All Quiet on the Third Coast: Medical Inspections of Immigrants in Michigan

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During the decades that spanned the late 19th and early 20th centuries, between 2000 and 20,000 immigrants passed through Michigan ports of entry each year. Immigrant inspection along the "third coast"—in makeshift sites at Sault Ste. Marie, Detroit, and Port Huron—was in many respects uneventful and undramatic.

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wrote to Washington asking for much-needed laboratory equipment: in 1921 he was finally authorized to purchase a microscope, stethoscope, slides, and other materials.\

Similar problems existed at the Port Huron station. In March 1906, Assistant Surgeon Albert J. Nute wrote to both his Senator and the Surgeon General to “respectfully ask that I may be transferred to some station in a warmer climate that pays a living salary, in any of the departments under your charge.” Nute claimed that he was frequently on duty for more than 12 hours a day, including Sundays, and had to travel back and forth between the train depot, ferry station, and his office to inspect immigrants. In 1910, Acting Assistant Surgeon Bruno L. Schuster sent a letter to the Surgeon General explaining that he had been unable to confirm a positive diagnosis of trachoma in a female immigrant because he had neither a microscope with which to view tissue cultures nor adequate facilities for short-term hospitalization. Instead of allocating funds for the construction of a more modern site, however, the Surgeon General suggested that Schuster figure out “some arrangements for the proper detention and observation” of immigrants and “borrow the use of some friendly physician’s microscope” when bacteriological analysis was required. In the end, Schuster offered to use his own microscope as long as his station was sent a modest amount of supplies.\

In a 1914 report, Surgeon Louis L. Williams, who had been directed to Port Huron from his post at Ellis Island to survey the station, wrote that “the physical facilities are poor, the officer being located in a small wooden building which has been condemned by the local health officer as unsanitary. It is poorly equipped. There is an unserviceable stethoscope and no microscope.” Williams applauded Assistant Surgeon Kesl’s heroic efforts to carry out his duties professionally despite the dearth of equipment, need for foreign language interpreters and a female attendant, and a subservient administrative relationship to some immigration officials. Despite these interdepartmental tensions, four
years later, when the Surgeon General decided to furnish all the essential equipment for a bacteriology laboratory, the Immigration Service made arrangements for Kesl to occupy a small room in their building.10

Immigration: the public health perspective. Beginning in the 1880s, Michigan's state medical authorities began to evince a concern that immigrants represented a public health threat, decreeing an anti-cholera and communicable diseases act in 1885,11 a detailed inspection law in 1892,12 and a stringent quarantine act in 1893–1894.13 In 1894, all were declared unconstitutional, largely for semantic reasons, by the Michigan Supreme Court, which ruled that the State Board of Health was contravening the authority of the state legislature and executive.14 But Michigan followed the pattern common in most other parts of the country: responsibility for regulating immigrant inspection and quarantines shifted from state to Federal control by the turn of the century.15 For the first several years of the 20th century, there was some collaboration and overlap between state and Federal authority. For example, Federal public health officials stationed in New York and Philadelphia alerted Michigan public health officials when immigrants who were infected with measles, diphtheria, chicken pox, typhoid, or scarlet fever intended to settle in Michigan. This was also the policy of Canadian authorities, who quarantined ships at Grosse Isle, located at the outlet of the Detroit River.

