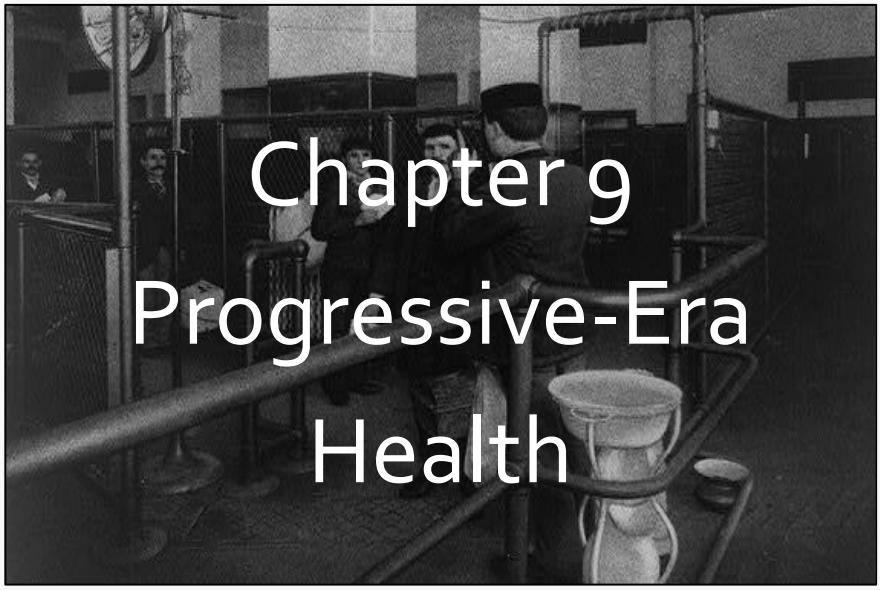


Chapter 9 Progressive-Era Health

Focus Questions:

1. What is Progressivism, and why was it such an influential movement for science at the turn of the century?
2. What were some major public health projects in the Progressive era? How did Progressive principles influence popular media and marketing for health campaigns in the late nineteenth and early twentieth centuries?
3. In what ways did scientific medicine and eugenics philosophies affect policies for immigrants and members of the working classes?
4. How did sexuality become medicalized during the Progressive era?

Key Terms:

Progressivism	Christmas seals
"scientific management"	Ellis Island
Settlement movement	Trachoma
Margaret Sanger	Chick Gin
Pure Food and Drug Act	Mary Mallon
Sexology	

Introduction

The late nineteenth century saw the rise of a number of Progressive movements in American and European societies. **Progressivism** has different connotations but has been interpreted broadly to mean both science and the creation of a new, modern self. Progressives believed that industrialization and urbanization, two major forces of the late nineteenth century that worked in tandem with each other, were negatively affecting human life. One of the most notable characteristics of the Progressive period was a more widespread embrace of scientific medicine, which influenced medical professions as well as public health policies. A number of notable reformers built their careers on translating scientific principles and medical authority from the academy to the public, and many innovations—like medical discoveries, clinical research, and new treatments—received a lot of coverage in the popular media. In some cases, Progressive-era consumers were more eager to adopt new scientific principles of health, hygiene and medicine than were physicians and other practitioners. Sanitation practices, regulations to control food and medicine production, crusades against specific diseases (including tuberculosis, diphtheria, and hookworm), and the popularity of "magic bullet" cures were heralded by many as a boon to modern society. Many reforms targeting individuals and groups had long-lasting consequences for the public's health in the late nineteenth and early twentieth centuries.

9.1 Progressive Impulses in the Modern West

Progressivism was borne of a liberal impulse to address the problems of changing societies, and the perceived need to bring rational management and regulation to modern social and political systems. Although Progressivism is often linked to the middle and upper classes of Western nations, its values and projects were not unique to a specific socio-economic class or political position, and in many ways the Progressive spirit was embraced by capitalists and socialists, men and women, the rich and the poor alike. Many discuss the Progressive movement in the context of social reform, but it was present in many other aspects of western societies and cultures. The term is firmly linked with growing critiques of industrial capitalism and its effects, particularly on members of the working classes. Progressive-era reformers sought efficient and effective solutions to modern social and medical problems, utilizing government authority to achieve their goals. In many ways, Progressivism set the stage for "welfare state" programs that emerged in the interwar period in many Western nations. Expanded commercial markets enabled the dissemination of literature and products intended to inform and persuade. Journalistic exposés, posters and pamphlets, consumer goods and advertising were becoming popular media for messages about modernity, health and disease.

A "time engineer" investigating the efficiency of factory machinery, c. 1911. "Time Study of Jobs", the System Company, How Scientific Management is Applied *(Chicago; New York; London: A. W. Shaw Co. Ltd., 1911), [frontispiece]. Google Books.*

One of the most definitive characteristics of Progressivism was its emphasis on efficiency, expertise, and the application of scientific principles to make effective changes in a variety of institutions including government, business, education, and health care. Frederick W. Taylor, a Philadelphia engineer, became the first expert in the United States to implement **"scientific management"** in factories to increase productivity and determine specific "best methods" to perform any task. The results of Taylor's time-and-motion studies and observations were published in the 1911 book *Principles of Scientific Management*, and the system of "Taylorism" found an audience in many industries, businesses, governments,

and even private homes. However, many Progressive projects were also driven by widespread muckraking, a form of journalism that focused on illuminating corruption and social problems in different areas of society.

