

NPS-102

DR. JOHN C. THILL

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HISTORIAN'S NOTE: The following interview is one of six 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.

THILL: I am John C. Thill, M.D., born December the 26th, 1899 in Chicago, Illinois, graduated from Northwest University Medical School in 1924. Had internship at U.S. Marine Hospital No. 43, Ellis Island, New York from 1924-25. The hospital was under the United States Public Health Service, which was a marine Hospital for the American Merchant Marine or any foreign merchant marine stranded in New York. It was also loaned to the Department of Labor for the immigrants coming through Ellis Island. The hospital at Ellis Island was a 650 bed hospital. Most of our more permanent patients were merchant marine, although other services were eligible for treatment there -- including the Coast Guard, the Postal Service, the Life Saving Service. And the immigrants came through primarily for examination and diagnosis. And there was a very high turnover among the immigrants because there were so many of them.

In those days it was most difficult for an immigrant coming to this country because in many instances he spent his life savings to get here only to be returned because of some physical condition. And I'm sure all of us felt much compassion for them. And the steamship line - the steamship line would be fined \$1,000 for each person brought in as return if the condition could be proved for the-- could have been detected at the point of embarkation. So that there were many injustices under the old system. There was a nickname for Ellis Island at that time. They called it the Isle of Tears. Many is the time I stood at the Battery and saw immigrants re-united with their families and weeping for joy as well as those weeping because they were returned.

However, the immigrant was well taken care of if he had to be admitted to the hospital for treatment or observation. Citing an example: a husband and wife who came from England. She was pregnant and shortly before the expected delivery started to bleed and a diagnosis was made of placenta previa. She was almost exsanguinated. And a blood transfusion was performed and the baby delivered via Caesarian section. Both baby and mother survived. They were so grateful that they named the baby Ellis Curran Newton, I will never forget it. Ellis after the

island, and Curran after the Commissioner of Immigration at that time.¹
[pause] You want to stop it for a minute? All right.

I should have mentioned at the beginning that it was financial considerations that prompted me to select Ellis Island for an internship. I had taken competitive examination -- an internship in Los Angeles County General, [not understood] and received a place. They paid \$50 a month; Ellis Island paid \$75 a month. However Ellis Island was a 650 bed hospital with a high turnover and much clinical material, so I felt that it-.was a very good choice and I have not regretted it to this day. Of course, upon arriving in New York and Ellis Island I was completely overwhelmed by the bigness of it because I had never been there before. I was also satisfied and pleased for such an assignment where I could see so many people from all parts of the world. Where my knowledge of German in speaking and - speaking with some of the German speaking immigrants, although we had foreign speaking people passing through Ellis Island who were not immigrants, and we had available to us from the administrative building, interpreters.

I recall we had to get an interpreter for Turkish on one occasion. A blood transfusion was necessary and this fellow for religious reasons declined a blood transfusion. As to interpreters, it would be necessary to get another Englishman to - to get another Englishman to interpret for an Englishman. The Cockney English who could hardly understand each other most of the --. [pause] We had many Jewish immigrants and on one of their holidays, there happened to be a large number of arrival of Jews from all over the world, including the Middle East. And they held their traditional holiday dinner and we interns were invited. It was interesting to see by [not understood] by those coming from their respective countries. We (am I sitting too far away for this?) in the Public Health Service ,we had available to us both for the merchant marine and other patients, and the immigrants as well, consultants from New York City. I can recall one in particular, Dr. Howard Fox, a Dermatologist who would pass upon difficult diagnoses in Dermatology.

And this brings to mind one of my patients who had been in the United States for about 20 years, 25 years perhaps, and never went through the formality of taking out citizenship. Legally she was in the United States on a temporary visa, and she went back to Ireland on a visit and on returning to Ellis Island was admitted to the hospital with a large lesion on her face, which I thought was lupus vulgaris. And I personally took her up to New York City, to the New York Academy of Medicine where Dr. Howard Fox confirmed the diagnos-- diagnosis of lupus vulgaris. And inasmuch as tuberculosis in all forms mandatorily deportable at that time, this poor lady was sent back home, separated from her family.

We did not have the treatment for tuberculosis in these days that we have now. We had one entire ward occupied by people with tuberculosis at that time. Those immigrants who wished to stay and take their chances of being cured of whatever - of whatever disease they were being detained for, could paid \$3 per day. as I recall, to be treated in the hospital and either admitted or returned after a certain period of time. I do not recall how long they would stay. Of course, our merchant marine and

other patients could stay as long as they wanted without pay. Now in addition to tuberculosis we had many other contagious diseases -- favus and ringworm. I can recall what a clever diagnostician and acute observer our chief medical officer was --Dr. Billings.² A German lady was in the line and he took one look at her and he said, "Nehmen sie die perücke ab." meaning take off the wig, which we had not noticed, and were astounded to see a totally bald lady who had had favus.

