SILENT TRAVELERS

Germs, Genes, and the "Immigrant Menace"

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The Johns Hopkins University Press
The medical inspection of individual immigrants on Ellis Island and at other immigration depots did not allay Americans' apprehensions that these newcomers were detrimental to the public health. Officials responsible for protecting the public health, especially United States Public Health Service physicians, state and local health officers, and elected officials continued to find themselves pulled in at least three directions: sound public health policy grounded in state-of-the-art medical understanding; nativists' clamor for excluding immigrants, or at least restricting their behavior as public health menaces; immigrant claims of protection from scurrilous accusations of public health endangerment and unreasonable deprivation of their civil liberties. “America beckons, but Americans repel,” ran a familiar immigrant slogan at the end of the nineteenth century. Too often, immigrants were repelled because their very appearance suggested to their hosts' gazes a physical inferiority or vulnerability that the native born feared might be contagious.

Even those sympathetic to immigrants, or at least to particular groups, admitted that newcomers' appearance could evoke repugnance, perhaps persecution. The Chinese, especially, produced such visceral reaction in native-born Caucasian Americans, according to the Stanford University sociologist Mary Coolidge, who had the opportunity to observe it firsthand at the turn of the century: “With physical and social characteristics so different from the rest of the population it was perhaps, inevitable that the Chinaman with his flowing trousers and queue should be a conspicuous mark for race persecution in California at a time when feeling against all foreigners was very strong,” the sympathetic Coolidge observed.1

Worse yet was the possibility that the newcomers' outward appearance was a clue to even more significant internal distinctions. Some might already be diseased or well on the road to illness, their flawed habits of health and hygiene responsible for their unusual appearance and their vulnerability to contagion. Americans feared that if they risked contact with these aliens, they, too, might find themselves sickly and physically diminished. Whether it was immigrants’ faces, their physiques, or their habits of personal hygiene, many native-born Americans feared newcomers as health threats and hoped that the increasingly sophisticated health codes and laws would protect them from the sickness that lurked within and around immigrants. Still, reactions to particular immigrant groups differed markedly.

Chick Gin was Chinese. Mary Mallon was Irish. Both were immigrants to the United States in the late nineteenth century. They might have lived and died in anonymity, as did the vast majority of the “huddled masses” to arrive in the United States between 1880 and 1924. Certainly neither appeared markedly different from other newcomers of their respective groups. However, appearances can be deceiving. Because of bacilli that had invaded their bodies and over which they had no control, Chick Gin’s death and Mary Mallon’s life sowed consternation and fear among a portion of the citizenry in the land where each had chosen to begin a new life. Their stories are case studies suggesting the diversity and complexity of how Americans perceived and responded to immigrants who were alleged public health threats. A comparison of two very different immigrant experiences demonstrates how preexisting prejudices, immediate political rivalries, jurisdictional disputes among local, state, and federal authorities, and social perceptions of scientific medicine played roles in shaping public reaction to the interconnection of public health and the foreign-born.

Substantial numbers of Chinese immigrants first began arriving on the West Coast in the early 1850s, meeting equally hopeful non-Chinese emigrants from the eastern United States in the gold fields of California. In the decade from 1850 to 1860, 41,400 Chinese arrived, most through West Coast ports. Instant wealth eluded Asians and non-Asians alike in California, low-
paying jobs proving far more abundant than gold nuggets. The Chinese, especially, provided a plentiful source of low-cost labor to companies such as the Central Pacific Railroad, laying the track that would bind the nation into an increasingly vast market.

Legally excluded from citizenship, the Chinese emperor's subjects living in the United States served American industry and agriculture in increasing numbers. In shops and factories they rolled cigars, made reins and saddles for the horses that hauled people and commerce, and because the Chinese did not define clean clothes as the proper product of female labor alone, cleaned Caucasians' clothes in laundries. Chinese not in mines or factories or laundries cooked and cleaned for Caucasians, some hoping to save enough to return home wealthy, others planning to go back to China only long enough to find a bride and return and resume their pursuit of prosperity. Few succeeded.2

The productivity of Chinese workers did not earn them respect among native-born Caucasians. In fact, undertaking hard labor for low pay contributed to one of the stereotypes that anchored anti-Chinese prejudice, one branding Chinese as all "coolie laborers" who would undermine the dignity and wage scale of American workers.

In the eyes of most nineteenth-century American Caucasians, Chinese workers were stereotypically perceived as little better than the black slaves. Moreover, many Caucasian Americans perceived the Chinese as the product of a heathen tradition, politically bound to a despotic emperor, and like all primitives in the nonwestern world, morally degenerate. The Chinese might view themselves as the subjects of a Heavenly Kingdom and the heirs of an ancient and honorable civilization, but their Caucasian hosts saw Chinese culture as intellectually backward, undemocratic, and technologically primitive.3

In his 1855 volume about California, the antebellum Southern critic of black slavery, Hinton Rowan Helper, had called the Chinese he encountered "semibarbarians" as out of place among California's growing population as "flocks of blackbirds ... in a wheatfield." Helper equated the Chinese in California with black Africans in the South Atlantic states as inevitably destined by their inferiority to become "subordinate to the will of the Anglo-Americans," as had been "the Irish in the North" or "the Indians in New England." A better prophet than he knew, Helper said that he would not be surprised "if the copper in the Pacific yet becomes as great a subject of discord and dissension as the ebony of the Atlantic."4

In 1862, Dr. Arthur B. Stout, a California physician and a prominent figure in the American Medical Association, had published a report that carried its conclusion in the title, "Chinese Immigration and the Physiological Causes of the Decay of a Nation." Based upon a collection of dubious data, much of it merely the common wisdom of racial nativism, Stout's report warned that "phthisis or consumption, serofula, syphilis, mental alienation, and epidemic diseases" were scourges posed by the Chinese, aggravated by their habitual opium smoking. He suggested there were high rates of syphilis among the Chinese, but found their marked fertility inconsistent with the sterility that often resulted from the disease. Stout's report might have been lost in the sea of equally muddled, irresponsible anti-Chinese tracts had the author not been recruited by the secretary of the California Board of Health and a former president of the American Medical Association, Thomas M. Logan, to investigate the harm to San Franciscans that might result from the "combined intermixture of races and the introduction of habits and customs of a sensual and depraved people in our midst ... with hereditary vices and engrained peculiarities."

Stout's final report to Logan was couched in terms of a biological struggle that foreshadowed the theories and rhetoric of social Darwinism. What is especially clear is that Stout saw the Chinese as having transformed the level playing field of fair social competition in the United States into a battlefield where Americans faced defeat by "invisible approaches" that could "insidiously poison the well-springs of life, and spreading far and wide, gradually undermine and corrode the vitals of our strength and prosperity." Having made the analogy to a land invasion by enemy forces that could be opposed with "sword and rifled cannon," Stout said that the public health threat posed by the Chinese was greater than if "the hordes of Genghis Khan should overflow the land, and with armed hostility devastate our valleys with the sabre and the firebrand than that these more pernicious hosts in the garb of friends."

