

NPS-104

T. BRUCE H. ANDERSON

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INTERVIEWER: ELIZABETH YEW

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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,

ANDERSON: My name is T. Bruce H. Anderson. I was born in Charlottesville, Virginia in 1891, attended the public school there and then attended the University of Virginia, graduating in the medical class of 1914. I learned of the Public Health Service through Dr. L. L. Williams' two sons, Charles and Louis, who attended the University about one and two years ahead of me. Through them I became interested in a possible appointment as an intern, and later applied and was--did receive an appointment as an intern at Ellis Island. While an intern I was greatly impressed by the quality of the men with whom I served, the regular officers and others, and decided that I would like to make the Public Health Service a career. I took the examination and was fortunate enough to be appointed. I served 36 years in the Public Health Service and have never regretted it. I was commissioned in 1915, in August. When I graduated many of the young men from the Southern states, their family was able to put them through medical school but was unable to give them further financial aid. Therefore financial security was important. Some officers suggested facetiously that the "rustle of petticoats" lured many men into the service. This was denied very

stringently by others. The salary,

although not much as compared today, did enable them to be married. Our class at the University of Virginia was only 17, and of these 17 men, 4 came into the Public Health Service, and 2 into the Navy. A classmate, Roy Sandridge, both of us engaged to Charlottesville girls, also had received appointment as intern at Ellis Island. We arrived in New York together and not without some trepidation found our way to South Ferry and finally to Ellis Island. We were received cordially by Dr. Williams, our Medical Officer in Charge, mentioned earlier, to the General Hospital, Island No. 2, and reported to (?) officer, Dr. M. H. Foster. He was a widower and I am sure two youngsters were personally welcome, as he had lost his wife recently. Our quarters, very comfortable, were close by. A Virginia graduate, Dr. Scott, also took us under his arm. Dr. Foster did refer to us to the most expensive uniform tailor in New York and our monthly salary of \$25 was severely compromised. Everyone from highest to lowest were as kindly and helpful as they could be. I was detailed as Officer of the Day the first night. Several laundry workers, male, mostly Irish and one Italian, were quartered on the second floor of the laundry building. The last ferry ran at 12 o'clock, and shortly after that I was called to this building because of a fight, and find the lonely Italian had climbed out on the roof to escape the Irish. I don't recall exactly how I handled it, but it was settled satisfactorily. Certain assignments were considered very desirable, particularly the men in the administrative positions such as medical officer in charge and the men in charge of the Boarding Division or the Line Division. The assignments to the Hospital were considered very desirable and this was a privilege of the Officer in Charge. There was some feeling that some of the older officers, perhaps not too well fitted for other duties, were assigned to Ellis Island, as they could perform most of the duties satisfactorily. Personally I had no knowledge of any individual. After considerable pulling, I was assigned to Ellis Island in 1919 knowing that I would be assigned to the Hospital. One of my fellow officers came up to me and said, "Bruce,

what have you done?"

YEW: By that question, did he mean how did you get to Ellis Island because it was such a good job, or how did you get there because it was such a bad job?

ANDERSON: I served under the personnel officer at Ellis Island. And

I presume he--my work was satisfactory that he thought I would prove satisfactory on reassignment. Unquestionably some officers felt they were assigned to Ellis Island that it was because their work had not been as well done as possible. My impression was that generally details at Ellis Island was not considered desirable. Actually, those in the Hospital were very desirable. The officer, frequently middle-aged, assigned to Line duty where the medical abilities were not actually used, and where the work physically was difficult, was not desirable. It was remarkable how well they developed the ability to detect possible physical disabilities. However, after the immigrant was marked, taken into another room, and more thoroughly examined, and then if any question at all, he was transferred to the Hospital or held over. The examining officer rarely would know the final disposition of the case. Added to this was the difficulty of finding satisfactory living quarters in New York, particularly when the officer did not know how long his assignment might be at Ellis Island.

YEW: What was being in the Public Health Service like in those days? What do you remember about the other officers?

ANDERSON: I could write a book replying to this question. The Service was a mobile one, actually as well as in theory. I had 17 (?) transfers my first 15 years. Hospital in Chicago, plague work in New Orleans, hospital in St. Louis, rural sanitation in Greenville, South Carolina, Ellis Island, Coast Guard, Ellis Island, X-Ray School at Cornell, Ellis Island, Leavenworth, Kansas, Washington, Ellis Island, Hygienic Laboratory, Fort Stanton Hospital, New Orleans, Pittsburgh, New Orleans. The last 16 years, only four stations. Actually we didn't mind this too much, as we knew what the Service was like before entering it. Also, we were nearly always with fellow officers, frequently already known, or with mutual friends. It made for a certain clannishness with us. I seldom made close friends outside of the Service.

YEW: Dr. Anderson, did you notice that this clannishness made you disliked by people outside of the Service?

ANDERSON: I don't think so.

YEW: No?

ANDERSON: I don't think so. It's a little hard, because you wouldn't know.

