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Chapter One
“Lepers for Show:” The Performance of Medical Authority and the Illusion of the Chinese Medical Threat in Nineteenth-Century America

The energy of the crowd was infectious. On a fateful day in August 1884, over 200 men flocked to the City Hall of Washington, DC. They gathered to hear the remarks of Dr. Charles C. O’Donnell, the candidate for coroner of San Francisco, who had traveled across the country from California to deliver a speech to their city. It was unusual for a local politician of the West to journey so far for a speaking engagement, but this peculiarity only seemed to warm the crowd to him more. Under the shadow of the Capitol, the anticipation of the spectators was palpable in the air. Dr. O’Donnell had promised the buzzing crowd something that they had never seen before: an exhibit of diseased Chinese immigrants.¹

Just around the corner from City Hall, the doctor boasted, he held two infected Chinese immigrants in a box car to unveil before the crowd. The immigrants, whom he called Ah Chin and We Lin, carried tubercular leprosy, a *loathsome disease* he declared was burgeoning in San Francisco’s Chinatown.² Dr. O’Donnell claimed to have persuaded the Chinese immigrants to accompany him on his national tour by offering them food and refuge from the despondency of Bull Run Alley. He alleged that the Chinese Six Companies, a powerful conglomeration of Chinese immigrant business organizations known in California for speaking on social and

¹ “Dr. O’Donnell’s Lepers for Show,” *The New York Times*, July 16, 1884, 4; “Those Chinese Lepers. Dr. O’Donnell’s Ideas on the Chinese Question as Given Under the Shadow of the Capitol,” *The Boston Daily Globe*, August 9, 1884, 1; “The Chinese Lepers: Dr. O’Donnell in Baltimore— His Lepers to be Let Loose in Washington,” *The Baltimore Sun*, August 4, 1884, 4.

² “The Living Death. A Chinese Leper Walking the Streets of New York. The Victim of the Loathsome Disease Pointed Out by O’Donnell. He Proposes to Present His Specimens to Congress,” *The Boston Daily Globe*, August 3, 1884, 2. Ah Chin is referred to as “Ah Wing” in a newspaper article from St. Louis. We Lin is also referred to as “Woo Lin” in some media coverage. [See: “A Loathsome Hobby. Dr. C. C. O’Donnell, the San Francisco Leper Crank, in St. Louis,” *St. Louis Post-Dispatch*, August 12, 1884, 7; “Horrors of Leprosy. Experiences of the California Doctor in New York. The Officials Will Not Permit Him to Exhibit the Specimens He Shipped from the Pacific Coast— A Talk with the Doctor,” *St. Louis Post-Dispatch*, August 2, 1884, 1.]

political issues, had attempted to hide his sick captives there.³ The physician proclaimed that illness had rotted the migrants' limbs and engorged their heads to sizes twice what was normal for the human body; to him, detaining Ah Chin and We Lin in the box car, a safe distance away from the gathering, served as much to protect the white spectators from the contagious diseases these immigrants purportedly carried as to display them as subjects for public entertainment.⁴

To provide evidence of the horror of the disease within Ah Chin and We Lin, Dr. O'Donnell distributed to his captivated listeners graphic photographs of 249 Chinatown residents with leprosy. The physician claimed that these images captured just a sample of the 1,000 infected Chinese migrants he believed were languishing in the cellars of his San Francisco. Standing before the body of observers, Dr. O'Donnell then revealed a large cardboard display plastered with pictures of Chinese immigrants he attested had also been marred by the malady.⁵ The *Daily American* reported that the Chinese faces the crowd witnessed were "swollen, blotched, [and] unshapely."⁶ The members of O'Donnell's audience were thrilled and horrified to encounter what they viewed as frightening and disfigured foreign faces.⁷

The public exhibition and dehumanization of Chinese people for the amusement of a white audience was not unfamiliar to Washington, DC. Some of the members of Dr. O'Donnell's audience had likely attended the circuses that displayed Chinese women, like the nineteen-year-old Afong Moy, wearing traditional clothing, eating with chopsticks, speaking the Chinese

³ "Horrible Leprosy. Dr. O'Donnell's Decaying Examples Arrive in New York. Stoned on Their Journey East—Terrible Story of the Scourge—Americans Catching the Disease," *The Buffalo Times*, 1.

⁴ "A Loathsome Hobby," *St. Louis Post-Dispatch*, August 12, 1884, 7; "Horrors of Leprosy," *St. Louis Post-Dispatch*, 1; "The Living Death," *The Boston Daily Globe*, 2.

⁵ "Finally Reached Indianapolis. Arrival of Dr. C. C. O'Donnell, Who Claims to Have Two Chinese Lepers," *The Indianapolis Journal*, August 11, 1884, 3; "Horrible Leprosy," *The Buffalo Times*, 1; "Horrors of Leprosy," *St. Louis Post-Dispatch*, 1; "The Lepers: Dr. O'Donnell and His Charges Arrive in Chicago," *Daily American*, July 30, 1884, 3; "Those Chinese Lepers," *The Boston Daily Globe*, 1.

⁶ "The Lepers," *Daily American*, 3.

⁷ "Finally Reached Indianapolis," *The Indianapolis Journal*, 3; "The Living Death," *The Boston Daily Globe*, 2"; "Those Chinese Lepers," *The Boston Daily Globe*, 1.

language, and walking with bound feet.⁸ But this spectacle was something different. What Dr. O'Donnell presented to his observers that day was not an Orientalized oddity, but a new, mesmerizing, and shocking display. To the white spectators, the physician's show provided proof of a pernicious foreign foe, a clear demonstration of a dangerous threat to the health of each member of the crowd, their loved ones, and, worse yet, the nation itself. The doctor had made his diagnosis clear. Newspapers around the country screamed his warning in bold, uppercase headlines: Chinese immigrants will infect the native white American population.⁹

Two years before the doctor embarked on this exhibition tour, Congress had passed the Chinese Exclusion Act, a ten-year ban on the immigration of Chinese laborers to the United States. The Chinese Exclusion Act of 1882 constituted a landmark piece of federal legislation because it asserted, at a national level, a social binary between who constitutes a "desirable" and "undesirable" immigrant. The law targeted a specific population for banishment with categories of race and class, cementing a nascent paradigm for federal immigration law in America.¹⁰ Yet the passage of this discriminatory law was not enough for Dr. O'Donnell. He would perform his DC diatribe for audiences in St. Louis, Cincinnati, Indianapolis, Chicago, Baltimore, New York City, and Philadelphia to expose white Americans to the purported menace of the Chinese medical threat. He would leave the Chinese migrants he had imprisoned and debased as specimens of disease at the steps of the Capitol to rally the national politicians into action.¹¹ He

⁸ Erika Lee, *The Making of Asian America* (New York: Simon & Schuster, 2015), 31-34.

