

1

Disability and the Justification of Inequality in American History

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Since the social and political revolutions of the eighteenth century, the trend in western political thought has been to refuse to take for granted inequalities between persons or groups. Differential and unequal treatment has continued, of course, but it has been considered incumbent on modern societies to produce a rational explanation for such treatment. In recent decades, historians and other scholars in the humanities have studied intensely and often challenged the ostensibly rational explanations for inequalities based on identity—in particular, gender, race, and ethnicity. Disability, however, one of the most prevalent justifications for inequality, has rarely been the subject of historical inquiry.

Disability has functioned historically to justify inequality for disabled people themselves, but it has also done so for women and minority groups. That is, not only has it been considered justifiable to treat disabled people unequally, but the *concept* of disability has been used to justify discrimination against other groups by attributing disability to them. Disability was a significant factor in the three great citizenship debates of the nineteenth and early twentieth centuries: women's suffrage, African American freedom and civil rights, and the restriction of immigration. When categories of citizenship were questioned, challenged, and disrupted, disability was called on to clarify and define who deserved, and who was deservedly excluded from, citizenship. Opponents of political and social equality for women cited their supposed physical, intellectual, and psychological flaws, deficits, and deviations from the male norm. These flaws—irrationality, excessive emotionality, physical weakness—are in essence mental, emotional, and physical disabilities, although they are rarely

discussed or examined as such. Arguments for racial inequality and immigration restrictions invoked supposed tendencies to feeble-mindedness, mental illness, deafness, blindness, and other disabilities in particular races and ethnic groups. Furthermore, disability figured prominently not just in arguments *for* the inequality of women and minorities but also in arguments *against* those inequalities. Such arguments took the form of vigorous denials that the groups in question actually had these disabilities; they were not disabled, the argument went, and therefore were not proper subjects for discrimination. Rarely have oppressed groups denied that disability is an adequate justification for social and political inequality. Thus, while disabled people can be considered one of the minority groups historically assigned inferior status and subjected to discrimination, disability has functioned for all such groups as a sign of and justification for inferiority.

It is this use of disability as a marker of hierarchical relations that historians of disability must demonstrate in order to bring disability into the mainstream of historical study. Over a decade ago, Joan Scott made a similar argument about the difficulty of persuading historians to take gender seriously. Scott noted that despite a substantial number of works on women's history, the topic remained marginal in the discipline as a whole. A typical response to women's history was "Women had a history separate from men's, therefore let feminists do women's history, which need not concern us," or "My understanding of the French Revolution is not changed by knowing that women participated in it." Scott argued that research on the role of women in history was necessary but not sufficient to change the paradigms of the profession. To change the way in which most historians went about their work, feminists had to demonstrate not just that women participated in the making of history but that gender is "a constitutive element of social relationships" and "a primary way of signifying relationships of power."¹

To demonstrate the ubiquity of gender in social thought, Scott focused on political history, a field in which historians were especially apt to argue that gender was unimportant, and where most historians today would imagine disability to be equally so. She chose as an example Edmund Burke's attack on the French Revolution, noting that it was "built around a contrast between ugly, murderous *sans-culottes* hags ('the furies of hell, in the abused shape of the vilest of women') and the soft femininity of Marie-Antoinette." The contrast Scott highlights calls on not only gender but also notions of beauty, disfigurement, and misshapen bodies that would be amenable to an analysis informed by disability. Even more striking, however, is that in addi-

tion to the rhetoric of gender, Burke's argument rested just as fundamentally on a rhetorical contrast between the natural constitution of the body politic and the *monstrous* deformity that the revolution had brought forth. Burke repeatedly referred to "public measures . . . deformed into monsters," "monstrous democratic assemblies," "this monster of a constitution," "unnatural and monstrous activity," and the like (as well as evoking "blind prejudice," actions taken "blindly," "blind followers," and "blind obedience" and alluding to the madness, imbecility, and idiocy of the revolutionary leaders). This rhetoric of monstrosity was by no means peculiar to the conservative cause. Tom Paine, in his response to Burke, also found the monster metaphor an apt and useful one but turned it around: "Exterminate the monster aristocracy," he wrote.²

