

NPS-101

DR. GROVER A. KEMPF

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HISTORIAN'S NOTE: The following interview is one of six [NPS-100 to NPS-106] conducted and donated by Dr. Elizabeth Yew, in 1977-1978, for use in a history of the medical inspection of immigrants at Ellis Island. The original audio recordings and transcriptions are housed in the National Library of Medicine in Bethesda, Maryland. The sound of pages turning is heard throughout.

KEMPF: I'm Dr. Grover Kempf. I was born in Jasper, Indiana July 25, 1888. My father was a physician. His father was a professor of surgery at the University of Louisville in Kentucky. I attended the medical school of the Indiana University at Bloomington, and the final years in Indianapolis. I graduated in 1910. I served as an intern at the U.S. Marine Hospital in Cleveland, Ohio for one year, and then went on the staff of the Cleveland State Hospital for the Insane under Dr. Clarks who was then Superintendent. I took the examination in spring of 1912 for the United States Public Health Service. There were 18 of us in the group and 3 of us passed: Myself, Dr. Howard Knox and Dr. Charles Williams.

The first assignment was given to me at Ellis Island. I received word to take the oath of office on August 12, 1912. I entered the work at Ellis Island on the Line, as it was called in those days. The Line consisted of four rows of pipe arranged so that the immigrant would have to walk in a lane towards the doctor at the end of the line. The doctor would examine the eyes for trachoma and make a general inspection, and ask the immigrant a few questions, and if he thought he needed further examination would put a chalk mark on him. If he was cleared, he passed along the line, was sent upstairs to the Immigration Department. If he had a chalk mark, he was sent into the large room where they were stripped and examined by the doctors. In this way it was a haphazard method of examination but it was the only way it could be done, as we were running then about 2,500 patients--immigrants a day.

The line work was considered a hardship by the older doctors--and th-- that one question about the--they all complained about the hard work, the older doctors. Who was -- I was young then, physically in excellent health and didn't bother me. Now the reason I joined the Public Health Service was because of a -- . When I was young lad with my father, who was a country physician, in his library there was an article about the Service, and I thought I would like to be a member of that Service when I grew up. And that's what I did. There wasn't any other reason for it. I had my psychiatric training under Dr. Clark at the

Cleveland State Hospital, and I took further post-graduate work in New York and in Vienna, Austria.

YEW: Was this before you joined the Public Health Service, or after?

KEMPF: This was after assignment duty in Europe. I was in -- Dr. Stoner 1 was medical officer in charge of the Service when I entered at Ellis Island. He was followed by -- on his retirement, he was followed by Dr. Williams². Doctors who I knew best at the time were Mullan, Treadway, Knox, Glueck, Ramus,

and a whole host of physicians who came and went³. There were not any women physicians at the time I served there, and I did not meet Dr. Faughan or Dr. Bebb who were supposed to have been there in 1914. The mental examination [not understood] was always haphazard. It couldn't be any other way because of the time given to pass the - the immigrants along the Line. Some questioning. If the immigrant did not respond or looked abnormal he was sent in and given a further examination. A series of tests were developed from the work of Howard Knox on the cube test, called -- by tapping tubes in - in order to having the immigrant imitate the movements. They had the Healy frame test and other tests that I do not recall the names of, putting pieces of, sections of wood in - in the in the frame. One was called a Healey test.

Then they had a general examination follows that of Binét's examination of -- for feeble-mindedness. There were not many cases found along the Line, and a psychotic patient was very rare to see. The work at Ellis Island consist of the Line, and then the Boarding Division, and the Hospital. The most pleasant work I had was at the Hospital. I served over a year and a half at the -- on the Line and then went on Boarding Division. On Boarding Division, you lived wherever you wanted to in New York--I lived on Staten Island. I took the ferry over to the mainland and then we took -- on Boarding duty we took a tug with the immigration officers and the newspaper men and went down to the quarantine station in the southern part of New York Harbor. We boarded the ships there and made the examination of the Second Class and First Class passengers on the way up to the dock. This was more or less of a haphazard method of examination also. But most of these people were not immigrants but were returning - returning Americans and examination was not required of any American citizen. Except that the Quarantine Service had the first look at the ship and if there was any contagious disease on board, of course, the ship was held in quarantine. But this was very rare.

