



Commentary

Sanitation, Sanity, and (Moral) Suitability: The History of the Medical Inadmissibility of Immigrants into Canada

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ABSTRACT

Study of the history of medical inadmissibility and deportation of Canadian immigrants uncovers three important themes as criteria for immigration selection and control: sanitation, sanity, and moral suitability. As the understanding of human health changed with history, so too did the basis for exclusion and deportation of Canadian immigrants for medical purposes. Immigration policy mirrored then current notions of health and disease,

growing in complexity as immigration policy increased its selectivity contemporaneous to increasing immigration rates. Immigration control developed from simple quarantine measures to prevent the transmission of infectious diseases from other continents, to physical and mental health inspections to prevent the propagation of hereditary dysfunction, to selection of morally fit immigrants resembling Canadian values for easy assimilation into society. Physical, mental, and moral health were key criteria in the first century of Canadian

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immigration policy, highlighting Canada's history of anti-immigrant sentiment through the medicalization of specific ethnic groups.

INTRODUCTION

Canadian history of the medical inadmissibility of immigrants introduces the fluid concepts of health and medicine to the study of immigration policy. Among many new scientific innovations, rapid development in the field of medicine aligned with the increasing acceptance of the germ theory of disease in the nineteenth century, the emerging notions of heredity and eugenics at the turn of the twentieth century, and the legitimization of psychiatry in the early-to-mid-twentieth century. As understanding of human health transformed with history, so too did the basis for exclusion and deportation of Canadian immigrants for medical purposes. Indeed, immigration policy mirrored then current concepts of health and disease, growing in complexity as Canadian immigration policy increased its selectivity contemporaneous to increasing immigration rates. Immigration control developed from simple quarantine measures to prevent the transmission of infectious diseases from other continents, to physical and mental health inspections to prevent the propagation of hereditary dysfunction and disease, to selection of morally fit immigrants resembling Canadian values for easy assimilation into society (1,2,3). Over the course of the first century of Canadian immigration policy, notions of physical, mental, and moral health were inextricably intertwined (4).

This paper aims to provide a comprehensive study of the history of medical inadmissibility and deportation of Canadian immigrants from the 1840s to the 1950s, addressing three important themes as criteria for immigration selection and control: sanitation, sanity, and (moral) suitability. While scholarship in this field generally focuses on quarantine to prevent the entry of infectious disease, the mission of Canadian immigration policy stretched beyond the control of cholera and typhus as medical inspectors surveyed for physical disability, mental illness, and moral depravity (5). Indeed, the health inspection of immigrants was used as a principal tool for selecting members of an ideal Canadian society. As a result, the medicalization of the newly arrived immigrant contributed greatly to discrimination against specific races and ethnicities, ultimately manifesting as an anti-

immigrant social environment throughout much of Canadian history.

Sanitation: Quarantine and Early Immigration Control

The years 1846 to 1854 marked the peak of Canadian immigration prior to the twentieth century, as the massive influx of 400,000 British—primarily, Irish—immigrants set sail to North America. Many immigrants were starving and impoverished, bringing with them a multitude of infectious diseases including typhus and dysentery (6). Furthermore, sporadic cholera outbreaks that swept through British North America from 1832 onward seriously affected Canadian mortality rates (1). To meet the threat of spreading infectious diseases, all cargo and passengers of incoming ships underwent extensive quarantine and inspection before allowed to dock at the mainland ports, a practice first established in the 1830s (7).

The *Act to Consolidate the Laws Relative to Emigrants and Quarantine* of 1853 standardized quarantine regulations for all ships arriving in the Province of Canada and set the foundation for systematic medical inspection in immigration policy (8). Immigrant ships were processed at the quarantine station at Grosse Île in the St. Lawrence River before continuing to Québec City and eventually moving on to Montreal, Kingston, and Toronto. The passengers, cargo, and vessels stationed at quarantine underwent inspection by one or several medical officers searching for signs of infectious disease, including “Asiatic Cholera, Fever, Small Pox, Scarlatina, Measles, or any other infectious and dangerous disease”. The medical superintendent was charged with inspecting the vessel by asking a list of eleven specific questions, such as, “Was such place or places, or any and which of them, infection with the cholera, plague, or any pestilential fever or disease?” (8). If the answers to these questions were satisfactory, the person in charge of the vessel was given a “Clean Bill of Health”, while unsatisfactory answers merited placement under “Quarantine of Observation” as the passengers and crew were subjected to a “strict purification” (8). The medical superintendent sent any passengers who required treatment for “pestilential or infectious diseases” to the hospital located on the island, and passengers showing less severe illness were treated on board of the vessel. Similarly, upon arrival at the Port of Quebec after passing Grosse Île, a secondary screening was performed by an inspecting physician. If no sickness was found on board, the master of

the vessel was granted a Certificate verifying the healthy state of all passengers. If sickness was found, the inspecting physician sent the vessel back to be detained in quarantine for further inspection (8).