American lawmakers in Washington codified their reticence to grant citizenship generously to the foreign-born and their special resistance to the naturalization of Asians. The Fourteenth Amendment stipulated that "all persons born or naturalized in the United States and subject to the jurisdiction thereof" were citizens. Chinese born in the United States were clearly citizens. When Chinese-Americans—mostly males because of the labor migration patterns—went to China to marry and have children, their offspring were citizens and could enter the United States as the children of a citizen. However, the spouse was not eligible for immigration because of the marital tie. Only when the 1906 San Francisco fire destroyed birth records did some spouses manage to elude the law, falsely claiming U.S. nativity. As for citizenship by naturalization rather than birth, the door was slammed shut in 1870. The Naturalization Act passed that year limited citizenship to "white persons and persons of African descent," making Chinese immigrant aliens ineligible for citizenship, a status not changed until 1943. Their race made Chinese arrivals targets of prejudice. Their legal status left them with limited legal or political recourse.

Throughout the 1870s, California Caucasians blamed the Chinese for the
presence of various diseases, arguing that the public health menace posed by the Chinese could be curbed only through immigration restriction. California Caucasians blamed an epidemic of smallpox on the Chinese. Some 1,646 cases of smallpox were reported to the San Francisco Health Office between May 19, 1876 and July 1, 1877; 482 died, including 77 Chinese. Dr. J. L. Meares, the health officer of the city and county of San Francisco, observed, "As small-pox [sic] is much more fatal among children than adults, and as there are but few children among the Chinese, comparatively, the inference is natural and just that, in proportion to the number of cases, there were fewer deaths than among the whites." Meares estimated that approximately 300 additional cases had been concealed by the Chinese, bringing the total number of cases to 1,946, an increase of 37 in the number of smallpox cases in this epidemic as compared with the previous epidemic in 1868-69. Why blame the Chinese for the smallpox outbreak?

Meares's answer was unequivocal. He attributed responsibility for the epidemic's severity to the increase from approximately 4,000 to 30,000 of "unscrupulous, lying and treacherous Chinamen who have disregarded our sanitary laws, concealed and are concealing their cases of small-pox, which are only known to exist by the certificates of their deaths furnished by the City Physician, unless by accident some living case is discovered." During the earlier epidemic, there had been few Chinese in the city and few cases among them. However, in the late 1870s, the combination of reported and concealed cases estimated by Meares at three hundred, minimum, persuaded him of a linkage between the Chinese and this latest assault on the public health of his city. He complained that not only did the Chinese fail to report smallpox cases, they even disposed of the bodies of the deceased "to some obscure place from the residence in which they died, so that it is impossible to disinfect their houses, for by no ingenuity can it be discovered whence the dead bodies have been removed." And without the corpses, autopsies badly needed by public health authorities to confirm the cause of death and track the epidemic could not be performed. Caucasian San Francisco health officials, then, came to see the Chinese quarter as little more than a "laboratory of infection" situated in the very heart of their city, "distilling its deadly poison by day and by night and sending it forth to contaminate the atmosphere of the streets and houses of a populous, wealthy and intelligent community." To some it seemed no more than the realization of earlier, dire predictions.

Leprosy, too, was identified by social critics of Chinese immigration and concerned physicians as reason to exclude Chinese from the United States. This disease shrouded in myth and mystery has often been depicted as an expression of divine punishment in Western literature, including the Old and New Testaments. Even today, the etiology of leprosy is not thoroughly understood. It is known to be a chronic infectious disease primarily affecting the skin and peripheral nerves, although other tissues may also be affected, including the eye, the mucosa of the upper respiratory tract, muscle, bone, and testes. Because its symptoms are similar to those of other diseases, diagnosis is often uncertain. By 1870, Caucasian California politicians and journalists were already employing "leprosy" among their litany of metaphors to smear the Chinese on the West Coast of the United States as loathsome. During a federal debate over whether or not individual states would be violating the Burlingame Treaty with China by excluding Chinese from their borders, California Congressman James A. Johnson claimed that the price of allowing residence to "the Hottentot, the cannibal from the jungles of Africa, the West India negro, the wild Indians, and the Chinaman" would be a youth suffering from "rotting bones, decaying and putrid flesh, poisoned blood, leprous bodies and leprous souls." A 1,200-page report on the state of Chinese immigration presented by a joint congressional committee in 1876 drew upon the testimony of physicians, journalists, labor leaders, and so many others to support the conclusion that the flow of Chinese arrivals must be stemmed. In his testimony before the investigating committee, Dr. C. C. O'Donnell offered the inflammatory and unsubstantiated conclusion that there were 150 Chinese lepers roaming the streets of San Francisco, walking time bombs of infection. News reports that yet more Chinese were in flight from a famine in 1878 only hastened congressional action, as journalists made explicit the comparison with the effects of the potato famine upon Irish emigration to the United States thirty years earlier. By the end of the decade, the leprosy stigma was being slung at the Chinese by Dennis Kearney's nativist clique, who claimed that white workers were losing jobs to low-salaried "coolie labor" from China and other sinophobes in California. In at least one sadistic incident reported even on the opposite coast in the New York Times, Kearney's men disfigured Chinese males around the city, cruelly putting them on display before crowds to suggest what leprosy spread by the Chinese could do to the human form, though there was no positive evidence that these particular individuals were leprous.

In 1882, the United States Congress passed the Chinese Exclusion Law. The overwhelming congressional support for the Exclusion Law, which transcended all regional divisions, suggests that Americans across the country, not just in California, viewed the Chinese with alarm. But excluding Chinese laborers from emigrating to the United States did not address the alleged public health threat posed by those already arrived. Because the Chinese in San Francisco and other cities rarely consulted physicians who practiced Western medicine, were barred from many health care institutions, and saw no reason to fuel nativist suspicions by complying with health department regulations on
reporting contagious diseases, there were no reliable data with which to refute charges that the Chinese were health menaces, but neither was there conclusive proof that they were. Still, when health authorities claimed to have identified a case of bubonic plague in San Francisco's Chinatown, few Caucasians believed that the Black Death would stop at Chinatown's borders.

In 1900, Chick Gin was no longer an immigrant youth who believed that his return to China was imminent. He was forty-one years old and the proprietor of a wood yard, having emigrated at the age of twenty-five in 1884. In January, he fell ill and consulted Dr. Chung Bu Bing. He felt weak and feverish and complained of pain in his head, chest, back, and bladder. His physician diagnosed him as having inflammation of the bladder and prescribed medication. Nine days later Chick Gin's fever was down and his pains were gone, but in their place was a swelling of the glands in his groin and a stiffness on his right side. A urethral discharge caused him to suspect that he had gonorrhea, a not uncommon malady among bachelors in the United States. Chinese bachelors, cut off from family and the possibility of finding a Chinese bride by restrictive immigration laws, were no exception. Perhaps dissuaded by the traditional Chinese code of personal modesty, Chick Gin refused examination. Instead, he accepted more medicine and returned to bed. After two weeks of vomiting and diarrhea, he collapsed and died in the basement of a flophouse, where he had rented a bed.

San Francisco health authorities required examination of all dead Chinese who had not been under the care of a Caucasian physician or been attended by a Caucasian care giver. On the morning of March 6, the police summoned to the dingy hotel where Chick Gin's body had been discovered Dr. F. P. Wilson, whose job it was to conduct postmortems. The emaciated appearance of the body and the inguinal swelling aroused Wilson's suspicions sufficiently for him to alert A. P. O'Brien, San Francisco's chief health officer. O'Brien notified municipal bacteriologist Dr. Wilfred H. Kellogg, who upon microscopic examination suspected bubonic plague. Kellogg took smears from the enlarged glands to the well-equipped bacteriological laboratory at the Angel Island quarantine station run by the United States Marine Hospital Service and under the direction of Dr. Joseph K. Kinyoun. However, before he did, Kellogg disclosed his suspicion of plague to O'Brien and John Williamson, president of San Francisco's board of health. That evening, San Francisco's panicky health authorities took drastic action even before the lab results arrived.