The Hospital work consisted of general hospital work on No. 2 Island, and No. 3 Island was devoted to the care of contagious diseases, which is include diphtheria and cerebral-spinal meningitis, which was a rather common affliction. There were never any cases of smallpox. There was an occasional case of typhus fever--not typhoid, but typhus, which is transmitted by louse. This was a rare event also. Now, the work at the Hospital was very interesting because it was general care of sick immigrants, sick patients with the usual types of illness. I enjoyed this work very much, and I lived on the Island during my term as a -- service in the Hospital. I did not go over to No. 3 Island very often and it required the diseases, and it required special care in entering

the hospital and leaving it. One of the interesting things was the night round at about 9 o'clock. One of the doctors was called the Officer of the Day, would make rounds through the Main Building on Island No. 1 which always housed over a thousand immigrants. If any illness was found, they were sent to the General Hospital. This was a regular, daily duty and was very interesting because one had a chance to talk to the immigrants--if he could speak their language!

YEW: Did you know any foreign languages?

KEMPF: Well, I knew some German, and French, and then I picked up some to do my job. In fact, I wrote the series of questions in about eight--ten different languages in phonetic order at the time, so that anyone could pronounce the words as they were written. So we could have them - then after practicing, learn what they were talking about. We also had some part of the routine medical examination of suspected feeble-mindedness or psychotic condition, and this was usually done at the Hospital, or in a quiet place off the Line.

YEW: Why did you like being in the Hospital more than the Line?

KEMPF: Well, because I -- the Line was just a routine inspection of an immigrant, and in the Hospital you were treating illness. And you were a doctor there, I always felt. And then I enjoyed it very much. Now the Boarding Division--you did not do any work at the Island. You lived where you pleased and work was carried on from the dock over in Manhattan, and the one thing about it, you had to be there early. The boat left at six o'clock and you had to be there, which meant getting up about 4:30 in the morning. This was one of the hardships of that Boarding Division -- was the early hours. And one of the interesting things about Boarding was when you were through with your work you had a very fine meal on board ship. This was given to you by the ship as a compliment. The only expense was a small tip to the waiter. That was really one of the enjoyable things of Boarding duty.

YEW: If you were to rate according to desirability being Boarding, Line or Hospital, how would you rate them?

KEMPF: I would take the Hospital.

YEW: And then after that?

KEMPF: Then I would take the Boarding.

YEW: So the Line was the--

KEMPF: The Line was hard work! Of course, for me it wasn't as hard as for some of these older men. The older men complained bitterly. In fact I think really that when an older doctor was assigned to Ellis Island he regarded it as a reprimand, for having done something displeasing to the higher-ups, because they all complained about it.

YEW: Who were the older doctors at that time? Do you remember their names?

KEMPF: Well, Vogel was one of them. Ramus, Gwyn, Ebersole, they were all older men.

YEW: And they were all on the Line?

KEMPF: Yes, they were on the Line. Now you mention here about Dr. Thomas Salmon. I knew him. He was a very genial, friendly man, and I never did know what trouble there was between him and the Service. He was a regular officer and resigned and entered the Mental Health Department of the State of New York. What trouble he had I do not know. I know that he died an accidental death. Whether it was suicide or not, I never did know.

YEW: Did people at that time suspect a suicide?

KEMPF: Oh, yes. The psychotic ward at Ellis Island was opened some time after my period of service. It later was highly developed under Dr. Reichard, who made it a real psychopathic institution, mostly for care of - of patients from the Government services, not immigration.

YEW: Was that J. D. Reichard or Morris Reichard?

KEMPF: J. D. Reichard. J.D. Reichard was a very able man and I visited his hospital when I was surveying hospitals throughout the United States, and he asked me to come down and look his place over. And I knew him quite well, had known him for years. The doctors who were trained usually came from mental hospitals, and some were sent to the hosp-- New York hospitals for training, but most of them had training before they came to the Service4.

