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The "Oriental" Problem:
Trachoma and Asian Immigrants in the United States, 1897-1910

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I. Introduction

In 1903, Walter Wyman, the Surgeon-General of the U.S. Public Health and Marine Hospital Service (PHS),[1] prepared an inspection manual, *Book of Instructions for the Medical Inspection of Immigrants*, in which he divided "diseased, abnormal, crippled, and deformed aliens" into two classes of A and B (PHS, 1903: 5). Class A included people suffering from dangerous contagious diseases, loathsome diseases, insane persons, and

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1) Originally the U.S. Marine Hospital Service, the U.S. public health agency was renamed the U.S. Public Health and Marine Hospital Service in 1902 and shortened to the U.S. Public Health Service in 1912. This essay uses PHS to identify this agency.

idiots. Class B referred to "all diseases and deformities which are likely to render a person unable to earn a living": hernia, heart disease, pregnancy, poor physique, chronic rheumatism, senility and debility, and eyesight problems (PHS, 1903: 10-13). Trachoma, a contagious eye disease, which eventually caused blindness, was mentioned first in the Class A subdivision for "dangerous contagious diseases," and the book added that "large numbers of cases of trachoma are found among Syrians, Greeks, Armenians, Russians, and Finns, and that, especially among the latter mentioned race, many cases of trachoma are found which give no outward evidence of the disease" (PHS, 1903: 7-8). Trachoma was the only disease in the book, with which specific immigrant groups were associated. Seven years later, the revised inspection manual divided aliens with mental or physical defects into three classes of A, B and C. A number of diseases were newly added to the category of Class A, reflecting the 1907 Immigration Act that expanded excluded classes of immigrants. The 1910 *Book of Instructions* no longer included a reference to specific national or racial groups susceptible to trachoma; however, it did not mean that the threat of the eye disease subsided in any significant ways. In the years between 1903 and 1910, a number of immigrants were deported at American ports of entry for trachoma. Many newcomers from Asia were barred from the United States specifically for the eye infection, and their complaints about rigorous medical examinations reached American Consuls at Asian ports, Commissioners-General of Immigration, and even Presidents of the United States.

The early twentieth-century United States witnessed a huge influx of new immigrants from southern and eastern Europe and Asia. This unexpected flow worried the American public that immigrants would take away their

jobs, threaten American democracy with anarchistic ideas, and endanger the nation's health. The PHS inspection manuals reflected the American fear of the immigrant menaces and illustrated various measures adopted by the U.S. government to control undesirable and diseased foreigners. Americans had long associated immigrant groups with disease. Irish were notorious for insanity, Italians were accused of spreading polio, Mexicans were deported for tuberculosis, and Russian Jews were blamed for trachoma (Abel, 2003; Fairchild, 2003; 2004; Kraut, 1995; Markel, 2000; 2004; Shah, 2001; Tomes, 1998). As the 1903 *Book of Instructions* shows, trachoma of all diseases was believed to be most common among southern and eastern Europeans. However, at American borders, "Orientals" from China, Japan, and India were also examined and excluded for the eye disease. According to historian of medicine Howard Markel, "the broad consensus of American opinion that insinuated itself into official governmental policy characterized trachoma as the result of unrestricted immigration then coming from the impoverished sectors of Europe and Asia" (Markel, 2000: 532).

This essay explores the ways in which trachoma became a trope of exclusion at the turn of the twentieth-century United States. The actual number of trachoma cases diagnosed at American ports constituted less than one percent of the entering immigrants; for example, between 1906 and 1910, about 2,500 out of one million each year were excluded for trachoma (U.S. Bureau of Immigration, 1906-1910).[2] However, the fear of exclusion, along with legal and administrative procedures for the so-

2) The 1906 and 1907 *Annual Reports of the Commissioner General of Immigration* grouped trachoma with other diseases under "loathsome or dangerous contagious diseases"; an estimated 85 percent of the immigrants under the category (6,095 in total) were diagnosed with trachoma. Between 1908 and 1910, 7,310 immigrants were excluded for trachoma. During the five-year period, 4,962,310 entered the United States (U.S. Bureau of Immigration, 1906-1910).

called "immigrant disease," was deeply etched in immigrants' memories (Kraut, 1994; Markel, 2000). The American perception of unsanitary and unhygienic foreign bodies shaped the process of detecting, examining, and treating trachoma among immigrants (Hoy, 1995; Markel, 2000). Trachoma also showed how the rights of immigrants, whether first-time visitors to the United States, Asians born on American soil, or "domiciled aliens" (those who established residence in the United States and its territories), were both constructed and compromised by lawmakers, immigration officers, politicians, and the American public. The main subjects of this essay are Chinese and Japanese, targets of nationwide anti-Asian immigration agitation at the turn of the twentieth century. Many scholars have noted the association of Asian immigrants and trachoma (Fairchild, 2003; Markel, 2000; Shah, 2001); nevertheless, they have not delved into the dynamics that shaped trachoma as an "Oriental" problem in the American mind, despite historical evidence from medical inspection records, official correspondence between the Bureau of Immigration and American Consulates in Asia, and various newspaper reports. Asians might have received less attention for the association with trachoma because their number was much smaller than that of European immigrants passing through America's gates. Moreover, Chinese and Japanese immigrants had already been subjected to severe racial discrimination and exclusionary policy, represented by the Chinese Exclusion Acts (1882-1904) and later the Gentlemen's Agreement (1907). Still, the fear of trachoma upon Asian bodies reached far beyond American borders. While European immigrants, in particular eastern European Jews, were extensively inspected for trachoma (Markel, 2000), their rights to remain and settle in America were rarely questioned once they entered the country. For Asian immigrants, however, as the 1906

school segregation order in San Francisco targeting Japanese pupils and raging criticisms against the San Francisco Immigration Office for admitting trachoma-infected Asian immigrants show, the association with trachoma could threaten even those who established residence in America and were exempted from exclusion. If these immigrants ever left the United States, medical examinations at American ports could again challenge their rights for reentry, thereby compromising their freedom of mobility. As historian Natalia Molina asserts, "illness and illegality could be merged into a single condition" (Molina, 2006: 139). Trachoma rendered the presence of those infected not only dangerous but also illegal, and vulnerable to exclusion or deportation.

