanitary code of the city of New York, he had the power to destroy not only the goods on the pushcart but also the cart itself.

When one considers that this type of peddling was the slender financial support system of many immigrant families, one can understand the severe consequences of such an action. Similarly, kosher butchers and East European Jewish-run restaurants were favorite targets of the sanitary police and were not only closed during public health emergencies but were also frequently destroyed or burned down, preventing their reopening after the emergency had passed.

Lodgers or residents of private homes and tenement apartments discovered to have a contagious disease were escorted out of their homes by an armed sanitary policeman and taken to one of the city's public contagious disease hospitals. The public perception among most people of Gilded Age New York, across lines of class and ethnicity, was that those who were taken away to "public" hospitals were not likely to return home alive.[61]

Common among the experiences at a city quarantine island were harsh treatment, poor nutrition, inadequate facilities and health care, and, for some, death. The quarantine islands were well known and discussed among immigrant circles in New York. They were commonly described as places to avoid at all costs. For example, Dr. George Price recalled the "long routine under quarantine" he endured shortly after his arrival in the United States in 1882 before being set free and allowed "to breathe the air of the great republic." During a typhus fever epidemic that year, he and about five hundred immigrants were confined at Wards Island. The immigrants were isolated in a barracks building with cots arranged 125 to a row in four rows. Adding to the gross overcrowding was insensitive treatment at the hands of the assimilated East European Jewish immigrants hired by the Health Department to watch over the immigrants on the island:

> The Father, or manager and taskmaster over the immigrants, was an American Jew who looked down upon the earthly beings, as the immigrants were called and not in a friendly tone. His assistant, the Hungarian Jew, was a brazen scoundrel and treated the immigrants like cattle. The other Russian Jews, who through flattery managed to secure soft jobs, imitated them in behavior. The food fed to the immigrants was poor and spoiled. The fault was most probably the Father's who considered it more important to stuff his pockets than to care for the well-being of the victims entrusted to his charge. . . . [Meals consisted of] a sort of half-baked bread . . . a sort of liquid in which very often, instead of grains of cereal, there floated worms, and finally a slice of smelly meat. On holidays they added a plate of some sort of fruit dish, which they called *tzimes* [pudding] of a somewhat suspicious quality. . . . But the moral suffering from the stern and humiliating treatment of the officials was even worse than the material and physical privations. . . . After the exodus from Russia . . . they were suddenly exiled on an island, where they were confined in a prison and were treated like criminals.[62]

Another penalty for being associated with a contagious disease was the Health Department's publication of the names of the afflicted and their families, upon discovery. These families were subsequently stigmatized by prospective employers, neighbors, and others for long periods after the emergency passed. All of these public health measures, from mere harassment to physical removal, must have seemed to the Jewish immigrants uncomfortably reminiscent of their lives in the Pale of Settlement.

The Yiddish American *Arbeiter Zeitung* discussed the treatment received by East European Jewish immigrants at the whim of the Health Department and accused it of using public health issues as a veil for anti-Semitism. In a pointed editorial published in the early fall of 1892, the newspaper chastised the Health Department for showing concern over the abject poverty, unsanitary living conditions, and social problems of the poor *only* when epidemics threatened to "creep into the palaces of the rich. . . . Once everything passes over, the wealthy people's social awareness of such problems becomes dormant and it isn't until another extraordinary danger arises that fear and panic awaken the senses of the bourgeoisie again."[63]

Relations between New York's immigrant communities and uniformed New York City policemen, regardless of their assignment, were markedly worse than with the physicians working for the Health Department. The journalist Lincoln Steffens, recalling his police reporter days in New York in the early 1890s, detailed the activities of one typical New York cop referred to as "Clubber" Williams. Williams earned this sobriquet because of his habit of using a billy club to beat poor Jewish and Italian immigrants as retribution for petty crimes such as public assemblies or striking without a permit:

> The door opened, showed a row of bandaged Jews sitting against the wall in the inspector's office, and at his desk, Clubber Williams. "See the others. There's a strike on the East Side, and there are always clubbed strikers here in this office. I'll tell you what to do while you are learning our ways up here; you hang around this office every morning, watch the broken heads brought in, and as the prisoners are discharged, ask them for their stories. No paper will print them, but you yourself might as well see and hear how strikes are broken by the police." . . . Many a morning when I had nothing else to do I stood and saw the police bring in and kick out their bandaged, bloody prisoners, not only strikers and foreigners, but thieves, too, and others of the miserable, friendless, troublesome poor.[64]

Issues of control, violation of civil liberties, and the assumption that the Lower East Side immigrants were unlawful or diseased, combined with vast differences in cultural viewpoints, language, class, and experience, created an ambivalent relationship under the calmest of times between the municipal authorities and the immigrant communities of New York City. When

tested by the stressors of a public health emergency, that relationship was frequently one of heated contention. Not surprisingly, when the Health Department swept a neighborhood looking for the contagious, a common response of the immigrants was simply to hide until the crisis, and the sanitary police, passed. In the event that a fugitive immigrant might actually harbor a contagious disease, the public health of the community was obviously compromised.

This, then, was the environment in which the *Massilia* Jews found themselves in early February 1892. After their landing, the United Hebrew Charities placed the 268 passengers in eight boarding houses located at 42 East Twelfth, 5 Essex, 49 Pike, 85 Monroe, 46 Delancey, 31 Monroe, 84 Norfolk, and 166 Division Streets—tenements scattered about the Jewish Quarter. Having settled in their temporary lodging homes on February 1, 1892, however, the *Massilia* Jews soon became the source of great panic across New York City and, indeed, throughout the nation.

CHAPTER 2

The City Responds to the Threat of Typhus

The Chief Inspector

By early 1892, thirty-five-year-old Cyrus Edson was an important figure in the New York City Health Department hierarchy. His position as chief inspector of contagious diseases, the largest division of the department, placed him in a subordinate position only to the sanitary superintendent W. A. Ewing (whose job Edson would occupy in a matter of months) and the commissioner of the board of health, the distinguished surgeon and physician Joseph D. Bryant. Edson's success at the Health Department was the result of sound family connections and political savvy combined with hard work as a public health physician.[1]

A tall man with a finely manicured beard and military bearing, Edson was a direct descendant of Roger Williams, the founder of Rhode Island, on his mother's side, and early settlers of the Massachusetts Bay Colony on his father's side. Young Cyrus was educated at the Albany and Throgs Neck Military Academies in New York, followed by travel to Europe and studies at Columbia College. He was also a star member of the Columbia varsity crew team that won the championship at Henley on the Thames in 1878. Edson subsequently entered medical school at the College of Physicians and Surgeons in New York, graduating in 1882.

In the spring of 1882, Edson's father, Franklin, strongly encouraged the newly minted medical doctor to accept his first professional post as a temporary summer sanitary inspector for the New York City Health Department. Not insignificantly, Franklin Edson was then mayor of New York City. The summer of 1882 was notable for a severe epidemic of smallpox. During those months Cyrus Edson worked assiduously to enact the rapid quarantine of New Yorkers infected with smallpox and the widespread vaccination of those who were susceptible. He participated in the exciting work of searching for and finding possible smallpox patients throughout the city, risking his own life, to the great acclaim of his superiors.

Edson was given a permanent position with the Health Department in the fall of 1882 on the recommendation of a health board commissioner appointed by his father. He rose steadily over the next ten years in a variety of positions, ranging from assistant sanitary inspector to food inspector, and,

in 1892, to chief sanitary inspector. Edson impressed his colleagues with an astute ability to diagnose contagious diseases accurately based almost entirely upon a physical examination and observations.

Diagnosing contagious diseases in an era before culture methodology was routinely used to confirm or to deny their presence was no small matter. For example, when a physician today is entertaining the diagnosis of a bacterial infection such as cholera, he or she will obtain a stool sample from the patient and place it on a special agar-nutrient plate for culture and growth. Within forty-eight hours, if the patient is ill with cholera, the stool sample culture should reveal, upon microscopic or biochemical examination, recognizable colonies or clusters of the disease's causative organism. Depending on the bacterial disease in question and the type of human tissue an organism tends to attack, cultures of different body fluids or tissue samples help physicians determine with relative certainty what type of bacteria is infecting the patient.

Instead of a binary, deterministic "yes or no" question that is answered, or at least perceived to be answered, by current bacteriological culture methods, the diagnostician of the 1890s had to rely on empiric observations and broad experience. What did the patient look like? What was the exact symptom pattern? What was the extent and severity of the patient's fever and at what time of the day was the fever the highest? Were there any rashes associated with the fever? How did the disease appear to spread to others? These and similar "clinical" questions were essential to ask and to answer if one were to diagnose an infectious disease with any amount of confidence.[2]

Edson's abilities as a diagnostician of infectious diseases were so highly regarded because this branch of clinical medicine was still a difficult and poorly understood enterprise in New York during the early 1890s. Formal instruction on contagious diseases was rarely taught in the hospital wards to training physicians in medical schools, ironically, because of a lack of clinical material. Most of the major teaching hospitals in New York City, such as New York, Mount Sinai, Presbyterian, and Bellevue Hospitals, tended not to admit patients with contagious diseases if they could possibly avoid it. Instead, these patients were typically sent to the city's contagious disease hospitals that were operated by the Health Department. This was not a form of negligence but, instead, a means of controlling the potential spread of infection among the other hospitalized patients. In the event that these hospitals did admit patients with contagious diseases, the patients frequently died or were quickly removed to one of the contagious disease facilities, again as a means of disease containment, before budding student doctors had a chance to analyze and to examine the cases firsthand.

At one 1893 meeting of the New York Academy of Medicine, several promi-

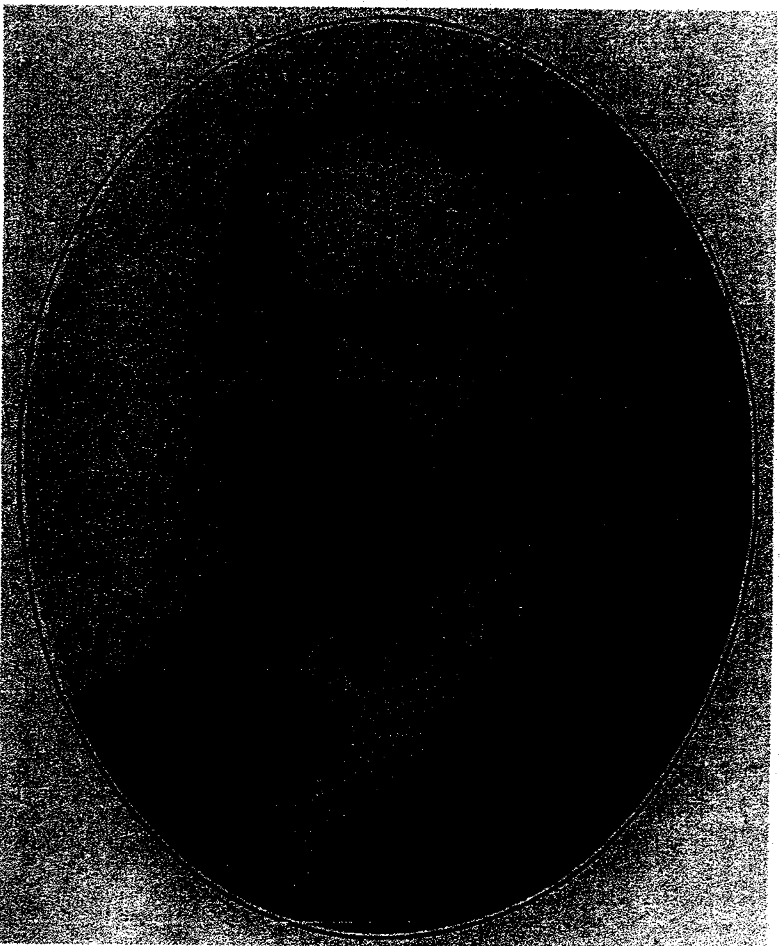


Figure 2.1. Cyrus Edson, M.D., circa 1896. From King's *Notable New Yorkers of 1896–1899.*

nent New York physicians, including Edson, lamented the dearth of clinical teaching on contagious diseases at New York City medical schools and hospitals. The New York physician and editor of the *Medical Record,* George Shrady, recalled that as a young practitioner with an excellent medical edu-

cation he had so little experience in this branch of medicine that he could not recognize an early case of the measles, let alone cholera or typhus.[3]

Equally important to Edson's résumé and success as a New York City public health official was his active membership in the Society of Tammany and New York City Democratic Committee. Tammany Hall, under the iron-clad rule of Boss Richard Croker, controlled almost every aspect of New York City municipal government during this period, including its Health Department. Nominally employed as the mayor of New York City between 1888 and 1892, the Honorable Hugh Grant essentially did what Croker told him to do.[4]

Edson was both a prominent member of Tammany's twenty-fourth Assembly district and a long-time friend of many of those who were in a position to execute the patronage politics that was the trademark of Tammany Hall. Indeed, one example of Edson's political machinations was the promotion he sought and received shortly after the typhus fever epidemic. In June 1892, Edson was named the sanitary superintendent of the Health Department, a job similar in importance to that of managing editor of a newspaper or managing partner of a law firm. Unfortunately, Edson was promoted at the expense of the man who had already held that job with distinction for three years, Dr. W. A. Ewing. The obvious political maneuvering by health board president Charles G. Wilson (a Tammany appointee and friend of Cyrus's father, Franklin), Boss Richard Croker, and Mayor Hugh Grant in promoting Edson at another's expense was met with great hostility by the New York medical community. Three ex officio health board members, the well-respected New York physicians Abraham Jacobi, T. Mitchell Prudden, and E. G. Janeway, resigned from their honorary advisory posts with a mixture of outrage and disgust at Edson's appointment.[5]

The bulk of Cyrus Edson's professional responsibilities as chief inspector of contagious diseases was directed at the immigrant and impoverished populations of New York City. Edson made frequent rounds through the slums and immigrant quarters of New York City in order to ferret out disease. His office was situated on Mott Street, around the corner from the Police Department and "between the tabernacles of Jewry and the Shrines of the Bend."[6] The well-bred, patrician Dr. Edson was a striking contrast to the foreign-born, urban poor.