YEW: I mean, if other people were jealous of the Corps.

ANDERSON: We had good contact with the public generally. It carried

a weight--being in the Service carried a very definite weight with it. Even as a youngster, like in charge of the Hospital in Pittsburgh, I was taken in by the people, administrators in all the biggest hospitals there, and you were considered one of them. So, I don't think it hurt us. It was chiefly our personal life, that we were clannish. And we were--I was clannish all my Service life. We had many outstanding men, many of whom I knew well. My first surgeon General was Dr. Blue, a most gracious man, whom I didn't know too well. The second, Dr. Cumming, a fellow graduate of the University of Virginia, whose reputation was in the field of seafood sanitation, particularly oysters.

Dr. Parran, whose field was public health--all of these men were appointed from the regular Corps and without any regard to politics.* To mention a few others, Dr. Kerr at Ellis Island, and later as personnel officer, Dr. Rucker, a brilliant mind and administrator. Dr. McMullen, work with trachoma, Frost, a little ahead of me. Leake and Lumsden as epidemiologists. The latter whose abilities were never fully appreciated. Dr. McCoy and Dyer at the Hygienic Laboratory. (?) of Tularemia fame. And many others.

* Dr. Rupert Blue, Surgeon General 1912-1920

Dr. Hugh S. Cumming, Surgeon General 1920-1936

Dr. Thomas Parran, Surgeon General 1936-1948

All dedicated and able men. Smith, Spencer, Rocky Mountain Spotted Fever, Goldberger, pellagra, Stiles, hookworm, etc.

YEW: How were the Acting Assistant Surgeons regarded by the regular Corps?

ANDERSON: Certainly, a difference in philosophy. The regular officer entered the Service as a career, the Acting Assistant as a job. Personally, no difference with me. Many were very able, and I had the pleasure of recommending some for regular commission when the occasion arose. Another difference was that in the regular Corps the misfit could be weeded out fairly early in their career, whereas in the Civil Service it was most difficult to discharge anyone.

YEW: The various divisions at Ellis Island--the Line Division, the Boarding Division, and the Hospital Division--on how many of these did you serve, and were any of these jobs considered more desirable than the others?

ANDERSON: I only had service in the Hospital. General, except as an intern, when six months were spent in Contagious. Personally, I was interested in patients so the Hospital interested me. The Line and Boarding duty naturally were not considered desirable because you did not use your medical training.

YEW: Can you describe the treatment and care of immigrants at the Hospital while you were there?

ANDERSON: A difficult question for me to answer as my only other experience had been in the hospital of a medical school. However, our officers were well trained usually in civilian hospitals and certainly were carefully picked. I can say without reservation that the care was conscientious and kindly. Actually not too many seriously ill patients were under treatment but a large number were there for observation for further checking, and some under treatment for special conditions such as trachoma. There was one problem with interpreters that the patient did not understand--that the interpreters did not understand the dialect of a particular patient. And this was so very important with children. The only demanding immigrant in my experience was the occasional Britisher who thought as a Britisher he should not be treated with the common herd. Actually we had consultants in dermatology, dental, eye, ear, nose and throat and others. These were outstanding physicians from private practice.

YEW: Would you say some more about the British patients. How they were different from the other immigrants.

ANDERSON: At this time the British Empire was at its height and the Britisher firmly believed that he should be treated better than anyone else.

YEW: Did they complain more?

physician at Ellis Island?

ANDERSON: My experience was divided into three different periods.

Number one, as an intern, a few (?) months normal immigration before the opening of World War. Last six months, clinical, work decreased (?) laboratory learned. Second period, two short periods during the War, and a third period three years post-war, post-war from 1919 to 1922. As intern, six months in the General Hospital. This was my first experience with male nurses. Found them efficient and some excellent diagnosticians. Also, first experience with female physicians. To be honest, I wasn't impressed! However, many years later I had a woman officer as Chief of Mental Service, the best administrative person I've ever had on this particular assignment.

YEW: Why weren't you impressed with the woman physicians?

ANDERSON: I don't know--I don't know any particular thing. I didn't

have too much to do with them. Maybe they were new--you know. We didn't have any women physicians down here then. One recollection will always remain strong. During a change of dressing on a thigh I pulled a piece of bone--almost the entire femur came out. The patient was suffering from a long-standing osteomyelitis, with a sequestrum of practically the entire shaft. In the Contagious Disease Hospital a large number of children with rashes

were admitted. Between 30 and 40 at times. Most could be segregated as to disease but some we called a third disease. Large number of otitis media. Each night, all temperatures and ear examinations. A reflecting light for a mirror-head mirror--having to be carried from bed to bed. Removing casts that had been in place for many months. Cutting casts for short periods, hanging over an open window for temporary relief! A large number and variety of skin diseases--impetigo with crusts close to an inch in thickness. Barber's itch impressed me so much I have never been able to allow anyone fooling around my face. I've always been much impressed by the fact that the contact between patients, families, visitors and employees were all very friendly. As an intern sick call was made each night in Building No.1, all the rooms being visited and an attempt made to notify the alien that medical help could be obtained. We called "Alles Gesundt!", "Siska Stalle!" "Tota Bene!" "All Well!" It was remarkable, but I have always felt that the immigrant knew what we were saying and we had no difficulty in getting them to come up and seeking help.