This essay examines the period between 1897, when trachoma was designated as "a dangerous contagious disease" by the U.S. PHS (Markel, 2000: 533; Shah, 2001: 293n12), and 1910, when the medical examination of immigrants by PHS surgeons ended at Asian ports (Shah, 2001: 188-89).[3] During the time, the United States passed two immigration acts, one in 1903 and the other in 1907, which defined who should be excluded from and who should be allowed to stay in the United States; the boundaries of aliens and citizens were, in turn, complicated by the reality of exclusion and inclusion.[4]

II. Trachoma and Dangerous Immigrants

Designated as a dangerous contagious disease in 1897, trachoma was

3) The medical examination by USPHS surgeons at ports in China and Japan ended on January 15, 1910. Nayan Shah refers to 1910 as the year when bacterial examination began at the Angel Island Immigration Station and parasitic diseases (e.g. hookworm) became a major medical cause for deportation of Chinese immigrants (Shah, 2001).

4) This essay also takes into account the U.S. territories of Hawaii and the Philippines.

dreaded by Americans as a leading cause of blindness that could impair one's ability to earn a living. However, trachoma was not an imported disease. In the early 1900s, the *New York Times* explained in a series of reports on trachoma that many prominent physicians saw the eye disease of "ophthalmia, or trachoma" as frequently found and spread in schools and public baths in New York.[5] While they argued that poverty and unsanitary environments caused the disease, they did not explicitly associate these conditions with immigrant communities, mostly concentrated in poor, crowded, and unhygienic tenements. Another article, tracing the origin of trachoma, admitted that immigrants had been excluded for trachoma but did not emphasize the danger of infected foreigners; rather, it turned attention to public school students. According to one Dr. Bradley, "the only way to wipe out the disease in this city [of New York] is to strike it in the public schools."[6] Dr. Lederle, President of the New York Board of Health, stated that 18 percent of the public school students in New York were afflicted with trachoma and blamed parents' negligence for the spread of the disease.[7] Despite the fear of contagion, other doctors did not consider trachoma a serious problem. For example, Dr. Talmey argued that the eye disease had always been present in the population of New York, and that trachoma in school children was not dangerous as it could disappear with time.[8] He claimed instead that the Health Board should pay more attention to the overcrowded tenement districts than to the schools. Other physicians, like Dr. Norton, asserted that what many believed to

5) "Contagious Eye Diseases," *New York Times*, 6 June 1902.
6) "Origin of Eye Pest," *Washington Post*, 15 June 1902.
7) "Sore Eyes in Schools," *New York Times*, 19 October 1902.
8) Dr. Max Talmey, "Trachoma in the Schools," Letters to the Editor of the Times, *New York Times*, 9 November 1902.

be trachoma was "rather an allied disease, non-contagious, and of far less serious character," which was sometimes called "false trachoma."[9] These reports show that among medical experts were diverse opinions and constant debates in diagnosing trachoma. In addition, they rarely discussed the link between trachoma and immigrants, which indicates that medical professionals in the early 1900s were seldom concerned with the possibility that immigrants might spread the disease to the American public. Yet, immigration officials and public health officers had a different idea. They were alarmed by the growing number of newcomers into the United States and reminded of the necessity to control and regulate the immigration flow. For them, trachoma was a convenient tool through which to exclude and deport undesirable foreigners; American immigration authorities began to publicize the contagious nature of trachoma and blame it on new immigrants.

As early as 1902, Commissioner-General of Immigration T. V. Powderly warned the American public of the "evils" of immigration, one of which was trachoma. Although he admitted that "the persons afflicted with Trachoma were comparatively few, and a doubt existed as to whether it should be classed as a contagious disease" (Powderly, 1902: 57), he vowed to safeguard the country from "every advance of loathsome, dangerous or contagious disease" (Powderly, 1902: 60). Soon, trachoma became firmly established as the very disease that would threaten the health of the nation. Various anti-immigration organizations picked up the alleged danger of trachoma and protested against the admission of southern, eastern Europeans and Asians. In 1904, Frank H. Ainsworth, a staunch supporter

9) "Trachoma Not Prevalent," *New York Times*, 13 November 1902.

of the Immigration Restriction League and later immigrant inspector in San Francisco, asserted that trachoma, syphilis and tuberculosis were the most dangerous diseases that immigrants carried to the United States. Trachoma in particular, he claimed, had been "introduced and extended almost entirely by aliens from southern and eastern Europe" (Ainsworth, 1904: 3-4). According to Ainsworth, deporting diseased immigrants alone could not solve the problem because they might already have "inoculated at least one other person on the ship," who could have spread it to the entire American population (Ainsworth, 1904: 4). Thus, thorough medical inspection at ports of embarkation was strongly recommended. Between 1898 and 1905, only those exhibiting actual symptoms of trachoma were examined, but after 1905, all immigrants seeking entry to America received a medical inspection for trachoma (Markel, 2000: 534). In 1905, George W. Stoner, the Chief medical officer at Ellis Island, claimed: "Trachoma is one of the most troublesome diseases. As already stated, the eyelids of all arriving immigrants are turned (everted) and carefully examined; and all cases not clearly entitled to pass are detained for observation" (Stoner, 1905: 1067).

