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Howard Markel. *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892*. Baltimore: Johns Hopkins University Press, 1997. xvi + 262 pp. \$22.95 (paper), ISBN 978-0-8018-6180-2; \$29.95 (cloth), ISBN 978-0-8018-5512-2.

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Divide and Conquer: Public Health Policy

A pediatrician has written about the quarantines in New York City a hundred years ago, with an eye towards the medical effectiveness of such isolation today. The historical issues of racial discrimination and medical ignorance continue to be important today. Howard Markel's book is worthy of the attention of scholars looking at typhus, cholera, and medical legislation.

The scope and content of this book are delineated well. Markel first introduces "The Concept of Quarantine." Then he moves to the first of two diseases in Part I, "Averting A Pestilence" about "the Typhus Fever Epidemic on New York's Lower East Side." He discusses the second disease in Part II, "Cholera May Knock, but it Won't Get In" about "Cholera, Class and Quarantine in New York Harbor." Finally, he considers medical legislation in Part III, "Legislating Quarantine" about "attempting to restrict immigration as a Cholera Preventative." He brings the book to a close, and up to date, with the epilogue, "The Microbe as Social Leveller."

The following excerpts approach a summary, although the book has extensive details about individual people and influential groups, both sanctioned and illicit.

In the introduction, Markel states the theme, for the first of many times: "It is essential to view the institution of quarantine as both a dramatic example of how society responds to the threats of contagious disease *and* [original italics] an extremely real event for those unfortunate enough to be in one" (p. 11). Markel writes that the tension between the two ends of the spectrum of

quarantine—conquest of disease versus isolation or death of the individual—"continues to challenge American society when confronted with epidemic disease and the potential for social scapegoating" (p. 12).

Good, readable history comes from judicious juxtaposition of comment and contemporary account. Of the Russian Jews of the *SS Massilia*, Markel writes, "We probably can assume, however, that they could not have known the threat of typhus fever they may have carried with them from the *Massilia*, or contracted in New York... As the New York Herald later declared, 'Death, disease and widespread trouble was the cargo the *Massilia* brought'" (p. 28).

Markel follows these immigrants into New York with appropriate detail: "After their landing, the United Hebrew Charities placed the 268 passengers in eight boarding houses located at 42 East Twelfth, 5 Essex, 49 Pike, 85 Monroe, 46 Delancey, 31 Monroe, 84 Norfolk, and 166 Division Streets—tenements scattered about the Jewish Quarter. Having settled into their temporary lodging homes on February 1, 1892, however, the *Massilia* Jews soon became the source of great panic across New York City, and indeed throughout the entire nation" (p. 39). The book includes maps of New York so the reader can see exactly where the Jewish Quarter was.

In the next chapter, Markel shifts focus from the immigrant ship to the public health personnel and the state of diagnosis of contagious disease in 1892. Markel describes how both arrived at where they were. Cyrus Ed-

son's abilities as a diagnostician of infectious diseases, Markel remarks, were so highly regarded "because this branch of clinical medicine was still a difficult and poorly understood enterprise in New York during the early 1890s" (p. 41).

As the story continues, Markel keeps making the important point he stated in the introduction. "One side was success in terms of the isolation and confinement of typhus cases," he writes, "the other was the huge personal trauma and travail of the *Massilia* passengers" (p. 45).

Markel explains that "Typhus fever's uncertain etiology also hindered the elaboration of public health safeguards against the 1892 typhus epidemic" (p. 48). It was not until 1909 that Charles Nicolle of the Institut Pasteur in Tunis demonstrated that the human body louse was the vector of typhus fever (p. 49).

"The knot of public health control," he notes, "was tightened once again when Edson declared on February 28 that every 'Russian Hebrew' passenger of the *Massilia* and all of their contacts should be considered to have typhus fever" (p. 54). Of the newly arrived emigres from the *Massilia*, Markel writes, "Their fate was that of quarantine, physically, spiritually, and emotionally" (p. 55). They were sent to North Brother Island. "The 16.5 acre island was incorporated into the city of New York in 1880 as a solution to the overcrowded city hospital on Blackwell Island and as a means of 'isolating and treating those with contagious diseases'" (p. 55), Markel writes, quoting written sources and reporting from his own visit to the now-abandoned island.

In telling "The Results of the Quarantine" in Chapter Three, Markel relies on the press of the time, including the New York Times, the New York Tribune, and the German Jewish press. He writes, "A critical question to ask, then, in assessing the success or failure of the quarantine is: What were the experiences of those isolated on North Brother Island that winter of 1892?" (p. 61).

In answer to the question of his own formulation, Markel includes allusion to the Yiddish newspapers, noting that "The surviving remarks of the Yiddish reporter who observed the quarantine efforts of 1892 articulate a profound and devastating experience of social isolation" (p. 68).