The metaphor of the natural versus the monstrous was a fundamental way of constructing social reality in Burke's time. By the late nineteenth and early twentieth centuries, however, the concept of the natural was to a great extent displaced or subsumed by the concept of normality.³ Since then, normality has been deployed in all aspects of modern life as a means of measuring, categorizing, and managing populations (and resisting such management). Normality is a complex concept, with an etiology that includes the rise of the social sciences, the science of statistics, and industrialization with its need for interchangeable parts and interchangeable workers. It has been used in a remarkable range of contexts and with a bewildering variety of connotations. The natural and the normal both are ways of establishing the universal, unquestionable good and right. Both are also ways of establishing social hierarchies that justify the denial of legitimacy and certain rights to individuals or groups. Both are constituted in large part by being set in opposition to culturally variable notions of disability—just as the natural was meaningful in relation to the monstrous and the deformed, so are the cultural meanings of the normal produced in tandem with disability.⁴

The concept of normality in its modern sense arose in the mid-nineteenth century in the context of a pervasive belief in progress. It became a culturally powerful idea with the advent of evolutionary theory. The ideal of the natural had been a static concept for what was seen as an essentially unchanging world, dominant at a time when "the book of nature" was represented as the guidebook of God. The natural was good and right because it conformed to the intent or design of Nature or the Creator of nature. Normality, in contrast, was an empirical and dynamic concept for a changing and progressing world, the premise of which was that one could discern in

human behavior the direction of human evolution and progress and use that as a guide. The ascendance of normality signaled a shift in the locus of faith from a God-centered to a human-centered world, from a culture that looked within to a core and backward to lost Edenic origins toward one that looked outward to behavior and forward to a perfected future.

Just as the counterpart to the natural was the monstrous, so the opposite of the normal person was the defective. Although normality ostensibly denoted the average, the usual, and the ordinary, in actual usage it functioned as an ideal and excluded only those defined as *below* average. “Is the child normal?” was never a question that expressed fear about whether a child had *above*-average intelligence, motor skills, or beauty. Abnormal signified the *subnormal*.⁵ In the context of a pervasive belief that the tendency of the human race was to improve itself constantly, that barring something out of the ordinary humanity moved ever upward away from its animal origins and toward greater perfection, normality was implicitly defined as that which advanced progress (or at least did not impede it). Abnormality, conversely, was that which pulled humanity back toward its past, toward its animal origins.

As an evolutionary concept, normality was intimately connected to the western notion of progress. By the mid-nineteenth century, nonwhite races were routinely connected to people with disabilities, both of whom were depicted as evolutionary laggards or throwbacks. As a consequence, the concept of disability, intertwined with the concept of race, was also caught up in ideas of evolutionary progress. Physical or mental abnormalities were commonly depicted as instances of atavism, reversions to earlier stages of evolutionary development. Down’s syndrome, for example, was called Mongolism by the doctor who first identified it in 1866 because he believed the syndrome to be the result of a biological reversion by Caucasians to the Mongol racial type. Teachers of the deaf at the end of the century spoke of making deaf children more like “normal” people and less like savages by forbidding them the use of sign language, and they opposed deaf marriages with a rhetoric of evolutionary progress and decline. Recent work on late-nineteenth century freak shows has highlighted how disability and race intersected with an ideology of evolutionary hierarchy. James W. Trent argued in a recent article that at the 1904 World’s Fair, displays of “defectives” alongside displays of “primitives” signaled similar and interconnected classification schemes for both defective individuals and defective races. Both were placed in hierarchies constructed on the basis of whether they were seen as “improvable” or not—capable of being educated, cured, or civilized. Whether it was individual

atavism or a group's lack of evolutionary development, the common element in all was the presence or attribution of disability.⁶