Since the line inspection at American immigration stations allowed only cursory examination of incoming immigrants (Birn, 1997; Fairchild, 2004; Imperato & Imperato, 2008; Kraut, 1994; Yew, 1980), detecting disease depended on competent public health officers. For trachoma, they used a buttonhook or their fingers to turn back immigrants' eyelids and find sores around the eye. Red, watery, or inflamed eyes, often with lesions or secretions that thickened and stiffened the lids, invited the most attention (Kindred, 1913: 6-7). Unlike tuberculosis or insanity, trachoma was "unavoidably visible" and relatively simple to diagnose (Maglen, 2005:

86). At the initial stage of development, however, trachoma was not easily differentiated from other forms of conjunctivitis (Kindred, 1913: 7), and PHS officers in charge often failed to reach consensus over the diagnosis and treatment of trachoma (Markel, 2000: 530). Instructed that "caution should also be exercised in making a definite prognosis, even in the most favorable cases, because treatment is generally very disappointing" (PHS, 1903: 8), PHS physicians tended to impose strict medical standards upon even mild cases of trachoma. To make matters worse, they relied on the "vagaries of 'personal' interpretation" for trachoma diagnosis (Shah, 2001: 189), which the Bureau of Immigration readily adopted to make a decision for exclusion or deportation.

At Ellis Island, immigrants told and were told of numerous stories of families separated by medical examinations, many of which involved trachoma cases. Children were diagnosed with trachoma, and the entire family were deported; a mother afflicted with trachoma was separated from her husband and child; a spiteful letter, falsely accusing a husband of having trachoma, detained him at Ellis Island, while his wife was waiting for him to be released.[10] Many immigrants also had first-hand experiences with a trachoma examination. As Howard Markel shows, even before they left for the United States, immigrants learned about the eye disease from various sources and understood the mechanism through which it was detected and diagnosed (Markel, 2000). They also encountered problems caused by the

10) Some of the related newspaper reports are: "Opera Prompter Deported: Felix Vicchi of Conrled's Staff Found to Have Trachoma," *New York Times*, 24 August 1906; "Mother To Be Deported: Mrs. Dobres Must Leave Her Family on Account of Eye Disease," *New York Times*, 4 November 1906; "Trachoma Victim Deported: Vain Attempt to Smuggle Afflicted Child and Mother from Vessel," *New York Times*, 29 April 1904; "Held up for Eye Tests," *New York Times*, 18 December 1913.

tension between PHS physicians and foreign doctors. In 1909, Russian-German immigrants filed a complaint against the inspection for trachoma. They had been examined by eye specialists before leaving for the U.S. and declared healthy, but upon arrival at Ellis Island, they "were refused to land on account of suffering from trachoma, which in many cases was not at all trachoma, according to the diagnosis of European specialists, but simply an inflammation of the eyes from being exposed to wind, dust, bad air in the steerage, and sleeplessness, which could easily be cured within a short time, were they given the proper treatment."[11] They criticized unsanitary practices of PHS examiners, such as lifting eyelids with unwashed hands, and asserted that they contracted the disease at American immigration stations through the insensitive medical officers (Markel, 2000). Immigrants were also reminded of racial differences in trachoma diagnosis. Believed to be of inferior stock, southern and eastern Europeans, in particular Jews, received more attention for trachoma. Asian immigrants, though smaller in number, became increasingly associated with the eye disease for their racial "inheritance" and "peculiar Asian susceptibility" to trachoma (Shah, 2001: 188). As historian of medicine Amy Fairchild asserts, disease explained by racial terms served as a means through which to exclude undesirable immigrants (Fairchild, 2003: 131). This power of science wielded greater influence on Asian immigrants, who had already faced exclusionary legal and political measures.

III. "Orientals" Diagnosed with Trachoma

The medical inspection of immigrants offers a good venue for discussing

11) Russian-German Immigrants, Record Group 85, Entry 9, File 52255/41, NARA, Washington, DC.

restrictive immigration policy and racial prejudice against Asian newcomers. At the turn of the twentieth century, Asians entering the United States were treated differently from European immigrants. For example, Chinese were governed by the 1882 Chinese Exclusion Act, which was extended in 1892 and 1902 and became indefinite in 1904 (Chan, 1991; Takaki, 1989), and they were not under the medical inspection provision of general immigration law until 1903. Only then did U.S. immigration authorities begin medical examinations for non-quarantinable diseases at the Pacific Coast, the major entrepot for Asian immigrants, aided by the expansion of medical exclusion categories and advancements in inspection techniques (Fairchild, 2003: 132-33). The San Francisco Immigration Office, which later became the Angel Island Immigration Station, processed the majority of Asian immigrants entering the United States. Immigrant inspectors detained those who failed PHS inspection, and the Board of Special Inquiry (BSI) heard their cases and decided whether to deport or admit them. The board investigated various issues: medical cases, "Likely to become a Public Charge" (LPC) deportations, moral turpitude cases (prostitutes, criminals), entries with wrong passports, and stowaways. Between 1899 and 1909, the most frequently investigated cases in San Francisco were for trachoma. Immigrants could ask for a rehearing or reexamination when they were brought to the board for trachoma diagnosis. However, without resources or information, they found it difficult to contradict or overturn the decision of "nonmedical" board members, who relied on immigrants' medical certificates as "the sole testimony" (PHS, 1903: 11).

U.S. immigration authorities discovered the potential of trachoma for denying entry of Asians into America. In 1904, the *San Francisco Chronicle* referred to trachoma, "an Oriental disease of the eyes," and stated that PHS

surgeons "have made a report to Washington advising quarantine against ports where this trouble [trachoma] is active."[12] In 1909, Commissioner-General of Immigration Daniel J. Keefe claimed that trachoma and favus[13] were "particularly prevalent in the East" and "aliens arriving from the Orient are more frequently afflicted with dangerous contagious diseases (trachoma in particular) than those arriving from Europe."[14] A year later, addressing the issue of Asian immigrants leaving America with an intention to return, Raymond Brown, the Inspector in Charge in Honolulu, Hawaii, admitted that there were other diseases to be reckoned with but "trachoma appears to be the disease with which this office is more often called upon to contend."[15] Since Chinese were considered not as sensitive as whites due to their racial differences, PHS officers took seriously even small or mild evidence of trachoma among them, which would have been dismissed in European immigrants (Shah, 2001: 188). As a result, a large proportion of Asian immigrants were excluded for trachoma. Compared with one to three percent of the immigrants at Ellis Island, about 17 percent of the Chinese who passed through Angel Island were deported for medical reasons (Daniels, 1997: 6-7; Markel & Stern, 1999: 1322); in the 1900s, a diagnosis of trachoma was responsible for one third of all Chinese and Japanese immigrants excluded from the United States (Markel, 2000: 527).