Just how disparate Edson's background, upbringing, and cultural values were from a major percentage of his patient population may be best documented by reviewing his published writings and interviews on the subjects of immigrants and immigrant health conditions. For example, in 1891 he referred to the inhabitants of countries where leprosy was still prevalent as

"the shiftless, lazy and ignorant who live upon unwholesome food and who habitually violate moral and sanitary laws."[7]

The following year, while commenting on the typhus fever epidemic for the prominent monthly *North American Review*, Edson espoused a commitment to immigration restriction on the basis of safeguarding American public health: " 'Near is my coat, but nearer is my skin' runs the Spanish proverb, and while it may be our duty to welcome the oppressed, it is certainly true that our first duty is to our own people and our own homes . . . for with disease as an immigrant, it is true that forewarned is forearmed in this day and generation."[8] In the same article, Edson provides evidence that he used class lines to draw the boundaries of the typhus quarantine: "Respectable New Yorkers" exposed to typhus fever were allowed to remain at home, provided they underwent frequent medical examinations. The *Massilia* Jews and the urban poor who lived in cheap lodging houses, "taking their rooms by the night, here to-day, and there tomorrow," on the other hand, demanded an immediate quarantine.[9]

Most offensive to the East European Jewish, Italian, and other immigrant communities of New York City, however, were Edson's disparaging comments about their collective character in the New York press. For example, in a lengthy article Edson penned for the *New York Herald* in mid-March on the 1892 typhus epidemic, he described the "Russian Hebrews" as "phlegmatic, dull and stupid," a group so docile, oppressed, and "ground down" for generations that even the delirium of typhus fever failed to elicit an active response from them.[10] One offended Russian Jewish immigrant sarcastically rebuked Edson's comments on the pages of the *Yiddische Tageblatt:* "I did not know that a doctor of medicine can have such a deep outlook and an expansive soul. Every word of Edson's report is a slap in the face of our civilization and if Europe would be a cheek of that face, she would become wholly red from shame."[11]

Months later, as Edson heartily accepted the front-page congratulations of the *New York Times* for averting the typhus epidemic, the sanitary inspector delivered an even harsher indictment of the city's Italian and Jewish residents:

> Anybody who has ever tried to find out even the simplest things from the Italian or Jewish residents of the tenement districts can appreciate the difficulty of this work before the health department. They are sullen and suspicious and refuse all information asked by Americans on general principles. But when it comes to a question of disease, they will hide in closets, burrow in cellars, run away, do anything to avoid the visit of a physician and lie with the most magnificent elaboration as to all matters touching their own sickness or those of their neighbors. They throw every possible obstacle in the way of the Board of Health in its regular rounds of the inspection of the tenements where they live, and in the typhus emergency they followed out all their traditions.[12]

Like many of his contemporaries charged with providing medical care for New York's immigrants, Edson clearly displayed what historian Charles Rosenberg has called "a mixture of contempt and sympathy for the working poor."[13] But there was far more to Edson's contempt for the urban poor than the mere rude treatment of an immigrant patient at a free dispensary or the occasional racial slur in the press. As sanitary inspector, Edson could not only form and shape public health policy; he could enforce it without the interference of others.

New York City's Health Department had evolved into an extremely powerful and independent municipal department following its major restructuring with the 1866 Metropolitan Health Bill.[14] By 1892, it was a body with both executive and legislative powers. In other words, the Health Department had the power to enforce the sanitary code it created and, through a system of sanitary inspections, to impose fines for violations or health nuisances. The Health Department could also order the imprisonment of recalcitrant offenders and was backed up by its own police corps, the sanitary police, who had all the authority of the regular police squad but were assigned to the Health Department.

With the broad responsibilities of a mission that defined a public health nuisance as "anything that interferes with the proper enjoyment of man's health," the department inspected plumbing, faulty building construction, ventilation, living conditions, food, water supplies, restaurants, meathandlers, and other potential hazards. Edson's Division of Contagious Diseases was responsible for all issues pertaining to the propagation of epidemic diseases. In such a capacity, the chief inspector conducted investigations on reports of contagious diseases in the city made by physicians or keepers of boarding houses and lodging houses. In addition, the division supervised the city's vaccination and ambulance corps.[15]

Cyrus Edson summarized his absolute power as chief sanitary inspector of New York City when he confidently declared to the U.S. Congress Joint Committee on Immigration that "if we see fit, we may take possession of the City Hall forcibly and turn it into a contagious disease hospital if in our opinion it is necessary to do so."[16] This authority, especially in the power of forcible removal and quarantine, combined with a less than tolerant attitude toward the immigrant community, proved to be a double-sided means of public health enforcement during the typhus epidemic. One side was success in terms of the isolation and confinement of typhus cases; the other was the huge personal trauma and travail of the *Massilia* passengers.

The Dragnet

Cyrus Edson began his day on February 11, 1892, as he began most workday mornings. After a hot breakfast prepared by his wife Mary at their townhouse at 54 West Ninth Street, a phaeton drawn by two horses took him to his office downtown at 301 Mott Street. Edson's first course of official business, on behalf of the New York City Health Department, was to review the incoming correspondence pertaining to possible epidemic diseases brewing in the city. As required by municipal law, practicing physicians reported all persons to the chief inspector's office suspected of being ill with cholera, yellow fever, smallpox, diphtheria, typhus, typhoid fever, spotted fever, relapsing fever, scarlet fever, measles, and "any new disease of an infectious, contagious, or pestilential nature, and also any other disease publicly declared by this Board dangerous to the public health."[17]

In early 1892, there were three principal means of contacting Chief Inspector Edson: telephone, telegraph, or postal card. Telegrams from practicing physicians were typically reserved for the most urgent situations whereas private telephones were still limited to the most wealthy practitioners. Postcards were most often used, and on the morning of February 11, Edson found four of them on his desk from a Dr. Leo Dann of the United Hebrew Charities reporting several cases of typhoid fever in the same house, 42 East Twelfth Street.

An outbreak of typhoid fever limited to one house was an "exceedingly unusual fact," Edson later remarked to the New York press corps. Attributing the possible spread to the "filthy living conditions" common along the Lower East Side, Edson called his best sanitary inspectors into his office and made the necessary assignments to investigate what had the potential to become a severe typhoid fever epidemic.

The team of physicians, inspectors, and sanitary policemen rushed to the scene in the black Health Department ambulances. Waiting on the steps of the tenement boarding house on East Twelfth Street was Dr. Leo Dann. The United Hebrew Charities physician explained to the Health Department officials that the tenement house catered to newly arrived or transient Russian Jews and received a fee of forty-five cents per boarder per day for food and lodging from the United Hebrew Charities. Although the accommodations were far from plush, they were inspected daily by United Hebrew Charities agents for cleanliness.[18]

Dann was a Jewish physician practicing on the Lower East Side who, like many of his contemporaries, supplemented his income with contract work for Jewish benevolent or cooperative organizations such as the United Hebrew Charities. The general practitioner explained to Edson that he was

called to the boarding house in question on Monday, February 8.[19] That night, Dann became particularly concerned about Henoch Griner, a twenty-year-old locksmith who complained of severe stomach pain and a fever of 105°F. Although Dann was unsure of the exact diagnosis, he worried that Griner's condition was "far more serious than the mere grippe." This concern was substantiated by Dr. Dann's documentation of similar symptoms among Henoch's five brothers, Binzivn (age 24), Rubin (age 22), Leon (age 18), Solomon (age 12), and Moses (age 6), as well as three other residents in the boarding house, Abram (age 20), David (age 18), and Samuel Dikar (age 11). When Dann returned to the boarding house on Wednesday the tenth, he was struck by the worsening condition of the nine original patients; they now exhibited a "curious red rash" all over their bodies. Dann noted similar symptoms of fevers, aches, and malaise among eleven other boarders, all of whom had close contact with the Griner and the Dikar families. It was at this point that Dr. Leo Dann notified the Health Department.[20]

Dr. Edson and his associates, Drs. Charles Roberts and Fred Dillingham, entered the boarding house over the fearful protests of its owner, Abram Jaffé. The three physicians began their inspection by checking for faulty plumbing and sources of food or water contamination that might explain an outbreak of typhoid fever. They found none. The house was judged to be fairly clean and in "surprisingly good order" for an "immigrant boarding house." When the physicians began examining the residents of the boarding house, a very different picture emerged. In one room alone, Edson reported finding fifteen immigrants prostrate with high fevers, delirium, excruciating headaches, pains, and the tell-tale mulberry rash of typhus, rather than typhoid, fever.[21] This was not a lightly made diagnosis; typhus fever was regarded in 1892 as "one of the most highly contagious of febrile affections."[22]

The celebrated German bacteriologist Robert Koch, when discussing the control of cholera almost a decade earlier, warned that sound public health regulations required "the most firmly grounded scientific foundation." This foundation, rooted in Koch's four postulates of germ theory, was difficult to apply to typhus fever because of the lack of clear evidence of a specific etiologic agent.[23] Plainly put, typhus fever was difficult to diagnose and even more difficult to trace from victim to victim since no one had a clear understanding of the disease's transmission.

For example, it is not surprising that Dr. Leo Dann had trouble distinguishing typhus from typhoid fever in the early cases he examined. As Dr. William Osler, physician-in-chief of the Johns Hopkins Hospital noted, "It is easy to put down on paper elaborate differential distinctions [between typhus and typhoid] which are practically useless at the bedside, particularly when the disease is not prevailing as an epidemic."[24]

An early case of typhus, even with the appearance of a rash, was easily confused with those rashes seen with typhoid fever, measles, and other infections that cause purpuric, petechial, or ecchymotic (bruise-like) lesions. It was not until a number of similar cases began to appear that the clinical picture became clearer and confidently diagnosed by late-nineteenth-century physicians. This, of course, was typically done after those most infectious had contact with other susceptible persons and the potential for an epidemic had already developed. More commonly than not, physicians with less than adequate training in the diagnosis of infectious diseases, or a hesitancy to diagnose such a malady, responded to typhus fever epidemics a step or two behind the marching organism.

Typhus fever's uncertain etiology also hindered the elaboration of public health safeguards against the 1892 typhus epidemic. The impulse for aggressive quarantine is, of course, greatest for those contagious diseases whose terms of transmission remain poorly understood. Any and all precautions against its spread seem reasonable during such crises. In 1890, for example, the journalist and champion of the urban poor, Jacob Riis, offered a theory of the transmission of typhus in a chapter of *How the Other Half Lives* entitled "Jewtown." Typhus fever epidemics in New York City, in Riis's estimation, almost always seemed to proliferate among the Jews of the Lower East Side through the common vector of clothing made in the Jewish sweatshops:

> It has happened more than once . . . that a typhus fever patient has been discovered in a room whence perhaps a hundred coats had been sent home that week, each one with the wearer's death warrant, unseen and unsuspected, basted in the lining.[25]

Chief Sanitary Inspector Cyrus Edson, on the other hand, elaborated a far more complicated theory of the etiology of typhus during the spring of 1892 that in a few paragraphs summarizes the history of ideas concerning contagion. Edson's explanation of the cause of typhus included elements of miasma, zymotic, ventilation, spontaneous generation, and germ theories:

> The typhus cases could have risen under the conditions such as existed on that ship; where the hatches have been battened down and the people were overcrowded and the conditions have been filthy, and they have breathed impure air for a certain length of time and had food which was not of a proper character to nourish them; these conditions would tend to breed typhus *de novo*.[26]

In almost the same breath, Edson further declared that typhus probably requires "the presence of a distinct poisonous germ" but in the case of a large number of "filthy persons," poisons emanate "and change chemically until they become exceedingly poisonous to other human beings."[27] Edson concluded that he "did not bother his brain" on whether typhus had developed de novo during the immigrants' ocean voyage or by other means. Instead, his focus—and that of the New York City Health Department—was on the fact that "all the cases have occurred among the Jewish people."[28]

It was not until 1909 that Charles Nicolle of the Institut Pasteur in Tunis demonstrated that the human body louse was the vector of typhus fever. The following year, American microbiologist Howard Taylor Ricketts described a new form of bacteria in the blood of typhus patients as well as the feces of infected body lice. Although Ricketts died (ironically of typhus fever) before he could confirm these findings, Henrique da Rocha Lima of Brazil demonstrated the same organism in 1916. Da Rocha Lima named it *Rickettsia prowazekii*, commemorating both the work of Howard Ricketts and Bohemian protozoologist Stanislaus Prowazek, who also succumbed to typhus in the line of scientific duty.[29]

A word or two of medical explanation is warranted. Physicians and epidemiologists refer to a disease transmitted between animals and humans as a zoonosis. The intermediary in the pathological relationship between humans and the germ that causes typhus fever, *Rickettsia prowazekii*, is the human body louse. People who live in impoverished, overcrowded conditions with no change of clothing and little access to soap, water, and other means of personal hygiene are at risk of becoming infected with the body louse, *Pediculus humanis corporis*. This parasite causes an especially contagious skin infestation and spends its entire life cycle in the clothing of the human victim. Four to six times a day, the body louse bites the human host in order to consume its only food, human blood. The louse also spends a good deal of its time reproducing and laying its eggs in the seams of the host's garments; underwear is a particularly favored spot. When the lice are infected with the typhus fever germ, what under normal circumstances is an annoying skin rash becomes the multiplier of a deadly epidemic. As the body louse ingests the human host's blood, it deposits fecal material loaded with rickettsia. The human host typically scratches the itchy feeding site of the louse and the rickettsial-laden feces find their way into the human bloodstream. The results are the clinical manifestations and high fever of typhus. Body lice leave human bodies that are feverish or dead in search of new hosts to infest, which increases the spread of typhus fever.

In 1892, of course, none of this epidemiologic evidence had yet been uncovered, despite Riis's fascinating "sweatshop transmission" theory. The threat of a disease that appeared out of nowhere and could spread rapidly justified, to many New Yorkers, the massive quarantine efforts and other strong-arm tactics directed at the Russian Jewish immigrants that winter.

Consequently, Cyrus Edson was required to act, and act quickly, if he had any chance of containing a potentially devastating epidemic to as small an

area and to as few New Yorkers as possible. Not knowing the exact source of typhus or even how it might have spread within the city certainly placed Edson and his staff at a distinct disadvantage. This epidemic, Edson admitted to a reporter for the *New York Sun,* was "the worst outbreak of a contagious disease that we have had in New York for many years. I would rather handle four times as many cases of small-pox. Typhus is malignant and very contagious." The tenor of urgency was increased when a representative of Henry Rice, the president of the United Hebrew Charities of New York, informed Edson that the boarders of the Twelfth Street tenement house and several other lodging houses on the Lower East Side were all Russian Jewish passengers from one ship: the SS *Massilia.*[30]

The epidemiological convenience of the situation is difficult to deny: one dreaded disease, one social scapegoat, one neighborhood, even one ship that brought the "vectors of disease" from the Old World to the New. And while there were no official proclamations of anti-Semitism emanating from the Health Department offices, their strategies and actions differed decidedly when dealing with someone within this particular circle of disease causation.