By April 1866, the threat of an incoming cholera outbreak brought the Minister of Agriculture, Thomas D'Arcy McGee, to propose new quarantine regulations in an attempt to close loopholes in past practice (1). Ships to undergo quarantine now included all vessels from outside the colony, and inspection was further systematized through a more thorough questionnaire and record-keeping process. Personnel at the quarantine stations were also awarded more power; the superintendent or his deputy was to be a justice of the peace with a jurisdiction extending for a mile in all directions around the island (1). The *Quarantine Health Act* of 1868, incorporated into Canada's first *Immigration Act* in 1869, expanded "regular quarantine ports" to Halifax and St. John in addition to Grosse Île, as the creation of the Intercolonial Railway rendered New Brunswick and Nova Scotia increasingly important for the disembarkation of immigrants (7,9,10). As the Canadian population grew towards the end of the nineteenth century, immigration law became increasingly more scrupulous, no longer simply excluding the diseased but also selecting for the "desirables" (11). Indeed, pressure to control the influx of immigrants increased with fear of infectious diseases, and specific immigrant groups were blamed for outbreaks. Reports that smallpox arrived on an immigrant train in Winnipeg in 1876, and measles, scarlet fever, diphtheria and leprosy outbreaks throughout Canadian cities brought in by immigrants in the 1890s, all increased antagonism towards immigration, despite no statistical evidence directly relating these groups to the outbreaks. These "loathsome" diseases were often linked to already unpopular groups, confirming suspicions they were not "suitable" for Canada (11).

Infectious diseases were not seen as the only threat to Canadian society during this period, as concern that Europe was sending its unwanted residents to Canada influenced immigration policy as well (11). Quarantine stations were also designed to identify all passengers deemed "Lunatic, Idiotic, Deaf and Dumb, Blind or Infirm, not belonging to any Immigrant family, and such person in, in the opinion of the medical superintendent, likely to become permanently a public charge" (9). Pauperism and disability were viewed as an increasing threat to Canadian society, and fears that immigrants were becoming a public

burden shaped the *Immigration Act* of 1869 (10). The Governor General was charged to "prohibit the landing of pauper or destitute immigrants", while in 1880, an Order in Council barred paupers from entry. Unhealthy children were also viewed as a threat to the public, as many poor immigrant children were described as the "offal of the most depraved characters of the cities of the old country". The House of Commons Select Standing Committee for Agriculture and Colonization thus resolved "to prevent the importation of immigrants, either children or adults, who would be likely to become a burden on our charitable institutions" (11). The Committee recommended a strict medical inspection and certificate of healthiness for all immigrant children, ensuring none suffered from problems related to cardiac disease, vision, hearing, and smallpox, and even went as far as to assess whether children seemed "intellectual" (11). By 1902, the Department of the Interior began to examine all immigrants after passing through quarantine in order to deport those with "loathsome, dangerous, or contagious diseases". By 1904, immigrants were also being examined before they left Britain (11). Indeed, the increasing Canadian population rendered policy more selective of its immigrants' overall health, a trend that was to compound with the growing discourse on eugenic theory (12).

Sanity: Eugenics, Race, and the Mental Hygiene Movement

Eugenics emerged across the Western world at the turn of the twentieth century, embedded in ideas of nationalism and fear of "social suicide" (5). Nineteenth-century industrialization led to the urbanization of societies, creating chaotic, densely populated city environments. Large waves of immigrants entering Canada in the early twentieth century inspired fear that "inferior" families were overtaking the Canadian population as conditions of the First World War allowed Europe to "dump" its diseased and degenerate classes onto Canadian soil (13). With high urban mortality rates and overcrowded asylums increasing public expenditure, as well as the loss of Canada's young and healthy in the First World War, immigration policy began to mirror the fears of the social and intellectual elite regarding the massive influx of immigrants (12). The solution appeared to be stricter immigration laws barring entry or deporting immigrants from specific countries, assisting migration from Britain to preserve Canada's British character, performing more thorough medical inspections, and preventing entry of the "feeble-minded"

in order to ensure the propagation of a physically, intellectually, and mentally fit society (13).