Class distinctions also mattered in the medical inspection of immigrants.

12) "Eye Disease on the Increase," *San Francisco Chronicle*, 16 November 1904.

13) Favus was defined as: "A contagious disease of the skin, especially of the scalp, producing yellow flattened scabs and baldness, scald-head, honeycomb ringworm" (Powderly, 1902: 57).

14) Communications between the Commissioner-General of Immigration and the Secretary of Commerce and Labor, 25 May and 26 July 1909. RG 85, Entry 9, File 52495/49, NARA, DC.

15) Letter to the Commissioner-General of Immigration from the Inspector in Charge in Honolulu, 1 November 1910. RG 85, Entry 9, File 52495/49A, NARA, DC.

While steerage passengers tended to receive more rigorous medical tests, surgeons at Ellis Island did not "put first-class passengers through a rigid examination as if they were immigrants."[16] In San Francisco, too, differential medical examinations based on immigrants' class status were common (Markel & Stern, 1999). Seeing that first or second-class tickets could give them more opportunities to pass primary inspection, immigrants purchased the expensive tickets instead of coming as steerage passengers (Kraut, 1994; Lee, 2003; Shah, 2001). Medical officers and steamship company associates also noticed the practice. In 1905, the Attorney of the Pacific Mail Steamship Company, which transported Asian immigrants to the United States, claimed that medical examinations at Asian ports, currently limited to steerage passengers, should be applied to first-class cabin passengers as well. In response, Commissioner-General of Immigration F. P. Sargent cited PHS Surgeon General Walter Wyman who did not "deem it advisable or practicable to make examination of first cabin passengers."[17] It did not mean, however, that Asian immigrants enjoyed the same privilege without interference. The Pacific Mail was concerned about one-hundred-dollar fine they had to pay for each immigrant passenger excluded for medical reasons at American ports; since Asians were more likely to be detained and deported for trachoma, steamship surgeons, if not PHS officers, paid more attention to Asian immigrants regardless of their class status. Historian of disability Douglas Baynton argues that class and capital did not always assist the immigration process of the mentally and physically disabled (Baynton, 2005). In this instance, racial differences trumped class

16) "Mother to Be Deported," *New York Times*, 4 November 1906.

17) Letter from the Attorney of the Pacific Mail S.S.Co., 7 March 1905; letter from the Commissioner-General of Immigration, 16 March 1905. RG 85, Entry 9, File 52495/49, NARA, DC.

distinctions, subjecting Asian immigrants to stricter regulations.

What made matters worse for Asian immigrants was that not only at the Pacific Coast (San Francisco, and later Angel Island, Immigration Office) but also at Asian ports were extensive medical examinations conducted. In 1903, PHS officers had already been stationed at the ports of Hong Kong and Japan to inspect immigrants before they departed for the United States (Fairchild, 2003: 58).[18] At first, they had been assigned to inspecting passengers only for quarantinable diseases, such as cholera or bubonic plague. Upon the request of the Pacific Mail Steamship Company, the U.S. Bureau of Immigration allowed these officers to examine prospective immigrants for other diseases, including trachoma.[19] The PHS surgeons stationed in Italy, China, and Japan were the only ones to examine departing immigrants (in other places, ship surgeons carried out the task), and it hints at the racial prejudice U.S. authorities bore toward Asians, and to a degree, southern and eastern Europeans. The majority of immigrants rejected at Asian ports received a diagnosis of trachoma. Between 1905 and 1906, 2,760 immigrants were rejected for medical reasons at the ports of Japan and China; 2,719 (98.5 percent) of them, mostly Asians, were

18) Letter to the Secretary of Commerce and Labor from the Acting Secretary of Treasury, 28 March 1910. RG 85, Entry 9, File 52495/49A, NARA, DC.These surgeons were stationed at Asian ports under the provision of Section 2 of "An Act Granting Additional Powers and Imposing Additional Duties Upon the Marine Hospital Service" approved February 15, 1893.

19) Letter to the Inspector in Charge, Honolulu, Hawaii, from the Commissioner-General of Immigration, 5 December 1903. See also letter to the Commissioner-General of Immigration from the Attorney of the Pacific Mail Steamship Company, 24 June 1903. RG 85, Entry 9, File 52495/49, NARA, DC. The attorney asked the Commissioner-General to authorize PHS officers to examine for trachoma so that the differences of opinions between "the doctors at the foreign ports and the doctors [PHS surgeons] at Honolulu" (and San Francisco, too) on trachoma could be resolved. His letter shows that the expertise of PHS officers was more valued than that of foreign doctors.

diagnosed with trachoma and the rest for scabies, tuberculosis, and other conditions.[20] In 1906, the trachoma diagnosis rate in Naples, Italy, was about 47 percent of the rejected immigrants, compared with 100 percent in Yokohama, Japan.[21] It is possible that Asians did suffer more from trachoma than Europeans, if not for racial susceptibility, for geographical, social, or economic reasons. Still, the record illustrates that the PHS officers relied heavily on the diagnosis of trachoma when examining "Orientals" and used the eye disease as a justification for exclusion.

Strong resentments toward the trachoma inspection emerged over time. For example, in 1907, the American Consulate in Hong Kong informed U.S. authorities that "the trachoma test must be a large factor in promoting unrest" in China and warned that such unrest might result in "industrial war and race hatred." It explained that Chinese were keenly aware of the process of medical inspection, and numerous stories of hardships led them to deny the presence of trachoma as a medical condition: "It is said that many Chinese who have to do with American immigration officials do not believe that there is such a disease as trachoma, but believe it to be a device to keep them out."[22] Amos P. Wilder, the American Consul General in Hong Kong, also acknowledged the arbitrariness of trachoma diagnosis and contested the practices of medical inspection:

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20) Ibid., based on the table titled "Aliens recommended for rejection at Oriental Ports: During 12 Months Ended Feb. 28, 1906."