Disability arguments were prominent in justifications of slavery in the early to mid-nineteenth century and of other forms of unequal relations between white and black Americans after slavery's demise. The most common disability argument for slavery was simply that African Americans lacked sufficient intelligence to participate or compete on an equal basis in society with white Americans. This alleged deficit was sometimes attributed to physical causes, as when an article on the "diseases and physical peculiarities of the negro race" in the *New Orleans Medical and Surgical Journal* helpfully explained, "It is this defective hematosis, or atmospherization of the blood, conjoined with a deficiency of cerebral matter in the cranium, and an excess of nervous matter distributed to the organs of sensation and assimilation, that is the true cause of that debasement of mind, which has rendered the people of Africa unable to take care of themselves." Diseases of blacks were commonly attributed to "inferior organisms and constitutional weaknesses," which were claimed to be among "the most pronounced race characteristics of the American negro." While the supposedly higher intelligence of "mulattos" compared to "pure" blacks was offered as evidence for the superiority of whites, those who argued against "miscegenation" claimed to the contrary that the products of "race-mixing" were themselves less intelligent and less healthy than members of either race in "pure" form.⁷ A medical doctor, John Van Evrie of New York, avowed that the "disease and disorganization" in the "abnormal," "blotched, deformed" offspring of this "monstrous" act "could no more exist beyond a given period than any other physical degeneration, no more than tumors, cancers, or other abnormal growths or physical disease can become permanent." Some claimed greater "corporeal vigor" for "mixed offspring" but a deterioration in "moral and intellectual endowments," while still others saw greater intelligence but "frailty," "less stamina," and "inherent physical weakness."⁸

A second line of disability argument was that African Americans, because of their inherent physical and mental weaknesses, were prone to become disabled under conditions of freedom and equality. A New York medical journal reported that deafness was three times more common and blindness twice as common among free blacks in the North compared to slaves in the South. John C. Calhoun, senator from South Carolina and one of the most influential spokesmen for the slave states, thought it a powerful argument in defense of slavery that the "number of deaf and dumb, blind, idiots, and

insane, of the negroes in the States that have changed the ancient relation between the races” was seven times higher than in the slave states.⁹

While much has been written about the justification of slavery by religious leaders in the South, more needs to be said about similar justifications by medical doctors. Dr. Samuel Cartwright, in 1851, for example, described two types of mental illness to which African Americans were especially subject. The first, Drapetomania, a condition that caused slaves to run away—“as much a disease of the mind as any other species of mental alienation”—was common among slaves whose masters had “made themselves too familiar with them, treating them as equals.” The need to submit to a master was built into the very bodies of African Americans, in whom “we see ‘*genu flexit*’ written in the physical structure of his knees, being more flexed or bent, than any other kind of man.” The second mental disease peculiar to African Americans, Dysaesthesia Aethiopsis—a unique ailment differing “from every other species of mental disease, as it is accompanied with physical signs or lesions of the body”—resulted in a desire to avoid work and generally to cause mischief. It was commonly known to overseers as “rascality.” Its cause, similar to that of Drapetomania, was a lack of firm governance, and it was therefore far more common among free blacks than among slaves—indeed, nearly universal among them—although it was a “common occurrence on badly-governed plantations” as well.¹⁰

Dr. Van Evrie also contributed to this line of thought when he wrote in the 1860s that education of African Americans came “at the expense of the body, shortening the existence” and resulted in bodies “dwarfed or destroyed” by the unnatural exertion. “An ‘educated negro,’ like a ‘free negro,’ is a social monstrosity, even more unnatural and repulsive than the latter.” He argued further that, since they belonged to a race inferior by nature, *all* blacks were necessarily inferior to (nearly) *all* whites. It occasionally happened that a particular white person might not be superior to all black people because of a condition that “deforms or blights individuals; they may be idiotic, insane, or otherwise incapable.” But these unnatural exceptions to the rule were “the result of human vices, crimes, or ignorance, immediate or remote.” Only disability might lower a white person in the scale of life to the level of a being of a marked race.¹¹