The chief of police was summoned and ordered to impose a total blockade on the Chinese quarter in San Francisco. The chief sent thirty-two of his men to evacuate all Caucasians whom they could locate and then to cordon off the area. None but Caucasians might enter or leave. On the morning of March 7, 1900, approximately twenty-five thousand Chinese residents awoke to find themselves separated from their neighbors by a rope looped around their fifteen-block neighborhood, subjects of quarantine.

Even the words "bubonic plague" brought images to mind of the Black Death pandemic of the fourteenth century that killed vast numbers of Europeans. Those infected with the bacterium *Yersinia pestis* begin the agonizing cycle of symptoms with fever, chills, weakness, and headache quickly followed by swelling of lymph nodes of the groin, neck, and armpits, all places in the body where the bacteria multiply. The malady is called bubonic plague from the Greek word for groin, *bubo*, because swellings in that region are most dramatic, at times enlarging to the size of a baseball. Within three to five days the untreated condition results in an excruciatingly painful death for approximately 60 to 90 percent of patients.

In the late twentieth century, the rare cases encountered in Western countries are treated successfully with powerful doses of antibiotics. In 1900, antibiotic therapy did not exist and the epidemiology of the disease was not thoroughly understood. Plague is a zoonotic disease, an ailment shared by humans and lesser creatures, especially rodents. Humans receive the infection from the bite of infected rodent fleas. Humans cannot communicate the disease to each other unless the bacterium invades the lung, causing pneumonic plague, which is spread through the droplets produced by coughing. The latter form of the plague is rare, but at the turn of the century, even medical experts were not aware of the distinction between the two kinds of plague or the role of rodent fleas in spreading bubonic plague. At the century's turn, physicians and public health experts believed that plague was always contagious among humans but could be communicated from rats to humans as well. Bacteria were thought to be emitted by victims, whether human or rodent, and thrive in oil, air, or food. Germs were accepted as the cause of the disease but a kind of vestigial sanitarianism caused many to believe that the disease was most effectively assailed by scouring the environment that nurtured the contagion.

Also, bubonic plague was difficult to diagnose. Still insufficient medical understanding resulted in disputes among medical experts. Few California physicians were sufficiently comfortable with bacteriology—a world of microscopes, slides, lab animals, and petri dishes of germ cultures—to rely on these diagnostic tools. They preferred clinical diagnoses, but early symptoms resembled those of typhoid or typhus fever: high body temperature and exhaustion. Moreover, the buboes, or enlarged and painful lymph nodes in the groin area, were commonly associated with venereal disease, not bubonic plague. Most physicians continued to believe that plague infection was the result of inhaling or ingesting dust particles, a perspective that seemed to justify a public health strategy grounded in the elimination of filth. Some experts thought Chinese vulnerability to plague a product of their rice-based diet, the absence of animal protein leaving their bodies unable to fight off the disease.
The history of plague, then, and the state of medical knowledge about the disease did not make unreasonable the horror that San Francisco public officials felt when they met on March 6 to assess the situation. Quarantine of those suspected of being infected with a contagious disease was a familiar public health preventive. However, the decision to string a rope around Chinatown was an unrealistic response by officials wishing to demonstrate their ability to act quickly and decisively, regardless of the quarantine's meaning for the Chinese on the other side of the rope. Preexisting prejudices and stereotypes drove San Francisco public policy. After all, there had been a long record of public criticism of the unhealthy aspects of Chinatown, and as recently as a decade earlier, a possibly prescient San Francisco health officer had referred to the community as "this plague spot."21

Chinese community spokesmen reacted angrily and indignantly to the racism, but not without appreciation for the potential health threat. A newspaper editorial accepted the notion that some houses might have to bear the burden of quarantine, but "never have we heard of blocking the whole town."22 Chinese merchants publicly complained of the financial losses they anticipated, while crowds gathered outside the offices of the Chinese Consolidated Benevolent Association, more widely known as the Chinese Six Companies, to demand action. The association was cautious and did not issue San Francisco officials a strong rebuke, but the Chinese consul general threatened legal action.

What the restriction meant to Chinese workers unable to get to their jobs if the quarantine continued and fearful that their positions might be forfeited to immigrant competitors of another group can only be imagined. However, a poem that appeared in the San Francisco Examiner suggests that employers of Chinese domestics felt as put upon by the quarantine as their servants, though the pervasive racism is not absent even from the protest of the quarantine's foolishness:

Scorn not the humble Chinaman,
Throw not his uses down.
For, as I live, we miss him when
He stays in Chinatown.
When happy Tip and Yellow Sin
Quit the domestic scene,
We have to do the work ourselves
And damn the quarantine.

So ere's to you, yellow Hop Sing Fong.
We're sorry that you're took.
You're a poor benighted 'eathen, but

A first-class fancy cook.
They say your deeds are bloody and
Your morals are unclean.
But goodness, how we miss you
When you're held in quarantine.23

On a more sober note, politicians of both parties were quick to accuse their opponents of using the episode for partisan advantage. Republicans charged that appointed health authorities, beneficiaries of Democratic patronage, were manufacturing a public health crisis to justify their requests for higher budgets, some of which might line their own pockets. The ruse was contemptible but also counterproductive according to the Republican press, because the charge of plague, even if untrue, could "terrify the community, paralyze commerce, turn away strangers, and prevent the visits of even neighbors and friends," crippling business and tourism.24 Plague and the quarantine continued to be the subject of doggerel and disputation, with little attention to the grievances of the Chinese community in the days after authorities discovered Chick Gin's body and until the test results confirmed that he had indeed been a victim of the Black Death.

Even before it was confirmed that the Chinese immigrant had died of bubonic plague, Walter Wyman, the supervising surgeon general of the Marine and Hospital Service had a professional interest in bubonic plague. Now he advised local health authorities via federal officers in San Francisco that several steps be followed including the disinfecting of Chinatown with sulfur, treating the already exposed with a therapeutic serum developed by the French bacteriologist Alexandre Yersin and inoculating previously unexposed Chinatown residents with a prophylactic vaccine developed in 1897 by the Swiss bacteriologist Waldemar Haffkine. As a precaution, he sent supplies of both the serum and the vaccine to San Francisco. While Wyman was growing more concerned about the situation, those in charge on the other side of the continent were beginning to relax and gave in to demands that the quarantine be lifted. The end of the quarantine evoked satires of the "serious" men of medicine:

Have you heard of the deadly bacillus,
Scourge of a populous land,
Bacillus that threatened to kill us
When found in a Chinaman's gland?

Have you heard how the germ incubated
Till a billion bacilli were bred?
How the monkey was then vaccinated,
And the guinea pigs eke, it was said?

Well the monkey is living and thriving,
The guinea pigs seem to be well,
And the Health Board is vainly contriving
Excuses for having raised the deuce.

And the advertised, boasted bacillus
Is a gentle domestic concern,
And the doctors who fill us and pill us
Have libeled it sadly we learn.25

The victory verse was premature, as it turned out. On March 11, three laboratory animals inoculated with tissue from Chick Gin's body died.