⁹ "Horrible Leprosy," *The Buffalo Times*, 1; "Horrors of Leprosy," *St. Louis Post - Dispatch*, 1; "The Living Death," *The Boston Daily Globe*, 2.

¹⁰ Erika Lee, "The Chinese Exclusion Example: Race, Immigration, and American Gatekeeping, 1882-1924," *Journal of American Ethnic History* 21, no.3 (Spring 2002): 36-37.

¹¹ "Dr. O'Donnell's Lepers for Show," *The New York Times*, 4; "Finally Reached Indianapolis," *The Indianapolis Journal*, 3; "The Living Death," *The Boston Daily Globe*, 2. "The Chinese Lepers," *The Baltimore Sun*, 4.

would not stop until he eradicated Chinese immigrants from San Francisco and saw to it that “all Chinese immigration is entirely prohibited by law.”¹²

Though Dr. O’Donnell represented an outlier in his fanatical efforts to exhibit Chinese immigrants on a national tour, he was not the only Californian doctor of the nineteenth century to advocate for Chinese exclusion while invoking the caricature of the Chinese medical threat. In the period preceding his stunt, recognized doctors and public health officials from the state, including appointed members of the San Francisco Board of Health, cited the danger of disease among and within Chinese people to argue for restrictions against them. By dressing their prejudice in the credible clothing of medical terminology, health practitioners could justify flagrant discrimination against the Chinese immigrant population as acceptance of modern medical science. The doctors’ claims also equipped politicians, reporters, and artists with a seemingly trustworthy language to articulate prejudice against Chinese immigrants and rationalize their social, economic, and legal oppression. If they could convince Americans that Chinese immigration was treacherous not only because of the economic competition Chinese laborers posed to white workers, but also because Chinese bodies themselves brought vice, filth, and disease, barring an entire population from the United States based on their race could be construed as a necessary measure to protect the country’s public health.

Even in the nineteenth century, the notion that Chinese immigrants should be completely banned from the United States represented, at its inception, an extreme position. While undeniable that anti-Chinese sentiment was proliferating among the public, historians like Beth Lew Williams have pointed out that many Americans still preferred regulations of separation and discrimination to complete exclusion. Before the passage of the law in 1882, the federal

¹² “Finally Reached Indianapolis,” *The Indianapolis Journal*, 3.

government had maintained a more pliable policy of migration, one that emphasized enticing preferred populations of immigrants to come to the country rather than prohibiting the entry of those deemed unwanted.¹³ At Ellis Island, which saw primarily European immigrants, less than three percent of immigrants were excluded from entering the United States.¹⁴ Yet physicians like Dr. Arthur B. Stout, a well-regarded member of the San Francisco Board of Health and the American Medical Association (AMA), touted demands for the exclusion of Chinese immigrants as early as the 1860s. Though Dr. Stout knew that state intervention in matters of Chinese migration would be “radical,” he and his contemporaries nevertheless strove to stimulate a public opinion that would be strong enough to set a new American precedent.¹⁵

Their rhetoric was effective. Public figures at the local and national levels reprinted, replicated, and reiterated doctors’ antagonism towards Chinese people in speeches, newspapers, and even Congressional hearings. An article from *The San Francisco Examiner* on the supposed peril posed by the “pest-houses of Chinatown” represents just one of countless examples of the pervasiveness of these racist ideas. “The Chinese cancer is slowly but certainly extending its horrible roots,” a Californian reporter wrote in 1878, purposefully employing a medical metaphor to characterize the growing Chinese immigrant population. “House after house is being

¹³ Beth Lew Williams, *The Chinese Must Go: Violence, Exclusion, and the Making of the Alien in America* (Boston: Harvard University Press, 2018), 5, 20. Some recent scholarship has underscored the importance of recognizing that, although the Chinese Exclusion Act represented a critical turning point in federal immigration policy, the nineteenth century in America was never a period of “open borders.” Hidetaka Hirota’s work on Irish immigration, which examines how states enforced immigration laws that discriminated against those seen as poor paupers, shows that state-level legislation did promote and engage in exclusion policies before the passage of the Chinese Exclusion Act. [See: Hidetaka Hirota, *Expelling the Poor: Atlantic Seaboard States and the Nineteenth-Century Origins of American Immigration Policy* (New York: Oxford University Press, 2017).

¹⁴ Alan M. Kraut, *Silent Travelers: Germs, Genes, and the “Immigrant Menace”* (New York: Basic Books, 1994), 66; Julian Lim, “Immigration, Plenary Powers, and Sovereignty Talk: Then and Now,” *The Journal of the Gilded Age and Progressive Era* 19, no.2 (2020): 217-229.

¹⁵ Arthur Stout, *Chinese Immigration and the Physiological Causes of the Decay of a Nation* (San Francisco: Agnew & Dieffenbach, Printers, 1862), 15.

seized, occupied, and polluted beyond hope of rescue.”¹⁶ This journalist and other amplifiers of such rhetoric propagated the claim that if Chinese immigration persisted, the illnesses of the newcomers would infiltrate and overcome the native white population. The thought of a country dominated by non-white immigrants invoked a moral panic among audiences already inculcated with the idea that Asian migrants were inferior to white people.¹⁷ To acceptant listeners, Chinese immigration thus warranted social policies that would isolate sick Chinese migrants from healthy white Americans—the doctors had said so.

The idea that Chinese immigrants should be excluded from the United States, while rooted in popular ideas of public discourse, was also a viewpoint that physicians like Dr. Stout and Dr. O’Donnell could leverage for their own gain. By capitalizing on public anxieties to create a social association between Chinese immigration and disease, doctors could increase their social credibility, glean political power, and even develop their public brands at a time when medicine as a field was undergoing professionalization and emerging from scrutiny.¹⁸ As educated public authorities, they possessed a variety of outlets to do so. Like Dr. O’Donnell, they could embark on national speaking tours, but they could also publish articles in medical journals, speak to reporters, generate informational pamphlets, provide testimonials to government hearings, or speak directly to the public. In harnessing these platforms to manufacture and

¹⁶ “The Pest-Houses in Chinatown. The Horrible Dungeons in Which the Marble-Hearted Mongols Immure Their Sick,” *The San Francisco Examiner*, August 15, 1878, 3.

¹⁷ Elizabeth Catte, *Pure America: Eugenics and the Making of Modern Virginia*, (Cleveland: Belt Publishing, 2021), 3; Deidre M. Moloney, *National Insecurities: Immigrants and U.S. Deportation Policy Since 1882* (Chapel Hill: The University of North Carolina Press, 2012), 38, 124; Lee, “The Chinese Exclusion Example,” 41; “Those Chinese Lepers,” *The Boston Daily Globe*, 1.