21) "Table Showing Number Aliens Examined and Rejected at Naples, Italy" and "Table Showing Number Aliens Examined and Rejected at Following Named Ports." Compared with about 5 percent of the examined immigrants rejected at Italian ports, roughly a quarter were rejected at Asian ports of embarkation. RG 85, Entry 9, File 51630/044. NARA, DC.

22) Letter to the Secretary of Commerce and Labor, 28 March 1907. RG 85, Entry 9, File 51881/85, NARA, DC.

> The whole subject of trachoma should be investigated by disinterested men who may consider not merely the physiological side but the humane and political factors that enter in. The menace to national health has been unduly exaggerated, as many physicians familiar with it admit; and no more complete system could be devised for unscrupulous men than the present one, whereby one doctor may determine what Chinese may go and who must stay, under a technical test mysterious to all non-professionals; with a cure to be affected at any cost and on any terms eagerly accepted by Chinese men, women, and children desperate to get back to their livelihood and their loved ones.[23]

Asian immigrants realized that certificates issued at foreign ports of embarkation and those by PHS officers at American borders did not always correspond, making it difficult for immigration officials in charge to reach a unifying decision. Witnessing the real danger of the eye examination, they struggled to protect their rights and gain entry to America. To avoid exclusion, some immigrants duped American officials by applying adrenaline to their eyes to temporarily hide traces of the disease and circumvented medical control over their bodies. Others appealed to political authorities to alleviate their hardships. In 1910, Chinese merchants in Hong Kong and Canton wrote to President William Howard Taft in protest against the indignities of American immigration policy. One of their complaints was that Chinese immigrants received another inspection upon arrival in America because the documents authorized by the American consul in China had no value in the U.S.[24] Chinese also employed economic

23) Ibid., letter to the Assistant Secretary of State from the American Consul General of Hong Kong, 24 July 1908: p. 9. European immigrants responded to the trachoma inspection in similar ways (Markel, 2000).

24) Enclosed in letter to the Secretary of State from the Vice Consul General of Hong Kong, 3 August 1910 , 3 August 1910. RG 85, Entry 9, File 52082/52, NARA, DC.

leverages to protect their rights. In 1909, Chinese merchants in Hong Kong boycotted the Pacific Mail Steamship Company for its mistreatment of Chinese passengers. According to them, the company left several Chinese at the Japanese port of Kobe for trachoma, even though they had already been examined and cleared by regular physicians in Hong Kong.[25] In 1910, Chinese residing in the United States delineated their grievances against the "Customs regulations on their arrival in California" and criticized poor conditions of Angel Island detention sheds in a letter to the Canton Self-Government Society. They urged the Society to institute an anti-American boycott "in retaliation for their differential treatment by the Americans."[26] Their complaints and boycotts failed to bring about significant changes in federal immigration law and medical inspection practices. Nevertheless, the struggle to challenge immigration policy and gain entry to the United State persisted.

Trachoma as a racialized disease influenced the ways in which the status of immigrants, in particular those from Asia, was understood and constructed. Chinese immigrants, for example, occupied a unique position. The number of Chinese admissions was greatly limited by the series of Chinese Exclusion Acts, but the federal government argued that these laws were intended to exclude only undesirable immigrants and not to hinder the mobility of American-born Chinese and Chinese of exempt classes—merchants, students, returning laborers, and their family members. Despite complaints against the exclusionary acts and rigorous medical inspection which, according to Chinese, treated them unfairly, American immigration

25) "To Boycott the Pacific Mail," *San Francisco Chronicle*, 28 June 1909.
26) "Anti-American Boycott," *Hongkong Telegraph*, 2 August 1910. RG 85, Entry 9, File 52082/52, NARA, DC.

law did grant them certain rights. Domiciled aliens and Chinese of exempt classes could return to the U.S. regardless of their medical conditions. Family members, as long as they had proof of family ties, were allowed to enter as well. In June 1907, Lau Ping Liang, a ten year-old boy from China arrived at the San Francisco Immigration Office and was brought to the Board of Special Inquiry for trachoma infection; however, he was soon landed as "son of native" (son of an American-born Chinese) by immigration officials.[27] Other Asians, including Japanese, used family ties to bring in diseased immigrants. Of course, this provision did not always work. The 1910 *Book of Instructions* specified that "the wife or the minor children of a domiciled alien," once certified of having diseases like trachoma, could be detained for treatment and not easily permitted to land (PHS, 1910: 30). Even after they passed the initial medical examination at American ports and borders, immigrants, especially racial outsiders like "Orientals," soon learned they were not safe from exclusion or deportation. The alleged danger of trachoma gave American authorities ample opportunities to control the admission of deserving immigrants, often at the cost of undermining their legal and political privileges.

IV. Rights Undermined: Trachoma and Asian Immigrants under American Immigration Law

Asian immigrants and their association with disease influenced their everyday life. In the United States, their habits and living conditions were criticized for being uncivilized and filthy, thus conducive to transmission

27) Case #981, Vol. 5, M1387: Minutes of Boards of Special Inquiry at the San Francisco Immigration Offices, 1899-1909. RG 83, NARA, San Francisco.

of disease and illness. Once they left America, many Asian immigrants were again subjected to medical inspection, which could threaten their chance of returning to their adopted home. Combined with fierce anti-Asian immigration agitation in the U.S., increasing doubts over American immigration policy also harmed their position. The 1906 San Francisco school segregation decision targeting Japanese students and the 1910 investigation of the San Francisco Immigration Office are two examples to illustrate the ways in which trachoma became a convenient tool to challenge the rights of Asian immigrants and justify the discriminatory implementation of American immigration policy.