Progressive politics promised more widespread opportunity for participation and direct democracy. The Third Republic of France, a new constitutional government, was established in 1875, around the same time that more liberal and economic policies were implemented in Germany and Austria-Hungary. The Reform Act of 1884 significantly expanded the electorate in the United Kingdom, allowing more men of the "prosperous" working classes in Great Britain and Ireland to vote. In the United States, many Progressives embraced political reforms to create "honest governments" based on expertise and efficient organization. The direct primary election system allowed American voters, rather than party leaders, to select candidates, and the ballot initiative and referendum enabled voters to propose new laws. In many ways, Progressivism seemed to address problems and injustices that had become rampant in modern republican societies; as American Supreme Court Justice Louis Brandeis noted in 1915, "efficiency is the hope of democracy."

Political transitions also led to the emergence of Progressive-era feminism. A number of women in the United States and Europe had more access to education and white-collar employment and began to embrace the independence and practicality of the Progressive "new woman." There was also more support for women's civil and political rights, including the right of married women to control property and obtain divorces, and (to a lesser extent) women's suffrage. Furthermore, middle-class women's domestic roles began to change with an increased prevalence of deliberate family planning and a general decline of birth rates in western nations by the beginning of the twentieth century. Wives and mothers were also encouraged to embrace changes in household management, with new expectations for efficient design and hygiene (including white porcelain bathrooms and fixtures, electric appliances like vacuums, and "scientific motherhood" manuals for child rearing), as well as more practical female fashions in clothing and leisure. Several notable female reformers, like Italian physician and educator Maria Montessori and American social worker Jane Addams, applied principles of efficiency and organization to improve communities and provide access to modern culture. Addams, for example, became an influential community leader and advocate for public health and safety in Chicago after founding Hull House, ultimately becoming the first woman to receive the Nobel Peace Prize. Many other women, including wives and mothers, found new opportunities to become career nurses, teachers, community organizers, social workers, and journalists.

Advertisement for Elliman's Universal Embrocation that depicts a "modern" woman, wearing bloomers (or "rationals") and riding a bicycle. Printed in The Graphic *(c. 1897), Wikimedia.*

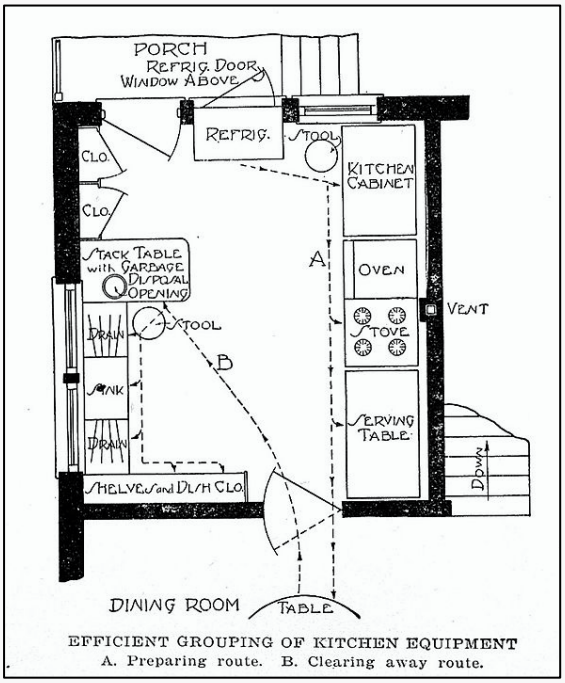
9.2 Modern Domestic Spaces

Progressive support and publicity for science led many middle-class families to adopt new sanitary standards in their homes and personal behaviors. In many ways, household design and decorum reflected new ideas about "the modern self" in terms of expectations for wellness, cleanliness, fitness, and daily regimens. Progressive interior design moved away from the heavy and dark furniture and décor of the Victorian era, adopting new architectural and design elements to maximize health in domestic spaces. The Arts and Crafts architectural movement of the early twentieth century featured more open floor plans and multi-use spaces and its design emphasis on clean, smooth surfaces with simple decorative details was praised for being less cluttered and easier to keep clean. The bungalow-style house,

characterized by porches and windows to encourage natural light and the flow of fresh air, became very popular among the middle class (houses were even available for mail order from the Sears & Roebuck Company in the 1920s). By 1920 a majority of homes in the United States had indoor plumbing, electricity, and gas stoves. Listerine, the household antiseptic named in honor of Joseph Lister, was widely used for sanitizing wounds and killing germs on household services. The mass production of sanitary consumer items—such as disposable paper products and individually wrapped drinking straws—threatened traditional practices of reusing cloth napkins, handkerchiefs, and straws. In public, behaviors like spitting, coughing, sneezing or blowing one's nose were increasingly seen as seriously offensive rather than harmless evidence of ill manners, and adults were encouraged to avoiding excessive touching and kissing of children (especially infants) to prevent the spread of germs.

Dryden House, San Diego, California (c. 1914). San Diego Historical Society Archives, Wikimedia.

Christine Frederick, writing in the *Ladies' Home Journal* in 1912, encouraged housewives to embrace Progressive ideas about efficiency and to apply principles of scientific management to their homes. In particular, women should focus on improving or eliminating the "zones of danger" in domestic spaces, including damp cellars, poorly ventilated and dimly lit rooms, shared baths, upholstered furniture, heavy drapes, and dusty carpets. Bathrooms and kitchens received significant overhauls in Progressive-era design because of their susceptibility to dirt and germs. Prior to the 1880s, interior bathrooms even in the finest homes were difficult to keep clean. Many had wood paneling, carpeting and wallpaper, and a limited supply of running water. White porcelain, floor tiles and enamel fixtures were much better suited to antiseptic cleaning and increasingly replaced Victorian bathroom interiors. Married engineers Frank and Lillian Gilbreth used time-and-motion studies like Frederick Taylor's to design modern kitchens for utmost efficiency, arranging appliances and furniture to eliminate wasted movement. Labor saving devices like vacuum cleaners (first sold by Ohio's Hoover Company in 1908) and washing machines supposedly made it easier for homemakers to maintain domestic cleanliness, but also established higher standards for home environments than had existed before. This also led to a decline of "putting out" domestic labor to household servants and launderers after World War I, and more responsibility given to homemakers to maintain sanitation in their homes. In that respect, Progressive-era recommendations for health and cleanliness could be a double-edged sword for women in the domestic sphere who faced increasingly strict messages about the "right and wrong" ways to keep house and raise their families.