I think that the doctors of the Public Health Service at the time I was in were capable men, especially in the laboratory part of the Service. There were some very able, scientific men in the study of contagious diseases, and also in the preparation of, treatment of rabies. In fact the Service controlled all virus--not virus, but methods of smallpox vaccine, rabies vaccine, all vaccines were checked out by the Service in Washington, D.C.

So I always considered the doctors with whom I associated were just as capable as any in the Army or Navy. We had a group of physicians called Acting Assistants who were contract doctors, and I found them very capable men. I well remember Dr. Friedman, who had been there for years, and was considered an able man by all who knew him.

I do not think that there was any distinction between an Acting Assistant and an Assistant, the regular officer or contract officer. There was very little contact between the Medical Division and the Immigration Division. The work was entirely different and when one was through with his work he had to go home. The treatment, as I remember, was always fair. I never saw anything that could be considered as inhuman.

In fact, the people always enjoyed working with the--talking to the immigrants. The most interesting thing was that their native costumes. They wore--especially the women--wore their handmade embroidered materials, with beautiful colors, especially from the Eastern part of Europe -- from the Balkan states, also from Czechoslovakia and Hungary. Some very fine pictures were -- portraits were made by the Chief of the Immigration Service.

I'm sure quite a number of these pictures hangin' Some are somewhere.⁵

YEW: Dr. Kempf, you were talking about finding patients with tuberculosis and how was this done?

KEMPF: First you get examination of arriving immigrants -- was a haphazard method, but best as could be done at the time. When you consider over 2,000 patients--or immigrants, passing along the Line in eight hours the examination would necessarily have to be superficial. And it was only by experience in looking at an immigrant walking or his physical appearance, of emaciation or something of that nature; he would be sent inside for intensive physical examination. And if anything was found he was sent to the Hospital for a complete examination. In this way, advanced tuberculosis would be found, or some chronic illness--heart trouble, and a great many cases of inguinal hernia were of course discovered, and certified, but it was up to the Immigration Department about passing these people. It was only when an immigrant was certified as having a dangerous, contagious disease or an incurable mental condition that they were excluded mandatorily. But the Immigration Service would have to do this; we had nothing to do with the legal part of it.

YEW: When you first started at Ellis Island and you were put on the Line, what kind of training did you get? Do you remember anything about the training you were given?

KEMPF: No training.

YEW: They just put you on the Line?

KEMPF: You saw what the doctors were doing--there was no training, except a few words of instruction. We,--to turn the eyelid - we -- I used the good old button -- shoe buttoner-- button shoes were common in those days, and there was a little metal loop to button shoes was used to turn the eyelid--it was a most efficient method of turning the eyes ever devised.

YEW: To detect trachoma?

KEMPF: We were looking for trachoma. As one thing it was-- anybody with trachoma couldn't hide it because he was discovered. The method used was to have a towel soaked in Lysol solution over your shoulder, and each time you examined a patient you wiped your fingers and hands with the solution--and that was the only method of examination we had. Contagious disease. Trachoma was considered a dangerous, contagious

disease and anyone with suspected trachoma was sent to Ellis Island Hospital for a complete examination. It was rather interesting to know that when Dr. Foster was in charge of the Hospital, we tried the experimental transmission of trachoma to the Rhesus monkey. But all efforts were in vain. We were never able to give a monkey trachoma.

YEW: What year was this?

KEMPF: This year was about 1913. Many cases of trachoma were operated on to scar-- to cause complete scarification of the conjunctiva, and that in these cases they were able to develop a cure, but always with a deformity of the lids. It was later on that it was found that trachoma was -- could be treated with the Sulfa drugs and there was successful elimination of trachoma in the American Indian. Which was at one time a very severe condition among the Indians. Trachoma was very common in Eastern Europe and many, many cases were certified and excluded, and caused many hardships among broken-up families.