In 1906, the San Francisco school board ordered segregation of Japanese students at public schools. The reason for the decision was none other than trachoma. As the previous section shows, trachoma was a common disease at American public schools; however, concerns with increasing immigration turned trachoma into an immigrant disease. In states like California, it was employed to advocate exclusion and segregation of undesirable newcomers from the "Orient." Already in 1905, the *San Francisco Chronicle* identified Indians, Chinese, and Japanese as carriers of trachoma. Since Chinese students had been segregated in San Francisco and Asian Indians took up only a small proportion of the population in California, Japanese immigrants became an obvious target. The *Chronicle* warned: "Considering the nature of the disease [trachoma] and its prevalence among Japanese, no person of that nationality should be admitted to any school or employed as a house servant until examined by a physician and pronounced free from the disease."[28] Californians heartily welcomed the segregation scheme, arguing

28) "The Dread Trachoma," *San Francisco Chronicle*, 4 April 1905.

that Japanese students, with their trachoma-infected eyes, threatened the health of white children. In October 1906, the *New York Times* reiterated this position that "many white parents objected to Japanese children attending the regular schools, as many Orientals are afflicted with trachoma."[29] In December, however, another article hinted at the real motive for the segregation order: racial prejudice. It explained: "There was not a single case of trachoma among the ninety-three [Japanese students]. In face of figures such as these, it might be expected that the Californians would drop this particular feature of the anti-Japanese campaign, but instead they seem bent on pushing it."[30] Trachoma was only a "nominal reason" for segregation.[31] Californians now argued that Japanese male students, who tended to be much older than white pupils, preyed upon white American girls and therefore should be segregated. When this argument failed, the school board made a new excuse that "there was not room" even for "the handful of Japanese who were attending the San Francisco schools."[32] Americans on the East Coast worried that the anti-Japanese sentiments in California might trigger a Japanese boycott of American goods and mar the national economy as well as political relations with Japan. Thus, President Theodore Roosevelt intervened to warn against the school segregation. In response, Californians protested that politicians in the American East did not understand their situation.[33] This widely publicized incident was partly responsible for the passage of the Gentlemen's Agreement in 1907

29) "Japan Grieved by US: Surprise Over Expulsion of Children from San Francisco Schools," *New York Times*, 22 October 1906.
30) "Few Japanese in Schools," *New York Times*, 8 December 1906.
31) James Osborne Witte, "San Francisco, the Japanese Question and Other Things," *Washington Post*, 25 November 1906.
32) "California Defends Hostility to Japanese," *New York Times*, 7 December 1906.
33) Ibid.

between the U.S. and Japan. The fact that the San Francisco board used trachoma, though unsuccessful, as a device to drive out Japanese students reveals the deeply ingrained prejudice against Japanese immigrants and their seemingly disease-prone bodies. Given that most Japanese students in question were born in the United States and therefore citizens by birth, the segregation scheme demonstrates that even rigorous medical examinations and restrictive provisions of federal immigration law failed to protect Asian immigrants from the identification with contagion. No matter who they were and what they did, "Orientals" were still grave threats to the health of the nation.

The association with trachoma troubled Asian immigrants in a different way: it compromised their rights for free movement. American citizens could leave and enter their home country regardless of their medical conditions. However, Asian immigrants, who were "ineligible for citizenship," had to arm themselves with documentary evidence to prove their rights to reenter the U.S., and when infected with disease, faced exclusion or deportation. The fear of contagion and the ease with which trachoma was detected enabled not only the American public but also politicians and immigration officials to question the effectiveness of immigration law and the rights accorded to both aliens and citizens. On October 19, 1908, Judge De Haven of California District Court refused to readmit thirteen Chinese afflicted with trachoma. Born in the United States, these Chinese could legally enter and reenter the country under the Chinese Exclusion Acts, and the general immigration act concerning diseased immigrants did not apply to them. Nevertheless, Judge De Haven made a decision that "the provision of the [1907] immigration laws denying landing to those suffering from trachoma or kindred diseases, shall apply to Chinamen as well as aliens,

and they must pass the physical examination as well as other foreigners."[34] It reasserted that Chinese, whether born or established domicile in the U.S., could not become American subjects and should be treated like any other newcomers. Under De Haven's decision, they could be excluded by medical inspections and in some cases deported to a country with which they no longer had a tie.

Americans continued to criticize immigration authorities for their failure to enforce immigration policy. For example, E. A. Hayes, the Representative of California and fervent supporter of the Chinese Exclusion Acts and the Japanese-Korean Exclusion League,[35] accused the San Francisco Immigration Office of admitting Asians diagnosed with trachoma. In the House of Representatives speech in February 1909, he claimed that "more than 90 percent of all the Chinamen who are admitted through the immigration office" entered the U.S. fraudulently and blamed it on "those who are charged with the administration of the law" (Hayes, 1909). About a year later, Hayes spoke once more to the House and pointed out that between 1908 and 1910, 293 aliens, mostly Chinese and Japanese, were allowed into the United States despite the diagnosis of trachoma. Admittedly, ordinary immigrant inspectors could not distinguish one Chinese from another and detect Chinese tricks because Hayes later explained "all Chinese look alike" (Hayes, 1910). Their "inscrutable oriental face" made it impossible for U.S. health officers to detect disease upon primary inspection and therefore demanded new measures (Fairchild, 2003: 135). This time, Hayes shifted the blame from the government to immigrants themselves, citing trachoma as the reason for more thorough inspection and restriction. However, what

34) "Bars Chinese American Born," *Oakland Tribune*, 20 October 1908.
35) "Hayes the Hypocrite," *Los Angeles Times*, 19 September 1906.

he failed to see is that "domiciled" Chinese and exempt classes, even when diseased, were permitted to cross American borders. The Board of Special Inquiry minutes from the San Francisco Immigration Office show that many Chinese were landed in America between 1907 and 1909 not because of the lax implementation of immigration policy but because of their exempt status by virtue of their birth on American soil and of their social standing. While immigration officials adhered to the provisions of the immigration legislation, what Hayes really wanted from them was to limit the rights of immigrants, especially of "Orientals."