From Christine Frederick, Household Engineering: Scientific Management in the Home, *2nd ed. (Chicago: American School of Home Economics, 1919). Wellcome Images, the Wellcome Trust Limited, Wikimedia.*

9.3 Progressive Interventions in Growing Cities

Around the same time, industrialized nations in Europe and North America experienced immense population growth. For example, Germany had about 41 million residents in 1871, but that number increased to 64 million by 1910. Population expansion in the Progressive era was due less to rising birthrates (which actually were falling in several countries) than to improvements in sanitation and public health that reduced infant mortality rates and extended average life expectancies. However, many western countries also saw a significant rise in their immigrant populations. Opportunities for unskilled industrial employment attracted many rural and peasant immigrants to industrialized

nations, and the movement of factories into urban spaces facilitated the growth of industrial cities. Pogroms, or anti-Semitic violence, in eastern Europe had catalyzed the migration of millions of Jews into western Europe and North America in the decades prior to World War I. European colonization and conquest also facilitated the influx of colonial subjects from Africa and Asia into cities like London, Manchester, Paris, and Marseilles, while many Asian migrants (first predominantly Chinese, and later Japanese) made their way to cities in the United States following the American annexation of the Philippines. Many urban dwellings in cities like London, Paris, New York and Chicago were characterized by a lack of indoor plumbing or adequate ventilation, an absence of effective municipal sanitary and sewage systems, and a constant risk of fire. Ethnic enclaves, such as "Chinatowns" and "Little Italys," also emerged in major cities, partly from the ghettoization of immigrant populations and partly by choice. Immigrant neighborhoods supported churches, stores, benevolent and mutual aid societies, and newspapers printed in native languages; in many ways, ethnic neighborhoods provided an important sense of identity and community for recent arrivals.

Gare d'Orsay, Paris. Wikimedia.

Major urban planning projects of the mid-nineteenth century led to the modernization of utility and transportation systems during the turn of the century. For instance, by 1900 the city of Paris had updated its sewage and sanitary networks and opened its first electrified urban railroad terminal, the Gare d'Orsay. In the United States, the "City Beautiful" movement sought to transform cities with new boulevards, multipurpose green spaces, and grand and harmonious public buildings designed in the Beaux-Arts architectural style (named for the Paris École des Beaux-Arts, meaning "fine arts"). At the same time, many Progressive-era liberals, particularly women, sought to provide rational or moral "uplift" for city dwellers, and particularly for oppressed or underprivileged populations, as a reform strategy. The American economic Panic of 1893 was a strong catalyst for reformers to make industries more efficient as well as address the plight of workers. New protective laws—including safety regulations, limits on wage labor hours, and restrictions for women's and children's labor—were supported by growing labor unions.

Toynbee Hall, pictured in The World Today Magazine *(April 1902). Wikimedia.*

This impulse also led to the blossoming of the "social gospel" in a variety of urban communities, including the **Settlement movement.** Based on the example of the Young Men's Christian Association (YMCA), which had been founded in England in the 1850s, a number of organizations sought to address the needs of poor and immigrant populations by creating safe, "uplifting" spaces for food, shelter, education, legal or employment assistance, and childcare. One of the most common forms of outreach was the settlement house, where middle-class reformers (many of them women) lived at sites in poor, urban areas to provide aid and "uplift" to their neighbors. Toynbee Hall—named in memory of reformer and historian Arnold Toynbee—in London's Whitechapel neighborhood opened in 1884 to house Oxford students working in that community and provided a model for a variety of settlement houses throughout Europe and the United States. Many other settlement houses, including New York City's Union Settlement and Chicago's Hull House (both targeting European immigrant neighborhoods), were directly influenced by the operation of Toynbee Hall. However, whereas Toynbee Hall was affiliated with the Church of England, most other settlement houses were secular; Catholic settlements usually operated separately through Church parishes.

The Settlement movement also included the establishment of rural schools in Appalachia and Texas and a small network of educational and social institutions in Moscow. Although the National Federation of Settlements in the United States excluded African Americans, a Black settlement house movement developed parallel to the mainstream "white" movement and opened locations in Virginia, Alabama and Washington, DC. The first of these was the Locust Street Social Settlement, founded in 1890 in Hampton, Virginia specifically for "wayward colored girls" to learn agricultural and homemaking skills, participate in athletic games, learn principles of hygiene, and have access to educational opportunities.

The founder of Hull House, Jane Addams, argued in 1892 that such settlements were a "subjective necessity" in a democratic society like the United States, where class inequalities were becoming more pronounced. In her view,

> The social organism has broken down through large districts of our great cities. Many of the people living there are very poor, the majority of them without leisure or energy for anything but the gain of subsistence … Their ideas and resources are cramped. The desire for higher social pleasure is extinct. They have no share in the traditions and social energy which make for progress. Too often their only place of meeting is a saloon, their only host a bartender; a local demagogue forms their public opinion. Men of ability and refinement, of social power and university cultivation, stay away from them. Personally, I believe the men who lose most are those who thus stay away.