YEW: How did the--you knew that by certifying an immigrant for trachoma or for a dangerous, contagious disease that you were preventing him from entering the country and could break up families, did this affect the morale of the officers on the Line--did they get sort of depressed by it?

KEMPF: Well, I don't think they were ever -- because they were not in contact with the immigrant for more than a few minutes and never saw him again. So in that way there was no emotional involvement.

YEW: So the stresses of the job were not emotional stresses so much as just standing up for long hours at a time.

KEMPF: Yes--physically it was tiring to stand for hours watching faces--immigrants come and go. [long pause] In my opinion, I think the Hospital service was more interesting to all doctors, especially younger ones because we were actually doing work that we were supposed to do by our training--that is, treat six -- sick people. The Line work was more or less of a haphazard guess and there was much criticism of the work on the Line by various people, who realized that it was something that had to be done but there was no other way to do it. Except in time, someone had the brilliant idea of examining immigrants in their own country at their own consulates or at the American consulate, and in that way the doctor could give a good examination both mental and physical, and this was started in 1924. And throughout Europe the young doctors were sent abroad, as before, and one officer--older officer--was in charge and made his annual rounds of inspection to see that things were going all right. This turned out to be a very successful method of examination and was far more satisfactory than the work done on Ellis Island.

YEW: What were your hours like as a doctor at Ellis Island? Well, first on the Line Division, when did you get up in the morning and when did you leave for the evening?

KEMPF: Work at Ellis Island on the Line--doctors lived in Brooklyn, Manhattan or Staten Island and they took a ferry from Staten Island to Manhattan and from Manhattan to Ellis Island. There was a special boat

to carry doctors and visitors. This required that the doctor be at the - at the dock at a specified hour. You had to be there at 8 o'clock and you worked, and left at 4. So, in taking traveling, involved about an hour each way. So that was two hours travel, in addition to the work on the Line. Those doctors living--working in the Hospital lived in the Hospital, and this was very satisfactory. In fact, if I had to do it over, I would be very glad to go back to work in the Hospital--it was very pleasant work.

YEW: Describe it more to me--the work in the Hospital. Would you describe more what it was like--the kind of patients you had.

KEMPF: Well, the Hospital was like any general hospital with wards and trained nur-graduate nurses --all the nurses were graduate nurses. And the rounds were made every morning and every patient was seen and given a physical examination and if necessary given whatever treatment was indicated. It was like any general hospital, except it was done probably with better work than the ordinary general hospital because of the number of graduate nurses and the number of doctors involved. To me it was very--has a very ready, pleasant memories and the work in the hospital.

YEW: Can you give me any specific memories you have. Any specific patient that sticks in your mind? Or any specific incidents?

KEMPF: The question was always -- there were always patients that were--became attached to us, especially children. There were quite a number of babies involved and one became attached to them, even if you couldn't speak their language. Didn't - it was necessary -- It was not necessary to speak - to be able to speak a language to a child. Because the - the child's response was all that was necessary, was gentle -- was gentle and kind treatment.

YEW: Did you wear your uniform in the Hospital--did you wear your Public Health Service uniform in the Hospital?

KEMPF: Yes, we wore a white coat over our uniform, and we wore the uniform on the Line, also uniform on Boarding division. However, when off-duty, the doctor wore civilian clothes.

YEW: One of the criticisms of the mental examination was that the people who were to be examined were intimidated by the sight of an officer in uniform. Many of them were from Russia and they associated a military uniform with oppression.

KEMPF: Well, I don't think that ever occurred--at least not to me. Because there were so many people traveling along the Line and there was no fear of any -- of any of the doctors that I ever saw. I don't believe that the fact that you wore a uniform had anything to do with it, because in the rush of the work there was no sign of any fear as far as I've ever seen.

YEW: But in the extensive mental examination, when you were giving the Knox Cube Test and so forth--

KEMPF: Well, in the extensive mental examination of course there was always an interpreter involved, and in this way it was made pleasant and agreeable. There was no reason for the--for the immigrant to be in fear. At least I never saw any of it.