YEW: Dr. Anderson, did you ever find that the immigrants were
afraid of the doctors or expressed any fear of what
happen to them in the hospital?

ANDERSON: Exactly opposite. I was amazed and still am with the fact
that the immigrant seemed to understand what was

going on and that we were seeking to help and not harm. Ellis Island was a place of great happiness and great sorrow. The coming together of families that had been separated for years was marvelous to see. Unfortunately, times did occur when a family had to be separated because of deportation or death. Then (long pause), then you wished you were somewhere else.

YEW: Dr. Anderson, you remarked that Ellis Island was an unpopular assignment among the officers because it wasn't very interesting and gave them no opportunity to improve their professional skills, and I was wondering if perhaps the sad aspect of their work also made it unpopular. Or if you thought that this was a minor part of their dislike of the assignment.

ANDERSON: Probably not. As one officer wouldn't have too many of such experiences. The few I've had stick out in my mind. It is very probable that the Immigration authorities saw much more of that side than the medical officers because they had the final decision to tell the immigrant. My second and third assignments were for a short period during the War. After receiving my training in X-ray I was assigned to Ellis Island. The hospitals were to be turned over to the Army within a short time. On Island No.1 around 500 Navy men were bivouacked--were stationed to replace ships going on course that might be short of personnel. The sick were transferred to the Hospital and their care fell to us. At the same time I had to look for a place to live in the City as I was told that I would remain at Ellis Island. I would receive from 10 to 20 admissions a day with high fevers, with respiratory diseases but did not fit into what I has seen previously. About this time I was relieved from duty at Ellis Island and transferred on extra-cantonment duty at Leavenworth, Kansas. This was in the spring

of 1918. My recollection is that at this time there were respiratory outbreaks of disease, and at the supernumery barracks at Fort Leavenworth and the federal penitentiary at Leavenworth, and possible at the state prison at Lansing. The population at all of these institutions were relatively young. At the same time the population of the old soldier's home which were quite elderly did not have any outbreak. In the fall of the year the epidemic of influenza reached Fort Leavenworth, with large mortality. It took several weeks before it spread to the civilian population. When it did, our unit, Red Cross unit, in which we had three nurses, took over the care of the lower income group. We were quite successful in our treatment. At the same time on the grounds of the state prison there were around 200 camp followers under quarantine for venereal disease. Strict quarantine was placed on this group which happened to be under my supervision. The influenza did not break out here until about January, and was very mild. After a short assignment to the War Risk Insurance in Washington, I was again assigned to Ellis Island. In the winter of 1919 there was a large population of aliens--so-called warrant cases--held on Island No.1 waiting for disposition by the Immigration authorities. An epidemic of influenza broke out, from which, as I recall, we had at least 90 fatalities in the Hospital during the month of February. At first the Bureau* questioned the diagnosis, but pathological material proved that it was influenza. The character of the immigrant changed immediately following the World War. Formerly it had been fairly young families, but after the War, as I recall, the number of the elderly percentage-wise became much greater. I do not remember discussing this with anyone but I do know that personally I wondered who would bear the final burden of large groups that certainly would not be able to earn their own living.

YEW: Dr. Anderson, do you remember any discussions or any general feeling about the detrimental aspects of immigration on the country, for instance, the different European races or any kind of opinions--were they ever

expressed, that you can remember?

ANDERSON: I don't recall that we ever had any general discussion on
this point. We were young and too well qualified on

* The Bureau--the central office in Washington of the U.S.
Public Health Service.

economics. The country was growing, the labor was needed
and was cheap, and I don't recall that it caused any worry.

YEW: Was there much contact with the people who worked for the
Bureau of Immigration and the doctors at Ellis Island?

ANDERSON: At my level, practically none. I presume that there must
have been contact between senior officer and the
immigration, but not for the officer assigned in the Hospital.

YEW: Did you ever have any problem with the interpreters?

ANDERSON: I am sure that some of the Psychiatrists at times weren't
sure whether the interpreter was as familiar as he
might be with the dialect of a child. Naturally the interpreter
would be loathe to admit that.

YEW: Did you always have--was it easy to get an interpreter when
you needed one?

ANDERSON: No, as I recall. Personally I had very little use for interpreters. Usually it was the Psychiatrists. Various ethnic groups from the city of New York would put on entertainment of their native dances in native costume on Island No.1 frequently. These were greatly enjoyed by the medical officers in the Hospital.

YEW: But they were put on for everyone--

ANDERSON: Yes.

YEW: Not just for medical officers.

ANDERSON: They were put on primarily for the immigrants. The character of the work among the medical officers at Ellis Island made a big change after they started examination in Europe. So that assignment after that certainly wasn't desirable.