Supported by eugenic theory, the concept of “racial origin” was a major consideration in the selection of immigrants during the early twentieth century. Prior to the 1890s, nearly all immigrants were of British and Irish decent; by the 1920s, these countries accounted for only 54.5 per cent of immigrants (12). Origin statistics in the nineteenth century were primarily used to assess the population numbers of the two founding races—French and English. During the inter-war period, however, racial origin statistics were used as a means to evaluate efforts to attract immigrants from “preferred” countries. Preferred immigrants were considered those better fit to adapt to Canadian society: the British, Dutch, and Nordic over those from Southeast Europe and Asia (12). In addition to being more easily subject to “Canadianization”, those of Germanic and Scandinavian ancestry were believed to be of superior physical and mental health (3). As issues of race and degeneracy became increasingly connected, the immigration system was designed to both select immigrants of desirable nationalities and races and deselect those of undesirable ones (14).

The *Immigration Act* of 1906 contributed to the medicalization of social “fitness”, barring entry of the feeble-minded, idiot, epileptic, insane, or pauper immigrant “likely to become a public charge” (4). Individuals of certain nationalities and races were understood to be disproportionately prone to these deficiencies. Italians, for example, were considered more prone to emotional instability and violent outbursts, while Slavs were more susceptible to feeble-mindedness (14). Similarly, it was believed that Jews were physically inferior and even harmful to society (5). Canadian psychiatrist Charles Kirk Clarke—a central member of the “mental hygiene” movement in the early twentieth century—was largely influenced by the eugenics movement, and thus sought to reduce the hereditary transmission of mental, physical, and behavioural defects (5). As immigrants were believed to contribute disproportionately to the insane and feeble-minded populations, Clarke described the barring of “defect immigrants” as a “preventative medicine” for Canadian society (4). Supported by the theory of degeneracy, immigration restriction of certain nationalities and races thus seemed the solution to this problem.

Proponents of the degeneracy theory and the mental hygiene movement argued that present immigration restrictions were failing, as increasingly larger proportions of asylum and hospital patients were immigrants (4). Asylums consumed almost 20 per cent of Ontario’s provincial budget by the turn of the twentieth century, rendering economic efficiency an increasing concern in public policy debate (5). However, those occupying beds in these public institutions were not only from non-preferred countries; the majority of hospital and asylum inmates were British paupers, thus supporting the *Act’s* exclusion of the poor and destitute. British newcomers were recognized as representing the greatest percentage of mentally defective immigrants. Fearing that their “hereditary taint” would increase asylum admission rates and negatively impact the Canadian race, Clarke and colleagues pushed for limitations on the influx of “diseased” newcomers (5).

Thus, the *Immigration Act* of 1906 provided for the deportation of immigrants proven to be a “charge upon public funds” within two years of Canadian residency. Medical inspectors “skilled in assessing mental health problems” were assigned to inspect asylums and hospitals for resident immigrants, as the systematization and formalization of deportation procedures improved during the first and second decades of the twentieth century (5). From 1906 onwards, the medical deportation of new residents within the first two years in Canada required evidence that the medical problem was also present upon arrival. To avoid this clause, deportations were often explained as due to “public charge”—representing more than one-third of all deportations from 1907 until 1926—thus allowing for the deportation of hospital and asylum inmates without the difficulty of proving medical reasons (15).

Moral Suitability: Moral Regulation and the Foreign Threat

As immigrant populations rose in Canadian cities and notions of eugenics arose in public discourse, social issues such as crime and moral degeneracy gained prominence in the immigration debate. The *Immigration Act* of 1910 included provisions allowing deportation for moral and political unsuitability; the 1910s and 1920s therefore saw a period of deportation and immigration restriction of individuals considered undesirable on the basis of their political beliefs. Furthermore, the “Red scare” anti-

Communist hysteria during this period promoted the inspection of incoming immigrants to detect possible enemy intelligence as well as exclude socialists, leftists, and union activists (15). These illegal activities were sufficient to convict individuals of crime, which was seen as a form of degeneracy due to genealogy (5). In order to deport the “undesirables and communists”, political radicals were often charged as vagrants—cases built by officials’ personal impressions of the accused would-be immigrant (15). Political radicals were therefore often barred from entering as immigrants to Canada out of fear that their ideas threatened not only the safety of Canadian society, but also the moral stability of the generations to come (5).