By the turn of the century, medical doctors were still arguing that African Americans were disabled by freedom and therefore in need of greater oversight. J. F. Miller, writing in the *North Carolina Medical Journal*, thought it important to inquire whether “the effect of freedom upon the mental and

physical health of the negroes of the South” had been “damaging or otherwise.” His conclusion was that there were “more congenital defects” and a dramatic increase in mental illness and tuberculosis, which supposedly had been rare among enslaved African Americans. Freedom, for which the African American’s weak mind and constitution were ill suited, had brought to the former slave “a beautiful harvest of mental and physical degeneration and he is now becoming a martyr to an heredity thus established.”¹²

While these arguments were often contradictory, incoherent, or simply ludicrous, disability was central to all of them. If freedom for African Americans was undesirable and slavery good, then it was sufficient to note that free blacks were more likely than slaves to be disabled. The decisive argument for miscegenation being morally wrong or socially injurious was that it produced disability. The contention had to be countered, and no argument on other grounds could trump it. Samuel Forry, for example, writing in the *New York Journal of Medicine* in 1844, noted that the supposedly higher rates of insanity among free blacks compared to slaves had been “seized upon by journals devoted to the peculiar institutions of the Southern States, as a powerful argument.” Forry retorted, first, that the census did not allow a reliable comparison of deafness, blindness, idiocy, and insanity in free and enslaved blacks and, second, that even were it the case that free blacks in the North suffered more disability than slaves, slavery and freedom might not be the determinants. Instead, perhaps “the whole constitution of the black is adapted to a tropical region,” and their mental and physical health was therefore bound to suffer in the northern climate.¹³ The argument that a people might be enslaved to protect them from disability he left unchallenged.

Race and disability intersected in the concept of the normal, as both prescription and description. American blacks, for example, were said to flourish in their “normal condition” of slavery, while the “‘free’ or abnormal negro” inevitably fell into illness, disability, and eventually extinction. The hierarchy of races was itself depicted as a continuum of normality. Just as medical textbook illustrations compared the normal body with the abnormal, so social science textbooks illustrated the normal race and the abnormal ones. Arnold Guyot, in his 1873 textbook *Physical Geography*, under the heading “The White Race the Normal, or Typical, Race,” compared the beauty, regularity of features, and “harmony in all the proportions of the figure” of the white race with those who have “gradually deviated” from the normal ideal. Similarly, Dr. John C. Nott, writing in the *American Journal of Medical Sciences* in 1843, invited the reader to “look first upon the Caucasian female with her rose and lily skin, silky hair,

Venus form, and well chiseled features—and then upon the African wench with her black and odorous skin, woolly head and animal features—and compare their intellectual and moral qualities, and their whole anatomical structure.” He added for good measure that the American Indian “has many peculiarities which are just as striking.” In nineteenth-century freak shows, where disability and race intersected to illustrate familiar narratives of evolutionary progress, disabled adults were displayed as less-evolved creatures from far-off jungles. P. T. Barnum promoted his American Museum exhibit “What Is It?” as the “missing link” between human and animal, a “man-monkey.” At least two different men played the role: a white actor with unusually short legs of uneven length and a mentally retarded black man with microcephaly who later became known by the stage name Zip. The presence of disability in both cases, in addition to race in one of them, was in effect the costume that signified the role of “subhuman.”¹⁴