The treatment for favus and some other forms of ringworm in some cases was x-ray. An x-ray would cure many cases of favus and in some cases the hair would grow back in, and in others the patient was left permanently bald. Another one of the functions of Dr. Billings at that time was to come to our hospital once a week to see trachoma patients, a highly contagious disease of the eyelids. I think because of observing him I could still diagnose trachoma today. There was not much satisfactory treatment and those people--most of them--were deported, or returned -- to the land of their origins. A high percentage came from the Mediterranean area, Egypt for example, where I think today it is still very prevalent. As I recall they treated trachoma at that time by curettement and cauterization with copper sulphate.

Another horrible disease at that time was commonly known as trenchmouth, but actually known as Vincent's angina or gingivitis, which in its chronic state could cause loss of teeth and mutilation of the mouth. I recall one ship, a slow-moving freighter, from the west coast of Africa came in to New York, and practically every sailor on board ship had Vincent's angina. There was no ship's doctor and the captain had been una-- unable to treat them. As I recall we treated them with potassium dichromate and it cleared most of them up. Immigrants also had this disease occasionally.

We had one separate island for venereal disease. Most of the patients in this ward were American and foreign seamen -- although there were some immigrants admitted there as well. Occasionally some prominent individual from New York who had been returning from Europe would be picked out of the line and sent in for observation venereal and would be very indignant of course. The immigrants they found with venereal diseases could be treated and they paid for their stay and be admitted. Syphilis and gonorrhoea were the principal venereal diseases and because they came from various parts of the world, many of them had very little immunity. We saw some horrible complications seldom seen today because in those days we did not have penicillin. They were treated with arsenic and mercury primarily.

The other venereal diseases, lymphogranuloma venerium, granuloma inguinale, all horrible diseases -- chancroid. I recall one case where the primary lesion failed to heal even with extensive, intensive treatment, and finally a circumcision was performed and the primary lesion removed simultaneously. [aside] (stop, billings on the island) In order to qualify for internship with a hospital association and the medical schools, an intern must have the opportunity for a rotating 12 month service. Which meant that he would go from the surgical to the medical, to the contagious disease ward, psychiatric ward, laboratory.

We had a very good laboratory and it was so busy, primarily because of all the immigrants coming through there for blood tests.

I now recall the head of that laboratory was A Dr. Chapin,³ who had been at the Hygienic Laboratories in Washington D.C. before coming to Ellis Island, and it is interes-- interesting to note that he was the man who had discovered the organism responsible for tularemia, a disease first named tularemia in California after Tulare County, California. Dr. Chapin discovered the organism because he himself contracted the disease from laboratory animals. rabbits.⁴ As I have said we had a rotating internship going from medical to the surgical, contagious disease wards, psychiatric ward, laboratory, and other services. The laboratory service was most interesting because stool examination showed such a high proportion of intestinal parasites. One of the most difficult to treat was amebiasis, commonly called amoebic dysentery. But its principal manifestation was not dysentery, which occurred in the acute stage, but other complications and would then be diagnosed by the finding of the cyst in the stool.

I recall that orderlies would run from the ward with the stool in the winter months immersed in a paper container inside -- another container with hot butter -- to get it to the laboratory while the amoeba was still active and moving because it was impossible to detect amoeba unless they were moving. And not enough emphasis placed upon the finding of the cyst at that time. Other functions of the laboratory was the diagnosis of tuberculosis, primarily sputum samples. The finding of the acid-fast bacillus of tuberculosis was much preferred for legal purposes in deporting, for example, an immigrant suspected of having TB. Although x-ray diagnosis would be acceptable. In the diagnosis of gonorrhoea, Neisserial infection, the finding that the Gram negative diplococcus intracellular was diagnostic. That also was necessary for legal purposes, the finding of the Gram negative intracellular diplococcus.

We performed many blood tests for syphilis, primarily the Wassermann at that time. We kept at the Island in the laboratory section, sheep -- to use as the - the antigen in making the Wassermann test. Also rabbits, It was one of my functions to draw blood from a sheep. Which at first seemed difficult but I was able to find the vein in the neck by palpitation and withdraw the sample of blood. One of our wards was the psychiatric ward. I recall distinctly a patient was admitted who was a raving maniac -- had to be put in a strait jacket and tied in bed. He talked and shouted constantly. He had been a sea captain and as such must have been a well educated man. He suddenly went berserk aboard ship and had to be relieved of his command -- was sent into Ellis Island. The diagnosis was made of general paresis, syphilis of the brain. I don't know whatever happened to that poor fellow. Presumably he did not survive. Today we could have treated him with penicillin.

There were other cases in the psychiatric ward. I recall one girl who was picked up in New York by the Immigration Department with nymphomania. I don't know what happened to her. Presumably, deported. We had many cases of dementia praecox, some were schizophrenic reactions,

some hebephrenic. I recall one fellow would stand in a corner all day looking at the wall.

YEW: The psychotic patients, were they mostly sailors or immigrants?

THILL: There were some immigrants, but there were some who had been here. They were picked up because they were not citizens, and sent to the Island, then for deportation -- observation and deportations.

YEW: Do you remember any mental testing done by the officers?