Edson ordered an immediate dragnet of the boarding homes listed by the United Hebrew Charities in order to find "every single Russian Jewish passenger of the *Massilia.*" His staff of eighteen physicians then set out to inspect every resident of every boarding house, accompanied by armed, uniformed sanitary policemen and ambulances waiting at the curbside to escort the afflicted away. A contemporary account of the scene, as recorded in Joseph Pulitzer's *New York World,* captures the intensity of social upheaval and the fear of disease:

> [The health inspectors, accompanied by a Yiddish-speaking agent of the United Hebrew Charities,] climbed the rickety steps of the houses, penetrated the stifling rooms, questioned in their own rasping patois men toiling over sewing machines, women stitching to keep body and soul together and black-eyed children even; critically examined everybody and with the most peculiar care those whom they found abed; carried away women while their husbands tore their hair and their children wept in frightened ignorance. It was a dreadful task, for all of the patients were ignorant and already cowed by oppression. They were being hurried to execution for all they knew.[31]

The roundup of the Russian Jews extended beyond the United Hebrew Charities boarding houses to other areas the *Massilia* Jews were reported to have frequented. These included the nearby "pig market" on Hester near Ludlow where, ironically, "everything but pig could be bought off pushcarts . . . and where greenhorns would bunch up in the morning to wait for employers looking for cheap labor."[32] The inspectors proceeded to synagogues,

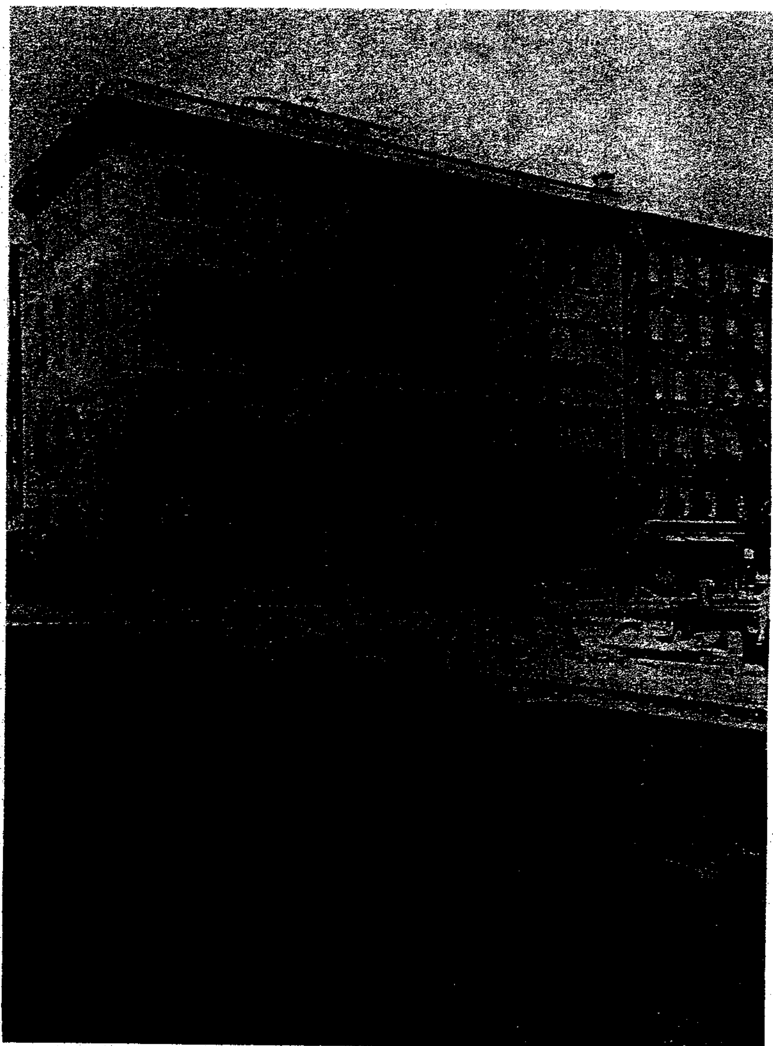


Figure 2.2. The Good Samaritan Dispensary on Essex and Broome Streets, undated. Courtesy United States History, Local History, and Genealogy Division, the New York Public Library, Astor, Lenox, and Tilden Foundations.

Figure 2.3. Patients from the quarantined SS *Massilia* being turned over to the receiving hospital. *Frank Leslie's Illustrated Weekly* 74 (1892).

restaurants, and even public steam bathhouses, or *shvitzes*.[33] At the Good Samaritan Dispensary on Broome and Essex Streets, two Russian Jewish children were diagnosed with typhus fever by the pediatrician and soon-to-be describer of the pathognomonic sign for measles, Henry Koplik.[34] Although the two children were immediately removed to the city's quarantine hospital on North Brother Island, the front page of the *New York Sun* worried about the Good Samaritan Dispensary as a potential source of typhus fever since it was not known how many people the children had come in contact with.[35]

The *Arbeiter Zeitung* recorded the events during the typhus dragnet as an incarnation of the immigrant's worst nightmare:

> The sick alone were crazed with fever and made terrible noises and crazed movements. Their relatives and parents, also green Jews, alas who didn't understand what was going on here, made alarming screams and outcries as if their children and relatives were being taken to the slaughterhouse.[36]

The typhus fever victims in the Twelfth Street boarding house were immediately removed to the contagious disease lazaretto. Just as important to the quarantine process, however, was the isolation and subsequent removal of the many more healthy *Massilia* passengers and their contacts who might yet come down with typhus fever. These Russian Jewish immigrants, too, were forcibly removed from their various boarding houses and consolidated

under "rigid quarantine" at 42 East Twelfth Street and 5 Essex Street, which were the largest of the eight "typhus houses" under the guard of the New York City sanitary police.

The Italian passengers of the *Massilia* were more difficult to track down since most had dispersed widely, beyond the metropolitan New York City area. A few Italian passengers were quarantined in the coming weeks for possible typhus fever in locales such as Trenton, New Jersey; Baltimore, Maryland; Kinderhook and Newburgh, New York, but there were not many actual cases of disease among them. For example, two Italian immigrants who traveled on the *Massilia* were rounded up by health officials in Trenton, New Jersey, and delivered in a cattle car to Edson's office in New York on the evening of February 16. Edson was outraged by the "criminal behavior" of the Trenton authorities, but placed the two Italian men under temporary quarantine in the ambulance stables for the night. They were found to be healthy and were released the following day. Representatives of the Febre line insisted the next day that the Italian passengers were not as great a health risk since "they had little contact with the Jewish passengers aboard the *Massilia*."[37]

The *Massilia* Jews, however, were forced to wait, for the eventual fact, as Dr. Cyrus Edson explained to the press, that all of those quarantined would

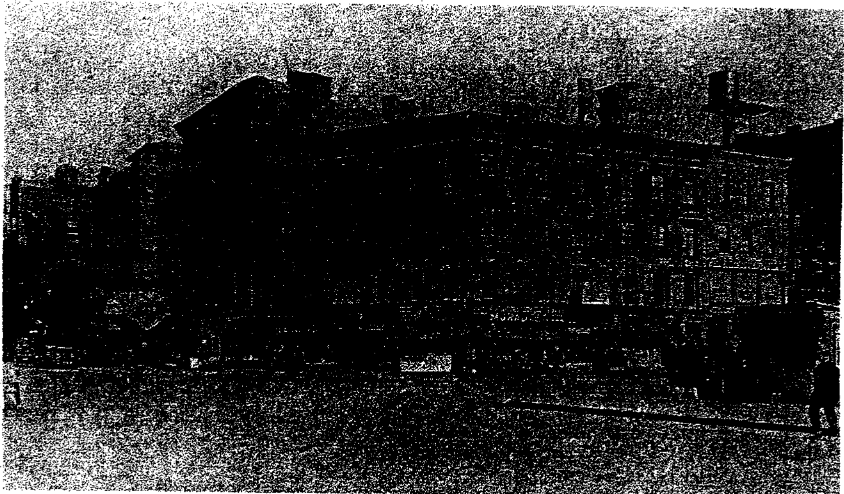


Figure 2.4. 5 Essex Street, late 1920s (*rowhouse at far right*). Courtesy United States History, Local History, and Genealogy Division, the New York Public Library, Astor, Lenox, and Tilden Foundations.

inevitably become infected with typhus fever. As Edson telegraphed Surgeon General Walter Wyman on February 17, "All exposed Hebrews [have been] rigidly quarantined."[38] Indeed, so many of the Russian Jews quarantined at the Essex and Twelfth Streets lodging houses developed typhus over the next weeks, that by February 23 Edson ordered still another consolidation of the *Massilia* passengers to the Essex Street house in order to contain the epidemic among that group.[39]

Using a similar public health strategy, Edson ordered the mass inspection of all "cheap lodging houses" on the Lower East Side and the Bowery that were frequented by impoverished Russian Jewish immigrants. These transients paid between seven and ten cents a night to sleep in a filthy barracks with hammocks stretched across two tiers of wood. The sanitary police hunted through over 125 lodging houses in their dragnet. The lodgers were roused out of their sleep in the early morning hours and forced to undergo smallpox vaccinations and a cursory medical examination for evidence of typhus.[40] Suspicious lodgers were immediately removed to North Brother Island.

Despite the intensive efforts to contain the epidemic, new cases continued to appear not only among those quarantined at 5 Essex Street but also among some Russian Jewish boarders of the Phoenix Lodging House on the Bowery. There were also reports of inmates of the "quarantine house," especially children, breaking quarantine regulations by climbing out of the home's windows to walk about or to play in the streets. One child, a twelve-year-old Russian Jewish girl named Eva Chittel whose father owned one of the boarding houses that held the *Massilia* Jews, may have contributed unknowingly to the typhus fever epidemic in this manner.[41]

Not surprisingly, there were vigorous requests from neighbors of the Essex Street "typhus house" to remove the quarantined immigrants to another location. Even their healthy East European Jewish brethren wanted nothing to do with the "diseased" *Massilia* Jews. As February drew to a close, Edson realized his strategy was not doing enough to stem the tide of the typhus epidemic. The knot of public health control was tightened once again when Edson declared on February 28 that every "Russian Hebrew" passenger of the *Massilia* and all of their contacts should be considered to have typhus fever. Shortly after this declaration, Edson ordered all of the healthy contacts to be forcibly evacuated to the lazaretto, Riverside Hospital, on North Brother Island.[42]

The recently arrived émigrés had been stigmatized on many levels over the preceding year. They were initially separated in the Pale of Settlement by their religious beliefs, the Czarist anti-Semitic edicts, persecution, and famine. Following their expulsion from Russia and the nomadic trek across the

Atlantic, the layers of separation only increased for these travelers upon their arrival in the land of "Kolumbus."[43] Socially isolated in the Jewish ghetto and now targeted as importers of a deadly epidemic, they were dragged out of their homes in the middle of the winter by the sanitary police and subsequently isolated on an island far away from their only link to the New World—their Yiddish-speaking co-religionists. Their fate was that of quarantine, physically, spiritually, and emotionally. And as the preceding scenario suggests, the level of distress among the quarantined Jews as they were, quite literally, sent up the river was intense.

The Lazaretto

Five miles up the East River, approximately 1,500 feet east of 140th Street in the South Bronx and, on a bad day, downwind from the city's garbage dump at Riker's Island, was the city lazaretto, Riverside Hospital on North Brother Island. Even a century later, when one stands on the rocky shoals of the island, peering into the distance, the city seems remote and inaccessible. The sense of loneliness on North Brother Island is almost palpable.

The site had been used as a small hospital for the poor afflicted with contagious diseases since the 1850s when it was operated by the Sisters of Charity Hall. The 16.5-acre island was incorporated into the city of New York in 1880 as a solution to the overcrowded city hospital on Blackwell Island and as a means of "isolating and treating those with contagious diseases."[44]

Administered by the board of health, the Riverside and Willard Parker Hospitals (adjoining Reception Hospital at East Sixteenth Street) comprised the contagious disease in-patient service of the New York City Health Department. Its board of directors consisted of prominent New York City physicians appointed by the commissioner of the board of health, Dr. Joseph D. Bryant. These physicians met monthly to discuss administrative and medical issues in addition to individually serving as attending physicians and instructors, on a rotating basis, for the interns and residents assigned to the hospitals.[45]

In its long career as an agent of quarantine, North Brother Island deserves mention as the enforced residence of New York City cook Mary Mallon, best known to medical historians as "Typhoid Mary." Typhoid Mary was responsible for infecting numerous people over the years with *Salmonella typhosa*, the causative organism of typhoid fever. She also helped physicians begin to understand the concept of carrier status, whereby seemingly healthy people can spread typhoid fever because they harbor the disease-producing bacilli in their bodies without apparent harm to themselves.

Tracked down by the New York City Health Department in 1907 and

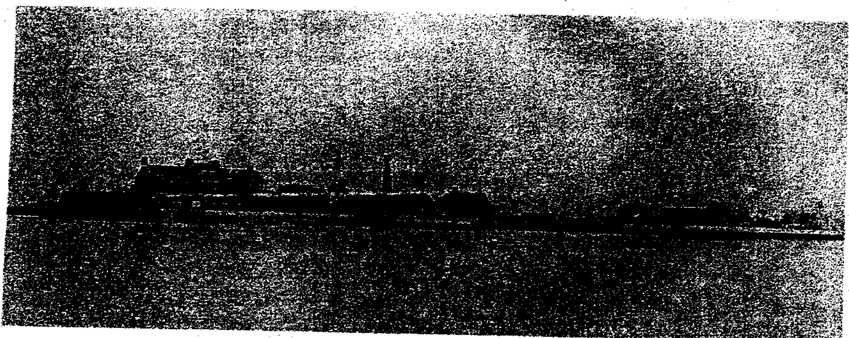


Figure 2.5. Riverside Hospital, North Brother island, New York City, undated, probably after 1920. Collection of the New-York Historical Society.

forcibly removed from her home, Mary Mallon was discovered to be "crawling with typhoid bugs." She was given an ultimatum by the Health Department physicians: Submit to an operation to remove her gall bladder (the site where carriers harbor the germ of typhoid fever) or be imprisoned at the lazaretto. She refused the then risky and not always successful surgical procedure and was removed to Riverside Hospital for three years. Mallon was released in 1910 after a lengthy court battle. Typhoid Mary, of course, continued to ply her trade and spread typhoid fever. The cook and infamous vector of disease was again hunted down by the Health Department. She was returned to North Brother Island in 1915 and there she remained, in her own small frame house on the island, until her death in 1938.[46]

In 1892 Riverside Hospital on North Brother Island was just as undesirable a place to be sent as it would be for "Typhoid Mary" in the early twentieth century.[47] The facilities lacked space, financial resources, adequate medical equipment, and nursing personnel. As late as 1894 there were no telephone or telegraph lines connecting the remote island to the city, which could only be reached via ferry.[48]

The hospital's on-site medical staff consisted of two rotating resident physicians assigned to the lazaretto for four-and-a-half-month periods. Attending physicians with experience in practice and diagnosis rarely made visits to the island during their assigned month of duty. Training physicians assigned to Riverside frequently complained about the lack of instruction or therapeutic direction from the senior attending physicians, the paucity of ward rounds, an "epidemic of incomplete patient records," and the inhumane overcrowding of patients. Indeed, the risk of furthering the spread of a contagious disease at the lazaretto due to insufficient means of isolat-

ing the ill from the healthy was a common concern of many New York City physicians during the 1890s.[49]

Sanitary technique, at least that required to prevent the spread of contagious disease among the quarantined inmates, was rarely practiced at Riverside. For example, as late as 1902, instruments such as tongue depressors were in such short supply that they were not routinely cleaned or sterilized between use on individual patients. The lazaretto's facilities for personal hygiene were hardly better: Outhouse privies were rarely cleaned and the inmates had limited access to soap and running water unless they waded in the East River.