¹⁸ Ronald L. Numbers, “The Fall and Rise of the American Medical Profession,” in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, eds. Judith Walzer Leavitt and Ronald L. Numbers, (Madison: University of Wisconsin Press, 1997), 225-227; Deborah A. Stone, “The Doctor as Businessman: The Changing Politics of a Cultural Icon,” *Journal of Health Policy and Law* 22, no.2 (April 1997): 534.

market the medical threat of Chinese disease, physicians raked in social capital— earning the attention and trust of communities nationwide— and advanced attitudes and policies that disenfranchised Chinese immigrants.

The Rise of the Doctor

When Dr. O'Donnell mounted his national exhibition tour, the fields of medicine and public health were surfacing from the throes of a structural and social transformation. At the beginning of the nineteenth century, the American population had nearly quintupled. Urban governments were grappling with how best to manage the health of the public in light of the increased number of people, new information about how diseases spread, and the hardships posed by industrialization. Sickness was common in urban centers, where overcrowding mingled with shared basement bathrooms, poor sewage systems, and a general lack of adequate sanitary infrastructure.¹⁹ To complicate matters, word of insufficient conditions and their causes spread quickly: rapidly evolving methods of communication and transportation, including the telegraph, the railroad, and the automobile, delivered news to the public faster than ever before.²⁰

No longer would people subscribe to the idea that disease resulted from exposure to miasma, noxious vapors that emanated from filth. In the 1870s, germ theory became the prevailing explanation for how illnesses spread among the public. The new theory, while a remarkable innovation for science, also illuminated to everyday Americans the deficient state of public health in their cities and the omnipresence of contagion. According to the germ theory,

¹⁹ Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham: Duke University Press, 2008), 72; Suellen M. Hoy, *Chasing Dirt: The American Pursuit of Cleanliness* (New York: Oxford University Press, 1995), 97.

²⁰ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1978), 69.

nowhere was safe from illness: germs could exist anywhere and lurk upon everything.²¹ A concerned scientist, referred to only as Professor Gradle in the news coverage that cited him, conveyed the popular reaction to the new theory in a September 1883 *Popular Science Monthly* article: “In the light of the germ theory, disease is a struggle for existence.”²² Fending off the invasion of germs would demand dedicated study, new public health strategies, and increased public awareness of personal hygiene practices. Many Americans turned to doctors to engage in this challenge.

For much of the nineteenth century, the image of the doctor was not as well-respected as it is today. Medical schools had often been operated by collectives of doctors seeking to supplement their profits from practicing medicine. Admissions to these schools were not selective, and state licensing requirements to become a physician were typically loose.²³ For a patient seeking care, the limited standards for becoming a physician made distinguishing educated doctors from uneducated ones opaque and difficult. The ease for health practitioners to enter the healthcare market rendered it an oversaturated one. Indeed, from 1790-1850, the number of physicians in America increased from an estimated five to forty thousand, growing at a rate that vastly exceeded that of the ballooning national population. Doctors themselves complained that the profession was congested and marketed their practices by demonstrating the services and skills they believed distinguished them from their peers. Readers of the

²¹ Joan B. Trauner, “The Chinese as Medical Scapegoats in San Francisco, 1870-1905,” *California History (San Francisco)* 57, no.1 (1978): 73; Wald, *Contagious*, 72-75.

²² “The Germ Theory of Disease,” *The Memphis Daily Appeal*, November 4, 1883, 3.

²³ E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley: University of California Press, 1981), 5-8; Numbers, “The Fall and Rise,” 225-227; Starr, *The Social Transformation*, 18-27.

advertisements were often skeptical of the marketing; they chafed at the image of competing physicians, and worse, quack doctors who invented medicines and illnesses for profit.²⁴

But by the late nineteenth century, the medical field claimed a greater cohesiveness that was bolstering the image of the physician as a trustworthy public authority. The threat of widespread contagion had provided health practitioners with a common enemy, one that both the profession and the public could unify around.²⁵ Sensing an opportunity to further legitimize the field, professional organizations of doctors, most notably the AMA, advocated for policies that would give the state a stake in medical colleges and narrow licensing requirements for prospective physicians. The results of their efforts— including an increase in the prevalence of American hospitals as research institutions, stricter licensing requirements for doctors, and the emergence of specialization in medical services— lent the profession a new professionalism. With it came enhanced social credibility.²⁶ As the sociologist Paul Starr put it in his 1984 examination of the era, when Americans began to regard the medical field as adept, they “wanted physicians’ interpretations of experience regardless of whether the doctors had remedies.”²⁷ Amid uncertainty, the reformed image of the physician provided the public with a protagonist to look towards for medical, moral, and social guidance. As doctors transitioned from suspect actors into symbols of reliability, objectivity, and knowledge, they assumed positions of influence more wealthy and more powerful than anything their profession had ever known before.²⁸

The rise of the doctor is inseparable from the contexts of American capitalism and liberalism in the nineteenth century. The social, economic, and political transformation of the

²⁴ Numbers, “The Fall and Rise,” 227; Starr, *The Social Transformation*, 22, 27, 64.

²⁵ Starr, *The Social Transformation*, 25.

²⁶ Numbers, “The Fall and Rise,” 225-226.

²⁷ Starr *The Social Transformation*, 28.

²⁸ Brown, *Rockefeller Medicine Men*, 5; Numbers, “The Fall and Rise,” 226, 234; Starr, *The Social Transformation*, 18-27.

United States depended on the labor of ordinary citizens to realize its changes. To business owners, healthy people were the most profitable and productive people; to municipal governments, healthy people saved the state the most money.²⁹ As Charles V. Chapin, a state health commissioner and pioneer of American public health practices, asserted in *Popular Science Monthly* and in an address before the American Public Health Association, government reforms like constructing sewers could require millions of dollars in funding, while “it costs nothing to wash the hands before eating and after the toilet.”³⁰ In other words, cost considerations drove states to generate incentives to prioritize personal hygiene rather than invest in sanitation infrastructure.

The historian Kathryn Olivarius has posited that a framework of *immunocapital* can be used to analyze the social environments of such periods, in which political values and anxieties about the spread of disease fostered and exacerbated social biases during epidemics. Under a hierarchy of immunocapital, individuals derive societal privilege, including opportunities for economic advancement, from their ability to perform immunity to illness. Those citizens who adopted behaviors understood to be clean and sanitary, like taking leave from work when sick, accessing vaccines, or quarantining when exposed to disease, benefit from and retain an ability to increase their immunocapital.³¹ Physicians and health officials were significant beneficiaries of the immunocapital hierarchy. Their ability to not only maintain a personal performance of

²⁹ Brown, *Rockefeller Medicine Men*, 10.

³⁰ Hoy, *Chasing Dirt*, 70.