As Hayes himself revealed, American authorities were aware of the conflict in understanding and implementing immigration policy, and it culminated in the investigation of the San Francisco Immigration Office in 1910 by the Department of Justice.[36] The then commissioner of the Immigration Office was Hart Hyatt North, a reform-minded man, who was once called "Idol of Chinatown" for his removal of two inspectors who imposed strict regulations upon Chinese immigrants (Lee, 2003: 70-72). At the 1910 investigation, Commissioner North was accused of admitting without proper inspection a large number of Asian immigrants, including Asian Hindus, and was forced to resign from his post (Salyer, 1995). Immigrant Inspector Frank H. Ainsworth criticized North and the San Francisco Office for the incompetent administration of federal immigration law. During the investigation, he exposed that the Board of Special Inquiry (BSI) neglected its duties; in many occasions, it held no hearing for aliens certified with trachoma or other dangerous contagious diseases, and even when it did, board members were not always present

36) Department of Justice. *Investigation of the Immigration Service, San Francisco*. RG 85, Entry 9, File 53108/24, NARA, DC.

and BSI records were either incomplete or falsified. Referring to E. A. Hayes and his 1910 House speech on the admission of trachoma-afflicted Asians, Ainsworth explained that many allegedly domiciled aliens with trachoma, mostly Chinese, gained entry only through their claim that they had lived in the United States. The real problem was that no examination as to the truth of their claim was conducted in San Francisco.[37] In addition to releasing immigrants diagnosed with a dangerous contagious disease—Class A diseases like trachoma, San Francisco officials paid no attention to those with Class B diseases, which could still affect one's ability to earn a living.[38] Indeed, some immigrants passed border inspection by abusing the privilege of domicile. After the San Francisco earthquake and fire of 1906 destroyed all birth records in the city, the number of Chinese claiming to be returning laborers or born in the U.S. increased (Lee, 2003: 201; Ngai, 2004: 205). While the 1910 investigation centered on the incompetency and inadequacy of the San Francisco Office in matters of immigration, it demonstrated that the association with disease facilitated the process by which Asian immigrants became objects of legal and political surveillance. Deep-rooted doubts upon the status of "Orientals" made it difficult for diseased as well as returning, domiciled Asians to enter the United States and exert their rights to stay and settle in America. In turn, their identification with trachoma justified the violation of their privileges for the grand cause of protecting American citizens.

Like the government agencies, steamship companies in charge of transporting Asian immigrants were aware of the precarious legal and political status of their passengers. As mentioned above, steamship companies

37) Ibid., 181-83.
38) Ibid., 177-78.

were fined one hundred dollars for each immigrant passenger excluded for medical reasons at American ports. However, they knew that once he established residence or belonged to an exempt class, the immigrant's medical conditions would not hinder his admission to the United States. In February 1909, the Pacific Mail's vice president R. F. Schwerin explained to a Hong Kong attorney: "a Chinese who has established his residence here [United States], then returns to China, subsequently desires to return to the United States, and is supplied with proper documents to prove his previous residence, cannot be denied admission on the ground of being afflicted with Trachoma or any other loathsome or dangerous contagious disease within the meaning of the Immigration Laws and Regulations." He claimed that it would not be necessary to examine for trachoma or other loathsome diseases when the immigrant had residence in the U.S. territories.[39] Hugh V. Cumming, the Passed Assistant Surgeon in Yokohama, asked Surgeon General Walter Wyman for advice. He was worried about the potential spread of disease when trachoma and favus-afflicted aliens were allowed to mingle with healthy immigrants on a vessel to America.[40] This concern also reached Commissioner-General of Immigration Keefe, who argued that admitting these Asian immigrants without medical inspection would lead to "almost incalculable mischief" and urged steamship companies to take necessary precautions.[41] Along with the problems of diseased Asians, American authorities had to address complaints from the trans-Atlantic

39) Letter to S. Siverstone Esq., Agent, F.M.S.S.Co., Hongkong, from the Vice President and General Manager of the Pacific Mail Steamship Company, 16 February 1909. RG 85, Entry 9, File 52495/49, NARA, DC.

40) Ibid., letter to the Surgeon General from the Passed Assistant Surgeon, 14 April 1909.

41) Ibid., memorandum for the Secretary of Commerce and Labor by the Commissioner-General of Immigration, 25 May 1909.

steamship companies that the PHS involvement at Asian ports allowed the trans-Pacific lines, especially the Pacific Mail, to avoid fines for bringing in diseased aliens (Fairchild, 2003: 62). Thus, Charles Nagel, the U.S. Secretary of Commerce and Labor, decided to relegate to steamship companies full responsibility for the medical inspection of departing immigrants. Upon Nagel's request, Surgeon General Wyman ordered discontinuation of the PHS medical examination at the Chinese and Japanese ports, which took effect on January 15, 1910.[42] As the trans-Pacific lines assumed the task of PHS officers, ship surgeons searched more vigorously for signs of trachoma and other diseases for their own financial interest.[43] To return to America, domiciled immigrants also had to prove, in case they had caught trachoma, that they contracted it in the United States, not in other places. This change of policy seems to have reaped a fruit. Richard L. Halsey, the Acting Inspector in Charge in Honolulu, reported that since the discontinuance of the PHS examination at Asian ports, "there has been a marked diminution of persons whose eyes are afflicted with conjunctivitis or any soreness."[44] Into the 1910s, growing interest in parasitic diseases and mental or moral conditions of immigrants, combined with the development of preventive medicine for the eye problem, reduced the rate of trachoma exclusion. Trachoma as a medical condition did not disappear, but it certainly lost its appeal to U.S. immigration authorities (Table 1).

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42) Ibid., letter to the Secretary of Treasury from the Surgeon General, 15 December 1909.