Markel is thorough. "During the typhus epidemic and its aftermath, the first three of these Yiddish papers [Markel names several dailies and weeklies in New York and elsewhere in the United States] were filled with out-

rage as they reported the inequities of Cyrus Edson's quarantine against the Russian Jews" (p. 68).

Markel compares the Yiddish and the nativist press, beginning: "In direct contrast to the Yiddish responses to the aggressive features of the quarantine, of course, was the native-born, and frequently nativist, American popular press" (p. 72).

Markel includes among his sources and smoothly incorporates in the narrative the medical press: "Even the staid *Boston Medical and Surgical Journal* editorialized negatively on the event: 'We open our doors to squalor and filth and misery—which means typhus fever.'" Such complaints and racist rantings were not without effect. He notes that "The fears expressed by native-born Americans were folded into the public health policies of jurisdictions wider than the New York City Health Department" (p. 73).

Markel is even-handed about reporting the inequities of the medical policies: "The reasoning was clear, if misguided, when one considers 1892 concepts of bacteriology and maritime quarantine" (p. 74).

Markel also examines the economic consequences of immigration restrictions based on health: "The steamship companies, under the Immigration Act of March 3, 1891, were required to return all medically rejected immigrants at their own expense."

The second disease considered by Markel is cholera. He supplies the historical perspective and facts: "Between 30 percent and 80 percent of all cases of cholera during this period resulted in death" (p. 87). Again drawing on who said what, Markel reports on "calls for suspending immigration as a cholera preventative" (p. 89).

Markel sets the stage for the third and final part of his book, legislation. "The U.S. Congress had passed quarantine legislation as early as 1796, but the first real attempt to create a national system of quarantine regulations was enacted on April 29, 1878, in response to a yellow fever epidemic" (p. 95).

Markel asks and answers, "What can the historian use to reconstruct a physician's understanding of cholera more than a hundred years ago?" (p. 104). He is cautious in drawing conclusions from afar: "Perhaps the greatest obstacle to effective disease control among the detained immigrants was the acute lack of hospital and detention facilities at Quarantine" (p. 108).

Markel compares the typhus and cholera epidemics:

“In many ways, the cholera epidemic of the fall was an amplification of the typhus fever epidemic that preceded it that winter...” (p. 132). “In terms of a scapegoat,” he writes, “the two epidemics were similar in that the principal target was the East European Jewish immigrant” (p. 133).

Markel again introduces discussion with questions: “It is useful to discuss the development of the National Quarantine Act of 1893 using the following questions: What were the different viewpoints and preferred solutions? How did racist or anti-immigrant views become embedded in the resultant policy? What role did the science of bacteriology play in these deliberations? What were the results of the legislation that ultimately passed?” (p. 138).

Markel gives an entire chapter to “The Doctors’ Prescription for Quarantine,” where he notes that “Vibrant and colorful in its expression, but often blurred at the edges, the medical profession’s debate had less to do with a victory of germ theory and the institution of the laboratory in public health than with a bitter fight over U.S. immigration policy” (p. 153).

Again, Markel provides a careful opinion: “More broadly, the National Quarantine Act represents the changing focus of public health matters in American society in the late nineteenth century” (p. 179).

In the Epilogue, Markel attempts to define “the quarantine mentality” in part “to prevent the spread of an epidemic often at the neglect of the human or medical needs of those labeled contagious” (p. 186).

Markel suggests the currency of the problem: “Sadly, the insinuation of ethnic stereotyping and anti-immigrant sentiment into quarantine and similar public

health policies has yet to extinguish itself” (p. 190).

Markel touches optimism at last, in the last two pages discussing Ebola virus: “During the summer of 1995, the gates of Kikwit, Zaire, were closed and the virus eventually burned itself out. What appears to be different today from the quarantines of 1892, at first glance, is a decided attempt by public health workers to pay close attention to both individual rights and societal obligations in the containment of modern-day epidemic disease” (p. 192).

A pediatrician, Markel wrote what he calls a “textured historical analysis” (p. 12). The book is strong in every aspect, including its sources, methodology, organization, and presentation. The sources are wide, including personal visits to locations, newspapers, medical press, and ethnic press accounts. The methodology is straightforward starting from an inside historical viewpoint. The organization is clear in three parts. And the presentation, while sometimes slightly ponderous reading in its repetition of the themes, is thorough.

Markel succeeds in his stated purpose, which is no “universal explanation” or simple “equation,” but “Rather, I hope to study a brief episode in American history where the conflation of one socially undesirable group with epidemic disease did lead to a combination of disastrous and positive results. My purpose is to document fully and to interpret one historical moment of quarantine not only from the perspective of the medical offers or social authorities instituting it but also from the essential—and often overlooked—perspective of these victims of quarantine” (p. 12).

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