YEW: What you have told me before about Surgeon General Cumming sending you abroad to see whether some of these tests that apparently indicated that some people were feeble-minded when they were actually just down-trodden. Did you ever have any suspicions that some of the people you diagnosed as feeble-minded were actually quite normal?

KEMPF: Well, in the work done abroad a number of pieces were re-examined, especially elderly Jewish women, and were passed after careful consideration. I do not believe these women were feeble-minded because they had sons who were in -- markedly intelligent, and the husband also. So there was no real reason to consider them feeble-minded. I was always proud to be a member on the Public Health Service and I stayed on active duty from 1912 to 1952. I saw much service throughout the United States and in Europe. In altogether I had eight years in Europe.

In the First World War we, of course, were in uniform, but never served in any military capacity. However, during the flu epidemic in 1918 I was sent to Bath, Maine, where the disease started in this country, as a supervisory officer for the State of Maine for the emergency care of large groups of sick people. I followed the course of the epidemic from Maine down through Massachusetts, New York, and into Pennsylvania. I was in Pennsylvania the night of the Armistice, November 11 -- in Pittsburgh, and the crowds were really startling. In my experience with the influenza, I later worked with Dr. Frost on the epidemiology and the reports of the cases and it is estimated that over 600,000 people died in the United States in three months from influenza.

I remember distinctly when -- in passing through Boston--I went to the Army hospital and they showed me a tent with 800 bodies in there waiting shipment for burial. It was probably because of the War that there was no panic in the United States as far as I remember, but the disease was startling and if it ever - ever gets started in this country I hope they use a vaccine. Because I'm sure medical treatment wouldn't do any good because cases got sick in the morning and died that night. And I don't think any drug would have helped them. Of course we had -- did not have antibiotics at that time. Now, we have antibiotics but I'm sure that the officer--or the soldier who died of the so-called--

YEW: Legionnaire's disease?

KEMPF: No. The soldier who died of influenza had antibiotics from start to finish and he did not live. So I believe that the only possible way to take care of this disease is through vaccination and I would strongly recommend it, rather than not give it.

[CONTINUED NEXT DAY]

I well remember in 1912 the report came that the Titanic had sunk in the Atlantic on its first crossing. Later on while working at the Hospital Division on Island NO. 2 one of the maids working on the Hospital was a young Irish girl and I asked her how she got to the United States, and she said, " I came over on the Titanic or started to cross on the Titanic." But when it sunk, the third-class passengers escaped even with more ease than the second and first class passengers. In fact, I think all the steerage passengers escaped. She said she got to a ship—a boat - lifeboat very early before it was crowded and had no trouble.

I did not know the Service had women physicians at Ellis Island. And according to the reports, the dates were 1914 while I was on duty there. However I was in the Hospital Division and we knew nothing about the Boarding Division. After you are separated one from the other, you never you never paid any attention to what the other was doing . In fact you had no time to do it. So I never did meet these women or know they were employed there.

The mental examination of immigrants was usually done in a quiet room--it was with an -- had to be done with an interpreter present, a man or woman who was well versed in the language of the immigrant. Usually two officers sat in during the examination and it was conducted a question and answer method, and also mostly with a -- the board tests, putting blocks back together and the Knox Cube Test. And I had test there of a face, called a Kemph test, which was required the - the immigrant to place the blocks in the -- order to form the human face. However, none of these tests were standardized.

Later the Binét type of examination was established, which was, of course, quite well standardized. But even this was not satisfactory completely. The psychiatric examination of course was conducted in the - in the usual way-asking questions and getting answers, trying to elicit any delusional state. And this was not too difficult if the patient was really psychotic. The present--the new Public Health Service is something that I cannot understand. Our great Service was drowned politically when it took the National Institutes away from us and Congress had put in -- made its own appointments. The Surgeon General really was a figurehead. For a while, there wasn't even a Surgeon General. I would not enter the United States Public Health Service today if I were a young man, a young physician, because it has no-- nothing like the old type of loyalty of the Public Health Service, and I regret this very much.