Thus, the settlement movement was a way to bring different social classes together for the improvement of all, but the emphasis remained on embedded middle-class reformers providing "uplift" for the disadvantaged even if the benefits of the settlement were, as Addams argued, "reciprocal." While interventions like settlement houses certainly did much to improve the lives and health of urban populations, there were limits to the effectiveness of the "social gospel." Many reformers certainly maintained their own prejudices and ethnocentric assumptions about modernity and civilization in the process, and often failed to see the socioeconomic and cultural dimensions of immigrant and working-class lifestyles that hindered acceptance of reformers' middle-class Progressive values.

Settlement houses and charitable missions also often provided health clinics and some supported visiting nurse services to provide outreach, treatment and instruction in urban, working-class homes. Lillian Wald, a founder of the Henry Street settlement in New York City, was the first visiting nurse in the United States, and routinely climbed across the rooftops of crowded tenement buildings while making house calls to save time and energy, rather than running up and down staircases. She gathered an impressive amount of data to demonstrate that in-home nursing care saved lives, and in 1909 persuaded the Metropolitan Insurance Company to hire visiting nurses for its policyholders. By the time Wald retired in 1933, her staff alone had expanded to employ 265 nurses, and made about 550,000 home visits annually to 100,000 patients. They also provided treatment for an estimated 25% of the city's pneumonia cases, and one-third of its maternity patients.

Cover of Birth Control Review *(July 1919). ABC-CLIO American History, Wikimedia.*

Another American visiting nurse, Margaret Sanger, witnessed first-hand the deleterious effects that numerous pregnancies and births were causing among the working-class population she treated. These effects included spousal rape (which was not then considered a criminal assault), domestic abuse, poor prenatal nutrition and physical health, and consequences of traumatic births (including eclampsia, puerperal fever, and vesicovaginal fistula). Sanger also noted an increased risk of birth defects and disabilities for mothers who experienced frequent pregnancies and births. As a result, she began dispersing information (in writings and lectures) about birth control, and imported contraceptives from Europe, particularly pessaries, a vaginal barrier method. Their importation was illegal, and Sanger was sometimes forced to smuggle them into the United States in empty brandy bottles dumped on the shore, but she strongly believed that reproductive rights were crucial for women's health and wellbeing, particularly immigrant and working-class women. In 1914, Sanger was indicted under the Comstock Act—an 1873 anti-obscenity law that prohibited sending "indecent" material through the mail—and was forced to flee to Great Britain to avoid prosecution. Subsequently, she returned to America to advocate for the legalization of contraception and opened the nation's first birth control clinic. In 1921, she co-founded the American Birth Control League, which became the Planned Parenthood Federation.

Eclampsia – a complication of pregnancy caused by severe preeclampsia (high blood pressure and protein in the urine), which can lead to seizures, coma, and maternal death

9.4 Progressivism and the Public's Health

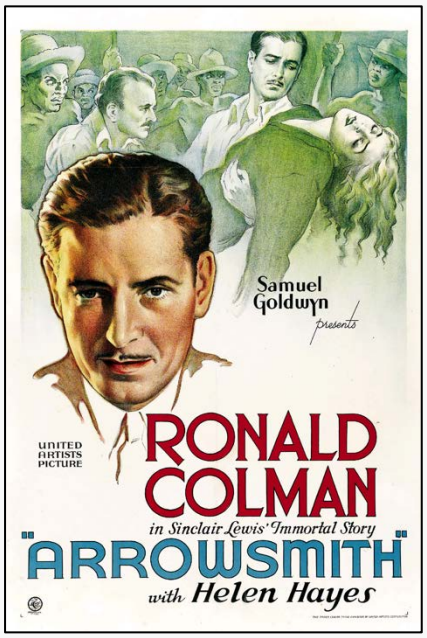
The turn of the century saw a number of notable reforms and programs, instituted according to Progressive principles, which were designed to address public health problems at home and abroad. The widely reported successes of microbiological and bacteriological research in Europe and the United States had transformed ideas about diseases and infections, and Progressive officials adopted the perspective of "specific reductionism" to target and address causes of specific health problems scientifically. In 1906, following the publication of Upton Sinclair's muckraking novel *The Jungle*, the American federal government passed the Meat Inspection and Pure Food and Drug Acts. The Meat Inspection Act mandated sanitary regulations (aseptic and antiseptic) for America's meatpacking industry, including government inspection of processing facilities and the hog and steer populations pre- and post-slaughter. The **Pure Food and Drug Act** brought a similar standard of regulation and oversight to the production of prepared foods, alcoholic beverages, and medicines. That Act specifically targeted patent medicines (colloquially referred to as "snake oils"), remedies that were sold with a claim to treat various ailments. Most patent medicines from the nineteenth century were relatively harmless placebos comprised of alcohol and herbs, but prior to the Pure Food and Drug Act there was absolutely no system of oversight or accountability to control ingredients in such concoctions. The law was enforced by the Department of Agriculture's Bureau of Chemistry until 1927, when the government established the Department's Food, Drug, and

Harvey W. Wiley, U.S. Department of Agriculture Chief Chemist and "Father of the Pure Food and Drug Act," in his laboratory. U.S. Department of Agriculture, Wikimedia.

Insecticide Administration; it was renamed the Food and Drug Administration in 1931. President Theodore Roosevelt lauded such regulation as part of a "square deal" to protect American consumers from unsanitary and unhealthy goods.