Even before word got out of the results, some Chinatown residents had begun to flee on the chance that a quarantine might be reimposed. The Board of Health, aware of the magnitude of the crisis, met on the evening of March 11 and called for volunteers to inspect every house in Chinatown to identify additional plague cases and prepare for scouring and disinfecting the quarter. Attorneys hired by the Chinese consulate and the Six Companies were allowed to be present and concurred with the board's decision and pledged their clients' cooperation. Dr. J. Murphy, one of those representing the Six Companies, requested "that you treat those people [the Chinese] kindly and that general instructions to your inspectors will be issued to that effect."26

The following day both the Six Companies and the consulate posted notices throughout Chinatown urging public cooperation with authorities. However, residents of Chinatown, frightened by the possibility of another quarantine, sequestered the sick and the remains of the dead in an intricate network of tunnels below Chinatown or floated them into the bay on small boats.

In the days and weeks that followed, California's newspapers worried over whether plague really existed and whether the San Francisco Board of Health had taken appropriate action. Not surprisingly, merchants both Caucasian and Chinese as well as public officials vociferously denied plague's presence in their city. Meanwhile, the cleansing of Chinatown, house by house, street by street, got underway. City workers fumigated buildings with sulfur dioxide, then scrubbed the interiors with a solution of lye or bichloride of mercury. They also washed down the streets with chloride of lime. Refuse from houses was piled in the streets and burned. San Francisco health authorities based all measures on the presumption that plague germs lurked on objects, as well as in the soil and in the air.27 As they scrambled to purge the plague with these sanitary measures, health workers turned up three more possible victims.

Press reports in eastern papers moved San Francisco Mayor James Phelan to draft a letter to fifty other mayors around the country to assure them that his city was not gripped by an epidemic and, between the lines, to beg them not to turn commerce and tourists from his city. Unfortunately, by mid-May another four deaths were made public.

In Washington, Surgeon General Wyman hypothesized that if the trend continued, and San Francisco authorities found more bodies, the crisis might be beyond the capabilities of local and state officials and decided that the Marine Hospital Service must intervene. By telegram Wyman dictated his own battle plan to ranking surgeon Kinyoun, also securing the cooperation of the Chinese minister in Washington. The plan reflected the basic assumption that the plague was primarily a Chinese problem. Kinyoun was to order that the "suspected area" be cordoned and that officers be assigned to ferries and railroad stations to intercept Chinese attempting to depart. Every house in Chinatown was to be inspected and the population inoculated with Haffkine's vaccine. Those found in houses where a plague case was discovered were to be quarantined in a "suspect house in Chinatown" or on Angel Island. All corpses were to be disinfect and all railroad facilities and areas surrounding the city inspected.

Waldemar Haffkine's prophylactic vaccine had been tested with some success in India in 1897, but the side effects were known to be severe. Some patients were merely incapacitated for a day or two after inoculation; many others experienced "localized pain and swelling, erythema, headache and high fever."28 During a plague outbreak in Honolulu early in 1900, the vaccine had been made available by federal officers on a voluntary basis, mandatory only for those wishing to leave Oahu for other islands. San Francisco's Chinese were nominated as the next guinea pigs by regulatory fiat.

The person in charge of implementation was Joseph Kinyoun, who had been interested in the relationship of immigration and disease for quite a while. Thirteen years before, he had established the federal government's laboratory for the study of cholera. He was a graduate of the New York University's Bellevue Hospital Medical College and, like the cream of American medicine's intellectual crop in the late nineteenth century, had opted for postgraduate work in Germany. After a brief period in Robert Koch's laboratory, Kinyoun had returned and joined the Marine Hospital Service.29 In the Marine Hospital Service lab at the Angel Island quarantine station, a sample of tissue from Chick Gin's plague-ravaged body had been brought to rest on Kinyoun's microscope slide. Now the federal physician was being asked to deal with the public health consequences of what his tests had revealed.

Although there is sufficient confusion in the language and circumstances to raise some doubts over whether the Chinese spokesmen and their legal counsel willingly and without coercion agreed to allow mandatory inoculation of
Chinese with Haffkine's vaccine, there is little doubt that Kinyoun believed he had achieved such an agreement and proceeded under Wyman's direction on that understanding. A May eighteenth telegram from Surgeon General Wyman ordered Kinyoun to contact an official of the Southern Pacific Railroad and "request refusal of tickets to Chinese or Japanese without accompanying certificate from Marine Hospital officer." 

The anti-Asian racism in the policy, then, was not confined to the Chinese. The Japanese as well as the Chinese were to agree to inoculation with a serum still in its experimental stages of development or they would be refused permission to leave San Francisco. Within days, Kinyoun instructed railroads to refuse transportation to Chinese and Japanese lacking a certificate of inoculation. Federal inspectors were dispatched to stop any undocumented Asian from leaving the state; patrols were stationed at crossing points between California and nearby states, including Arizona, Nevada, and Oregon. Wyman also persuaded the secretary of the treasury to activate an 1890 law giving the secretary authority to take all necessary action to stop the spread of cholera, yellow fever, smallpox, or plague across state and territorial lines. Wyman believed he could legally "forbid the sale or donation of transportation by common carrier to Asiatic or other races particularly liable to the disease." 

The Chinese protested. Their leadership did not believe they had ever agreed to such humiliating treatment. Chung Sai Yat Po, the Chinese newspaper, denounced the inoculation order. The Six Companies were inundated with demands for legal action. When a newspaper reporter, unable to find the Chinese consul, interviewed his attorney, John Bennett, the latter defended his client's efforts to have the Chinese treated fairly, offering as consolation that it could have been worse and that other measures had been considered and rejected such as a blockade of Chinatown or simply burning it down.

Chinese Consul General Ho Yow and the Six Companies protested to the Chinese minister in Washington, warning that forced inoculation might well lead to bloody violence. Bennett and other lawyers representing the Chinese made a last-ditch attempt on the evening of May 18 to persuade the Board of Health to modify its policy, but the protest fell on deaf ears. The morning, an army of doctors and city health care workers wielding syringes of Haffkine's serum rushed into Chinatown and began to inoculate all those who would roll up their sleeves. Few Chinese did. Instead, they used whatever forms of protest they could. Stores closed in opposition to forced inoculation, as angry Chinese clustered on street corners, their voices and gestures leaving little doubt about the subject of conversation. Others tried to leave the city. Demands for lawsuits among the poor were echoed by the threats of lawsuits from businesspeople.

Undoubtedly, some Chinese were generally suspicious of Western medicine, preferring the herbalists and acupuncturists of their own tradition, but the point that those interviewed made repeatedly was that the vaccine was experimental and posed a danger to them. While Kinyoun and others who had looked through microscopes at infected tissue had little doubt that there was plague in San Francisco, others, especially the Chinese, contended that the absence of numerous deaths suggested that there was no epidemic and possibly no plague in town at all. The Chinese community refused to be pacified by assurances that the vaccine was safe, offers to permit Chinese physicians to vaccinate their own people, or threats that refusal of the vaccine might result in even less acceptable methods of disease control.

Few capitulated and took the shots. Some of those who did fell ill and the Chinese press was quick to report their fever and excruciating discomfort. So the Chinese went to court. Categorical denial of citizenship to Chinese not naturalized prior to 1870 had eliminated any political threat of ethnic bloc voting in state or municipal elections. However, the Six Companies and the Chinese consul, as well as many merchants in the Chinese community, had not completely lost confidence in American institutions to treat Asians fairly. They saw in the judicial system some hope of redress from what appeared to them a nightmare of nativism cloaked in the garb of public health policy.