It is not new to point out that images of American blacks have commonly shown them with exaggerated lips, amusingly long or bowed legs, grotesquely big feet, bad posture, missing teeth, crossed or bulging eyes, and otherwise deformed bodies. At least since 1792, when Benjamin Rush explained that the skin color of Africans was due to their suffering from congenital leprosy, black skin itself has been treated as anomalous, a defect and a disfigurement, something akin to an all-body birthmark and often a sign of sin or degeneracy. Advertisements for soap in the nineteenth century often played on this idea of dark skin as defect with, for example, a pink cheeked child asking an African American child, “Why doesn’t your mamma wash you with Fairy Soap?”¹⁵ Another advertisement told a tale of children who were bathed daily, “Because their mother did believe/That white they could be made/So on them with a scrubbing brush/Unmerciful she laid.” The mother’s efforts were fruitless until she found the right brand of soap: “Sweet and clean her sons became/it’s true, as I’m a workman/And both are now completely white, Washed by this soap of Kirkman.”¹⁶ Dreydoppel Soap told a similar story of an African American boy (“A mite of queer humanity/As dark as a cloudy night”) who scrubbed himself with acids, fasted, took sulfur baths, and “sampled all the medicine that ever was made or brewed” in the attempt to cure his unfortunate skin color. “He built an air-tight sweat box with the/Hope that he would bleach/The sweat poured down in rivers/but the Black stuck like a leech.” That is, until he discovered Dreydoppel soap: “One trial was all he needed/Realized was his fondest hope/His face was white as white could be/There’s nothing like Dreydoppel Soap.”¹⁷

Daryl Michael Scott has described how both conservatives and liberals have long used an extensive repertory of “damage imagery” to describe African Americans. Conservatives “operated primarily from within a biological framework and argued for the innate inferiority of people of African descent” in order to justify social and political exclusion. Liberals maintained that social conditions were responsible for black inferiority and used damage imagery to argue for inclusion and rehabilitation; but regardless of their intentions, Scott argues, liberal damage imagery “reinforced the belief system that made whites feel superior in the first place.” Both the “contempt and pity” of conservatives and liberals—a phrase that equally well describes historically prevalent attitudes toward disabled people—framed Americans of African descent as defective. Scott cites the example of Charles S. Johnson, chair of the social science department and later president of Fisk University, who told students in a 1928 speech that “the sociologists classify Negroes with cripples, persons with recognized physical handicaps.” Like Johnson, Scott is critical of the fact that “African Americans were often lumped with the ‘defective,’ ‘delinquent,’ and dependent classes.” This is obviously a bad place to be “lumped.” Scott does not ask, however, why that might be the case.¹⁸ The attribution of disease or disability to racial minorities has a long history. Yet, while many have pointed out the injustice and perniciousness of attributing these qualities to a racial or ethnic group, little has been written about why these attributions are such powerful weapons for inequality, why they were so furiously denied and condemned by their targets, and what this tells us about our attitudes toward disability.

During the long-running debate over women’s suffrage in the nineteenth and early twentieth centuries, one of the rhetorical tactics of suffrage opponents was to point to the physical, intellectual, and psychological flaws of women, their frailty, irrationality, and emotional excesses. By the late nineteenth century, these claims were sometimes expressed in terms of evolutionary progress; like racial and ethnic minorities, women were said to be less evolved than white men, their disabilities a result of lesser evolutionary development. Cynthia Eagle Russett has noted that “women and savages, together with idiots, criminals, and pathological monstrosities [those with congenital disabilities] were a constant source of anxiety to male intellectuals in the late nineteenth century.”¹⁹ What all shared was an evolutionary inferiority, the result of arrested development or atavism.

Paralleling the arguments made in defense of slavery, two types of disability argument were used in opposition to women’s suffrage: that women had