I would like to say a few words about the Boarding Division. There was some danger in the Boarding Division because doctors had to climb rope ladders up the side of ships, sometimes 30-40 feet. And this could not be done by an older officer without danger--in fact - in fact no older officers had ever been assigned to that duty. On the very large ships of course, entry was made in the side of the side by opening a special door about the height of the tug. But on most ships it was necessary to climb a rope ladder, and climbing a rope ladder in the wind and rain was not too much fun! In fact it required some athletic ability. In my course of work on the Line one day I met an elderly

physician on duty and I got talking with him, and he told me his name was Dr. Delgado.

And after some conversation I was told--he told me something about his personal experience in Cuba when he was one of the rebels against the Spanish rule. He was a famous -- member of a famous family and I would guess rather a wealthy family, but he was caught as a rebel and lined up with a group of other men and faced the firing squad. All the other men were killed, even given the coup de grace, which is a man--soldier, who goes after the firing squad is finished and puts a bullet in the head of the supposedly dead victim. However, the man who was doing the coup de grace missed Delgado's head; Delgado pretended he was dead and after the firing was over and the soldiers disappeared, members of his family or friends, or workmen on the sugar cane reservation carried him back through the sugar cane and hid him from the military, and he escaped with his life. In fact, he's the only man I've ever heard of who escaped a firing squad. I understand that Delgado got his appointment through President Roosevelt--Teddy Roosevelt.

I never heard any of the medical officers discuss immigration laws. That was something that was not in our line and there was no indication of the need of discussing these laws. We did what we thought was right to the best of our ability. Service assignments were somewhat interesting. Being a mobile Corps, an officer was subject to transfer at any time where he might be needed. But usually he served four years at a station, and then was assigned to another place or some other duty. Some younger officers were, like myself, were assigned to various programs and not - not for four years, but for a few months at a time, especially on field service, like-

At one time in my early youth I was assigned to study the condition of mottled enamel of the teeth in children, and this was done at Bauxite, Arkansas. Bauxite is the place where bauxite ore was mined for making aluminum. And in this village most of the children, practically all of them had what is called mottled enamel, which is a brown stain of the teeth, particularly of the incisors which is spoil the appearance of the face when they smile or --in conversation. In my work on this, I decided it must be due to the something either in the water or something not in the water, and I recommended tests being made with the - - on the pig [ph]. But [not understood] was not carried out. But we did try to find out chemically what was wrong - what was in the drinking water, and it was found that in the case of mottled enamel there was too much fluoride in the water.

Now they find that fluoride is necessary, a certain amount of fluoride is necessary to prevent decay of the teeth and it's present in a lot of toothpaste. This was all developed in the last few years. I well remember my experience, which is just an example of what service a young officer might be called on to do. This was -- later on, after we recommended that the water supply be changed in this town; a few years later I happened to go back there and it was very interesting to go to the schools and find that the teeth of the children was normal, and this was due to the change in the water supply.

One of my experiences in the Service was my work with Dr. Goldberger. Dr. Goldberger was a remarkable man and a true scientist. He made up his mind to find the solution of pellagra, which was common in the South back in the early--or the late '16s-- . It was about 1919-1920, when he was doing most of his work in the mills villages in the southern states. He decided that -- to try to prove that pellagra was not a contagious disease which the Southern doctors considered it to be, but was due to a lack of something in the diet. He made very careful studies of the diet of these people in the mills because the - the food supplies were all purchased through the company store and it was just a matter of record to find out what these people were eating. Anyway, I was assigned to the U. S. Pellagra Hospital in Spartanburg, South Carolina to study the care, or the treatment of acute pellagra, and in addition to that the laboratory examination--the chemical examination of the urine and blood. This was a very interesting assignment and it tended to prove what Goldberger's theory that pellagra was due to a lack of food elements and he did prove it was due to a lack of a vitamin. And due to the efforts of Goldberger, pellagra is no longer present in the South, not to my knowledge at least. Goldberger was a remarkable man and I was very fond of him, although a lot of officers did not like him because he was a very strict--not disciplinarian, but in his work, he was very strict in the record and recording of his work, and he demanded close attention to all details. In my opinion, Dr. Goldberger is one of the superior officers of the United States Public Health Service.