The Six Companies hired the prominent law firm of Reddy, Campbell and Metson to represent Chinese merchant Wong Wai in a suit against Joseph Kinyoun and the members of the San Francisco Board of Health. The suit charged that compulsory inoculation with an experimental drug under threat of being forbidden to leave the city constituted a "purely arbitrary, unreasonable, unwarranted, wrongful, and oppressive interference" with Wong Wai's personal liberty. Though not a class-action suit per se, Wong Wai's counsel asked the court to view their client as representing a class of complainants whose right to pursue "a lawful business" was being curtailed. Because the Chinese were being singled out, the brief argued, the Chinese of San Francisco were being denied "equal protection of the laws." The state argued that it had the right to compel behavior in the interest of the public's health, even if it meant regulating against just the Chinese. The state justified its position by observing that thus far all the victims had been Chinese. U.S. Attorney Frank L. Coombs, arguing for the state, also asserted without a shred of evidence that the state's actions were justified because the Chinese were more susceptible to plague than other groups.

Judge William Morrow, who had been a three-term Republican congressman with a reputation for being unsympathetic to the Chinese, validated the Chinese claims. Morrow noted that the measures adopted were "not based upon any established distinction in the conditions that are supposed to attend this plague, or the persons exposed to its contagion." Rather, the measures taken, including compulsory inoculation, were "boldly directed against the Asiatic or Mongolian race as a class, without regard to the previous condition,
habits, exposure or disease, or residence of the individual” on the unproven assumption that this “race” was more liable to the plague than any other. Defense counsel was unable to offer evidence to demonstrate differences between the Chinese and other groups when so directed by Morrow. The judge found that the racial provisions of the order to inoculate clearly violated the equal protection clause of the Fourteenth Amendment. Morrow’s decision not only saved the Chinese from compulsory inoculation, but it also set legal precedent that would limit government’s ability to violate the right of individuals in the name of public health.37

With the federal government having had its wrist slapped by the court, the California State Board of Health was back in control. At the suggestion of Dr. W. F. Blunt, a health officer from Texas who had been invited to observe the board’s meetings, the State Board decided to again quarantine Chinatown. The San Francisco Board of Health concurred as did the city’s Board of Supervisors, fearing that if Chinatown was not sealed off, the whole city might find itself quarantined. Joseph Kinyoun, who no longer had authority to speak on the subject following Judge Morrow’s decision, unofficially advised that Chinatown be quarantined and that after an inspection, plague cases be moved to hospitals and suspicious cases be detained. He also advised that a plan be devised for the hunting and extermination of rats as disease vectors. Though Kinyoun was as unaware as others of the rats’ central role in spreading plague contagion in Chinatown, he seems to have been more aware than most that simply quarantining Asians was insufficient precaution. The meeting passed a quarantine resolution confining Chinatown’s Chinese residents to their neighborhood but leaving to officials’ discretion the fate of any Caucasians who lived within Chinatown’s limits.38

This second quarantine of Chinatown again raised the issue of whether or not plague really existed and the extent to which it posed a real danger. The Chinese community and its lawyers did not rush to litigation. Recognizing the volatility of the situation, the Chinese pledged their support to wiping out plague in San Francisco, if it in fact existed. However, spokesmen did ask why, if Chinatown was the nexus of infection, there seemed to be no plan to protect the Chinese living under quarantine, most of whom showed no signs of infection. Should not those suspected of having plague be isolated from the other residents of Chinatown? Chinese leaders also wanted to know what plans were being drafted to feed and provide care for the thousands of Chinese under quarantine who were now unable to go to their jobs and earn their livings outside of the community. The San Francisco Examiner reported that Consul General Ho Yow insisted that municipal officials had an obligation to provide care for the Chinese from public monies, a view echoed by others who cited previous court decisions in which persons in quarantine were held to be as “public prisoners” and therefore “properly a charge on the public

Treasury.” However, the city had neither a plan nor a sympathetic view of the Chinese plight.39

Conditions in Chinatown were deteriorating rapidly. A newspaper reporter who had toured the quarter the day after the imposition of the quarantine described the siege-like of the area as armed guards patrolled its perimeter. Business was not being conducted and “stores are closed, doors barred.” On street corners he saw groups of “Asiatic,” who were “excitedly gesticulating” as they talked. The reporter was reminded of “inhabitants of a beleaguered town.” Soon the food supply began to dwindle and the prices of what remained on store shelves skyrocketed. The Board of Health took no action on food, choosing to confine itself to strictly medical decisions such as ordering an autopsy for all who died in Chinatown, conceding only so far as to allow a physician designated by the Six Companies to attend to ensure that false claims of plague were not recorded. The board also mandated that Chinese laundries throughout the city be inspected and fumigated in case the owners were hiding escapees from Chinatown. Finally, the board resolved to request that the mayor obtain federal assistance in identifying sites outside the city to be used as detention centers for those suspected of exposure to plague, an idea that had originated with Joseph Kinyoun.40

In late May, there was some discussion in the press of burning Chinatown to the ground and starting over. At least one newspaper demanded, “Clear the foul spot from San Francisco and give the debris to the flames.”41 The Chinese press reported the call for the burning of Chinatown adjacent to stories about possible detention sites. Though the two actions were not directly related, at least some Chinese found it quite conceivable that their neighbors intended to relocate them, then burn Chinese homes and businesses to the ground.42

Early in June, the Board of Health tightened the quarantine, forbidding streetcars from even passing through Chinatown, which they had been allowed to do as long as they did not pick up passengers. City officials increased the size of the police guard patrolling the borders of Chinatown, and the police strung barbed wire where it appeared to be useful in sealing off the Chinese still further. Actually, officials exceeded the order for fencing and began the construction of a high wooden wall around Chinatown somewhat reminiscent of the ghetto walls used to enclose the Jewish quarter of some European cities centuries earlier. Most ominous, though, were plans to evacuate approximately 1,500 Chinese that officials suspected of being exposed to infection. The Chinese assumed that this was the first step of a broader policy to evict them from San Francisco altogether. Consul Ho was quoted in the press as saying that any attempt to forcibly remove the Chinese from their homes would be physically resisted.43 With violence appearing increasingly likely, both sides ended up back in federal court.
The litigant was Jew Ho, a Chinatown grocer. He filed his complaint with the U.S. Circuit Court for the Northern District of California and, like Wong Wai, wished his suit to be considered on behalf of other residents of the quarantined district as well.44 Jew Ho was challenging the arbitrariness and discriminatory character of the quarantine. During oral argument, counsel demonstrated that Caucasian residences and businesses on all sides of Chinatown were not being included in the quarantine. Moreover, though the Board of Health claimed to be fighting a threatened plague epidemic, it had made no provision to feed or care for members of the Chinese community, even barring physicians hired by the Chinese from the quarantine area. Threatened evacuations and the physical barriers being erected were also raised in argument.45

Judge Morrow and another of the three judges who had heard the Wong Wai complaint heard this one, too. Morrow, choosing to avoid delay and to deliver his opinion in open court, claimed jurisdiction on grounds of the Fourteenth Amendment and diversity of citizenship. This allowed him to rule on all complaints as if his court were a California state court. The judges found quarantine a reasonable approach to the control of infectious disease, but not when established around an entire section of a city, regardless of whether the residents had shown signs of illness or had positively been exposed to the disease. Likewise, no specific action had been taken to confine non-Asians within Chinatown who had been so exposed. The arbitrary nature of the quarantine and its racially discriminatory character thus warranted an injunction to terminate. However, Morrow did allow imposition of a quarantine around specific buildings that the Board of Health believed to be contaminated with plague. He also insisted that a physician employed by the Chinese had the right to care for those suspected of having plague and to witness autopsies of alleged plague victims.46

The Board of Health complied with Morrow's order, though the board ordered the cleaning and fumigation of Chinatown's sewers as a precaution. Reporters who witnessed the end of the quarantine described it as the end of a siege as "a horde of Chinese poured through the lines like the advance guard of a relief column."47 Within hours, business as usual was resumed.