Governments and private agencies in the United States and Europe also supported urban sanitation movements, anti-spitting laws, mandatory vaccination campaigns (particularly for children entering public schools), and new quarantine protocols. A number of Progressive social reformers from a variety of backgrounds targeted medical and public health issues as part of a broader critique of "social ills." For example, "municipal housekeepers," including many women, organized and participated in drives to limit pollution and improve sanitation in major cities. Such projects were certainly based in older arguments that environmental and moral cleanliness were linked, but also utilized new arguments and scientific methods to gather data about the health hazards of smog and garbage. Not only did the municipal housekeepers lobby for better municipal services, they also took matters into their own hands. Observers would sit on rooftops to monitor the output and density of coal smoke emerging from chimneys and sewed giant bags to haul garbage away from the streets.

The widespread publicity of scientific discoveries (such as Pasteur's rabies vaccine and Emil Adolf von Behring's diphtheria antitoxin) dovetailed with public support of sweeping public health reforms in the Progressive era. Scientists and physicians throughout the Western world and in imperial colonies were held aloft as popular heroes even in film and literature. For example, American microbiologist and author Paul de Kruif published a bestselling 1926 book entitled *Microbe Hunters* that featured inspiring accounts of famous scientists from the "Heroic Age" of medicine (including Robert Koch, Louis Pasteur, Walter Reed and Paul Ehrlich). De Kruif also assisted novelist Sinclair Lewis in preparing the 1925 novel *Arrowsmith*, a fictionalized account of Midwestern scientist and physician Martin Arrowsmith (likely based on de Kruif himself) and his interactions with his mentor Max Gottlieb (likely based on Michigan professor Frederick Novy). That novel was awarded the 1926 Pulitzer Prize for Fiction although Lewis declined to accept it. During the interwar period major motion-picture studios like Warner Brothers and MGM released several single-reel film "shorts" on medical history that played before feature films in popular movie houses. These short films contained narrative accounts of scientific heroes like Edward Jenner, Ignaz Semmelweis and Marie Curie; they romanticized medical discoveries and emphasized the value of scientific research and overcoming resistance to new, modern ideas. Such celebrations of scientific triumphs bolstered popular support for reforms as well as public faith in scientific medicine.



Poster advertising the 1931 film adaptation of Sinclair Lewis' Arrowsmith, *United Artists. Wikimedia.*

9.5 The Anti-Tuberculosis Crusades

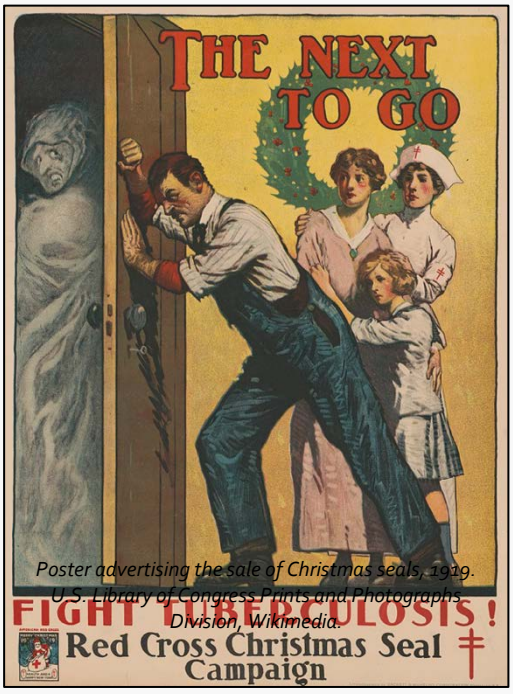
In the decades following Robert Koch's discovery of the bacillus that causes tuberculosis (consumption), strategies to address the "white plague" changed dramatically, focusing on widespread Progressive policies to prevent tuberculosis instead of isolating and treating individual victims of the disease. This led to the first real mass public health campaign in Western history by the turn of the century, particularly in the United States. The first "crusade," which focused on anti-spitting laws and public awareness messages about spitting, coughing, and kissing, sought to eradicate common behaviors associated with the spread of tuberculosis. By the turn of the century, anti-tuberculosis societies led massive fundraising campaigns for tuberculosis prevention, treatment, and research. The first anti-tuberculosis organization was founded in Pennsylvania in 1892 and was followed by America's National Association for the Study and Prevention of Tuberculosis (NASPT) in 1904. That organization grew steadily, overseeing more than 1,300 local and state chapters by 1916, and was renamed the American Lung Association in 1954. The messaging of such organizations was optimistic

that modern medical science could eradicate consumption altogether with the help of public involvement, despite high-profile setbacks (like the failure of Koch's 1890 tuberculin "cure"). An International Tuberculosis Exhibition in Philadelphia in 1909 opened with the slogan "The two emancipators: Lincoln wiped out slavery, science can wipe out consumption."

One of the earliest and most successful strategies to raise awareness and funds for anti-tuberculosis crusades was the sale of **Christmas seals**. The idea originated in 1904 with Danish postal clerk Einar Holbøll, who suggested adding extra charitable postage to holiday greetings; those funds would be used to help children suffering from tuberculosis. More than four million seals were sold in Denmark that year and, by 1911, the Christmas seals had raised enough money to fund the construction of the Christmas Seal Sanatorium in Kolding. Canada, Sweden, Iceland and other Western countries also adopted Christmas seals for holiday mail following Denmark's example, and in 1908 the NASPT (working in conjunction with the American Red Cross) began its own Christmas seals fund drives in the United States. The stamps were designed with input from sociologists and advertisers to create attractive, striking images as well as the double-barred cross of Lorraine, which served as a logo for the NASPT and became an international symbol for the fight against tuberculosis. The success of the Christmas seals program was staggering: their funds increased nearly eightfold between 1915 and 1920, from about $250,000 to nearly $4 million. The Red Cross withdrew their participation in 1920 but Christmas seals sales in the United States has continued and expanded for decades, incorporating tie-ins with advertisers, motion-picture studios and theaters by the mid-twentieth century.