I was well acquainted with Dr. William A. White, Superintendent of St. Elizabeth's Hospital in Washington. My brother was clinical director under Dr. White when he wrote his book Psychopathology. The book was dedicated to Dr. White. I always thought Dr. White was a remarkable man because he was such a great orator and delighted to talk to audiences. In fact he held public clinics once a week at his hospital where anyone was invited to attend and to hear him speak was a treat. He had a lovely - he had a beautiful baritone voice and he was much like Bryan in his oratory. Bryan was probably the greatest orator produced in this country. I heard him speak several times and of course there was nothing to equal Bryan as a speaker. White conducted a wonderful hospital. It was very large--I think he had -- one time he had 2000 patients or more, which is too large for any mental hospital. But he was a great teacher, and always had a number of young medical students who wanted to become Psychiatrists working at the hospital.

My brother, Edward, was one of the early Psychoanalysts in the United States and wrote several books. In his later years he wrote a history of Abraham Lincoln which I'm sure will be interest -- of interest to historians because he's made a psychological approach to Lincoln. He considered Lincoln to be one of the remarkable men of all times. His book Psychopathology, published in 1920, was picked as a classic in Psychiatry and a new edition, published in 1977. I think this is a remarkable tribute to his work.

Believe it or not, one of the ways of amusement at Island No. 2 where the General Hospital was located was to go swimming between Islands 2 and 3. This does not seem possible when you look at the harbor at the present time--you can walk across it now! There were - there were no

other methods of amusement. I think No. 3 Island did have a tennis court, but that was quite a walk to get over there. I'm sure that every officer who served at the Hospital in Ellis Island will remember Thiess, who was the Chief Clerk. Thiess built a boat, about 24 foot motor boat, in the basement of the building. It took him quite a while. Of course, everybody who lived at the Island helped him, and in time the boat was finished and launched. And I had the honor of water skiing behind the boat in New York Harbor from the Island down to Staten Island and back, which would be a round trip of about 12 miles.

You couldn't possibly do that today with all the traffic in the harbor. That was the first time I'd ever water skied, and this boat was fast enough to make water sping - water skiing a pleasure. I don't know whatever became of the boat. Thiess served there until his death some time in the '30s. There were -there was very little to keep us amused or to find ways of amusement, except playing cards and listening to the radio--not radio, but graphaphone. I had one of early Edison graphaphones with the thick records and enjoyed the music very much. Even Dr. Ramus, who was a great music lover, said it was a good outfit.

I might say something about the entrance exam to the Service. In my class I remember 18 of us and 3 passed. This examination included a physical examination, which was rather rigid, and a written examination lasting four days. This covered all medical subjects and the examination wasn't - not entirely written, part of it was oral. And, of course, the Board could ask us any questions you please. And get wha-- (laughs) - and the answers they got might (laughs) - might not have been too good! But anyway, three of us passed and 3 out of 18 is a fairly low percent to pass. So it shows how difficult the entrance examination was and they still needed officers. So as they only had one class a year at that time -- so three new officers in one year was not too many. Of course there were not too many regular officers at that time--I think about 250 of us and of course that number grew to be in the thousands later on.

1 George W. Stoner, Medical Officer in Charge at Ellis Island until 1913

2 L.L. Williams, Sr., MCC, Ellis Island 1913-1918.

3 E. H. Mullan, Walter L. Treadway, Howard A. Knox, Lawrence Kolb, Bernard Glueck, Carl Ramus. All were commissioned officers of the Public Health Service, except Glueck who was Acting Assistant.

4 This was in response to a written question about where the Public Health Service doctors received their training on psychiatry at this time.

5 Photographs of many immigrants were taken by Augustus F. Sherman. They are currently housed at the Museum of Immigration, Statue of Liberty National Monument, New York Harbor

6 Swine Flu

NPS-101/KEMPF