The chronic overcrowding of patients made contagious disease control on the island extremely difficult. Even during the periods when the hospital was not beset by an emergent epidemic, Riverside interns complained that the beds in the wooden, almost shack-like, pavilions were so close together that it was "difficult for the physicians to pass between them in the examination of patients."[50] Bed space was at such a premium during the 1892 epidemic that many patients were put up in tents. These flimsy forms of shelter against the New York winter were heated with wood-burning radiators precariously placed on wooden platforms that served as the tent's floor. Six of the tents erupted in flames on February 13 but, fortunately, no one was hurt.[51]

The loneliness experienced by resident physicians assigned to the remote lazaretto was an ongoing complaint and probably affected how they interacted with patients. Although the one-year appointment was considered a valuable stepping-stone in a young physician's successful career path in urban medicine during the 1890s, the glow of pleasure over the appointment soon wore off when strictly confined to Riverside Hospital for four and a half months followed by a similar stint at Willard Parker Hospital. Even the exciting city ambulance service that rounded out the internship year prevented any type of personal or social life for these predominantly young men.[52]

Also stationed full-time at the lazaretto were a matron of nurses, ten nurses, twelve ward helpers, one general helper, ten clerical orderlies, five kitchen staff workers, five maids or laundresses, and twelve nautical workers. Occasionally, by chance or design, one of the attendants spoke Yiddish, Italian, or another foreign language by virtue of his or her own immigrant roots.[53]

In short, a trip to the lazaretto was justly perceived as one to be avoided at all costs. The *Massilia* Jews and their contacts, of course, had no such option. The roundup had only one objective: the rigid isolation of the unfortunate immigrants. The scenes of removal were heartbreaking and filled with the anxious screams of fear, protectiveness, and fever-induced mania. If children were discovered to be ill with typhus, a healthy adult—almost

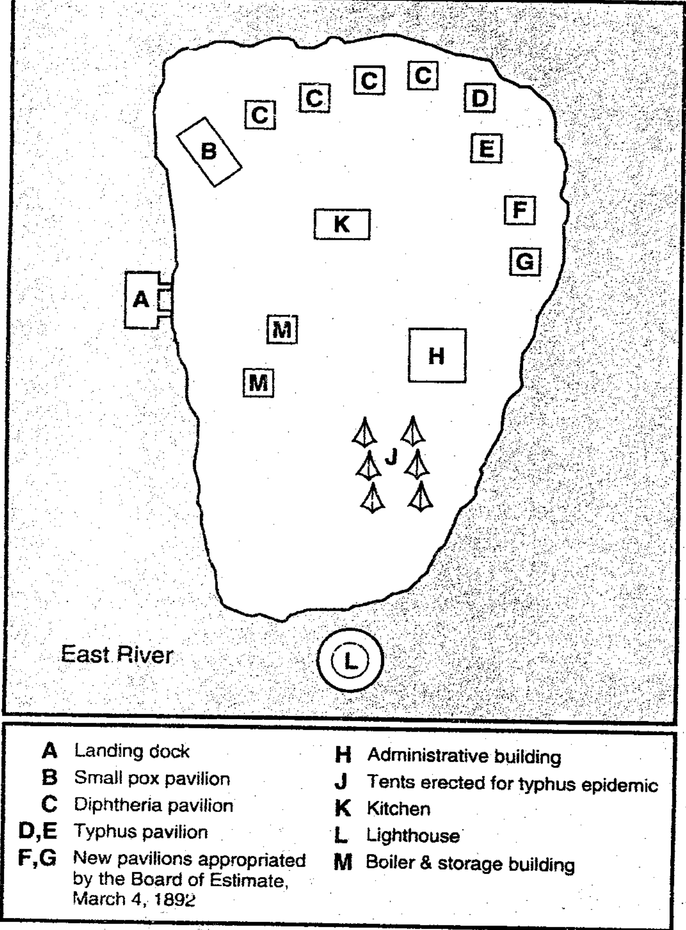


Figure 2.6. Diagram of Riverside Hospital, 1892. Adapted from the *New York Herald*, February 15, 1892.

exclusively the mother—was allowed to accompany them. These frightened immigrant mothers held on to their sick babies with fierce maternal governance and unknowingly placed themselves at high risk for developing typhus. Those less cooperative were exposed to more forceful methods. The sickest of the typhus victims were carried out of the United Hebrew Charities boarding homes immobilized in special canvas bags with a drawstring at

the neck. Both the ill and those who had close contact with them were then driven at rapid speed, by the horse-driven, black-wagoned Health Department ambulances through the snow- and manure-covered streets of Lower Manhattan up to Willard Parker Hospital on East Sixteenth Street. At the time of the typhus epidemic, the weather in New York City became suddenly bitter cold, with temperatures in the teens and daily rain or snow storms, making the trip even more difficult.[54] From Willard Parker Hospital, the ill boarded the New York City Health Department tugboat, ironically named for Cyrus Edson's father Franklin. The tugboat then transported its "pestilential cargo" up the ice-cold East River to the quarantine island.

Between February 12 and April 1, 1892, about 1,200 people, mostly Russian Jews, were quarantined on North Brother Island. The overwhelming majority, about 1,150, were healthy people who had the bad luck to live near the original *Massilia* passengers who developed typhus. Edson's "wholesale removal of Russian Hebrew Refugees to North Brother Island" was announced to be in effect for a period of twenty-one days or "after the last case had developed among them," whichever came first.[55]

Such a huge demand of quarantine and medical care quickly exhausted the resources of the lazaretto and its staff. By February 16, only one week into the epidemic, the board of health had spent all of the financial resources it was allotted for epidemic control and applied for a special appropriation from the New York City boards of aldermen and estimate and apportionment. Board of health secretary Emmons Clark reported to the aldermen that "the number of the afflicted has been such as to fill up completely the present accommodations on the island."[56] The New York City municipal government begrudgingly agreed to appropriate $12,000 to erect new pavilions and to pay the salaries of two more doctors, fifteen nurses, fifteen helpers, six laundresses, and four orderlies. Ten extra physicians to complete the "house to house inspection of the Italian and Hebrew quarters" of New York City for contacts of the *Massilia* Jews were also budgeted.[57] Unfortunately, the improvements to be afforded by the appropriation were not completed in time to affect the care of the majority of those quarantined. The money was not made available to the Health Department until March 6, 1892; by that time, the epidemic appeared to be already on the wane.

CHAPTER 3

The Results of the Quarantine

The typhus epidemic was essentially conquered by the Health Department by April 1892. No new cases were being discovered on the Lower East Side by the Health Department's surveillance team. The quarantined East European Jews who recovered from typhus or did not develop it after three weeks of observation were released from North Brother Island throughout late March and early April.[1] By spring, life on the Lower East Side and uptown returned to its daily routines, inequities, and pleasures.

At the close of the 1892 typhus fever epidemic, scores of native-born Americans and institutions applauded the efforts of the New York City Health Department. The *New York Times,* for example, commended Cyrus Edson and the Health Department for "averting a pestilence" with "fearless promptitude of action, an efficient system of search and discovery in suspected places combined with the unsparing use of money to carry out the most approved modern ideas." According to the *New York Tribune,* it was "the isolation of all Jewish suspects and their stringent quarantine that was responsible for the success."[2] Similar laudatory remarks appeared in the native-born American press, the German Jewish press, and the municipal accounts of the events. With historical perspective, however, the management of the epidemic seems somewhat less exemplary.

In the strict terms of disease containment—the number of cases and fatalities—the public health efforts to keep typhus restricted to the Lower East Side were successful. Actual cases of typhus were kept to a minimum and, for the most part, the disease did not spread outside the Lower East Side. Success, however, is a relative term. How successful the efforts were depends largely upon one's perspective. For the native New Yorker living outside the immigrant districts, the board of health performed a magnificent job of disease control. If, on the other hand, one was unfortunate enough to have been a passenger on the *Massilia,* there was a huge price to pay in the form of violated civil liberties, cultural insensitivities, inadequate financial or physical resources devoted to their medical care, and the macabre fate of quarantine and possible death.[3]

Different People, Different Quarantine

The success of the 1892 quarantine cannot be judged only in terms of the numbers of new cases over time. No matter how well contained an epidemic, those quarantined always undergo some type of stigmatization. Understandably, even the most carefully thought out and administered policy of disease separation can be extremely dangerous if an individual or group happens to fit the criteria for isolation and is quarantined under less than perfect conditions.[4] Quarantine is simultaneously a protective social or public health policy and, for the victims, a plan of medical treatment. On the broadest level, a quarantine's primary aim is to prevent germs from infecting the healthy community; unfortunately, these germs happen to reside in human beings. This equation of human pathology and society encapsulates the classic public health paradigm of protecting both the needs of the individual and those of the public at large. A critical question to ask, then, in assessing the success or failure of the quarantine is: What were the experiences of those isolated on North Brother Island that winter of 1892?

One example of the intensely personal wreckage of Dr. Edson's quarantine was the Mermer family. Fayer (age 40) and her husband Isaac (age 48) had been living with their five children in America for less than two weeks when disaster struck with a force strong enough to make their earlier hardships on the *Massilia* seem like minor annoyances. On February 12, Fayer Mermer was dragged out of her temporary lodgings at 5 Essex Street, in the heart of the Lower East Side, kicking and screaming, partially out of fear at the actions of the armed sanitary police and partially out of a typhus-induced delirium, in full view of her husband, children, and neighbors. Matriarch Fayer Mermer's worst fears, whether generated by the infection or previous episodes of persecution, would come true; the immigrant woman died only six days later, on North Brother Island, never to see her family again and becoming the first to die in the epidemic.[5]

Another poignant case was that of Rebecca Leboff, a thirty-five-year-old woman who was eight months pregnant when she was noted to be suffering with typhus fever in a February 14 raid on the Essex Street boarding house affectionately referred to in the press as the "Hotel de Russia." Leboff gave birth to her infant on North Brother Island while in the throes of a typhus-induced delirium. Her pitiful situation and difficult delivery even evoked a bit of sympathy in the rabidly immigration-restrictionist *New York Press:* "The poor little thing only opened its eyes to close them again and that probably forever. The mother knew nothing of her babe. It is probable that she, too, will die." The *Press* actually carried its sympathy a step too far since both mother and infant survived their ordeal of illness and delivery.[6]

On the morning of February 11, Celia (age 22) and her eighteen-month-old daughter Etta Hotch were removed from the Hotel de Russia during a Health Department roundup of typhus victims. The child, reported the *New York Sun,* was staring "wonderingly at the driver as he carried her out of the house and placed her in the ambulance and seemed delighted when she found that she was going to have a ride." At the same time, Etta's mother sat "huddled in a corner of the wagon holding her head and moaning in Hebrew and German that it was 'bursting, bursting.'" Both mother and daughter would die of typhus fever in a matter of weeks.[7]

Late on the evening of February 14, the sanitary police were called to a second-floor tenement apartment at 32 Hester Street. At the scene was a bewildered and frightened peddler named Hayim Solomon. In the back room of the apartment were two small children, Gerschan (age 3) and Milia (age 7) Galinsky, in different stages of typhus fever-induced madness. The Galinsky family had recently arrived in New York on a ship other than the *Massilia* and were, unluckily, assigned by a United Hebrew Charities agent to board at the "typhus house" at 5 Essex Street. Responding to the stories and rumors surrounding the typhus houses on the Lower East Side, Mr. and Mrs. Galinsky arranged to secret the children, most likely for an exorbitant fee, at the Solomon flat while they looked for housing outside the metropolitan New York area. The little ones were stricken with typhus fever only a few days later. The sanitary police rushed the children by ambulance to the Gouverneur Hospital at Gouverneur Slip along the East River, but the admitting surgeon there refused to accept them.[8] The board of health was notified and Assistant Sanitary Inspector Alonzo Blauvelt, M.D., arranged for their immediate transfer to Willard Parker Hospital on East Sixteenth Street. The two children survived, but they were never reunited with their fleeing parents. Their voyage took them from immigrant ship to quarantine island to orphanage.[9]

While it is important to note that the Health Department was acting responsibly and with authority in its focused case-tracing among the Jewish and Italian neighborhoods, it is equally important to note that it applied different regimens of prevention to different groups of people. Often these class-based distinctions were in violation of contemporary principles and understanding of contagious diseases and epidemics. For example, a nine-year-old girl named Belle Devlin and her three-year-old sister Ellen somehow contracted what several qualified physicians diagnosed as typhus fever on March 7. They lived on West 136th Street in Harlem with two other sisters and their parents, Edward, a blacksmith, and Sarah, a homemaker. The family, of Irish Catholic heritage, were native-born New Yorkers.

Although Belle's case was reported to the Health Department by her physicians, the doctors at the Health Department refused to accept the diagnosis of typhus. Dr. Fred Dillingham, an assistant sanitary inspector, steadfastly asserted that such a diagnosis was "impossible" given that the child had had no contact with the *Massilia* passengers or residents of the Lower East Side.[10] As Cyrus Edson had announced only days before, the focus of all case-tracing was exclusively on the Russian Jewish immigrant community: "We will thoroughly sift the Russian Hebrew quarters and inspect every person in the district east of the Bowery and south of Second Street to the Bridge" (i.e., the Jewish Lower East Side).[11] The notion that typhus fever, no stranger to New York City, might have been imported by a group other than the Russian Hebrews or simply developed on American soil and then casually spread, did not seem to be a consideration for the Health Department efforts.

No quarantine was established over the apartment house where the Devlins lived, nor were Belle's family members removed to North Brother Island. Edward, Sara, Josephine, and Kathleen Devlin were allowed to remain living on West 136th Street without interruption. In contrast, the sporadic cases that occurred on New York's Lower East Side in early March were quickly sent off to the lazaretto. For example, the day before Belle Devlin's case of typhus was reported in the press (March 6, 1892), Abram Jaffe, the proprietor of the East Twelfth Street boarding house, was removed to North Brother Island because his ten-year-old son, Isaac, was discovered to be ill with typhus.[12] Both Abram and Isaac were quickly escorted out of the boarding house to an ambulance that would begin their journey to the lazaretto. The neighbors living on Twelfth Street watched from a distance with wide eyes and covered mouths, hoping to protect themselves from the seeds of contagion.