³¹ Kathryn Olivarius, “Immunity, Capital, and Power in Antebellum New Orleans,” *The American Historical Review* 124, no.2 (2019): 428-431. In her work, Olivarius employs her original framework of immunocapital to evaluate the treatment of enslaved Black people, the social mobility of white immigrants, and the advantages of white elites during an epidemic of yellow fever in Antebellum New Orleans. However, she asserts that her theoretical structure can be applied to “any disease to which humans can gain immunity or resistance through exposure or vaccination” [See: p. 431].

immunity but perform in roles of authority to instruct others on disease prevention allowed them to expand their public influence and evade public scrutiny for failures.³²

Thus, even as the social credibility that doctors increased, the onus remained on individual citizens to manage their immunity and maximize their productive capacity.³³ This environment did kindle some positive citizen activism to prevent disease and educate other members of the public about personal hygiene.³⁴ But it also created a harmful and false equivalence between individual cleanliness and fitness for citizenship at the expense of minority groups. Members of the upper strata of society, who could afford to live in less crowded areas and engage in expensive wellness practices, distinguished themselves from those they saw as inferior with claims of their heightened awareness and adherence to modern sanitary standards.³⁵ Individuals who lacked the resources to build their immunocapital—by the circumstance of existing as a person of color, an immigrant, a poor person, a sexual minority, or another marginalized person—were classified as deviant, immoral, and unpatriotic.³⁶ “There was an American way to brush the teeth, an American way to clean fingernails, and an American way to air out bedding,” the scholar Susan Hoy wrote in her analysis of the period.³⁷ The liberal approach to disease prevention dictated that those who did not conform to the constructed standards of cleanliness were unbecoming of citizenship.

Diagnosing Chinatown

³² Nayan Shah, *Contagious Divides, Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001), 7-8, 46.

³³ Brown, *Rockefeller Medicine Men*, 10; Olivarius, “Immunity, Capital, and Power,” 429, 439; Shah, *Contagious Divides*, 7-8, 46.

³⁴ Hoy, *Chasing Dirt*, 113.

³⁵ Nayan Shah, *Contagious Divides*, 3-7, 46-47.

³⁶ Olivarius, “Immunity, Capital, and Power,” 429.

³⁷ Hoy, *Chasing Dirt*, 89.

Nowhere was the growing power of physicians and the reverberations of an immunocapital hierarchy more salient than in San Francisco, California, where the arrival of the largest Chinese population in the United States collided with white health officials' aims to transform their metropolis into the "healthiest city in the known world."³⁸ From 1870 to 1880, over 100,000 Chinese people immigrated to America, fleeing famine, violence, and economic instability. In 1880, the US Census reported that 99% of these migrants settled in the West. By then, the gold fields of California, which had enticed so many to migrate with promises of security and prosperity, had been exhausted. In San Francisco's Chinatown, a budding community for newcomers to the country, Chinese immigrants found work laboring for railroads along the Pacific Coast, operating coin laundries and other small businesses, and selling vegetables to white patrons.³⁹ To physicians and health officials influenced by the American epidemic of racism, germ theory substantiated the belief that these migrants and the places they called home held alien diseases that threatened the health of the native white population.⁴⁰ The allure of economic opportunity and political freedom could not mask the challenges that this popular perspective posed to Chinese immigrants: racialized perceptions of their personal conduct and health affected their already-fraught public acceptance as Americans. Under the harsh gaze of the public eye, to be unhealthy was to be unassimilable and unworthy of citizenship.

Chinese immigrants confronted two primary types of claims advanced by San Francisco physicians about their susceptibility to disease. The first was rooted in notions of racialized

³⁸ Shah, *Contagious Divides*, 45.

³⁹ Tamara Venit Shelton, *Herbs and Roots: A History of Chinese Doctors in the American Medical Marketplace* (New Haven: Yale University Press, 2019), 59; Trauner, "The Chinese as Medical Scapegoats, 72-74; Williams, *The Chinese Must Go*, 26.

⁴⁰ Eithne Luibhéid, *Entry Denied: Controlling Sexuality at the Border* (Minneapolis: University of Minnesota Press, 2002), 37.

biological difference: doctors contended that Chinese immigrants' innate inferiority rendered them dangerous carriers of disease. The intersection of the immigrants' new arrival to America, public anxieties about maintaining the purity of the native-born population, and the spread of epidemic diseases produced what the historian Alan M. Kraut termed "medicalized nativism."⁴¹ To those who subscribed to this ideology, Chinese immigrants represented naturally ill and lesser people that would contaminate white Americans with dangerous diseases.⁴² One such proponent of medicalized nativism was Dr. Mary Sawtelle, the first woman from the Pacific Coast to attend a medical college and the publisher of *The Medico-Literary Journal*. In a self-published article for the journal, she asserted that a genetic form of syphilis was the reason for Chinese immigrants' "copper-colored" skin. If white Americans became infected with syphilis, she wrote, their pigmentation would darken to match that of the Chinese population. She urged the government of San Francisco to adopt stronger sanitation and quarantine regulations to prevent this phenomenon in the city. To Dr. Sawtelle, San Francisco was more "exposed than any city on the earth" to the "disease-breeding hives of China," a country whose population was predisposed to the "imbecile nastiness" of syphilis.⁴³ According to the physician, allowing Chinese immigrants, whom she viewed as genetically inferior, to reside in San Francisco would endanger the wellness and standing of the entire country.

Dr. Sawtelle was not alone in her views. In his 1862 treatise on the subject, *Chinese Immigration and the Physiological Causes of the Decay of a Nation*, Dr. Stout contended that the innate diseases among the Chinese migrants in California rendered it the most "exposed and

⁴¹ Kraut, *Silent Travelers*, 2-3.

⁴² "Death of a Well-Known Lady," *Los Angeles Evening Express*, April 25, 1894, 3; Shah, *Contagious Divides*, 88.

⁴³ Mary Sawtelle, "The Foul, Contagious Disease: A Phase of the Chinese Question," *The Medico-Literary Journal* 1, no. 3 (1878): 1-3.

threatened” state in America. Vocalizing the fears of nativists, he warned that only Chinese immigrants would be immune to the illnesses that they brought and that “every permanent settlement of a Chinaman on our soil creates a depreciation in the blood of our own.”⁴⁴ He, like many physicians and policymakers in San Francisco, broadcasted the idea that if Chinese immigrants repopulated, participated in interracial relationships, or simply engaged in everyday interactions with the native population, they would infect native-born Americans with foreign diseases and worsen the quality of the American stock. Thus, in the same breath that Dr. Stout and his peers called for professionalizing their field by expanding the group of patients they serviced and bettering medical education and practice, they denounced Chinese immigrants as deplorable and diseased.⁴⁵ Chinese migrants defied their conceptions of the ideal citizen— white, Anglo-Saxon, and native-born— and were thus undeserving of American citizenship. To these physicians, Chinese bodies were not worthy of care or even capable of health.