43) Letter to the Assistant Secretary of Commerce and Labor, 28 April 1911. RG 85, Entry 9, File 52495/49A, NARA, DC. Steamship companies requested American authorities to continue the PHS medical examination. According to the Vice President of the Pacific Mail, it was not because the company wanted to "be relieved of the obligation of paying the fine" but because "the service of the United States Federal officials should be used to protect a Steamship Company from the embarkation of such undesirable passengers."

44) Ibid., letter to the Commissioner-General of Immigration from the Acting Inspector in Charge, Honolulu, Hawaii, 11 May 1910.

Table 1. Aliens Debarred from Entering the United States for Trachoma, 1908-1914

Year	1908	1909	1910	1911	1912	1913	1914
Number (%) of aliens debarred for trachoma	2,608 (23.9)	2,084 (20.0)	2,618 (10.8)	2,152 (9.6)	1,321 (8.2)	2,047 (10.3)	2,565 (7.8)
Total number of aliens debarred	10,902	10,411	24,270	22,349	16,057	19,938	33,041

Data compiled by author (U.S. Bureau of Immigration, 1908-1914).

Unlike a diagnosis of trachoma, detecting parasitic diseases engaged scientific methods that could not be contested (stool specimens); hookworm quickly replaced the eye disease as the new "Oriental" problem (Shah, 2001). The menace of trachoma, however, died hard.

V. Conclusion: Trachoma after 1910

Trachoma's alleged danger and association with immigration moved beyond American borders to reach Britain and France. Since quite a few immigrants deported from the U.S. for trachoma were "dumped" at British ports, British policy makers became concerned with the disease and projected their fear of contagion onto the British immigration act of 1905 (Maglen, 2005). Britain did not associate the disease with "Orientals" specifically, because most deportees arriving at British ports were of European descent. Nevertheless, the notion of trachoma as the "Oriental" disease crept in. In 1920, the *British Journal of Ophthalmology* reported that trachoma was prevalent among Chinese laborers in France, who were recruited by the British Government. It explained that 10 or 15 percent of the Chinese labor draftees from 1917 were afflicted with trachoma, "the principal reason for the rejection of the men declined as unfit," but it assured readers that the Chinese laborers, though carriers of trachoma, would not spread the disease to white soldiers or civilians in France as they

received education in hygiene and proper treatment (Stuckey et al., 1920: 2). Australia, another immigrant-receiving country, also blamed immigrants, again Chinese, despite the fact that "pure trachoma" had already existed in the country. There was a popular belief that "the disease was not originally endemic in the area, but that it was introduced by European and Chinese settlers, first in Australia and later into New Guinea" (Mann, 1957: 1165).

Trachoma is still associated with developing countries (WHO), but modern-day immigrants to the United States are no longer subjected to the same eye examination as the immigrants of the past. Yet, linking immigrant groups and disease (e.g. Haitians and AIDS; Chinese and SARS) continues to inform the experience of immigrants and influence their political and legal rights (Fairchild, 2004; Markel & Stern, 2002). In this context, the study of trachoma and Asian immigrants at the turn of the twentieth century offers an intriguing look into the ways in which the U.S. drew its boundaries of inclusion and exclusion around disease and race. It also demonstrates how disease was used as a means to challenge immigrants' status and as a justification to exclude undesirable individuals and groups from America's gates. Trachoma is just one example of the dynamics of immigration, race, and disease, and studies on recent immigrant experiences at American borders may be able to shed more light on its legacy.

Keywords: trachoma; Asian immigrants; medical inspection; U.S. Public Health Service; American immigration station; Chinese Exclusion Act; San Francisco school segregation; San Francisco Immigration Office

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- Abstract -

The "Oriental" Problem: Trachoma and Asian Immigrants in the United States, 1897-1910

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This essay examines the period between 1897 and 1910, when trachoma, a contagious eye disease, became an "Oriental" problem that justified exclusionary immigration policy against Asians entering the United States. It also investigates the ways in which the public fear and alleged threat of the eye disease destabilized and undermined the rights of Asian immigrants. Many scholars have explored the link between trachoma and southern and eastern European newcomers, in particular Jews, but they have not paid much attention to Chinese or Japanese immigrants, for whose exclusion trachoma played a significant role. This is primarily because the number of Asian immigrants was much smaller than that of their European counterparts and because the Chinese Exclusion Acts, which had already been in place, functioned as a stronger and more lasting deterrent to Asian immigration than exclusion or deportation through medical inspection.

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Moreover, into the 1910s, medical and scientific innovations for detecting parasitic diseases (e.g. hookworm) helped American authorities exclude Asians in larger numbers. Still, the analysis of the discourses surrounding trachoma and immigration from Asia, though short-lived, demonstrates the role of medical inspection in controlling and regulating Asian immigrants, in particular Chinese and Japanese, into the United States and in constructing their legal and political rights. In 1906, the fear of trachoma justified an order to segregate Japanese students from white children in San Francisco even at the cost of compromising their rights as citizens. Along with fierce criticisms against immigration officials by the American public, the 1910 investigation of the San Francisco Immigration Office problematized the admission of trachoma-afflicted Asian immigrants. Those critical of the Immigration Office and its implementation of American immigration policy called for exclusionary measures to limit the privileges of exempt classes and domiciled aliens and hinder the exertion of their rights to leave and reenter their adopted country. The two examples show that trachoma was a convenient excuse to condemn inefficient immigration policy and regulate allegedly diseased Asian bodies. In 1910, the federal government made a decision to relegate to steamship companies full responsibility for medical inspection at Asian ports. Since they had to pay a fine for every immigrant excluded at American borders for medical reasons, including trachoma, steamship companies carried out more rigorous examinations. With medical advancements and growing interest in parasitic diseases, trachoma soon lost its appeal to immigration authorities. However, the association of immigration, race, and disease has continued to provide a rationale for immigration control beyond American borders.

Keywords: trachoma; Asian immigrants; medical inspection; U.S. Public Health Service; American immigration station; Chinese Exclusion Act; San Francisco school segregation; San Francisco Immigration Office