No other major court battles were necessary. However, a stubborn Joseph Kinyoun ended up being ordered to desist by his superiors after the governor of California complained to President William McKinley that Kinyoun had refused successful litigant Wong Wai a certificate to leave San Francisco on the grounds that he had been resident within Chinatown when it was under quarantine. Wong Wai asked that Kinyoun be cited for contempt of court. Though this never occurred, the incident ended Kinyoun's efforts to confine the Chinese and left him an angry and bitter individual, given to racist invective. He was later transferred from his Angel Island post and reassigned to Detroit. Al-
though free with his denunciation of the Chinese as crafty, deceitful, and hopelessly contemptuous of science, he saved his sharpest knives for the San Francisco business community, which he accused of sacrificing the public's health on the altar of profit.48

Bubonic plague was present in San Francisco. On August 11, 1900, it took its first Caucasian victim. The disease continued to claim lives, most of them Chinese, at the rate of a victim every ten days to two weeks. By the end of 1900, the federal government again intervened, but in a very different manner than it had months earlier. The Secretary of the Treasury, acting at the behest of the chief of the Division of Domestic Quarantine of the Marine Hospital Service, appointed a distinguished panel of three biologists to investigate and determine once and for all whether plague existed in San Francisco. The commission, comprised of professors Simon Flexner of the University of Pennsylvania, F. G. Novy of the University of Michigan, and L. F. Barker of the University of Chicago, was not universally welcomed. State officials, including the governor, regarded the body as an unwelcome federal intrusion and continued to fear the negative publicity that would cost the state commerce and revenues.49

The commission established its own bacteriological laboratory and examined the tissue of thirteen deceased Chinese. Six had, indeed, died of plague. The commission did not recommend use of any serum or vaccine, so in the ensuing months, cleaning streets, cleaning and fumigating dwellings, and disinfecting personal property were the only plague preventive methods employed. By the following year, attention had shifted primarily to catching rats and rat proofing buildings. Although health officials did not yet have evidence that fleas on rats were plague's vectors, public health physicians observed the association of rats with plague by hoping to catch and kill as many of the rodents as possible. Not until early 1904 did victims cease appearing on a regular basis. Since the discovery of Chick Gin's remains, there had been 120 additional cases and 112 more deaths from bubonic plague; patients were overwhelmingly Chinese.50

Several years later, the bubonic plague struck again, but few blamed the Chinese. At 5:14 A.M. on Wednesday, April 18, 1906, San Francisco was devastated by a massive earthquake. Recovery was slow and the city suffered a public health crisis with repercussions that lasted for years. The bubonic plague outbreak beginning in May 1907 lasted eighteen months, consisted of 160 reported cases, and claimed 78 lives, almost all non-Chinese. This time, there was no accompanying plague of prejudice. The fleas on rats, not the Chinese, were held responsible for the epidemic.51

In the case of typhoid, it was well known by the early twentieth century that the carriers were human. What was not well known, however, was that a perfectly healthy individual could infect others. That lesson public health offi-

cers would learn from their encounter with Irish immigrant Mary Mallon. In American legend and lore, Mary Mallon has become synonymous with the health menace posed by the foreign-born. During the 1980s, newspaper coverage of a case of typhoid fever at a McDonald's restaurant in suburban Maryland traced to an immigrant worker who had removed plastic gloves when mixing vegetables for the salad bar resulted in popular quips about the existence of "a Typhoid McMary," but it was only one in a long history of such associations in the public mind.52 However, in her own time, the public reaction to the Irish immigrant woman and her condition was far more ambivalent.

Mallon, or Typhoid Mary as she came to be known, arrived in the United States as a young girl in her early teens from County Tyrone, Ireland, where she was born on Sept. 23, 1869. Although Robert Koch and some of his colleagues had presented papers on the probable role of healthy carriers in producing typhoid, the phenomenon was not familiar to many American epidemiologists and was certainly not comprehended by the general public.53 Some, such as Walter Reed, had merely hypothesized the possibility of a healthy carrier. In 1900, Reed, discussing the communicability of typhoid, wrote, "Apparently trustworthy bacteriologists have reported the finding of [the typhoid] microorganism in the most unexpected places," including "in the stools of healthy persons."54 Mallon was the first healthy typhoid carrier to be positively identified by health authorities in the United States.

Much of what is known about Mallon has been gleaned from the epidemiologist who tracked her down and identified her as a danger to the public's health. Dr. George A. Soper, a thirty-six-year-old epidemiologist and sanitary engineer with a Ph.D. from Columbia University, investigated several cases of typhoid that had occurred at Oyster Bay, Long Island, in August 1906, and the trail he followed led him to Mary Mallon.55

Typhoid fever is the result of infection by the typhoid bacillus, which exists in over fifty known strains. Transmission is by food or water that has been contaminated by the feces or urine of a victim or a carrier, an individual who does not suffer from the fever but is capable of infecting others.56 One to three weeks is the usual incubation period. Symptoms are fever, headache, malaise, absence of appetite, spots on the trunk of the body, and constipation. Left untreated, approximately 10 percent of those infected die. Modern antibiotic treatment has slashed mortality rates to less than 1 percent. Two to 5 percent of all cases become carriers.57

While hardly limited to those at the bottom of society's ladder, typhoid fever has long found a substantial portion of its victims among the poor and uneducated, those who live under conditions that promote infection and lack knowledge of risk-reducing precautions. In 1906, typhoid was not at all an uncommon disease; 3,467 cases were reported in New York City and 639 New Yorkers died of typhoid that year.
The outbreak of 1906 might have attracted less public attention, then, had it not affected a wealthy and well-known New Yorker. Gen. Henry Warren, who was a prominent New York banker, his family, and servants were spending a restful summer at a rented summer retreat in Oyster Bay until six of the eleven persons in the household were stricken by typhoid. George Soper, a meticulous investigator already known for tracing the source of an Ithaca, New York, epidemic, was hired the following winter by George Thompson, who owned the country place at Oyster Bay. Thompson feared that the publicity from the preceding summer’s tragedy would make his property worthless as a rental unless the health menace was identified and eliminated.

Soper started with the usual suspects and tests. Water from the cesspool, privy, overhead tank, and bathing facilities tested negative for the bacillus. So did the facilities of properties in the vicinity. As he followed every available lead, the tenacious medical detective found his way to the Irish immigrant cook who had worked for the Warrens and left soon after the epidemic started. Mary Mallon was hired on August 4, 1906. The fever struck its first victim on August 27 and the other five took to their beds within a week.