Danish Christmas seal from 1904 (left) and American Red Cross, 1919 with the Cross of Lorraine (right). Wikimedia.

Cross of Lorraine – a late medieval heraldic cross (earlier known as the patriarchal or Crusader's cross) featuring two horizontal bars, found in the arms of Lorraine, a region in eastern France; it has been used as symbol for Jesuit missionaries in the New World, the anti-tuberculosis crusade, and the Free French Forces fighting Germans in World War II



Poster advertising the sale of Christmas seals, 1919. U.S. Library of Congress Prints and Photographs Division, Wikimedia.

Although anti-tuberculosis organizations and campaigns were successful in raising funds and awareness to combat the disease, they did not completely overcome older ideas and stigmas associated with consumption. In many ways, anti-tuberculosis activism during the Progressive Era increased fears about the spread of tuberculosis in businesses, schools, public transportation, and urban or working-class neighborhoods. Observations that tuberculosis remained widespread among immigrant and African American populations (particularly in the segregated United States) reinforced racial and ethnic stereotypes about disease in professional medical and public discourses. Prior to the discovery of an effective cure for tuberculosis, which did not occur until after World War II, sanitary reformers and anti-tuberculosis crusaders relied on public health "morality" messages that held individuals responsible for the prevention of disease, and decried the unhygienic habits of particular populations (usually immigrants, the poor, and people of color) as detrimental to the public's health.

9.6 Immigrant Medical Inspection at Ellis Island

Western nations experienced a major wave of immigration in the late nineteenth century as a result of industrialization, imperialism, and refugee crises around the world. More than 20 million immigrants came to the United States alone between 1880 and 1924, representing more nations and ethnicities than ever before, particularly from eastern and southern Europe. The largest point of entry for America was at **Ellis Island**, built in the New York Harbor in 1892 to replace the older Castle Garden facility on Manhattan. The Ellis Island facility was designed with Progressive principles to process a huge influx of immigrants arriving via steamship, up to several thousand in a day, as efficiently as possible. Roughly 75% of all arrivals to the United States came through Ellis Island and, though the number of arrivals declined dramatically after World War I, the facility continued to operate until after World War II.

Trachoma examination at Ellis Island (1913); the white towels hanging next to the USPHS officers would have been used to disinfect instruments between examinations. Photo by Underwood & Underwood. Library of Congress, Picryl.

New arrivals traveling first- or second-class were inspected by physicians in their private cabins on steamships, but third-class or steerage passengers (the majority of immigrants) disembarked from ferries and immediately entered the "Great Hall" of the island's main building for primary inspection. As long queues of people moved between metal railings towards Immigration Bureau clerks at the back of the registry room, physicians employed by the United States Public Health Services (USPHS) observed new arrivals for signs of illness, disability or deficiency as immigrants shuffled past and climbed the stairs. Most arrivals did not know they were even being inspected until they reached a uniformed USPHS officer toward the end of the queue; that officer asked each person to make two right-hand turns to look at all sides of the body and perhaps checked other signs like the pulse, breathing, or swollen lymph nodes in the neck. Inspectors also conducted a quick examination to identify signs of **trachoma**, a highly contagious eye infection. Trachoma, caused by the bacterium *Chlamydia trachomatis*, causes severe inflammation and, with repeated infections, scarring of the upper eyelids and ingrown eyelashes that can scratch the cornea, causing blindness. Its transmission and potentially disabling sequelae made trachoma a particular target for immigrant inspection starting in 1898, and eye examinations became mandatory for all arrivals by 1905. Inspectors used buttonhooks or their fingers to evert the eyelids of new arrivals to check for signs of a trachoma infection, and although the eye examination usually lasted only a matter of seconds it was traumatic for many immigrants. Frequently, new arrivals assumed that uniformed USPHS officers were police rather than physicians and did not understand why the officers needed to check their eyes in such an invasive manner. Although policy dictated that medical instruments used in inspection needed to be cleaned with Lysol between examinations, that did not always occur. Theodore Roosevelt, after visiting Ellis Island in 1906, observed that some physicians conducted trachoma examinations "with dirty hands and no pretense to clean their instruments." Following the eye examination, arrivals were handed an immigration card (which allowed inspectors to continue looking for signs of poor vision) and allowed to continue. If line inspectors suspected the presence of health ailments, immigrants were marked with a particular symbol in chalk on the back of their right shoulders and detained for more detailed examination, treatment or quarantine at the Ellis Island hospital facilities.

Steerage – the lowest fare class of passenger ships, named for the part of the ship that contains the steering apparatus on the lower decks

Sequelae – conditions that are the secondary result of a disease or injury

The staggering number of arrivals at Ellis Island aroused concerns about the processing system among medical professionals. Henry Hurd, hospital superintendent at Johns Hopkins, wondered "how can a physician inspect 2,000 persons as they should be in a couple of hours, when it sometimes takes a doctor twice that long to diagnose one patient?" Many USPHS officers and administrators, however, took pride in the skill of "snapshot diagnosis" that Ellis Island inspectors developed. What the inspections were designed to detect and prevent, above all, were infectious diseases or any conditions that made a new arrival "likely to become a public charge." Thus, physical signs of disability, mental illness, or chronic conditions aroused more attention than more acute (and less potentially burdensome) cases. Published studies lauded inspectors' supposed efficiency and impartiality, as well as the skill some claimed of being able to tell, at a glance, a person's ethnicity and country of origin based on physical appearance. There were also many reports that the system was working: there is little evidence to suggest that Ellis Island officials used medical diagnoses to justify the exclusion of any particular racial or ethnic group. Furthermore, upon further inspection, marked immigrants might receive treatment or remain for a period in quarantine on Ellis Island, but only a very small fraction of new arrivals was rejected for medical reasons; about 85% of arrivals in 1911 who were denied entry at Ellis Island had signs of the eye infection. As scholars John Parascandola and Letitia Johnson have noted, immigrant medical inspections had a clear goal of protecting American citizens from infectious disease and the influx of "burdensome" individuals, which took priority over the wellbeing of new arrivals.