Another point of preferential treatment had to do with the burial of people who died of typhus fever. The New York City sanitary code for 1892 provided explicit regulations on the postmortem handling of contagious disease victims. The code required a formal autopsy by Health Department pathologists, followed by rapid cremation or interment in a metal casket. The day after Belle and Ellen Devlin died, they were buried in a regular cemetery under the rites of their church without any of the sanitary precautions prescribed by municipal law. This was in definite contradiction of the New York City sanitary code.[13]

The issue of being able to bury one's dead according to one's religious beliefs was not inconsequential to the East European Jewish community. In addition to the obvious sensibilities of such a request, Jewish ritual law stipulates burial regulations that are among the most strict in the Five Books of Moses. Cremation, burial delays, performing an autopsy on the body, and selecting an inappropriate coffin, such as any box not made simply and of

Figure 3.1. "Coffin Corner" on North Brother Island, circa 1890. Jacob A. Riis Collection, Museum of the City of New York.

pine, are forbidden and believed by Orthodox Jews to have serious consequences in the afterlife. All initial pleas by the Jewish community for exceptions to the code in an effort to respect the religious beliefs of the typhus victims were initially denied by Cyrus Edson and the Sanitary Division.

Rabbi Jacob Joseph, the "Chief Rabbi of New York's Lower East Side," an unofficial title that sounds far more important than any role he ever played in the daily life of the Jewish Quarter, beseeched the city coroner, a Tammany Democrat and German Jew named Ferdinand Levy, to intervene on the *Massilia* Jews' behalf. Joining forces with the Hebrew Benevolent Burial Society, an arm of the United Hebrew Charities that offered to pay for all expenses incurred, Levy convinced Edson and the board of health to compromise: The Jewish patients who died of typhus would not be autopsied, embalmed, or cremated, but, instead, would be placed in metal caskets with appropriate markers on Potter's Field, Hart Island, until the epidemic was over. At that point, gravediggers hired by the Hebrew Benevolent Society would exhume the dead and inter them in full accordance "with Jewish rites."[14]

Another significant cultural hardship endured by the quarantined Jews that adversely affected the medical care they received at Riverside had to

do with the authorities' failure to provide them with kosher food. The immigrants were a devoutly religious lot; many were certain that their voyage and quarantine represented some form of divine punishment. Not willing to incur further divine wrath by breaking the strict dietary codes of Judaism, several of the inmates refused any form of nourishment during the quarantine. One woman detained at Riverside Hospital became so debilitated from her refusal of food that her doctors knocked out her front teeth and injected liquid with a "squirt gun." After lengthy appeals to the Health Department by the East European Jewish American community and established American German Jews, kosher cooks and provisions made available through the United Hebrew Charities were finally provided for the quarantined victims on March 1, 1892. At the food's arrival, even the once-healthy detainees were "so weak [from hunger] that they fell over each other when they tried to walk about."[15]

The native American newspapers, including the distinguished *New York Herald*, characterized the requests for kosher food as "unworthy" complaints and paternalistically commented that "two months ago they were homeless wanderers in Europe and since their arrival in New York they have been pen-

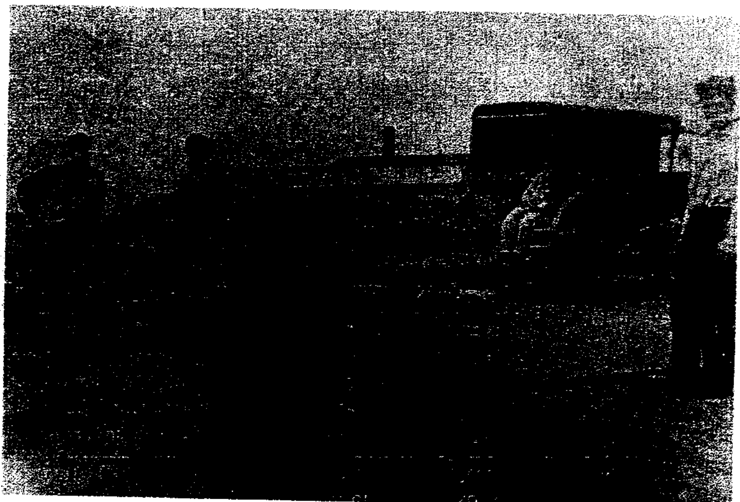


Figure 3.2. Undertakers at the docks arranging to take coffins from North Brother Island to Potter's Field on Hart's Island, circa 1890. Jacob A. Riis Collection, Museum of the City of New York.

sioners on the bounty of the United Hebrew Charities but yesterday they were ready to kick the pavilions down for coffee three times a day howling and demanding to live off the fat of the land."[16] Similarly, the *New York Times* reported, in an insidious dispatch that melded the myths of Jewish penury and the immigrant's social irresponsibility, that the United Hebrew Charities had to be "induced" by Cyrus Edson to donate any money to support the *Massilia* Jews. The reality was that the Charities gladly contributed to the cause, as they typically did whenever the board of health asked them to contribute to their immigrant brethren's health needs.[17] The International Order of B'nai B'rith's monthly magazine, *The Menorah*, responded angrily to the Health Department's clumsy handling of the kosher food issue and the American press's callous dismissal of Jewish doctrine:

> They [the *Massilia* Jews] preferred to starve rather than do violence to their religious conscience. People with a character so unyielding in its strength to temptation should form a welcome addition to the population of any community.[18]

Another symptom of preferential treatment for the "American" victims of the typhus fever epidemic was reflected in the descriptions of the epidemic offered by the daily, native-born American press. It was far more sympathetic to the Devlins and the few other nonimmigrant victims than to their isolated Russian Jewish counterparts. Edward Devlin was routinely described as an "honest, hardworking" artisan and family man. The cause of this American family's tragedy was hypothesized to be a result of the "immigrant threat" of typhus as opposed to unsanitary living conditions. The Devlins were, as the *New York Herald* reported, "the victims of infection by a half dozen Hungarian Jews" whom Samuel Joseph, the Devlins' landlord and himself a Jew, hired to make repairs in the house three weeks before the illness struck.[19]

Similarly, sanitary policeman Edward Whalen, who died of typhus on March 1, was described in *New York Commercial Advertiser* as "one of those martyrs to duty who risked his health and life in the attempt to stay the progress of the scourge . . . [and] contracted the disease by going into the house at No. 42 East 12th Street to quell a disturbance among some of the Russian Hebrews under quarantine there."[20] Whalen was canonized by the other daily New York newspapers in even more obsequious phrases.[21]

The specific distinctions drawn between "innocent victims," such as police officer Whalen and the Devlin family, and the pestilence-importing hordes of East European Jews had an influence far wider than the municipal district of New York City. It had the potential to become a sentinel call for immigration restriction. As the *New York Times* declared on its editorial page of February 13, 1892, there was a clear equation between typhus and immigration: "Such immigrants are not wanted either in this city or any other part of the United States. They should be excluded. The doors should be shut against them."[22]

Table 3.1 Typhus Fever Epidemic in New York City, February 1–April 1, 1892[a]

Patient Type	No. of Cases	No. of Deaths	Mortality Rate (%)
Massilia typhus victims	138	13	9.4
New York City residents	49	6	12.2
Policemen	2	1	50
Nurses/helpers	11	4	36.4
Total	200	24	12

Sources: "Supplement B: Report on Typhus Fever in New York, 1892," *Ann. Rep. N.Y.C. Health Dept.*, 122–42; R. Lubove, *Progressives and the Slums*, 262; J. Riis, *How the Other Half Lives*, 82–93; *New York Herald*, February 24, 1892, 3:6.

[a] In addition to the two hundred typhus victims placed under quarantine by the New York City Health Department, approximately one hundred additional *Massilia* passengers, five hundred United Hebrew Charities boarding house lodgers, and four hundred "cheap lodging house" lodgers were also quarantined.

The preferential quarantine effort was most adversely experienced by the typhus victims or the healthy immigrants who were isolated for being "contacts" of the typhus patients but not yet ill themselves. Because of Cyrus Edson's premature and public prediction that all of the *Massilia* Jews and their contacts would inevitably develop typhus fever,[23] no precautions were taken on the island itself to halt the spread of the disease from the typhus victims to the healthy inmates. The interminable waiting and fear of contracting the disease the healthy suspects endured at Riverside must be considered one of the most egregious aspects of Edson's quarantine effort. Approximately 1,200 people were quarantined in close proximity, first on the Lower East Side, and subsequently, on North Brother Island between early February and April 1, 1892. Of these, forty-nine developed typhus fever and six died (Table 3.1).[24]

One brave, or at least ambitious, reporter for the *New York Commercial Advertiser*, Frederick Hamilton, smuggled himself into the quarantine house on Essex Street and, a week later, visited the *Massilia* Jews on North Brother Island. Although Hamilton succumbed to typhus fever within two weeks of filing his remarkable story, he left behind a chilling record of the detained *Massilia* Jews:

> Pallid bearded men with startled faces gathered in groups of three and four gesticulating, wringing their hands, and all speaking at once in a strange language.

> Their gestures, however, were translatable enough. They wanted to get out. A scared hunted look bespoke their wonder at being held prisoner in this fashion in a strange land.[25]

The East European Jewish community on New York's Lower East Side, obviously, had deep feelings and resentments concerning the epidemic. Indeed, the strongest objections to the 1892 typhus quarantine appeared in the Yiddish American press. These documents are a vital source in interpreting the cultural history of this immigrant community. As Irving Howe characterized these rich repositories of a life now gone, the Yiddish newspapers were less "ventures in journalism than . . . outpourings of collective sentiment. They were deeply 'internal' papers serving as voices in a communal dialogue—equivalent to immigrant gatherings, over tea in the kitchen where people 'talked things over.'"[26] The surviving remarks of the Yiddish reporters who observed the quarantine efforts of 1892 articulate a profound and devastating experience of social isolation.

There was one daily Yiddish paper published in New York City in 1892 (the *Yiddishe Tagebiatt*) and three weeklies (the *Yiddishe Gazetten*, a weekly collection of *Tageblatt* articles and pieces from some of the smaller Yiddish newspapers that appeared elsewhere in the United States; the socialist *Arbeiter Zeitung*, which was published by the Hebrew Trade Union; and the occasionally published anarchist broadsheet, *Freie Arbeiter Shtime*). During the typhus epidemic and its aftermath, the first three of these Yiddish papers were filled with outrage as they reported the inequities of Cyrus Edson's quarantine against the Russian Jews.[27]

Abraham Cahan was unarguably the most prominent of the Yiddish American journalists of the late nineteenth and twentieth centuries. In 1892, he still supplemented his income with money he earned teaching greenhorn immigrants how to speak English and he was enjoying some success in selling a few pieces on ghetto life to the native-born American press. Cahan was also an active member of the Socialist Party, an organizer of labor unions and socialist groups, and even conducted a literary correspondence with Friedrich Engels. Although Cahan's greatest fame was yet to come with his editorship of the *New York Daily Forward* and a distinguished career as a novelist of the Jewish American immigrant experience, he was already a well-known commentator in Yiddish American circles in the 1890s.

Cahan's major journalistic efforts in 1892 were devoted to serving as editor of the New York *Arbeiter Zeitung*, a journal devoted to the principles of socialism. In any given issue, Cahan played many different roles in the rush to fill four to eight pages with copy each week, ranging from "poet, feutilletonist, popular-science writer, socialist theoretician, story teller, [and] re-

Figure 3.3. Abraham Cahan. Brown Brothers.

porter."[28] In an essay entitled "The Sickness Without an End," published in the February 26 issue of the *Arbeiter Zeitung*, Cahan pointed his vitriolic pen at the inconsistencies of public health authorities and the medical establishment:

> There was a small storm in America with the typhus epidemic which Russian Jewish immigrants from the *S.S. Massilia* have dragged here with them. The truth is that this is no laughing matter. The American community's "authorities" do not need any more reasons to strike out against Jews and such an occurrence doesn't help. The authorities are making this small occurrence one thousand times worse than it is. Their outcry is a thousand times worse than it should be and the alarm is worse than the actual threat. Because of this story, 'the typhus epidemic,' the Health Board created so many difficulties for so many of our people, that anyone can see that their actions were far more than necessary. The Health men imprisoned healthy Jews on the ships coming into New York and on the island. They packed them together and dragged them, quarantined them—*Nu?*—so? These poor Jews could have become sick simply from being lumped together with the true typhus patients. The health inspectors burned the poor people's belongings, they emptied out houses and ran around sending alarming telegrams—in short it was a good business for the spoon-people (*lefl-leit*).[29]

The politically conservative New York *Yiddishe Tageblatt*, published by the pioneering Yiddish American journalist Kasriel Sarasohn, appealed to the older Russian Jewish immigrants on the Lower East Side. *Tageblatt* readers were typically Orthodox Jewish men, redolent of the Old World shtetl but eager to prove allegiance to their adopted country. The newspaper often hesitated to disagree with the American government out of the newcomer's sense of both respect and fear.[30] Yet its pages during the typhus epidemic reveal an even greater sense of outrage at the goings-on at North Brother Island than does its socialist competitor. This campaign was principally waged by the *Tageblatt*'s chief columnist, Getsl Zelikowitch, who signed his pieces with the nom de plume the "*Litvak Philosophe*" (the Lithuanian Philosopher).

Zelikowitch was a former *yeshiva bucher* (rabbinical student) in Lithuania. He was influenced by the *Haskalah* movement of secular thought at the age of sixteen and gave up the Talmud for study in Paris at the Sorbonne in 1879. He was a scholar of Sanskrit, Arabic, and English in addition to his facility with Yiddish, Hebrew, and Russian. In 1887 he was called to America as professor of Egyptology at the University of Pennsylvania but left the faculty the following year "because of intrigues." He then began a long career as a journalist for a number of Yiddish newspapers and as a penny-novelist.[31]

In March 1892, Zelikowitch devoted his columns to a discussion of what he considered to be a far more serious epidemic than the one imported by the

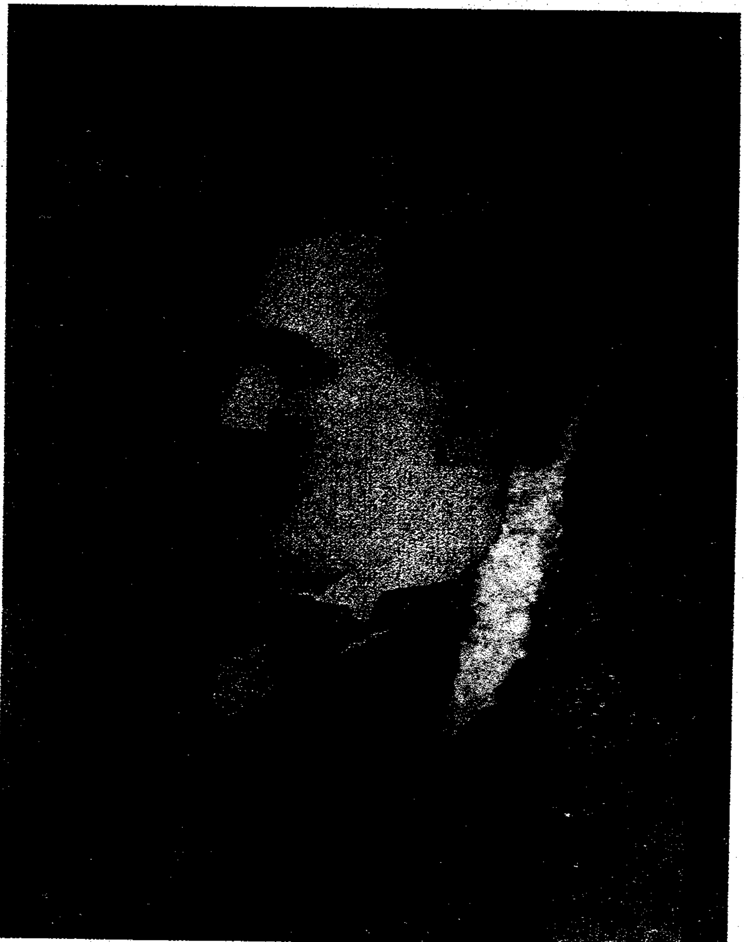


Figure 3.4. Getsl Zelikowitch, the "Lithuanian Philosopher." From *Jubilee Program Honoring Professor Getsl Zelikowitch*, 1913, in author's possession.