The second argument physicians deployed centered on the cultural habits of Chinatown residents. They claimed that Chinese migrants practiced deplorable customs, like smoking opium, preserving their dead without the assistance of a white city official, and practicing non-Christian religions. These practices rejected city sanitation regulations and encouraged participation in unclean, immoral vices.⁴⁶ Public figures viewed the customs as dangerous because of their incompatibility with capitalism; unhealthy and unprincipled workers were unproductive. According to Dr. Stout, white partakers in vices typical of the Chinese immigrants would not just “advance rapidly toward death,” but also become economic liabilities to the community as they “passed through the successive stages of idleness, debauchery, poverty, the

⁴⁴ Stout, *Chinese Immigration and the Physiological Causes*, 8-9.

⁴⁵ Kraut, *Silent Travelers*, 2-7; Luibhéid, *Entry Denied*, 37.

⁴⁶ “A Loathsome Hobby,” *St. Louis Post-Dispatch*, 7; Farwell, *The Chinese at Home and Abroad*, 16-19; Sawtelle, “The Foul, Contagious Disease,” 3; Shah, *Contagious Divides*, 55, 63.

ruin of their physical strength, and the complete prostration of their intellectual and moral faculties.”⁴⁷ City physicians contributing to the *Pacific Medical Journal*, a San Francisco publication, as well as Dr. O’Donnell, argued that this peril posed by the unseemly habits of the Chinese population provided sufficient justification for boycotting Chinese businesses, ordering more extensive Board of Health investigations, and prohibiting Chinese immigration. If left unregulated, Chinese immigration would render innocent Americans into lazy, deprived, and unrecognizable burdens to the state.⁴⁸

Californian physicians expressed particular concern about the “universal custom” of Chinese immigrants gathering in groups. Dr. O’Donnell, among others, believed that Chinatown constituted a “foul herding place of debased humanity,” a conduit for contagious diseases originating from a foreign population that enjoyed clustering in large, dense packs.⁴⁹ Another piece published in the *Pacific Medical Journal*, while acknowledging that “the Chinese themselves are not a filthy people,” claimed that they enjoy crowded places as part of their culture and intentionally seek out “small, badly ventilated apartments.” However, rather than interrogating the causes of these conditions, such as the limited safe and spacious housing for Chinese laborers receiving low wages, or the failing infrastructure of Chinatown, the article concluded that Chinese people employ aspects of their culture, including superstitions and non-Christian religious ideas, to infringe upon sanitary laws.⁵⁰ Unlike the first claim, which located disease in Chinese bodies and viewed immigration as a conduit for the spread of sickness,

⁴⁷ “Filthy Chinese Laundries,” *The Pacific Medical Journal* 40, no. 4 (April 1, 1897): 232.

⁴⁸ “Filthy Chinese Laundries,” 232; Moloney, *National Insecurities*, 95-116; Stout, *Chinese Immigration and the Physiological Causes*, 22, “Those Chinese Lepers,” *The Boston Daily Globe*, 1.

⁴⁹ Farwell, *The Chinese at Home and Abroad*, 6, 21-26; “Government in Fear of Bubonic Plague Forces San Francisco to Clean Up Chinatown,” *The Brooklyn Daily Eagle*, June 9, 1901, 16; “Kalloch’s Prelude,” *The San Francisco Examiner*, December 6, 1880, 3; “The Pest Houses in Chinatown,” *The San Francisco Examiner*, August 15, 1878, 3.

⁵⁰ “Oriental Dwellers in San Francisco,” *The Pacific Medical Journal* 46, no. 6 (March 1, 1903): 155.

arguments like that advanced in the *Pacific Medical Journal* characterized Chinese immigration itself as a hazard to American health. Through, in the words of Dr. O'Donnell, gaining exposure to Chinese customs "unknown and unheard of in the civilized world," white Americans would experience a deterioration of their physical health and their sense of morality.⁵¹

Deriving Authority

For many San Francisco medical authorities, spreading the so-called medical threat of Chinese immigration represented conveying a sincere conviction in the vulnerability of San Francisco, a newly industrialized city, to epidemics and the racial inferiority of the new migrants. The metropolis would see its fair share of sickness: in 1869, 1876, 1880, and 1887, smallpox cases surfaced throughout the city, and major cases of bubonic plague, leprosy, syphilis, cholera, tuberculosis, and other contagious diseases broke out in San Francisco throughout the nineteenth and early twentieth centuries.⁵² This period, a witness to the rise of advocates of biological essentialism like Charles Darwin and Herbert Spencer, was also an era of nascent race science. Dr. Samuel George Morton's 1849 craniology study is perhaps one of the most recognized examples of this phenomenon. His research, which purported to demonstrate that the skulls of Chinese, Indian, and Black people were smaller and thus inferior to those of white Anglo-Saxons, was welcomed in scientific circles and public discourse for decades. Practicing medicine in the company of figures like Morton, it was not abnormal for anti-Chinese doctors in California

⁵¹ "A Loathsome Hobby," 7.

⁵² "Government in Fear," *The Brooklyn Daily Eagle*, 16; Guenter B. Risse, *Plague, Fear, and Politics in San Francisco's Chinatown*, (Baltimore: Johns Hopkins University Press, 2012), 3; Shah, *Contagious Divides*, 58-60, 70.

to propagate the falsehoods about Chinese immigrants displacing white Anglo-Saxons. Discrimination dominated the accepted medical orthodoxy.⁵³

But the idea that Chinese migrants posed medical menaces also constituted a viewpoint that could be leveraged for building a doctor's profile, both as a practitioner within a community and as a voice in politics. Physicians garnered social authority through the performance of objectively evaluating patients, engaging in rational inquiry, and adhering to professional standards of practice.⁵⁴ San Francisco doctors who claimed that Chinese immigrants were diseased attracted public attention from the prognoses and an opportunity to fortify the image of their profession as an impartial and scientific one. City newspapers like *The San Francisco Examiner* served as one platform. Seeking credible sources to support their reporting on disease in San Francisco, journalists turned to Board of Health members and physicians local to the area for quotes and information on the state of Chinatown. The interviews gave anti-Chinese doctors a platform for disseminating false information about Chinatown. Moreover, they contributed to constructing a compelling narrative of the "Honorable Board of Health" and noble, "morally and legally right" physicians battling the "Chinese evil" that penetrated San Francisco media outlets.⁵⁵

The story spread. California city newspapers outside of San Francisco noted the reporting on Chinatown and spun their own triumphalist tales of resisting Chinese immigration that provided physicians and the medical field with favorable coverage. The *Chico Weekly*

⁵³ Lucy Salyer, *Laws Harsh as Tigers* (Chapel Hill: University of North Carolina Press, 1995), 11; Stout, *Chinese Immigration and the Physiological Causes*, 7.