THILL: Yes. They - they're -- I'm trying to think now who that fellow was. Can't remember his name. As I stated, we had various consultants available to us to come over from New York City and help in the diagnosis or confirm diagnoses, men who were recognized in their particular field, Howard Fox, for example in Dermatology. Dr. Fishman, an expert in tuberculosis. I recall seeing one day, at the New York Academy of Medicine, a case of leprosy and lo and behold he had been operating an elevator in New York City for a long time! Contrary to popular opinion, leprosy is not highly contagious. It is not as contagious as tuberculosis. The organism is similar, an acid-fast bacillus. It is usually transmitted only after a long period of contact with a person having the disease, and intimate contact. The United States Public Health Service had a leprosarium in New Orleans, another in Hawaii. The one in Hawaii has been abandoned. I think the one in Louisiana is still there. We now have better treatment in leprosy than we do for tuberculosis.

Although this has nothing to do with the immigration department directly, we have areas of the United States where leprosy is endemic. In the Great Lakes region for example most of the cases originating in the United States come from that area. I remember seeing a restaurant worker in Chicago with leprosy who came from that area. So leprosy was not a great concern to us in Ellis Island at that time. Many of the more contagious diseases were removed from the ship by the boarding officers before they ever got to upper New York Harbor. The boarding officer saw these ships first in the neighborhood of Sandy Hook and such diseases as bubonic plague or typhus was removed and sent to quarantine.

Most of the doctors on the Service at Ellis Island were acting assisting surgeons. There were a small percentage who were regular officers. The acting assistant surgeons came for various periods of time, many of them stayed quite some time. I have no way of remembering because I was there just for one year. I can't recall where most of them came from. I remember one, a Dr. Beadle [ph], who came from Vanderbilt University in Tennessee, a very well educated gentleman, I'm sure he's gone by this time. I remember Dr. Teufel [ph] a very capable surgeon, a Dr. Waugh [ph], who was a surgeon and obstetrician. Dr. Krulish [ph], the commanding officer, was also a surgeon, a fine gentleman. As I recall, we had a very high type of officers, most of them dedicated men.

About the time that I completed my internship another program was being instituted to have the United States Public Health Service doctors go to the various ports of entry over the world to examine these people

so that they would be spared the expense of spending their life savings to come to this country and being sent back. I can think of one doctor right now who was one of the first to go--that was a Dr. Fuller.⁵ I don't recall much about him otherwise. [pause] Although I had a high regard with my experience as an intern and for the officers that I associated with in the Public Health Service, I reluctantly left the Service to go back to civilian life because of compelling family reasons. That is not to say that I was not attracted enough to remain on because I would have.

I think I would have been very much interested in public health the world over and that would have given me that opportunity had I remained. The United States Public Health Service, as I mentioned, had stations in Louisiana, Hawaii, Ancon Hospital, Panama and other stations at that time in various parts of the world. I'm reminded of an M.D. who was very much interested in world health, Dr. Victor Heiser, the author of *An American Doctor's Odyssey* who worked for the Rockefeller Foundation. I believe that it is important to know what is necessary in public health the world over, but these ideas must be implemented. Sanitation, being a most important aspect of world health. If sanitation is not implemented then all the talking about it does no good.

During the years 1924 and 1925 and many years prior to that time, the immigrant was regarded as a potential seeker for charity. He was to be admitted if he qualified but not to be admitted if he was going to be a public charge. This rule might be waived if no communicable disease was involved by having a friend or relative post a \$5,000 cash bond to guarantee that he would not become a public charge. Professional men and women were low on list of priorities. The farmer and laborer had a higher priority because labor was needed at that time. Immigrants could be excluded for other reasons.

YEW: What were the sort of things that made the immigration authorities think that the immigrant would become a public charge?

THILL: If he had some condition, a heart murmur, or a decompensated heart, a lung condition, some other condition, or he had a mental condition and couldn't and wouldn't work, and would seek treatment in public facilities and thereby become a charge on the state or municipality wherever he lived.

YEW: So there had to be a medical reason for someone to be certified as a public charge.

THILL: There would usually be a medical reason, yes.

YEW: Were there any nonmedical reasons, where a person would be excluded?

THILL: Well I don't know, that would be determined at the Immigration Department, but presumably an incompetent individual, an ignorant individual, an unqualified individual unable--unemploy -- unemployable individual. As to the physical examination performed by the interns, I would say that those United States Public Health Service

patients such as the American merchant marine, foreign merchant marine, Coast Guard, Postal Service, Life Guard as received a more comprehensive examination, mostly because we had more time.

As to the immigrants, large numbers of them were sent over from the Administration building each day. Sometimes hundreds would arrive at one time, and all the doctors would be making physical examinations. Sometimes too cursory perhaps, but because of necessity. A general examination consisting of heart, lungs, abdomen, genitalia, eyes, ears, reflexes, Wassermann test for syphilis, smear for gonorrhoea if necessary, and other tests when indicated. However the average examination for a large number of people like that coming in each day was of necessity cursory.

- 1 Henry H. Curran, Commissioner at Ellis island 1923-192
 - 2 W.C. Billings, Chief Medical Officer at Ellis Island, 1921-1925.
 - 3 Charles W. Chapin
- It was actually Dr. Edward Francis of the Public Health Service who caught tularemia from his laboratory animals not Dr. Chapin 4
- 5 Justin K. Fuller

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