Massilia: "the typhus of the soul which is called anti-Semitism." Alluding to the problems that might arise from the popular perception that Russian Jews were importers of epidemics, Zelikowitch asked his readers, "Do you know where the real pest is living? Anti-Semitism is her nest." The Lithuanian Phi-

losopher underestimates the numbers of the *Massilia* typhus victims in his columns, but he does provide the reader with a savvy understanding of immigration politics and epidemiologic case-tracing:

> It is because of typhus, we are told, that we must no longer allow Jews to enter this country in order to guard the American public from a terrible disease. The truth is that they simply don't want us because we are Jews. . . . Blaming these sick Russian Jews, fifty of them who came here in a sickly state, for bringing the scourge is a patriotic lie, ragged and tattered to its very construction. Listen, in the last two years more than 150,000 Russian Jews have arrived in the United States and from this amount only fifty, last month, brought the typhus. And of these, five sick ones were on the steamer *Massilia* which came to New York from the Mediterranean Sea, from Marseilles, and Constantinople.[32]

In distinct contrast to the Yiddish responses to the aggressive features of the quarantine, of course, was the native-born, and frequently nativist, American popular press. In 1892, especially for those who did not live in the largest East Coast cities such as New York, many Americans could honestly say they never actually saw a Jew except, perhaps, an actor portraying one in a popular production of Shakespeare's *The Merchant of Venice*.[33] Indeed, in 1892, Jewish Americans made up less than one percent of the entire U.S. population.[34] But despite America's lack of firsthand experience with Russian Jews, East European Jews were all-too-commonly described in the popular press as dangerous. The addition of a deadly and contagious disease to the equation only magnified the potential for dehumanizing responses from the healthy society at large. For some Gilded Age Americans, the problems of the ill-fated *Massilia* Jews had the potential to lead to a much broader conclusion: Russian Jews posed a threat to the public health of the United States and the problem required immediate action.

For example, one anonymous anti-Semitic pamphleteer from New York City not only accused the Jews of "crimes" such as "controlling the currency, fixing public opinion, overthrowing government, driving working men into useless strikes, poisoning whisky, and crushing out Christianity," he also insisted that they were responsible for spreading typhus and cholera in the United States.[35] Similarly, physicians in the town of Plainfield, Connecticut, attributed epidemics of scarlet fever and diphtheria to "filthy" Hebrew pack peddlers reputed to be *Massilia* passengers. The peddlers were accused by the Plainfield board of health of forcing or threatening their way into homes. The "wily" Hebrew peddlers then enticed local housewives into buying their wares while leaving behind the "seeds of the diseases."[36] There were similar panics over the possible arrival of *Massilia* Jews or simply other Russian Jews

in Newburgh, New York; New Castle, Pennsylvania; Oakdale, Massachusetts; Baltimore, Maryland; and Valatie, New York.[37]

Many American newspapers seized the theme of Russian Jews as diseased scapegoats and published articles and cartoons that graphically depicted them as the vectors of typhus fever to the United States. The *New York Press*, long targeted by the Yiddish press as hostile toward Russian Jews, published cartoons on its front page representing both Russia and Italy as sources of disease. Their captions called for a total ban on immigration so that the United States did not "become the dumping ground of the diseased and depraved of all nations."[38] On February 18, 1892, for example, the *New York Press*'s front page featured a cartoon of a throng of Russian Jews knocking at the door of the U.S. commissioner of immigration. Above the door is a sign reading "The Law forbids the landing of immigrants likely to become a public charge." The cartoon's caption reads: "And yet the door is thrown wide open for the sick, destitute and disease bearing throng from European shores."[39] Similar cartoons appeared in former Hungarian immigrant Joseph Pulitzer's *New York World*, showing Europe as a giant skull sending forth immigrant ships labeled "Hunger Typhus," "Diphtheria," "Yellow Fever," and the like with the caption: "Even McKinley Could Not Tax These Imports Too High"—slyly combining the issues of immigration restriction and tariff policy.[40]

Readers of the daily newspapers were also anxious to make their opinions heard. Soon dozens of "letters to the editor," similar to the one presented below, began to appear in the daily New York City newspapers:

> We do not want and we ought to refuse to land all or any of these unclean Italians or Russian Hebrews. We have enough dirt, misery, crime, sickness and death of our own without permitting any more to be thrust upon us by any of the foreign powers and it is only such that they are desirous of getting rid of and send to us.[41]

Even the staid *Boston Medical and Surgical Journal* editorialized negatively on the event: "We open our doors to squalor and filth and misery—which means typhus fever."[42]

These complaints and racist rantings were not without effect. The fears expressed by native-born Americans were folded into the public health policies of jurisdictions wider than the New York City Health Department. On February 13, 1892, Dr. William Jenkins, the health officer of the Port of New York, announced a strict policy detaining and quarantining *all* East European Jews coming through New York Harbor, regardless of their port of embarkation. The quarantine ordered by Jenkins was informed by neither common sanitary practices imposed against "infected ports" (i.e., areas where

specific contagious diseases were reported to exist) nor isolation techniques advocated by public health officials in 1892. The net was specifically cast for East European Jews. Only ships carrying these immigrants "would be detained and inspected for typhus."[43]

An example of the "quarantine by ethnicity" occurred the following day, February 14, 1892. After inspecting the SS *Nevada*, Dr. Jenkins announced that he did not have the "slightest suspicion" that typhus was on board but, nevertheless, detained thirty Russian Jews who arrived from the relatively disease-free Port of Liverpool. When it came to the inspection of East European Jewish immigrants, Jenkins declared that he could not afford to "take any chances." The ninety-three Scandinavian passengers who were also traveling in the *Nevada*'s steerage compartments were, on the other hand, allowed to land without delay.[44]

The following day, Jenkins quarantined 1,400 Russian Jews traveling in the steerage of the transatlantic steamers *City of Berlin*, *Belgenland*, and *Russia*. Again, passengers traveling cabin class or originating from non-Russian ports were immediately released. The Russian Jews who were quarantined on Hoffman Island presented no signs of illness or contagion but because they were "of the impoverished, unkempt class that usually comes from that land, and of the kind that such a scourge as typhus would be likely to mark as its own," Jenkins ordered their detainment. The reasoning was clear, if misguided, when one considers 1892 concepts of bacteriology and maritime quarantine. The *Massilia* carried Russian Jews, some of whom developed typhus fever; therefore, all subsequent Russian Jews arriving in the United States were considered by Dr. Jenkins likely to do the same, requiring "careful scrutiny before [their] being allowed to land."[45]

Jenkins' quarantine policy persisted well into April 1892, leading to a striking decrease in the transportation of Russian Jews to New York City. He rescinded his selective order once the Health Department announced the epidemic was over. Nor would it be Dr. Jenkins' last foray into quarantine policy for East European Jewish immigrants; in a matter of months, Jenkins was to control the quarantine of the Port of New York against the threat of cholera that was linked to Jewish immigrants. Several other quarantine stations along the eastern seaboard also detained Russian Jews as a typhus preventive during March and April 1892. The steamship companies, under the Immigration Act of March 3, 1891, were required to return all medically rejected immigrants at their own expense. This risk, exacerbated by the huge expense of transatlantic steamers being detained in Quarantine for three or more weeks, made such steerage service too expensive to bear. In response to these regulations, the Red Star, Hamburg-American, and North German Lloyd steamship lines announced a temporary cessation of Russian Jewish, but not other immigrant, traffic. This action was essentially a death sentence for many Russian Jews trying to escape the tyranny of Czar Alexander III.[46] None of these policies were long-lived, however, and immigration traffic returned to its pre-typhus epidemic rates by late April 1892.

Perhaps the most problematic aspect of these quarantine policies was the denial or ignorance of the fact that the *Massilia* passengers spent a considerable time, three months, in Constantinople, where typhus was known to be a problem. Typhus fever is an acute and sudden illness with a relatively brief dormant or prodromal phase (one to three days). Given the natural history of typhus, there is little likelihood that some of the *Massilia* Jews contracted typhus in Odessa, remained healthy for over ninety days in Turkey and then developed symptoms several weeks later in New York. Dr. Jenkins openly acknowledged to Congress that the *Massilia* passengers had had no contact with Russia since October 1891.[47] Nevertheless, both Jenkins and the supervising surgeon general of the U.S. Marine Health Service, Walter Wyman, declared Russian ports rather than Turkish ones to be the source of typhus and arranged their quarantine policies accordingly.[48] In fact, typhus fever was far more prevalent in Switzerland (148 deaths), Germany (116 deaths), the Netherlands (107 deaths), Italy (99 deaths), Brazil (93 deaths), and Japan (89 deaths) between January 1891 and March 1892 than it was in Russia (50 deaths).[45]

No policy of quarantine was established for people originating from these other ports by the state of New York or the federal health authorities. Moreover, none of the American health officials guiding the quarantine efforts, from the local to the federal levels, acknowledged the distinct possibility that the seeds of infection could have originated during the passengers' temporary exile in Constantinople or, worse yet, from the boarding houses on the Lower East Side of New York.

Quarantines and Immigrants: The View from Washington

The appropriation of the 1892 typhus epidemic as a rationale for restricting the entry of East European Jews and other new immigrants was led by Senator William Chandler of New Hampshire, chairman of the U.S. Senate Committee on Immigration. Early during the events, Chandler saw the potential political power of an epidemic tied to undesirable immigrants. Brandishing a number of newspaper clippings covering the *Massilia* episode on the floor of the U.S. Senate, Chandler declared on February 15 that the *Massilia* Jews and others like them should "not have been allowed to land," adding that "self protection was the first law of nature."[50]

Like the tempest raised by the newspapers, however, the public's conflation of disease with restricting the immigration of Russian Jews was not much more long-lived than the typhus epidemic itself. Interest in and reaction to the typhus fever epidemic, the *Massilia* passengers, and the efforts of New York City's Health Department were fading fast as fewer cases began to be reported in mid-March 1892. Nevertheless, Chandler's attempt to conflate issues of imported contagion with both the federal quarantine and the immigration laws marked a momentous and early attempt at justifying immigration restriction policies with the language of public health.

Nicknamed the "stormy petrel," after the seabird that sailors regarded as a harbinger of trouble or strife, William Eaton Chandler was one of the most powerful men in the federal government. A Harvard-educated lawyer-turned-journalist, Chandler was a lithe, compact man with a manicured goatee, pince-nez glasses, and a forceful way with words. He was first elected to the New Hampshire legislature in 1863 and became a strong supporter of Abraham Lincoln, gaining prominence among the "War Republicans." During Lincoln's second term, Chandler was appointed to the post of solicitor and judge-advocate of the Navy. He was subsequently promoted to assistant secretary of the treasury during Andrew Johnson's presidency in 1865 but returned to the practice of law and publishing his newspaper, the *Concord Monitor and Statesman*, in 1867. Remaining active in the Republican National Committee for a number of years, Chandler returned to Washington as secretary of the navy under President Chester Arthur in 1882. He was elected to the U.S. Senate in 1887, a post he held until 1901.[51]

In 1892, one of William Chandler's principal interests was the "alarm and danger" of immigration. An avowed nativist and immigration restrictionist as well as a professional politician, Chandler knew that a controversial measure such as an immigration restriction bill had little chance of passage during the Fifty-second Congress with a Democratic House and a Republican Senate. On a pragmatic level many senators and representatives from the Midwest and West supported open immigration because their states required additional population and laborers for development; other representatives, especially Democrats along the eastern seaboard, were hesitant to infuriate the naturalized immigrants among their constituents by supporting a restriction bill. Nevertheless, Chandler proposed passage of several federal immigration restrictions that year. His bill required immigrants to pass literacy tests if they were over the age of twelve years, to possess financial assets of at least $100.00 for the head of the family and $25.00 for each subsequent family member, and certification of an immigrant's physical and moral fitness to enter a country. Furthermore, he would have placed extensive bans on what he called "certain obviously undesirable classes."

In an article Chandler penned for the popular monthly *The Forum* in March 1892, he explained exactly what he meant by these "undesirable classes" and identified them more specifically as "southern Italians and Russian, Polish, or Hungarian Jews":

> The alarm springs from the constantly increasing influx within our borders of classes of immigrants of a most undesirable character. The danger is the reduction of wages to the injury of the American workman, and of his home and family, the debasement of the suffrage, and wide contamination of society.[52]

Despite his active role in the passage of the Immigration Act of March 3, 1891—a law historian Thomas Archdeacon labeled the "linchpin" of federal control over immigration[53]—Chandler remained far from satisfied with the government's power to restrict the immigration of these "undesirable classes." He later called the 1891 law "little more than the re-enactment of the act of 1882."[54] Actually, it was far more. It gave the federal government sole authority over immigration, instead of the unsatisfactory partnership that had previously existed with the various state authorities; reenforced the responsibility of steamship companies to return, at their cost, all immigrants rejected by U.S. inspectors, including those who became public charges within one year of landing; broadened the categories of those deemed inadmissible for landing; and attempted to improve immigrant ship manifests and bills of health record keeping (although a stricter and international means of inspecting and certifying ships was yet to be developed). Chandler was unsatisfied with these regulations and insisted, instead, that wider-sweeping restrictions, such as literacy requirements and various forms of "head taxes," were essential to safeguard the United States against the dangerous foreign hordes.[55]

The literacy restriction was an especially potent and cynical means of restricting the immigration of Russian Jews in the 1890s. Clearly few of them knew English but even if the laws were written so that they were required to be literate in the language of their native land, Russia, still fewer would be allowed to enter. Russian Jews, as it may be recalled, were forbidden to obtain an education under Czarist rule and consequently many did not speak or read Russian fluently. The overwhelming majority were literate in Yiddish, but this language was still regarded, by German Jews and Gentiles alike, as jargon rather than a full-fledged language. Yiddish fluency, not surprisingly, did not satisfy Chandler's proposed literacy requirements.