⁵⁴ Michel Foucault, *The Birth of the Clinic: An Archeology of Medical Perception*, (New York: Vintage Books, 1994), 110-120; Starr, *The Social Transformation*, 12-14.

⁵⁵ "Changing Base," *The San Francisco Examiner*, July 1, 1882, 2; "Moving on Their Works. Health Officer Dr. J. L. Meares Notifies the Chinese to Set Their Houses in Order," *The San Francisco Examiner*, February 24, 1880, 3.

Enterprise, reporting from northeast of San Francisco, praised *The San Francisco Examiner* for its anti-Chinese reporting with a medical metaphor: “a public sentiment has been created, that will not permit the crusade inaugurated by the *Examiner* to cease until its mission is fully accomplished...to cut out the Chinese ulcer in San Francisco, with the scalpel of Common Sense...May its arm never grow weaker, nor its weapon duller.”⁵⁶ Even publications critical of the Board of Health and San Francisco physicians accepted the fundamental assumption of the narrative that favored them: Chinese immigrants as a body represented an inferior and diseased enemy. Figure 1, a political cartoon published in the satire magazine *The Wasp*, exemplifies this idea. Captioned “Better Remove the Carcass,” the image displays suited physicians of the San Francisco Board of Health futilely attempting to remove the dead body of an elephant, labeled “Chinatown,” by manually sweeping and hosing it down. The illustration is a criticism of the board— in the artist’s eyes, their efforts to keep San Francisco clean are ineffective— but it still upholds the idea that Chinatown constitutes an unclean, heavy burden to the rest of the city. Both the *Chico Weekly Enterprise* article and the art exemplify the embrace and integration of medical rhetoric about Chinese immigrants in public discourse. Physicians, politicians, and papers around the state employed a language of disease to describe Chinese immigration. It was no longer just “the Chinese problem” but also, in pseudo-medical terms, “the Chinese ulcer” and even “the Chinese cancer.”⁵⁷ By 1880, the scientific and public understanding of Chinatown was that it unequivocally represented filth and sickness.⁵⁸

⁵⁶ “The Examiner’s Good Work,” *Chico Weekly Enterprise*, March 21, 1890, 1.

⁵⁷ “A Severe Condemnation,” *The Daily Democrat*, September 13, 1888, 2; “The Examiner’s Good Work,” *Chico Weekly Enterprise*, 1; “Happy San Francisco,” *Petaluma Weekly Argus*, November 19, 1880, 2; “The Pest Houses in Chinatown,” *The San Francisco Examiner*, 3; “Requiring Immediate Attention,” *The Evening Republican*, June 19, 1894, 2.

⁵⁸ Shah, *Contagious Divides*, 20.

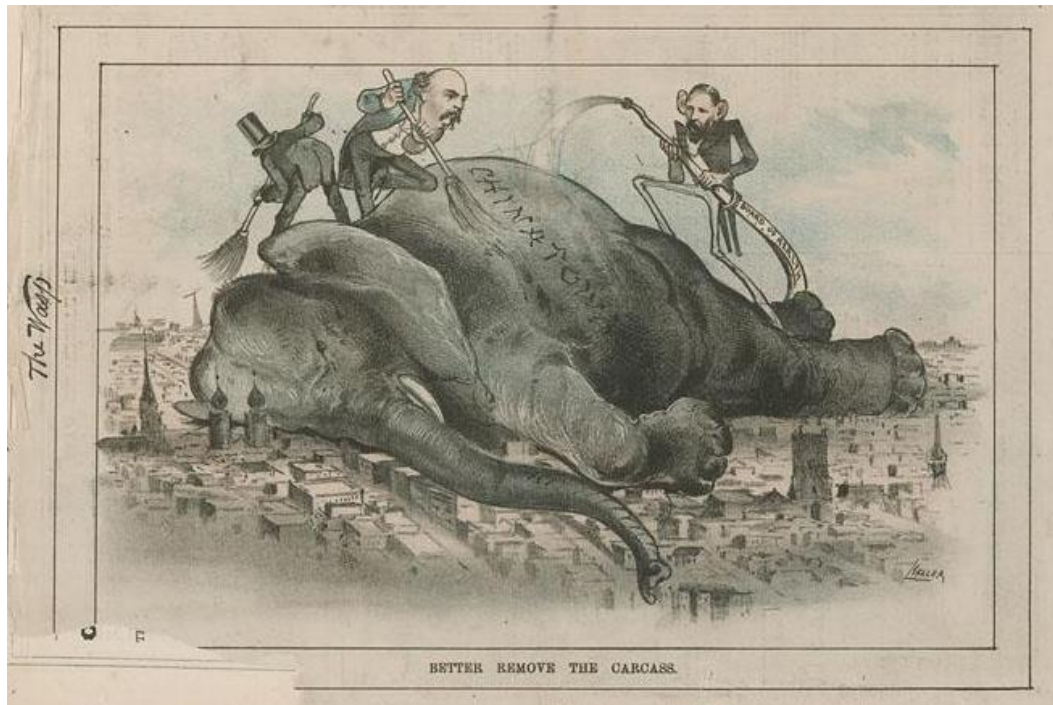


Figure 1. *Better Remove the Carcass*, photograph, *The Wasp*, n.d. Retrieved from the University of California Bancroft Library, <http://www.oac.cdlib.org/ark:/13030/hb8q2nb2t7/?order=1>.

On the national stage, California physicians benefited from the spreading perception that they were fighting on the front lines of the problem of Chinese immigration— their proximity to the Chinese heightened their authority. Board of Health members Dr. Hugh Huger Toland and Dr. J. Campbell Shorb, among others, would employ their credentials to provide testimonies at state and federal hearings on various subjects pertaining to Chinese labor and immigration in the late 1870s and early 1880s.⁵⁹ Local doctors recognized that the alignment of the place, time, and space of their practices uniquely positioned them to exercise social and political power.

Some physicians, therefore, felt that they had an obligation to apprise policymakers of the diseases contained in Chinese bodies. In *The Medico-Literary Journal*, Dr. Sawtelle opined that doctors' superior knowledge equipped them to advise uninformed politicians about the state of Chinatown. She argued that physicians should use their "clear insight into the causes of human

⁵⁹ Farwell, *The Chinese at Home and Abroad*, 91.

weal and woe” to compel lawmakers to take action, akin to a modern political consultant.

Policymakers should then implement doctors’ prescriptions against Chinese immigration. She believed that politicians would come to see the Chinese population as she did: as both a public health menace and a threat to American morality that should be addressed with the same urgency as theft and murder.⁶⁰ The doctor believed that physicians would urge their elected officials toward a radical immigration policy of complete exclusion and that the politicians, recognizing the knowledge physicians had to offer, would heed doctors’ guidance for the country.