9.7 Social Dimensions of Urban Quarantines

As cities grew with new arrivals from the countryside, subaltern imperial territories and other countries, a number of urban areas (particularly those that served as major ports of entry) faced epidemic disease outbreaks in the Progressive Era. Medical researchers around the world saw an opportunity to use such outbreaks for study and utilized the support of the state to institute far-reaching measures to isolate disease in urban enclaves. Although scientists remained optimistic in their belief that objective experiments could eradicate older ideas about the origins and transmissions of disease, public health policies in cities continued to rely on older stereotypes, particularly concerning immigrants and the poor. In many cases, quarantine policies resulted from perceived failures of certain ethnic groups or neighborhood residents to comply with public health mandates (such as compulsory vaccinations), and restrictive health-related laws disproportionately affected immigrant populations, ethnic neighborhoods and impoverished areas.

Political cartoon depicting quarantine officer Joseph Kinyoun being injected with a plague vaccine in the head. Published in the Chinese-language newspaper Chung Sai Yat Po *(June 22, 1900) and reprinted in* Present Status of Plague, with Historical Review. *Wikimedia.*

Several outbreaks of bubonic plague in the United States and its territories indicate how public health officials considered race and social class as significant factors in implementing preventive policies. In January 1900, several cases of plague were reported in the Hawai'ian city of Honolulu, a major port for that American territory. Walter Wyman, Surgeon General for the Marine Hospital Service, assuaged Americans that the "Asian" plague (as he described it) posed no threat to the United States, and Hawai'ian officials targeted Asian Americans (particularly residents of Honolulu's Chinatown) for intervention; while attempting to disinfect the neighborhood, officials accidentally started a fire that destroyed most of Chinatown and left 4,000 of its residents homeless. A couple of months later a San Francisco resident, **Chick Gin**, was diagnosed with bubonic plague after he was found dead in the city's Chinatown, and three more potential cases were identified (though not confirmed) within a few weeks. In response, city officials instituted a curious quarantine of Chinatown, which was already a popular destination for tourists, businesspeople, and thrill-seekers frequenting brothels and opium dens. The quarantine only

prevented residents of Chinatown from leaving the neighborhood but did not prevent others from entering. The city also attempted to mandate vaccination for Chinatown residents—using the unsuccessful anti-plague vaccine that Russian bacteriologist Waldemar Haffkine developed following India's plague epidemic in 1896—and required health certificates for any Asian Americans who wanted to travel on trains or ships. Chinese-American spokespeople (who protested Chick Gin's diagnosis) certainly resisted these protocols and were met with threats of resettlement. Clearly, these Chinatown quarantine examples indicate that public health policies disproportionately targeted immigrants as the harbingers of disease and implied that the (mostly white) individuals who visited Chinatown would not be held responsible for carrying plague out of the neighborhood.

Another famous (and certainly unprecedented) example of quarantine was **Mary Mallon** ("Typhoid Mary"), the first person in America identified as an asymptomatic carrier of the pathogen that causes typhoid fever. Mallon was born in Ireland in 1869 and emigrated to the United States as a teenager, where she worked as a cook in several different places. She probably contracted typhoid sometime around 1900 but never developed an acute infection, and within a few years was suspected of infecting the people she served. By 1907, inspectors had deduced that Mallon was responsible for 22 cases of typhoid (fourteen of them in other servants). Mallon was first apprehended in 1907 but resisted being taken into custody and refused to cooperate with the health inspector for New York City, Dr. Josephine Baker. After several years of quarantine against her will in a New York hospital, she was released on the condition that she never again seek employment as a cook. Mallon ignored that condition, however, and was arrested again in 1915 while working as a chef for a hotel. Her second forced isolation, this time in a small house on North Brother Island in New York Harbor, lasted until Mallon died of pneumonia in 1938. In all, "Typhoid Mary" was held responsible for 51 reported cases of typhoid fever but never accepted explanations for her "menace" to public health.


"TYPHOID MARY"

The Extraordinary Predicament of Mary Mallon, a Prisoner on New York's Quarantine Hospital

Illustration from The New York American *(June 20, 1909). Wikimedia.*

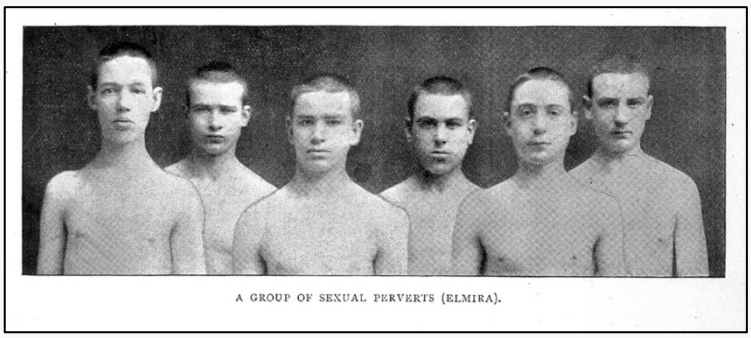
The case of Mary Mallon also illustrates significant cultural, gender, and social class dimensions of the public health issue she posed in the Progressive Era. Scientific medicine had enabled physicians and health officials to identify Mallon as a carrier for typhoid, but the fact that she was an immigrant, a servant, and a woman played a large role in public perceptions of her (especially following her second arrest). Furthermore, officials lamented that employers seemed not to prioritize the health of their servants, who were in the words of one civil engineer "just the people who are hardest to reach and teach with the facts." In many ways, the publicity surrounding "Typhoid Mary" reinforced prevalent stereotypes about ignorance and unsanitary habits among immigrants and the working class, and emphasized her failure to live up to gendered expectations for domestic serving roles.