One person who tried to explain the unfairness of a literacy test applied to Russian Hebrews was the Louisville lawyer, politician, and Orthodox Jew Lewis Naphtali Dembitz. The five-foot-tall scholar, whom we remember today as the maternal uncle and role model of Supreme Court Justice Louis

Dembitz Brandeis, was "a balding man who peered intensely at the world through rimless glasses that perched on his nose and barely corrected his vision."[56] Surviving in the many bound volumes that comprise Chandler's papers and correspondence at the Library of Congress is a three-page, handwritten letter from Dembitz explaining why the Jews from Russia were not illiterate and why such a law would be an unfair criterion for restriction. Dembitz also listed the admirable qualities the Russian Jewish immigrants brought to America's shores. Unfortunately, Dembitz's letter relied heavily on the stereotyping and social scapegoating of *other* immigrant groups as he made a plea to Chandler for the continued immigration of Russian Jews:

> They are very anxious to become Anglicized and Americanized. . . . Unlike the Irish, they carry no foreign politics with them to the country of their adoption. They easily abjure all faith and allegiance to the Czar, but their hatred with which they regard him, can in no way disturb their position as American citizens as the Irish hatred of England does. They fall naturally into Republican life. The idea of the sovereignty of the people is inborn to the Jew. In fact, its first and strongest expression is in the Old Testament. . . . They are law abiding. There is no fear of their founding a branch of the Mafia in New York like the Sicilians did in New Orleans. Their intense love for wife and children keep them from becoming rioters or strikers. They are not apt, like the Chinese, or the Cosacks from North Hungary to depress the labor market. For they have the keen Jewish love for wealth, and as soon as they have saved enough out of their tailor's or cigarmaker's wages, will go into trade, or set up a shop of their own. . . . To these considerations should be added that among all the immigrants of our time the Russian Jew is the only one who is driven to our shores to avoid a decree of starvation: for all the exceptional decrees of Alexander III against the Jews amount to this and nothing more. To drive them back from our shore would be nothing less than becoming accessory to the Czar's murderous cruelty.[57]

Another effective halt to immigration from Eastern and Southern Europe was the proposed "head tax" or, in more bureaucratic language, "asset requirements." Migrating Russian Jews and Southern Italians of the late nineteenth century were overwhelmingly from the impoverished classes; frequently, travel plans went awry to deplete even the well-situated immigrant's bankroll, as we saw with some of the *Massilia* passengers. Not surprisingly, there were great overlaps between the poorest immigrants and those emigrating from the most "undesirable" places. A head tax of $100 (which was seven to ten times more than a steerage transatlantic steamship ticket) would significantly restrict the entry of the target group. Yet these proposals held little appeal for many Gilded Age Americans, who felt uncomfortable linking financial worth or literacy in English on arrival to eligibility for American citizenship, and they never had a serious chance of passing during the Fifty-

second Congress. As immigration historian John Higham noted, because of the wide-based opposition to such measures, particularly in the House of Representatives, Chandler and his immigration committee would have to resort to other "schemes for restriction."[58]

The *Massilia* affair proved to be an excellent albeit temporary means of promoting Chandler's restrictionist cause between February and March 1892. Armed with letters from citizens calling for the restriction of all "disease carrying" immigrants from Russia and Italy, Chandler argued that the time to investigate the U.S. immigration laws was at hand. A particular focus of his committee's investigation, Chandler declared, would be the "recent admission of . . . pauper Russian Hebrews [who] in contravention and disobedience of our laws . . . have been distributed from one end of the Eastern states to the other, perhaps to infect whole communities with typhus fever . . . when they should have been excluded by the immigration commissioner of New York City."[59]

With approval from both the House of Representatives and the Senate, Chandler brought the Senate Committee on Immigration and the House Committee on Immigration and Naturalization to New York City during the weekend of March 5–6, 1892. Alternating between testimonies from all the officials who played a role in either admitting the *Massilia* passengers or fighting the typhus epidemic, Senator Chandler hoped to establish once and for all the dangers of admitting paupers who were both "likely to become a public charge" and "likely to import an epidemic scourge."[60] This task proved difficult even for a seasoned politician like Chandler.

The Joint Committee on Immigration began its inquiry on the typhus epidemic with the testimony of Immigration Commissioner John C. Weber. In a goading manner, Chandler recalled Weber's humanitarian work on behalf of the destitute Russian Jews and accused him of letting his "sympathies" for these "pauper Russian Hebrews" get in the way of performing his job at Ellis Island. Chandler insisted that since the *Massilia* passengers were "clearly paupers likely to become a public charge" they should never have been admitted in the first place. Chandler worried aloud how the Ellis Island inspectors could be trusted with the nation's public health if they could not protect the nation's economic health by identifying obvious paupers. Self-protection and stronger immigration restriction laws, rather than excessive sympathy, Chandler insisted, would have avoided the epidemic altogether.

Weber, a former congressman and able debater himself, strongly disagreed with Chandler. The commissioner explained that the *Massilia* immigrants were not paupers when they originally fled Russia; it was the unusual circumstances of their lengthy voyage that used up all their funds:

> These people have landed here who had means when they started and were, by reason of brutalities and inhuman persecutions reduced temporarily to a condition that has appealed to the benevolence of their co-religionists and by reason of that they have assisted them. I do not regard such a person as a pauper.[61]

Chandler countered Weber's statement with charges that *any* immigrant assisted by a benevolent society, such as the United Hebrew Charities or the Baron de Hirsch Fund, should be considered a pauper. Chandler insisted that these "Russian Hebrews may excite our sympathies but nevertheless they are paupers" and, consequently, should have been excluded.

Carrying on the stalemate, Weber presented data that showed that the Russian Jews who were assisted by the United Hebrew Charities or Baron de Hirsch Fund were not only well cared for, educated, and given employment; they also, to his knowledge, "almost never become public charges." The matter remained hanging unpleasantly in the air as Weber pointedly called the senator to task for his nativist beliefs and the convenience of restrictions based on labels:

> We can exclude anybody we want; bald-headed men or one legged men or anybody we choose; Jews or Italians or anybody else. Russia claims to exclude these people because they are usurers and shylocks, and other countries refuse to receive them because they are paupers.[62]

The level of ambiguity only increased as Senator Chandler and his colleagues examined the health officers of the New York quarantine station, Ellis Island, and the *Massilia*. Not a single health officer was found responsible for failing to diagnose immigrants with an incubating case of typhus *before* any physical manifestations were present. One by one, each medical inspector was exonerated.[63] Nor did the congressmen investigating the epidemic find fault with the inspection procedures, bills of health, or other practical matters concerning the flow of immigration into the United States despite the glaring inadequacies in the medical inspection of the *Massilia*.

Equally confusing was the disagreement among the various physicians interviewed, including Cyrus Edson, Hermann Biggs, William Jenkins, and former health officer William Smith over the actual source of the infection and the etiology, transmission, and incubation period of typhus fever, all critical issues for elaborating bacteriologically informed policies of medical inspection and quarantine.

There were three points the physicians could agree on: the great difficulty they had in diagnosing typhus; its rapid spread from the sick to the healthy; and its frequent confusion with other diseases that resembled it.[64] Yet actually proving the exact origins of the epidemic—whether imported in the clothing of an impoverished Russian Jewish immigrant or a natural reoccurrence

of the disease in New York's poorest districts—was quite impossible. And so the hearings went through May of that year at the favored address of New York Republicans, the Fifth Avenue Hotel. Side trips to the quarantine hospitals at North Brother, Ellis, and Hoffman Islands and interviews with seamen aboard the *Massilia*, shipping agents, and immigration experts failed to add new information on exactly how and where the typhus epidemic began.

Despite Chandler's desire to link the danger of epidemic disease to immigrant Russian Jews in order to enact stronger immigration restriction laws, the ambiguity surrounding his investigation and the lack of public interest in epidemics once they have been tamed thwarted his desire to "shut the gates" to "undesirables such as southern Italians and Russian, Polish, or Hungarian Jews."[65] The Senate and House were about to recess for the summer and Chandler's dream of enacting an immigration restriction bill would have to wait until the next session in the fall.

But Chandler did learn a valuable lesson: the powerful message of an undesirable social group linked to a deadly illness that could easily spread throughout the population at large. He quickly realized that epidemic diseases often inspired quarantines and quarantines might be used as a means of restricting immigration if enough Americans could be convinced that "new immigrants" were bringing such scourges with them. With the typhus epidemic of 1892 reduced to a whimper well before his committee had a chance to act with a bill, he was not successful in such a move that winter. Instead, he bided his time for what the *New York Commercial Advertiser* deemed inevitable—another immigrant-imported epidemic: "Without present facilities for collecting and admitting the pestilences of all creation, we ought to have cholera, yellow fever and the Black Death on hand in large quantities before the year ends."[66] Senator Chandler would not have to wait very long.

abated. It remains difficult to estimate exactly how many more Russian Jews lost their lives or were unnecessarily persecuted because they were not permitted to flee from Czarist Russia to the United States during the winter of 1892–93; conservative estimates suggest at least 25,000 to 50,000 lives were significantly and negatively affected by the measure.

EPILOGUE

"The Microbe as Social Leveller"

Our own troubles, together with the troubles of others, have dampened our joy at being in America at last. We have seen and heard so many sad things on Ellis Island that we are quite worn out. Our whole family huddles in one spot, standing shoulder to shoulder, staring at the large noisy [New York] City which is still a good distance away. . . . If you've never traveled on sea, if you've never sailed for ten days and ten nights, if you've never been imprisoned on Ellis Island, if you've never seen with your own eyes nor heard with your own ears all the troubles and tribulations, all the sorrows and miseries of the immigrants, if you've never floundered in a flood of tears, and if you've never yearned impatiently for your friends and relatives to deliver you from bondage—if you've never experienced any of these things, you cannot understand how one feels—how we felt—when our feet were finally on American soil.

—*Sholom Aleichem*

The French social and cultural historian of medicine François Delaporte once declared: "Disease does not exist. . . . What does exist . . . [are] practices."[1] In discussions with other historians about the social construction of disease, I frequently lapse into my persona as physician and rejoin that disease is socially constructed until you happen to contract one. There is, after all, a critical synergy between the social and biological elements of the experience of illness. The microbes causing the 1892 epidemics played an integral role in the drama that resulted. Cholera and typhus fever attacked with a rapidity and vengeance. The former infection yielded a massive attack of diarrhea and dehydration; the latter, a several-week bout with excruciating pain and fever-induced delirium. They were disgusting and painful diseases to be avoided at all costs. At the same time, however, these contagious diseases were strongly associated with the urban poor and foreign-born.

As a result of this association, cultural and social responses to immigrant-imported epidemics framed the events of the quarantine year of 1892–93.

Ultimately, there is an aggressive and dangerous nature to quarantine that, as the Yiddish writer Sholom Aleichem suggests, can only be truly understood by those who find themselves in one. The narratives of the unfortunate human beings who experienced quarantine in 1892 provide some insight to those of us who are fortunate enough to live among the healthy. We need to pay close attention to these experiences and others like them. The East European Jewish immigrants of 1892 are certainly not the only, nor the last, social group to be scapegoated by disease, but their individual stories help us consider larger processes of stigmatization and social responses to disease in American society. The rather unique circumstantiality of these events—a pariah group, dreaded and contagious diseases, and the political maelstrom of an era marked by economic strife and anti-immigrant sentiment—make them especially compelling.

In terms of morbidity and mortality rates alone, one might conclude that the 1892 epidemics were successfully managed by the public health authorities. Compared to previous epidemics in New York City during the late nineteenth century, these attacked far fewer New Yorkers and caused far fewer deaths; they were also rapidly contained and extinguished. But, as one epidemiologist has observed, "Vital statistics succeed most in divorcing one from his or her personhood."[2] As the preceding narratives of the quarantined suggest, public health success is a relative term. A person's definition of successful containment of an epidemic changes markedly depending on which social group that person identifies with, and whether that person or his or her loved ones are targeted as "contagious" to others.

On February 11, 1893, the health officer of the Port of New York, William Jenkins, and members of the New York City Health Department were honored at a testimonial dinner and reception for over four hundred in recognition of their "brilliant service" during the epidemics of 1892.[3] Less than seventy-five city blocks from this feast at Jaeger's Hall on Madison Avenue and Fifty-ninth Street, tailor Isaac Mermer ate bread and herring with his five children, Sara (age 18), Celia (age 17), Abram (age 13), Pincus (age 11), and Clara (age 8), on the Lower East Side. Mermer, it may be recalled, lost his wife, Fayer, to typhus fever during the epidemic. He nearly lost his own life and those of his children, who overcame both typhus and quarantine on North Brother Island. The Mermers undoubtedly would have reached a strikingly different conclusion about the quarantine process in New York City from those who gathered to celebrate the work of Jenkins, Edson, and their staffs.

Historian Alan Kraut has identified several themes surrounding the inter-

actions of disease and immigrants in the United States over the past t
centuries. The most pervasive theme is the fear of foreigners, particula
when they are associated with deadly disease. Second is the role that medi
or scientific advances play in explaining or arbitrating conflations of imr
gration and public health policies. A third focus of these interactions is
immigrant responses to being scapegoated as vectors of disease. These
sponses have often been ignored by contemporary observers and histori
largely because of barriers of language and culture. Finally, there exist a la
number of complex social responses by institutions and individuals to
threat of "diseased" immigrants.[4] All these themes may be seen in the 18
epidemics and the aggressive use of quarantine to contain infectious dise
among the East European Jewish immigrants.

During the Gilded Age, many Americans were alarmed by the rising t
of immigrants making their way to the United States. For many reasons
cultural and language differences, class distinctions, economics, and b
otry—"dirty Hebes," "lazy WOPS," and other undesirable immigrants b
came a symbol for all that was ailing a rapidly changing nation.[5] There wa
wide spectrum of responses, ranging from simple avoidance to racial slu
physical violence, and calls for immigration restriction. A majority, thoug
had ambivalent feelings about immigrants. In times of social and econon
stress these ambivalent Americans were often pushed in the direction
immigration restriction. Labeling immigrants as "contagious"—in the fa
of an epidemic—temporarily fortified anti-immigrant rhetoric into speci
and insensitive plans of action.

In 1892, the newly arrived East European Jewish immigrants were a co
venient scapegoat for that era's unsavory blend of cataclysmic thoug
about an America overridden with foreigners.[6] There was, of course,
long tradition of subtle, and not-so-subtle, anti-Semitism in nineteent
century America. Perceptions of the Jew as an enemy of Christianity and
evil usurer certainly contributed to the scapegoating process. Native-bo
American interpretations of the impoverished, "dirty," Yiddish-speaki
immigrants helped erect a social quarantine around them long before t
arrival of the typhus-ridden *Massilia* or the "cholera fleet" from Hamburg

History teaches us that society has no shortage of means available to d
humanize and minimize so-called undesirable groups of people. The gra
risks of this minimization process are magnified when combined with t
threat of contagious disease. It is at this moment that rhetorical scapegoati
may be transformed into a mentality of quarantine. Not only does the infe
tious disease become the "enemy" but, so, too, do the human beings (ar
their contacts) who have encountered the microbe in question. A comm
symptom of the quarantine mentality is to do everything possible to pr

vent the spread of an epidemic, often at the neglect of the human or medical needs of those labeled contagious.