Dr. Stout held a similar, self-important perspective on the utility of doctors to American politics and eradicating Chinese immigrants. In the introduction to his treatise on the subject, *Chinese Immigration and the Physiological Causes of the Decay of a Nation*, the physician asserted that doctors possessed a responsibility as health practitioners not only to provide care to patients in need but also to fulfill a social function befitting their “high and influential position:” disseminating information about sanitary regulations and proper hygienic practices to the wider public. For the doctor, the special authority endowed to him by a medical education left him with an obligation to offer counsel to policymakers and teach the uninformed about the disease threat of Chinese immigration. To neglect this aspect of his position would be to endanger the endurance of his racial group and his country. Dr. Stout wielded his credentials to call for the development of a powerful public culture that would advocate for restrictions against Chinese immigration, the organization of local associations in support of anti-Chinese causes, and, most extremely, federal legislation for “preventing immigration.”⁶¹

⁶⁰ Sawtelle, “State Sanitation. The People Should Be Protected in Their Right to Good Health— A Protest Against the Vile Contagious Diseases,” *The Medico-Literary Journal* 2 no.6, (1878): 1-8.

⁶¹ Stout, *Chinese Immigration and the Physiological Causes*, 5.

Assuming Authority

While Dr. Sawtelle and Dr. Stout espoused employing their credentials to advise policymakers to adopt exclusion legislation, other Californian doctors, like Dr. O'Donnell, sought to become politicians themselves. In 1881, he embarked upon his first political campaign seeking the office of San Francisco coroner, a government administrator responsible for investigating the cause of community deaths, as an independent candidate.⁶² The physician had previously served in minor positions of political influence: in 1879, he served as an appointed member of the Second California Constitutional Convention. Rather than highlighting his previous political experience, however, the doctor's campaign purposefully advertised his medical credentials and anti-Chinese views to create a case for his suitability for the position. In dramatic speeches he delivered around the city, he decried the "inconceivable horrors of the Asiatic form of leprosy," a disease he described as so treacherous that even he, a practicing physician, could not remedy with "all human science and skill." Dr. O'Donnell called for his audiences to eradicate, with violence, if necessary, Chinese immigrants with leprosy from the United States.⁶³

Dr. O'Donnell's first run for office was unsuccessful, but the physician would not be deterred. His large audiences and local media coverage showed he had tapped into the nerve of the American public, and he would continue to exploit it. In 1884, the same year that he engrossed audiences nationwide with his exhibition tour of diseased Chinese immigrants, Dr. O'Donnell was elected the coroner of San Francisco in his second run for that office, receiving

⁶² "Popular Nominations of Candidates," *The San Francisco Examiner*, June 19, 1881, 5.

⁶³ "Finally Reached Indianapolis," *The Indianapolis Journal*, 3; "Those Chinese Lepers," *The Boston Daily Globe*, 1.

29,000 votes out of the 46,000 cast.⁶⁴ The next year, during his term as coroner, the physician was elected the president of the San Francisco chapter of the Anti-Coolie League, an anti-Chinese political group that held forums and organized white residents to advocate for Chinese exclusion.⁶⁵ He leveraged this position to order the Executive Committee of Twenty-five, a chamber of the Anti-Coolie League, to storm and inspect Chinatown over two evenings to evaluate its cleanliness. The resulting document, which was publicly disseminated and reprinted in newspapers like *The San Francisco Examiner*, mobilized the familiar claims of Chinese immigrants' inferior biology and unsanitary cultural habits to denigrate the image of Chinatown. "We found them reeking with filth and vermin," the report claimed. If allowed to remain in Chinatown, the "leprous race" would "corrupt the foundations of our blood."⁶⁶

In anti-Chinese circles, San Francisco media, Dr. O'Donnell was developing an image as a capable public officer dedicated to eradicating the disease threat of Chinese immigration for the well-being of the city's white community.⁶⁷ A political cartoon published in *The Wasp* in 1885 typifies this idea. Figure 2 depicts the doctor, bearing a pitchfork, digging his heels into a

⁶⁴ "The Candidates for Mayor: Nominees of Five Parties Who Want to Be Chief Magistrate," *The San Francisco Examiner*, September 27, 1892, 5.

⁶⁵ The term "coolie," meaning "hired laborer," is a racial slur that has been used to describe low-wage Asian immigrant workers in the United States since the mid-nineteenth century. It was first adopted by the British government as a bureaucratic term to refer to indentured laborers from India who signed contracts with British companies to work in the Caribbean. As Chinese immigrants came to the United States under contracts with companies such as the Central Pacific Railroad of Sacramento, California, white public figures and citizens harnessed the word to debase Chinese people as foreign labor competition. [See: "A History of Indentured Labor Gives 'Coolie' Its Sting," *NPR Code Switch*, November 25, 2013, <https://www.npr.org/sections/codeswitch/2013/11/25/247166284/a-history-of-indentured-labor-gives-coolie-its-sting>.]

⁶⁶ "The Chinese Quarter. The Coroner's Committee Investigate It and Report," *The San Francisco Examiner*, February 17, 1885, 3.

⁶⁷ "The Chinese Quarter," *The San Francisco Examiner*, 3.

Chinese immigrant, whose features are distorted to resemble those of a beast. The physician would seize such coverage to launch further political campaigns with “the regular anti-Chinese Dr. C. C. O’Donnell ticket:” at least one more for the office of coroner, another three for mayor of San Francisco, and one further for the governor of California.⁶⁸

While Dr. O’Donnell ultimately lost these elections—many San Francisco residents, though acceptant of his anti-

Chinese rhetoric, became weary of his extravagant public stunts, which undercut his professionalism—the doctor used his elevated public position to demand concessions from the San Francisco government.⁶⁹ In February 1885, for instance, as coroner, Dr. O’Donnell and his Anti-Coolie League called for the allocation of a public morgue, likely so that the physician would have grounds to evaluate the corpses of deceased Chinese immigrants for signs of disease



Figure 2. *On His High Horse*, photograph, *The Wasp*, n.d. Retrieved from the University of California Bancroft Library, <https://cdn.calisphere.org/data/13030/85/hb00000085/files/hb00000085-FID4.jpg>.

⁶⁸ *Advertisement for Dr. C. C. O’Donnell Ticket*, photograph, *The Wasp*, 1888. Retrieved from the University of California Bancroft Library; “The Candidates for Mayor,” *The San Francisco Examiner*, 5; “The Result. The Election Returns and Their Probable Developments,” *The Record-Union*, November 6, 1886, 1.