Backtracking through employment agency records, Soper was able to locate some of the positions Mary had held, except for those she had obtained answering newspaper advertisements. Seven households had been struck by typhoid. The profile was similar in all cases: a wealthy family that had fled New York’s summer heat and had hired servants, including a cook. Because some of the typhoid cases occurred among the other servants, Soper speculated that the families ate cooked meals in which the typhoid bacilli were killed; uncooked desserts would have been served by a butler or maid. However, Mary may well have served her peers directly and in one particular case, a family member recalled Mary cutting fresh peaches directly onto some ice cream.68

When Soper finally found Mallon she had already infected yet another wealthy family, this one living at a fashionable address at 60th Street and Park Avenue. A laundress had been removed to a hospital and the family’s only daughter was near death. Soper found Mallon in the kitchen. She was about forty years of age, “five feet six inches tall, a blond with clear blue eyes, a healthy color and a somewhat determined mouth and jaw.” She “had a good figure and might have been called athletic had she not been a little too heavy,” a woman who “prided herself on her strength and endurance,” according to Soper.69

Fortunately for Soper, Mallon was not even more of an athlete than she appeared. In a manner that Soper recalled as low-keyed and nonaccusatory, but may have been otherwise, he explained to the cook his mission and asked that she cooperate by giving him samples of her blood, feces, and urine. However, Mallon did not respond in kind. Soper testified, “She seized a carving fork and advanced in my direction.”60 A later encounter at the apartment of Mallon’s male friend proved no more productive. This time Soper was accompanied by a former assistant and old friend, Dr. B. Raymond Hoobler, who later became head of the Detroit Children’s Hospital. Mallon flew into a rage, vehemently denying the possibility that she was infecting others with typhoid, pointing to her own excellent health as evidence. The two men beat a swift retreat.

Unsuccessful on his own in getting Mallon’s cooperation, Soper reported his findings to City Health Commissioner Thomas Darlington and to Dr. Hermann M. Biggs, chief medical officer at the New York City Department of Health. Soper recommended that Mallon be arrested so that her excreta could be submitted for laboratory analysis. A female physician and health department inspector, Dr. S. Josephine Baker, was given the unenviable task of obtaining samples for laboratory analysis. In her autobiography, Baker, who later became a prominent figure in public health, founding the pioneering New York Bureau of Child Hygiene, describes her ordeal with Mallon: “When I first interviewed her, Mary was busy at her job in the kitchen of a prosperous Park Avenue household, . . . the traditional brownstone-front house in the Sixties. Mary was a clean, neat obviously self-respecting Irish-woman with a firm mouth and her hair done in a tight knot at the back of her head.” Baker’s first visit to Mary ended when Mallon, “jaw set” and eyes glinting, angrily denied Baker’s request. The rebuff aside, Baker recalled that her first impression of Mary was that this dangerous woman bore no outward sign of the evil that lurked within her intestines. Mallon appeared a well-groomed Irish woman, but firm in her resolve to remain un molested.62 Baker was equally determined to do her job and returned the following day with several burly New York City policemen. Mallon answered the doorbell armed with a “long kitchen fork in her hand.” She lunged at her guests and fled, eventually finding herself cornered in an outdoor shed where she had hidden, very likely with the assistance of her protective fellow servants, according to Baker. Captured, a screeching, clawing Mallon was taken to the hospital in an ambulance with Dr. Baker sitting on her chest to restrain her during the drive.63

For the next several months, Mallon was kept in isolation at Willard Parker Hospital, her excreta tested three times weekly and almost always testing positive for Bacillus typhosus.64 Various drug therapies were tried unsuccessfully to eliminate her infectiveness. She also refused to allow removal of her gallbladder, a procedure that sometimes stopped the production of typhus bacilli, but often did not.65 Eventually Mallon was sent to Riverside Hospital on North Brother Island. On the island she was permitted to live by herself in a small bungalow. She was allowed to cook for herself the food that health authorities supplied her.

Mary Mallon did not come to popular attention until June 20, 1909, when
William Randolph Hearst's sensationalistic *New York American* ran a story in its Sunday magazine section with the dramatic title, "TYPHOID MARY—
MOST HARMLESS AND YET THE MOST DANGEROUS WOMAN IN
AMERICA." The nickname was the invention of health department officials
and had been picked up by two newspaper reporters.66 The popularity of
Mary's cause and her public image was enthusiastically fueled by Hearst's yel-
low press. Letters poured in and probably offers of support for legal action as
well, because Mary eventually had a lawyer.

After two years on the island, Mallon, represented by George Francis
O'Neill, sued the city for her release. The presiding judge dismissed the case
on July 20, 1909, accepting physicians' testimony that Mallon was a public
health menace. During the case, Mary Mallon actually took the stand. Her ar-

gument was that she "never had typhoid in my life and have always been
healthy." She blamed the "drinking water" for the cases of typhoid that had
occurred in her places of employment and, hoping to turn medical evidence
to her own advantage, noted that "My own doctors say I have no typhoid
germ." Undoubtedly hoping to arouse the sympathy of the court, Mary de-
scribed herself as an "innocent human being" who had "committed no crime,
but nevertheless was being "treated like an outcast—a criminal." She charac-
terized her treatment as "unjust, outrageous, uncivilized," invoking the con-
science of the court "that in a Christian community a defenseless woman can
be treated in this manner."67

The court sustained the right of the New York Board of Health to isolate
an infected individual, a decision that in the court's view hardly broke new
legal ground in light of quarantine procedures. However, Mary Mallon herself
was not sick. The turn in scientific understanding cried out for fresh legal and
administrative interpretation. What Judge Mitchell L. Erlanger would not do,
New York Health Commissioner Dr. Ernest J. Lederle did. Mary Mallon had
aroused his compassion. He decided to trust Mallon and was persuaded that she
understood the danger within her. After receiving her promise not to cook
or handle others' food, the commissioner released Mallon on her own recogni-
zance on February 19, 1910, requiring that she report to the Health De-
partment every three months. Lederle reassured the public by explaining to
an American reporter that while Mary Mallon was not cured, she had been
"taught how to take care of herself." Lederle observed that Mallon would
have posed no danger to anyone except for "the fact that she was a cook."68 In
direct response to reporters' questions, Lederle explained that he could not
assure the public that Mallon generated fewer typhoid germs as a result of the
treatment she had received at Riverside Hospital. However, he did provide
reassurance that "her safety to the public . . . lies in the fact that she now
knows how to prevent their [the typhoid germs'] spread, and that she will
change her employment."69 Lederle then made a plea for Mary Mallon al-
most as passionate as the one she had made in her own behalf in court: "For
Heaven's sake—can't the poor creature be given a chance in life? An oppor-
tunity to make her living, and have her past forgotten? She is to blame for noth-
ing—and look at the life she has led." Lederle offered Mary that chance.

A better physician than a judge of character, Lederle's trust was abused
when the freed Mallon went underground, living under several aliases including
Breshoff and Brown and cooking for guests in hotels, restaurants, and
even sanatoriums. She also ran her own boarding house briefly. Details of her
years on the run are sketchy, but Mallon was definitely linked to at least one
typhoid outbreak in 1914 at Newfoundland, New Jersey, and probably anoth-
er in Marblehead, Massachusetts. A member of the Bryant family in Mar-
blehead that had employed Mallon described her as an Irish nationalist com-
mitted to raising money in support of her homeland's struggle against the
British. The same source described Mallon as convinced that her plight was
the fabrication of English conspirators to punish her for her political commit-
ment to Irish liberation.70 However, there is no hard evidence that Mary Mal-
lon was in any way connected to the Irish nationalist cause. The silence of the
New York Irish newspapers in covering her case suggests that the Irish politi-
cal community may have feared being stigmatized as endangering native-born
Americans, a burden it hardly needed as it sought to rally support and funds
to oppose British colonialism. More likely a tortured, deluded soul in search
of some explanation for her tragedy rather than a political activist, Mallon's at-
tribution of her suffering to ethnic antagonisms possibly suggests a desire to
blame her misfortune on forces outside of herself, diverting attention from the
violation of her person by bacilli and answering the question that every
victim asks, why me?