The containment of the 1892 epidemics was characterized by the Health Department's rapid removal and isolation of the ill, closing off gates and ports of entry into New York City, and any other available means of stemming the tide of disease and death. The tenet of *salus populi suprema lex esto* (literally, Let the safety of the people be the highest Law, or as the health officials interpreted it, the health of the public outweighs that of the individual suspected of being ill) was the immediate concern of those charged with epidemic containment.

The health officials controlling the 1892 epidemics boasted state-of-the-art scientific management. The bacteriological hyperbole was vital to the development of institutions such as the Health Department of New York City and the federal Marine Hospital Service as well as the advancement of individuals who made their careers in these institutions. Rapid containment of contagious diseases, innovative public health programs, and a healthy dose of public relations were essential to the rise of the public health enterprise in the United States during the late nineteenth century. On closer examination, we find that the 1892 quarantines were dictated more by issues of social status than by the strict principles of germ theory. These influences were most seriously felt by the immigrants placed in quarantine, their families, and, to a lesser extent, the American Jewish community of New York City. One need only recall the markedly different experiences of the typhus-exposed *Massilia* passengers who were dragged out of their tenements by the sanitary police compared to the lenient *cordon sanitaire* provided for the native-born American Devlin family in Harlem, or the care of the cabin-class passengers of the *Normannia* and their immigrant counterparts in the steerage during the cholera epidemic, to substantiate such a statement.

The treatment of the quarantined was often a secondary concern during most phases of an epidemic, and this was certainly true of the public health efforts of 1892 in New York City. I define treatment for contagious diseases, especially during the late nineteenth century, more broadly than a specific medicinal or definitive vaccine therapy. Instead, I would argue that all aspects of an isolated patient's experience comprise his or her treatment, including nourishment and fluids, nursing care, medical care, and the provision of bathing, and clean, healthful living conditions. The quarantine officers of the 1892 epidemics were charged not only with the rapid removal of the ill but also with the treatment and care of those afflicted with typhus and cholera.[7] Their failure to provide even minimal levels of sanitary precautions, to furnish proper food and water, or to budget for additional physicians and nurses in a timely manner most likely contributed to additional cases of typhus and cholera and to an environment hardly conducive to health for the other isolated immigrants.

A far worse condemnation of the quarantines administered in New York City over a century ago is provided by the physical state of the isolation islands themselves. During the 1880s and 1890s, special advisory committees sponsored by the New York Academy of Medicine and other prominent medical or community organizations inspected the New York quarantine station on an annual basis. These reports consistently revealed inadequate sanitary facilities and overcrowding. By the criteria of 1892 medical and public health standards, little was done to provide for even the most basic needs of the quarantined. The lack of significant funding for municipal, state, and federal public health needs remained a glaring problem in late-nineteenth-century and early-twentieth-century America.

One must also consider the social status of the typical patient placed in an American public contagious disease hospital during the late nineteenth century. Inmates were almost exclusively drawn from the ranks of the socially disenfranchised, immigrants, African Americans, and the poor. When the reports of the sanitary inadequacies at the New York quarantine station were made public in late 1892, a pervasive attitude among many middle-class and wealthy New Yorkers was that the immigrants should be more appreciative of what *was* provided for them, and not complain. The immigrants who were exiled to the quarantine islands—North Brother, Hoffman, and Swinburne—were unlikely to agree. They recalled the horror of quarantine at first hand; those who survived the experience described it as similar to "the ordeals endured by cattle about to be slaughtered."[8]

Even in times of relative public health calm during the late nineteenth and early twentieth centuries, the milieu of cultural insensitivity and acrimony widened the distance between local health authorities and the immigrant communities of New York. Russian Jews, Catholic Italians, Chinese, and other newcomers had every expectation that a visit from a Health Department official in 1892 would result in a restriction of their rights to practice religious and cultural customs and, often, far worse. The Health Department's selective enforcement of the sanitary code's regulations on burial of those who died of typhus fever in 1892 is an excellent example. The intense guilt an Orthodox East European Jew experienced at the mere thought of a loved one's remains not being handled according to the strict requirements of the Torah reminds us of the importance of understanding a particular group's cultural and religious beliefs in the mounting of any public health effort. The reality was that the public health authorities of 1892 ignored the advice of numerous established American Jews concerning several cultural issues, including Jewish burial practices and observing the kosher food regu-

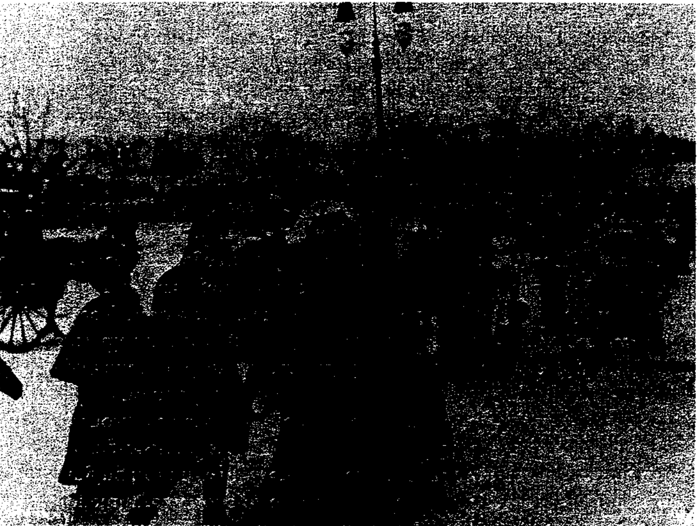


Figure E.1. New Yorkers enjoying the 1892 Easter Parade, Fifth Avenue at Fifty-ninth Street. Byron Collection, Museum of the City of New York.

lations for the detained in order to prevent starvation. This arrogant exercise of power did little to improve relations between immigrants and the health authorities.

More oppressive and counterproductive were the harsh means the public health authorities and the Police Department often used to enforce the sanitary code. Public health surveillance and sanitary law enforcement are, of course, vital functions of a municipal or state Health Department; too frequently, however, during the last decades of the nineteenth century, these functions degenerated into the vindictive destruction of businesses, such as overturning pushcarts, the eviction of the urban poor, and, at times, physical brutality. Partly haunted by pogroms and similar experiences in the Russian Pale but also motivated by the health authorities', at times, cruel enforcement practices, immigrants typically fled or hid from the public health doctors. Sanitary Inspector Cyrus Edson might have castigated the immigrants for this "devious" behavior, but to an immigrant on the Lower East Side fearful of being bashed about the head with a billy club and dragged off to an island of death, fleeing made a great deal of sense. In the event of an epidemic, such a contentious relationship, mediated by cultural indifference, frequent

violations of religious or cultural codes, abusive force, and fear, potentially contributed to the spread—rather than the containment—of disease.[9]

An encouraging footnote to these events was the passage of the National Quarantine Act of 1893. Relying on traditional American ideals about the value of immigration and the powerful authority of the nascent science of bacteriology, the U.S. Congress's legislative response was to divorce—as much as was politically acceptable—the federal government's role in preventing the entry of contagious disease from its role in elaborating immigration policies. The National Quarantine Act remains only a footnote because the law really did not settle all the problems its advocates initially intended in the aftermath of the epidemics associated with immigrants. Inadequate financial resources and political battles frequently eroded the authority of the federal government in similar, subsequent public health crises.

As early as 1900, only seven years after the passage of the quarantine act, a devastating epidemic of bubonic plague erupted in the Chinatown district of San Francisco. Under the leadership of Supervising Surgeon General Walter Wyman and his assigned representative, Assistant Surgeon Joseph J.

Figure E.2. Children in quarantine under police guard, Hoffman Island. Courtesy United States History, Local History, and Genealogy Division, the New York Public Library, Astor, Lenox, and Tilden Foundations.

Kinyoun, a harsh and racially insensitive quarantine effort was mounted against Asian immigrants.[10] In 1924, Mexican Americans and Chicano immigrants were improperly quarantined for pneumonic plague in Los Angeles.[11] Sadly, the insinuation of ethnic stereotyping and anti-immigrant sentiment into quarantine and similar public health policies has yet to extinguish itself. Issues of class, prejudice, and negative social perceptions continue to color the interface of public health issues and immigration. Nevertheless, the intention of the National Quarantine Act of 1893, despite the political machinations surrounding its passage, was a wise and valuable one: The elaboration of policies of isolation and quarantine to protect the public health should be a function separate from that of the control or restriction of immigration. Political and economic interests and negative stereotyping of immigrants have too frequently perverted this process in American society.

Historian Mirko Grmek has coined a term, *pathocenosis*, to describe the equilibrium of health in a relatively closed and ecologically stable population. When this equilibrium is disrupted by human migration, famine, climate, and other social or physical upheavals, "new" and deadly epidemics may flourish.[12] As the twentieth century has progressed, the "classic" epidemic diseases such as cholera, yellow fever, smallpox, and typhus have steadily declined in the United States. Their episodic visitations have been controlled with modern disinfection techniques, international sanitary surveillance methods, increased access to communications technology, medical inspection, and, if necessary, the isolation of the contagious. But epidemic diseases—both the old and the new—do not yet appear to be conquered, despite hopeful predictions of only a generation or two ago. A number of factors, ranging from newly emerging human migration patterns to the discovery of drug-resistant strains of bacteria and viruses, threaten to disrupt the pathocenosis we have come to take for granted during much of the second half of the twentieth century.

Like epidemics, anti-immigrant sentiment and scapegoating have appeared episodically throughout American history. One might argue that there are recognizable risk factors for both. Writing these words in an era where immigrants are again a symbol of American anger and are again subject to American scapegoating, I am reminded of John Higham's wise synthesis of American immigration history: "History may move in cycles but never in circles. . . . With every revolution some new direction opens, and some permanent accretion is carried into the next phase. Each upthrust of nativism left a mark on American thought and society."[13] Each time an epidemic erupts, as with each new wave of nativism, a different play with different scenes and actors evolves. And yet we find past dramas of epidemics

and nativism culturally embedded in our contemporary responses to these dilemmas.

In an article entitled "The Microbe as Social Leveller" published in the *North American Review* in late 1895, New York City's newly appointed commissioner of health, Cyrus Edson, compared the germ theory of disease to the political philosophy of socialism. Recalling the 1892 typhus fever and cholera epidemics, Edson warned:

> It is not only in material things that the prosperity of each is dependent on that of his fellows. Disease binds the human race as with an unbreakable chain. More than this, the development of the world has enlarged this chain until now all nations are embraced in its band.[14]

By 1895, Edson's writings reflected an almost evangelical conversion to germ theory. But he was also quick to remind his readers that immigrants, such as "the poor, ignorant, down-trodden peasant of such a country as Russia," were a serious and constant threat to the public health of the United States.[15] Although the socialist metaphor was uncharacteristic of its author, the all-too-easy segue from a discussion of epidemic disease to the identification of a foreign scapegoat was common to many Americans of the Gilded Age.

Today, a little more than a century after Edson's article appeared in print, we find a return to the perception of immigrants as vectors of disease in the popular media. Today's potential scapegoats include Latino, Asian, African, Cuban, and Haitian immigrants.[16] Concurrent with an era of newly emerging public health problems and epidemic diseases, it is almost predictable that at some point anti-immigrant rhetoric may again include a conflation of nativism, disease, and the quarantine mentality. For example, journalist Peter Brimelow of *The National Review* recently published a polemic against immigration that, with historical perspective, reflects little more than a new strain of an old infection: "Quite possibly, disease incubated in the teeming human petri dishes that Third World cities now comprise may be the chance factor that finally crystallizes immigration as a political issue in the United States."[17]

"Chance" is *not* the descriptor I would choose to characterize future collisions of public health crises and immigrant scapegoating. The presence of serious public health risk factors, including rising rates of tuberculosis among foreign-born Americans, newly emerging and poorly understood infectious diseases, shrinking economic resources to maintain adequate disease control, and the restriction of public health and medical care for legal and illegal immigrants all point to potential episodes where the appearance of epidemic disease may, again, become associated with a scapegoated alien

group.[18] How we attempt to handle these potential crises will be as much a measure of our society's perceptions of health, disease, and individual human rights as it is a measure of our medical, scientific, and technological expertise.

At present, the isolation or quarantine of people with specific contagious diseases is neither an antiquated practice nor a theoretical discussion. It remains an occasional reality of public health control. Some, but not many, contagious diseases, such as influenza, may be casually transmitted simply by breathing in a closed space, such as a hospital room, where an ill person is. As a pediatrician, I routinely isolate babies admitted to a children's hospital with respiratory syncytial virus (RSV) in order to prevent the spread of disease to others. The recent management of the drug-resistant tuberculosis epidemic in New York City, where recalcitrant patients were admitted to an isolation facility on Roosevelt Island in the East River,[19] and the handling of HIV/AIDS patients in Cuba[20] are widely publicized applications of quarantine. More dramatically, with the outbreak of an infectious disease we do not yet fully understand, Ebola virus, we find a return to quarantine in its oldest and strictest sense: During the summer of 1995, the gates of Kikwit, Zaire, were closed and the virus eventually burned itself out.[21] What appears to be different today from the quarantines of 1892, at first glance, is a decided attempt by public health workers to pay close attention to both individual rights and societal obligations in the containment of modern-day epidemic disease.[22]

The unresolved tension between protecting the public health and protecting the individual needs of the contagious person suggests a literary device commonly employed by Sholom Aleichem and many other Yiddish writers of the late nineteenth century—a mode of discussion I like to call the doctrine of *an der anter hant* ("on the other hand").[23] An oft-repeated anecdote should illustrate. A brilliant young Talmud student named Yankel left his shtetl to search for a wise, one-armed rabbi. After years of futile search, he returned to his shtetl. A perplexed friend asked, "Reb Yankel, why in the Great One's name did you waste so much time and effort looking for this one-armed rabbi?" Yankel replied: "So I could find, maybe, a teacher who would not answer my questions 'On the one hand, it is such-and-such . . . but on the other hand, it could be this-and-that . . .' "

In the consideration of human life, however, there can be no "other hand." The microbe as an agent of illness and death is the ultimate social leveler. It binds us and, when transmitted through a filter of fear, has the potential to divide. But when the quarantine of the contagious is mandated because the disease in question either is easily transmitted or is too poorly understood to take any "chances," there is an absolute moral imperative to

avoid stigmatization and to provide humane, safe, and compassionate medical care for those stricken by or suspected of having a contagious disease. Adequate housing facilities, attention to individual rights, economic and recreational needs, cultural and religious differences, and the emotional difficulties patients may experience in isolation are elements as essential to a quarantine as the hue and cry of the roundup of victims. Most important, these measures must be applied equally and fairly to all who are ill with a particular contagious disease rather than relying on policies of scapegoating. These human considerations, unfortunately, can only reduce but never cure the many problems caused by the experience of quarantine. They remain vital considerations, nevertheless. The burden of illness is wearing enough for those stricken with contagious disease without the added social layers of separation.