9.8 Changing Views on Sexuality

Though tolerated and fairly common in a number of ancient cultures, homosexual behaviors were frequently regarded as sinful and penalized in the Western world since the Middle Ages. By the late nineteenth century, scientific researchers began to investigate homosexual behaviors and gender identities as natural and organic phenomena. This led to the emergence of Progressive-era "**sexology**," a scientific field that emerged around turn of the century. Its adherents initially sought to establish more discrete medico-legal classifications for sexual delinquency, which included

homosexuality as well as chronic masturbation, sexual predation, pedophilia, exhibitionism, prostitution, bestiality, "psychosexual hermaphroditism" (bisexuality) and transgender identity. The earliest sexologists portrayed homosexuality as evidence of biological and/or psychological degeneracy, but in the first half of the twentieth century, physicians and scientists increasingly argued that homosexuality was part of a spectrum of natural sexual behavior, not to be construed as evidence of sin or crime.

German-Austrian psychiatrist Richard von Krafft-Ebing wrote the first itemized system for sexual transgression, *Psychopathia Sexualis,* in 1886, in which he argued that homosexuality was evidence of social and biological degeneration. For women in particular, homosexuality was viewed as sexual inversion, which Krafft-Ebing described as "the masculine soul, heaving in the female bosom." Henry Havelock Ellis, a British sexologist in early twentieth century, published *Man and Woman: A Study of Secondary Sexual Characters* in 1894. This book was the product of twelve years of research to find biological explanations for "deviant" sexuality. Ellis extended the existing terminology for "psychosexual types," often with specific physical traits (such as dull eyes, thick lips, excessive hairiness in women and effeminate traits in men). In 1896's *Sexual Inversion,* a book that was banned in the United Kingdom, Ellis became one of first medical professionals to classify homosexuality in men as separate from "gender inversion" (transgender identification or behavior). Although Ellis continued to characterize lesbians as female "inverts" on a spectrum of masculinity, *Sexual Inversion* was an early medical argument that homosexuality is a natural occurrence rather than evidence of mental illness or moral degeneracy.



Photographic study of "sexual perverts" at Elmira Prison, included in H. Havelock Ellis, The Criminal, *3rd ed. (London: Walter Scott, 1901). Wellcome Images, the Wellcome Trust Limited, Wikimedia.*

In 1897, after observing depression and suicidality in his homosexual patients, German physician Magnus Hirschfeld founded the Scientific-Humanitarian Committee. With the motto "Justice Through Science," Hirschfeld's organization sought to destigmatize as well as decriminalize homosexual men and "sexual minorities" more generally. In that respect, Hirschfeld is considered one of the first public advocates for homosexual and transgender rights. In 1933, Nazi demonstrators raided his *Institut für Sexualwissenschaft* (Sexology Institute) in Berlin and burned about 20,000 books from the Institute's library. In the early twentieth century, Austrian physiologist and Nobel Prize nominee Eugen Steinach conducted groundbreaking research on sex hormones. Steinach castrated a male guinea pig and transplanted its testes into female, which resulted in the female exhibiting male sexual behavior. Steinach had identified testosterone and theorized that testicular secretions influenced sexuality. He subsequently developed surgical procedures to increase male potency and "rejuvenation" through partial vasectomy to increase sex hormone secretion. This evidence and the popularity of the surgical procedure ("being Steinached") in Europe and the United States led some advocates to argue for decriminalizing homosexuality, and to theorize its "cure" via hormonal treatment.

9.9 Conclusion

Despite its widespread influence, Progressivism certainly faced its share of criticisms in the United States and Europe. For one thing, there were significant disagreements about Progressive projects, and whether it was ultimately the responsibility of the state or individuals to implement and fund them. Moreover, although the trend is definitely considered a significant part of the rise of modernity, many Progressives were driven by older imperatives, such as

religious morality and charity, which often led to conflicts among different factions. Some critics also noted that, while Progressive impulses were evident in many different populations, their projects were often limited by social, racial and gender prejudices of the time, and there was evidence of clear discrimination towards immigrants, people of color, and the poor. The rise of international tensions that culminated with World War I also hindered a number of reform movements, and Progressive impulses were severely eroded by the late 1910s.

9.10 Reference Materials

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Suggested Readings

James Colgrove et al, eds., *The Contested Boundaries of American Public Health* (2008)

Lorie Conway, *Forgotten Ellis Island: The Extraordinary Story of America's Immigrant Hospital* (2007)

Elizabeth Fee, *Disease and Discovery: A History of the Johns Hopkins School of Hygiene and Public Health, 1916-1939* (1987)

Bert Hansen, *Picturing Medical Progress from Pasteur to Polio: A History of Mass Media Images and Popular Attitudes in America* (2009)

Alan Kraut, *Silent Travelers: Germs, Genes and the "Immigrant Menace"* (1994)

Judith Walzer Leavitt, *Typhoid Mary: Captive to the Public's Health* (1997)

Standish Meacham, *Toynbee Hall and Social Reform, 1880-1914: The Search for Community* (1987)

David Rosner, ed., *Hives of Sickness: Public Health and Epidemics in New York City* (1995)

Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (2001)

James Harvey Young, *Pure Food: Securing the Federal Food and Drugs Act of 1906* (1989)