disabilities that made them incapable of using the franchise responsibly, and that because of their frailty women would become disabled if exposed to the rigors of political participation. The American anti-suffragist Grace Goodwin, for example, pointed to the “great temperamental disabilities” with which women had to contend: “woman lacks endurance in things mental. . . . She lacks nervous stability. The suffragists who dismay England are nerve sick women.” The second line of argument, which was not incompatible with the first and often accompanied it, went beyond the claim that women’s flaws made them incapable of exercising equal political and social rights with men to warn that if women were given those rights, disability would surely follow. This argument is most closely identified with Edward Clarke, author of *Sex in Education; or, A Fair Chance for Girls*. Clarke’s argument chiefly concerned education for women, though it was often applied to suffrage as well. Clarke maintained that overuse of the brain among young women was in large part responsible for the “numberless pale, weak, neuralgic, dyspeptic, hysterical, menorrhagic, dysmenorrhoeic girls and women” of America. The result of excessive education in this country was “bloodless female faces, that suggest consumption, scrofula, anemia, and neuralgia.” An appropriate education designed for their frail constitutions would ensure “a future secure from neuralgia, uterine disease, hysteria, and other derangements of the nervous system.”²⁰

Similarly, Dr. William Warren Potter, addressing the Medical Society of New York in 1891, suggested that many a mother was made invalid by inappropriate education: “her reproductive organs are dwarfed, deformed, weakened, and diseased, by artificial causes imposed upon her during their development.”²¹ Dr. A. Laphorn Smith asserted in *Popular Science Monthly* that educated women were increasingly “sick and suffering before marriage and are physically disabled from performing physiological functions in a normal manner.” Antisuffragists likewise warned that female participation in politics invariably led to “nervous prostration” and “hysteria,” while Dr. Almroth E. Wright noted the “fact that there is mixed up with the woman’s movement much mental disorder.” A prominent late nineteenth-century neurophysiologist, Charles L. Dana, estimated that enfranchising women would result in a 25 percent increase in insanity among them and “throw into the electorate a mass of voters of delicate nervous stability . . . which might do injury to itself without promoting the community’s good.” The answer for Clarke, Potter, and others of like mind was special education suited to women’s special needs. As with disabled people today, women’s so-

cial position was treated as a medical problem that necessitated separate and special care. Those who wrote with acknowledged authority on the “woman question” were doctors. As Clarke wrote, the answer to the “problem of woman’s sphere . . . must be obtained from physiology, not from ethics or metaphysics.”²²

While historians have not overlooked the use of disability to deny women’s rights, they have given their attention entirely to gender inequality and not at all to the construction and maintenance of cultural hierarchies based on disability. Lois Magner has described how women were said to bear the “onerous functions of the female,” which incapacitated them for “active life” and produced a “mental disability that rendered women unfit” for political engagement. Nancy Woloch has noted that a “major antisuffragist point was that women were physically, mentally, and emotionally incapable of duties associated with the vote. Lacking rationality and sound judgment, they suffered from ‘logical infirmity of mind.’ . . . Unable to withstand the pressure of political life, they would be prone to paroxysms of hysteria.” Aileen Kraditor, in her intellectual history of the women’s suffrage movement, wrote that antisuffragists “described woman’s physical constitution as too delicate to withstand the turbulence of political life. Her alleged weakness, nervousness, and proneness to fainting would certainly be out of place in polling booths and party conventions.” On the one hand, this was of course an unfounded stereotype deserving of ridicule, as Kraditor’s ironic tone suggests. On the other hand, just as it was left unchallenged at the time, historians today leave unchallenged the notion that weakness, nervousness, or proneness to fainting might legitimately disqualify one for suffrage.²³

Disability figured not just in arguments *for* the inequality of women and minorities but also in arguments *against* those inequalities. Suffragists rarely challenged the notion that disability justified political inequality and instead disputed the claim that women suffered from these disabilities. Their arguments took three forms: one, women were not disabled and therefore deserved the vote; two, women were being erroneously and slanderously classed with disabled people, with those who were legitimately denied suffrage; and three, women were not naturally or inherently disabled but were *made* disabled by inequality—suffrage would ameliorate or cure these disabilities.