After PHS took control of inspections and quarantine, interest in immigration as a public health issue diminished among the state's medical establishment. The membership of the Michigan State Medical Society included such prominent physicians as Victor C. Vaughan, the Dean of the University of Michigan, and John H. Kellogg, founder of the Battle Creek Sanitarium. From 1900 to 1930 only one article in the Society's journal ventured an explicit association between the growth in immigration and undesirable public health outcomes, in this case the increase in admissions to state asylums and indigent hospitals. The author, Dr. Albert M. Barrett, Professor of Neuropathology and Director of the Psychopathic Ward at the University of Michigan, wrote that "in view of the excessive amount which the foreign population, in proportion to the numbers in Michigan, contributes to the insane and mentally defective class, it is urged that a more effective control and supervision be maintained by state and Federal..."
While many articles published in the Society’s journal and in Public Health—the lay periodical of the State Department of Health—endorsed eugenic programs such as sterilization and marriage laws, immigrants were not targeted as the primary source of disease outbreaks. (Immigrants were most actively demonized by the Ku Klux Klan, which was very active in Michigan during the 1920s and almost captured Detroit’s mayoralty in 1924.)

Screening for “mental defects.”

Probably because fears of large-scale epidemics had diminished, PHS officers devoted a lot of attention to diagnosing cases of “feeblemindedness” and other mental disorders as described in PHS’s 1918 Manual of the Mental Examination of Aliens. In 1922, Assistant Surgeon Kels of the Port Huron station reported to the Surgeon General that during that year, “special effort was made by medical officers to detect defects or disease designed by the Immigration Act as inadmissible.” To identify these abnormalities, Kels relied on psychometric instruments. In 1924 he wrote that “among the tests found to be the most valuable in the detection of mental defects were construction puzzles, picture form boards, the cube test, counting forward and backward from one to twenty, store problems involving simple arithmetic, naming the days of the week forward and backward, naming the months and seasons of the year and fixing holidays in the proper month of the year. A blackboard was installed in the medical examiners’ quarters and used in giving simple problems in arithmetic to the alien.” The relatively large numbers of immigrants debarked for “mental defects” are borne out by his annual reports: 10% of the 356 immigrants certified as deportable for health reasons in 1923–1924 were classified as “constitutional psychopathic inferiors.” Other certifications were: 1 epileptic, 10 feebleminded, 1 insane, 9 mentally defective, 7 neurasthenics, 1 psychasthenic, and 1 psycho-neurotic. Of 2,404 immigrants inspected at Port Huron in 1924–1925, 302 were certified as deportable; 28 of the 302 were classified as “constitutional psychopathic inferiors.” Following the implementation of the quota system mandated by the Johnson-Reed Act of 1924, these numbers began to decrease.

Although PHS physicians’ offices were located in the Post Office and Customs House Building in downtown Detroit, during the early 20th century doctors inspected immigrants at various sites throughout the city. Many newcomers arrived at Union Depot on trains from Canada. (c. 1905)
The automobile era. Between 1910 and 1920, the major automobile companies such as General Motors, Ford, and Chrysler began to attract thousands of immigrants to the Detroit area. During this period, Polish and Finnish immigrant communities began to rival and in some areas outnumber Michigan's well-established German and Irish communities. While many laborers traveled from interior industrial cities such as Toledo, Chicago, and Pittsburgh and did not pass through the Sainte Marie, Detroit, or Port Huron stations, the rising numbers of immigrants is documented by PHS figures. In 1916, for example, Acting Assistant Surgeon Kenneth L. Weber reported a total of 7784 immigrants processed at Detroit, noting: "It his is an increase of 3429 examined at this port over the preceding fiscal year and exceeds by 1019 the number examined at this port during any previous fiscal year." The popularization of the automobile and the emergence of car tourism increased the flow of immigrants through both Detroit and Port Huron. As railroads and ocean liners gave way to freeways and airports, a new era of immigrant inspection began. The completion of the Ambassador Bridge in 1929 and the Detroit-Windsor tunnel in 1930 symbolized the beginning of this transition in Michigan. During this same period, severe immigration restriction laws enacted by the US Congress significantly reduced the flow of European and Asian immigration, reversing earlier patterns of migration and settlement.

Regional and geographic differences shaped the historical experience of immigrants and of PHS in the late 19th and early 20th centuries. Further research into PHS activities along the country’s "third coast" will help illuminate the history of the Progressive era of immigration, and of public health in the US.

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