⁶⁹ “The Candidates for Mayor,” *The San Francisco Examiner*, 5; “O’Donnell’s Lepers. Unlawful Deeds Advised on the Sandlot Yesterday,” *The San Francisco Examiner*, July 21, 1884, 1.

and publicize his findings. Within the next five months, the city would grant his request.⁷⁰ His staunch stances on Chinese immigration also permitted him to remain in the spotlight despite several local and national scandals, including murder charges against him for allegedly facilitating abortions in which the mother died.⁷¹ Even though Dr. O'Donnell only served one term as coroner, his name frequented the ballot often enough that, even by 1912, many San Francisco residents believed that he had served at least one term as mayor.⁷²

Conclusion

At the end of July of 1884, *The New York Times* republished shocking news from two San Francisco papers: *The San Francisco Call* and *The San Francisco Alta*. Upon Dr. C. C. O'Donnell's arrival in New York City, reporters revealed that he was "leperless:" the physician had declared at the outset of his national tour that he held two Chinese immigrants with leprosy in a box car for public display, but the migrants were nowhere to be found.⁷³ Journalists in Chicago may have been the first outside of San Francisco to raise suspicions about the legitimacy of the doctor's claims. On his tour stop in the city, police officers and public health officials informed the San Francisco physician that he would face arrest if he put on his exhibit there. The Chicago Health Commissioner and Superintendent did not contest the racist underpinnings of the doctor's proposed exhibits— in their statement, they clarified that "we all

⁷⁰ "An Enthusiastic Meeting," *The San Francisco Examiner*, July 17, 1885, 2; "The Chinese Quarter," *The San Francisco Examiner*, 3.

⁷¹ "Dr. C. C. O'Donnell. His Violently Vituperative Attack on the 'Chronicle.' The Vile Record of One of the Press Gaggers. Arrested for Murder, Abortion, and Other Crimes," December 3, 1878, *San Francisco Chronicle*, 3; "Eugenie Chauvet. The Death by Abortion the Work of Demons," *San Francisco Chronicle*, November 18, 1870, 3; "O'Donnell Discharged. The Charge of Murder Against Dr. O'Donnell Dismissed," *San Francisco Chronicle*, February 22, 1871, 3.

⁷² "Dr. C. C. O'Donnell Called by Death. Prominent Figure in City's Political Life Succumbs," *The San Francisco Call*, May 27, 1912, 7.

⁷³ "O'Donnell's Lepers," *The San Francisco Examiner*, 1.

agree that the ‘Chinese must go,’”– but they contended that putting diseased Chinese immigrants on display would be “painful and disgusting” for a public audience. When reporters asked Dr. O’Donnell to respond to the situation, he stated that losing an opportunity to display the Chinese patients in Chicago was of little consequence to him, so long as he got the box car, which he alleged that he had entrusted to his 19-year-old “nervous” brother-in-law Gummer, to New York City.⁷⁴

Follow-up questions posed by *The Chicago Daily Tribune* to workers at the Chicago & Milwaukee railroad company, which the doctor had maintained was responsible for transporting his box car, revealed that the workers had never seen a train car containing two “Mongolian and leprous” immigrants.⁷⁵ While the author of *The Chicago Daily Tribune* article bought that the Chinese immigrants with leprosy had been in Chicago and it was simply the fault of local officials that they could not be put on display, *The New York Times* was not convinced: though the doctor did speak to a New York crowd for an hour, the claim that he held Chinese immigrants with leprosy in a box car “appear[ed] to have been as cheap and empty a threat as was ever made.”⁷⁶

It is possible that Dr. O’Donnell believed that, by lying about holding the Chinese immigrants Ah Chin and We Lin on his national tour, he was exercising personal caution. In a few cities on his national tour, Dr. O’Donnell confronted public authorities and was threatened with detainment.⁷⁷ Moreover, in 1878, six years before his national tour, the physician was

⁷⁴ “The Leprous Chinese. An Unfeeling Police Department Interferes with Dr. O’Donnell’s Proposed Exhibition of His Pets. The Local Cases Seen by His Eagle Eye Do Not Pan Out– Off for New York,” *The Chicago Daily Tribune*, July 29, 1884, 7.

⁷⁵ “The Leprous Chinese,” *The Chicago Daily Tribune*, 7.

⁷⁶ “Dr. O’Donnell Hasn’t Any Lepers,” *The New York Times*, July 28, 1884, 2.

⁷⁷ “Horrors of Leprosy,” *St. Louis Post - Dispatch*, 1; “The Leprous Chinese,” *The Chicago Daily Tribune*, 7.

arrested in San Francisco for attempting to display a group of Chinese immigrants that he claimed had leprosy in a public exhibition outside of the city hall. *The San Francisco Chronicle* reported that six of the captives escaped, but Dr. O'Donnell did show the remaining seven before an audience. Dr. O'Donnell faced two charges for his crimes: obstructing the road and presenting an "offensive" sight to the public. He was held on a \$3800 bail.⁷⁸

Still, the flimsiness of Dr. O'Donnell's exhibition exemplifies the extent to which Californian physicians' anti-Chinese rhetoric before and during the Chinese Exclusion Era represented social performances of medical authority. His lies created a compelling act for an American audience receptive to a script that affirmed their superiority to the foreign immigrant population. For doctors and public health officials, the nineteenth century, ushering in new developments in medical technology, communication, and transportation, dramatically altered their public image. The professionalization of the medical field and the growth of cities' public health bureaucracies armed physicians with new credibility and faith in their objectiveness, rationality, and trustworthiness as public figures.

These significant changes in the public perception of medicine coincided with the emergence of Chinese immigration, and doctors developed personal and political motivations for denigrating the newcomers. From the early days of emerging public favor for anti-Chinese immigration policies, local doctors harnessed this sentiment to advocate for the extreme policy of completely excluding Chinese immigrants from the country. Their rhetoric transmitted a medical orthodoxy in public media and discourse that made overt discrimination appear to be recognition

⁷⁸ "O'Donnell's Victory. He Fills the City Hall with 'Moon-Eyed Lepers,'" *San Francisco Chronicle*, September 27, 1878; "'The Moon-Eyed Leper.' Dr. C. C. O'Donnell's Public Exhibition on Thursday," *San Francisco Chronicle*, September 21, 1878, 2. He also claimed that he was arrested at least thirty-three times in pursuit of Chinese exclusion legislation and displaying Chinese immigrants in other public performances. [See: "A Loathsome Hobby," *St. Louis Post-Dispatch*, 7.]

of credible medical opinion. At home and in displays at the state, local, and national levels, physicians characterized the Chinese population as filthy and diseased— sometimes, in the case of Dr. O'Donnell, even putting the immigrants on display for the entertainment of an audience— making a show of their credentials and advancing the viability of Chinese exclusion. Ultimately, the medical menace of Chinese immigration, like O'Donnell's performance, was an illusion.

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