References to the intelligence and abilities of women, countering the imputations of female inferiority, pervaded suffrage rhetoric. Although more common later in the century, this form of argument was already in evidence in 1848 at the Seneca Falls Woman’s Rights Convention. Delegates resolved

that “the equality of human rights results necessarily from the fact of the identity of the race in capabilities and responsibilities,” and further, that “being invested by the Creator with the same capabilities . . . it is demonstrably the right and duty of woman” to participate in public political life. Rebecca M. Sandford avowed, “Our intellect is as capable as man’s to assume, and at once to hold, these rights . . . for if we did not believe it, we would not contend for them.” Frederick Douglass proclaimed that “the true basis of rights was the capacity of individuals.”²⁴ The converse of their premise that equality in capacity justified political equality, was a warrant too basic to be considered explicitly: differences in capacity, if present, would be justification for political inequality.

A second powerful and recurrent rhetorical device for suffragists was to charge that women were wrongly categorized with those legitimately excluded from political life. A popular theme in both British and American suffrage posters was to depict a thoughtful-looking woman, perhaps wearing the gown of a college graduate, surrounded by slope-browed, wild-eyed, or “degenerate” men identified implicitly or explicitly as “idiots” and “lunatics.” The caption might read, “Women and her Political Peers,” or, “It’s time I got out of this place. Where shall I find the key?” Echoing this theme, suffrage supporter George William Curtis rhetorically asked a New York constitutional convention in 1867 why women should be classed with “idiots, lunatics, persons under guardianship and felons,” and at the national Woman Suffrage Convention in 1869, Elizabeth Cady Stanton protested that women were “thrust outside the pale of political consideration with minors, paupers, lunatics, traitors, [and] idiots.”²⁵

These challenges directly confronted the euphemisms used by the antisuffragists, whose attributions of mental and psychological inferiority to women were couched in less direct language. Antisuffragists were wont to counter that it was “a noble sort of disfranchisement” that women enjoyed, “something wholly different from the disfranchisement of the pauper, the criminal, the insane. . . . These are set aside as persons not human; women are absolved as constituting a higher class. There is a very real distinction between being placed among the beasts, and being placed among the ‘ministering angels.’”²⁶ The suffragist answer to these sentimental claims made clear that the antisuffrage argument was rooted in the attribution of disability.

Suffragists did on occasion take issue with the argument that rights rested on capacity. Lucretia Mott, speaking at Seneca Falls, conceded that “woman’s intellect may be feeble, because she had been so long crushed; but

is that any reason why she should be deprived of her equal rights? Does one man have fewer rights than another because his intellect is inferior? If not, why should woman?" But she immediately undercut the point by avowing, "Let woman arise and demand her rights, and in a few years we shall see a different mental development." Charlotte Perkins Gilman was the most prominent of those who argued that women's capacities had been stunted over time by restricted activity, which had come to represent a genetic inheritance that could be undone only by access to an unfettered social and political life. Matilda Gage similarly suggested that "obedience to outside authority to which woman has everywhere been trained, has not only dwarfed her capacity, but made her a retarding force in civilization."²⁷ These arguments were an implicit acknowledgment that capacity was indeed relevant to the question of rights. They are also examples of the third variant on the suffrage disability argument, that women were disabled by exclusion from political equality. This argument answered the antisuffrage accusation that women were inherently and unchangeably disabled with the claim that, given equal rights, they would attain equality in capacity. Like the antisuffrage position, it was a powerful argument precisely because of the cultural power of disability to discredit.

Ethnicity also has been defined by disability. One of the fundamental imperatives in the initial formation of American immigration policy at the end of the nineteenth century was the exclusion of disabled people. Beyond the targeting of disabled people, the concept of disability was instrumental in crafting the image of the undesirable immigrant. The first major federal immigration law, the Act of 1882, prohibited entry to any "lunatic, idiot, or any person unable to take care of himself or herself without becoming a public charge." Those placed in the categories "lunatic" and "idiot" were automatically excluded. The "public charge" provision was intended to encompass people with disabilities more generally and was left to the examining officer's discretion. The criteria for excluding disabled people were steadily tightened as the eugenics movement and popular fears about the decline of the national stock gathered strength. The Act of 1891 replaced the phrase "*unable* to take care of himself or herself without becoming a public charge," with "*likely* to become a public charge." The 1907 law then denied entry to anyone judged "mentally or physically defective, such mental or physical defect being of a nature which *may affect* the ability of such alien to earn a living." These changes considerably lowered the threshold for exclusion and expanded the latitude of immigration officials to deny entry.²⁸