Mary Mallon's rampage ended in 1915, when twenty cases of typhoid at
New York's Sloane Hospital for Women was traced to the kitchen. Perhaps a
subconscious cry for help and a desire to be subdued, perhaps an act of sheer
defiance and bravado, Mary had taken a job working under the very noses of
New York health authorities under the alias Mary Brown. Workers at Sloane
had nicknamed their colleague Mary Brown "Typhoid Mary" as a joke when the
hospital epidemic occurred because a few had recalled the earlier accusa-
tions lodged against Mary Mallon in the press. None had considered the pos-
sibility that their Mary Brown was the notorious Mary Mallon. George Soper
was contacted by hospital officials and arrived after a suspicious Mallon had
fled. Presented with a sample of the cook's handwriting, Soper identified the
absent hospital employee's handwriting as Mary Mallon's.

The forty-eight-year-old woman was captured and remained in detention
on North Brother's Island for the rest of her life. At first she had periodic
rages described by one journalist as like "a moody, caged, jungle cat."71 How-
ever, with age came resignation and calm. She worked in a laboratory at the
hospital and led a quiet life, eventually even receiving permission to visit friends in Manhattan and Corona, Queens. She always returned. On December 25, 1932, “Typhoid Mary” was found on the floor of her small house, paralyzed by a stroke. She spent the last six years of her life a paralytic in Riverside Hospital, dying on November 11, 1938. Her Catholic funeral was conducted at St. Luke’s Roman Catholic Church at 135th Street in the Bronx, with interment not far away at St. Raymond’s cemetery. Dead of bronchopneumonia, Mallon left behind a death certificate that lists typhoid carrier for twenty-four years as a contributory cause, though there is no medical evidence that Mallon was ever infected, much less killed by, the contagion inside her. Even at the very end, not all physicians could accept that Mary Mallon was a perfectly healthy carrier of typhoid.

Mary Mallon is known to have infected a minimum of fifty-three individuals with typhoid fever, three of whom died, probably a conservative count. However, her notoriety was and remains out of proportion to the sickness or death, or even popular fear, that she caused. Perhaps it was simply Mary Mallon’s bad fortune to be a healthy carrier at a time when the phenomenon was still on the periphery of medical understanding. There is little doubt that headline-hungry journalists capitalized extensively on her misfortune.

Sympathy for Mallon from those who wrote to her and some who wrote about her appears to be grounded in an image of a woman alone being victimized by both her body and a cold, scientific, somewhat insensitive medical/state nexus. Some of the articles that appeared in the yellow press and even a lengthy profile of Mallon, “Typhoid Carrier No. 36,” that appeared in The New Yorker three years before Mallon’s death saw the rapid growth of medical understanding and the bulging corpus of public health rules and administrative apparatus as increasingly restrictive of individual rights, though the legal tide was already flowing in the opposite direction. In 1905 the Supreme Court ruled in Jacobson v. Massachusetts that a statute empowering local boards of health to require compulsory smallpox vaccination was a reasonable exercise of police power and not a derogation of any individual liberties guaranteed in the Constitution.

On the other hand, many of those critical of Mallon often raised her gender as an issue, too. From a conventional, stereotypical, early-twentieth-century masculine perspective, the classically domestic image of a nurturing woman making food for others to eat was violently defied by Mallon’s behavior. It should not be surprising, then, that some men of the era who encountered Mallon, a strong and bright woman, perceived a nonfeminine quality in her visage, carriage, and general demeanor. George Soper recalled, “Nothing was so distinctive about her as her walk, unless it was her mind. The two had a peculiarity in common. Those who knew her best in the long years of her custody said Mary walked more like a man than a woman and that her mind had a distinctly masculine character, also.” Mary seemed a perversion of true womanhood as invented by males in the late nineteenth and early twentieth centuries.

Mallon was often identified in articles as an Irish immigrant. The homes of the wealthy were the workplaces of many Irish immigrant girls and women who had found that America’s door to opportunity often opened onto the kitchen. Why, then, did Mallon’s adventures not fuel a wave of anti-Irish sentiment similar to the anti-Chinese sentiment on the West Coast? Why were Irish cooks and maids not fired en masse?

Ethnicity and race played very different roles in each episode. Mary Mallon was a Caucasian Irish Catholic, a member of a group increasingly assimilated socially and dispersed geographically among the American population. An increasing number of prominent Americans claimed Irish ancestry openly and with pride, including the California oil magnate Edward L. Doheny and the shipping millionaire William R. Grace. In cities such as New York and Boston, the Irish and local politics were all but synonymous. Mallon’s role as a healthy typhoid carrier brought no harm to the Irish. Contrast this with the medical scapegoating of Chinese immigrants at the turn of the century. Pre-existing patterns of racial nativism in American society and an especially combustible anti-Asian atmosphere on the Pacific Coast of the United States set the stage for ethnic confrontation touched off by several cases of bubonic plague in the Chinese quarter of San Francisco. Chinese visibility, the result of racial distinctiveness, and their segregated residential pattern, sometimes voluntary, at other times imposed, only increased their vulnerability to stigma and smear.

Sinophobia, unlike anti-Irish prejudice, was not on the wane at the turn of
the century—it was cresting. The Chinese were different to the gaze, different in life-style, different in culture, different in religion, and yet, competitive with American workers. Anti-Asian racism was the political coin of the realm in California, and the Chinese, legally excluded from citizenship, could never hope to pose a political counterweight to their adversaries. Only the courts and Chinese economic resources to mount a first-rate legal assault prevented even worse abuses than occurred.

West Coast economic vulnerability and inexperience in urban administration also appears to have played a role. San Francisco, unlike New York, was a young city and slightly behind East Coast cities in developing the necessary administrative apparatus to handle rapid growth and modernization. New York's Board of Health, made permanent in 1866, had existed for a decade longer than San Francisco's in 1900. It enjoyed the leadership of outstanding public health professionals such as Drs. Hermann M. Biggs, T. Michael Prudden, and William H. Park. Major private medical institutions existed in the East and Midwest, but not yet on the West Coast. Community leaders, realizing that their city was dependent upon distant eastern capital and tourism, perceived little margin for error in maintaining a highly positive public image.

Finally, the state of medical knowledge and the tack taken by public health officials differed markedly in the two episodes. New York public health authorities seemed to act decisively to curb the threat. They knew the cause of typhoid and its epidemiology, and what needed to be done to control its spread. Less was known about the origins and control of bubonic plague. Moreover, the terror in the public mind stirred by the Black Death well exceeded public dread of typhoid, an all-too-familiar companion of urban life. This left officials of the relatively young San Francisco public health establishment and, later, the U.S. Marine Hospital Service with an administrative and public health challenge of unprecedented proportion. Joseph Kinyoun was a good laboratory scientist who can hardly be faulted for not fully understanding the epidemiology of bubonic plague. However, he was culpable for failing to comprehend the racial hysteria that was distorting public health policy. Kinyoun and his colleagues were undermined not by obsolete medicine but by their failure to progress beyond the racial prejudices and stereotypes pervasive in American society.

During the sweltering summer of 1915, Philadelphia was stunned by an outbreak of typhoid. Such seasonal eruptions were not uncommon, but there was good reason for health officials to be especially chagrined and frustrated. The city had undergone a wrenching political conflict over the purity and healthfulness of its water and had constructed an expensive waterworks, completed in the late fall of 1911. A year after citywide water filtration began, the typhoid death rate, which had been 75 in 1899, dropped to 13 per 100,000, the lowest since the city began record keeping in 1861; by 1915, the death rate had descended still further to 7 per 100,000. City fathers beamed with