In addition to exclusion for political beliefs or perceived criminal tendencies, a vast number of Canadian immigrants were targeted for “sexual immorality”, the majority of which were women (4). Prostitutes, for example, were believed to pose a great threat to Canadian society, both as perpetrators of degenerating immorality as well as reservoirs of sexually transmitted infections (14). Immigrants charged with prostitution were considered undesirable and thus candidates for deportation, forced to undergo medical inspection for a doctor’s certificate to support the case. Despite being often found “healthy enough”, prostitutes were considered “likely to spread sexual disorder” and were thus charged as vagrants for deportation (4). Prostitutes were blamed for bringing venereal disease into the homes of Canadian families; in contrast, men seemed immune to charges of sexual immorality, but were instead measured as desirable citizens based on their bread-winning capacity (4). Furthermore, women found unable to align with their female roles were rejected from entry for sexually immoral tendencies, including “hermaphrodites” and “homosexuals”. “Feminism” was viewed as a hormonal deficiency resulting in underdeveloped sexual organs—an explanation for rejection of gender norms and domesticity (14). These conditions were believed to threaten the well-being of Canadian society and were thus used as criteria for immigrant exclusion.

The admission of war brides and displaced persons into Canada after the Second World War exposed a new cohort of women to prejudices in immigration law, as female immigrants were far more likely to be charged with “deviance”, committed to an asylum, or deported on moral grounds (3). By the 1950s, 82 per cent of asylum inmates in British Columbia were deviant women who rejected norms

of femininity, heterosexuality, and domesticity. Deviance threatened women’s ability to conform to Canadian standards of domestic life, and women were instead labelled with psychiatric pathologies treatable by electroshock therapy, insulin-induced comas, cold baths, pills, and lobotomies (3). Pressure from the Immigration Branch to deport inmates and free beds for Canadian citizens promoted more thorough inspection; approximately 600 immigrant inmates were estimated to have been deported between 1946 and 1956, the majority of which were women. Women’s commitment to asylums, treatment as mentally ill, and deportation for moral deviance served as methods of “gender regulation” and “moral quarantine” for the betterment of Canadian society (3).

The exclusion and deportation of Canadian immigrants for moral indigence was largely intertwined with eugenic notions of heredity and racial inferiority, fear of political radicals, and the threat of sexual deviance. Political turmoil during and between the First and Second World Wars promoted hostility towards immigrants with diverging political views, while convicted immigrants were believed to menace Canadian society through the permeating power of their immorality. Similarly, sexually deviant immigrants threatened the natural order of domesticity and health of Canadian families and were pathologized through commitment to asylums and regulated through deportation. By the 1950s, immigration law had developed into a highly restrictive process through selecting immigrants not only deemed physically and mentally fit for Canadian society, but also whose morals appeared to align with Canadian ideals.

Conclusion

The history of immigration policy is evidently susceptible to changes in the Canadian social milieu, with laws often driven by racist sentiments, fear of political radicals, and the perceived threat of the “outsider”. Furthermore, the transforming understanding of human health has also greatly influenced immigration policy. Early fears of the introduction of deadly infectious diseases from other continents drove the establishment of quarantine sites and medical inspections, while developing ideas of the heredity of physical, mental, and moral deficiencies influenced criteria for immigrant exclusion and deportation. It would be difficult to attempt the study of Canadian immigration policy without reference to the

complex and intertwined concepts of sanitation, sanity, and (moral) suitability as standards for immigrant acceptance. As immigration rates continued to rise with the development of Canadian society, so did the use of medical inspection as a central tool for selecting ideal immigrants worthy of “Canadianization”, resulting in the overall medicalization of and discrimination against specific ethnic groups. It thus remains important to recognize Canada’s history of anti-immigrant sentiment in future policy making. While Canadian policies have indeed improved in recent decades, social discrepancies between Canadian-born citizens and new immigrants and refugees continue to plague modern society, emphasizing the importance of extending justice and equality for new citizens beyond fair admission standards into Canada.

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