The category of persons *automatically* excluded was also steadily expanded. In 1903, people with epilepsy were added and, in addition to those judged insane, “persons who have been insane within five years previous [or] who have had two or more attacks of insanity at any time previously.” This was reduced to one “attack” in the 1917 law; the classification of “constitutional psychopathic inferiority” was also added, which inspection regulations described as including “various unstable individuals on the border line between sanity and insanity . . . and persons with abnormal sex instincts.”²⁹ This was the regulation under which, until recently, gays and lesbians were excluded. One of the significant factors in lifting this ban, along with other forms of discrimination against gays and lesbians, was the decision by the American Psychiatric Association in 1973 to remove homosexuality from its list of mental illnesses. That is, once gays and lesbians were declared not to be disabled, discrimination became less justifiable.

Legislation in 1907 added “imbeciles” and “feeble-minded persons” to the list, in addition to “idiots,” and regulations for inspectors directed them to exclude persons with “any mental abnormality whatever . . . which justifies the statement that the alien is mentally defective.” These changes encompassed a much larger number of people and again granted officials considerably more discretion to judge the fitness of immigrants for American life. Fiorello H. LaGuardia, who worked his way through law school as an interpreter at Ellis Island, later wrote that “over fifty percent of the deportations for alleged mental disease were unjustified,” based as they often were on “ignorance on the part of the immigrants or the doctors and the inability of the doctors to understand the particular immigrant’s norm, or standard.”³⁰

The detection of physical disabilities was a major aspect of the immigration inspector’s work. The Regulations for the medical inspection of immigrants in 1917 included a long list of diseases and disabilities that could be cause for exclusion, among them arthritis, asthma, bunions, deafness, deformities, flat feet, heart disease, hernia, hysteria, poor eyesight, poor physical development, spinal curvature, vascular disease of the heart, and varicose veins. A visiting physician in 1893, when admission standards were still relatively liberal, described the initial inspection: “If a man has a hand done up, or any physical injury in any way . . . , or if a person has but one leg or one arm, or one eye, or there is any physical or mental defect, if the person seems unsteady and in any way physically incapacitated to earn his livelihood, he is passed to one side to be examined later.”³¹ An immigration official later recalled a young Italian couple who would have been deported (the man had a

“game leg” that required use of a crutch) had not a wealthy philanthropist visiting Ellis Island taken an interest in the couple and intervened, guaranteeing that they would not become a public charge.³²

In short, the exclusion of disabled people was central to the laws and the work of the immigration service. As the Commissioner General of Immigration reported in 1907, “The exclusion from this country of the morally, mentally, and physically deficient is the principal object to be accomplished by the immigration laws.” Once the laws and procedures limiting the entry of disabled people were firmly established and functioning well, attention turned to limiting the entry of undesirable ethnic groups. Discussion on this topic often began by pointing to the general public agreement that the laws excluding disabled people had been a positive, if insufficient, step. In 1896, for example, Francis Walker noted in the *Atlantic Monthly* that the necessity of “straining out” immigrants who were “deaf, dumb, blind, idiotic, insane, pauper, or criminal” was “now conceded by men of all shades of opinion”; indeed there was a widespread “resentment at the attempt of such persons to impose themselves upon us.” As one restrictionist wrote, the need to exclude the disabled was “self evident.”³³

For the more controversial business of defining and excluding undesirable ethnic groups, however, restrictionists found the *concept* of disability to be a powerful tool. That is, while people with disabilities constituted a distinct category of persons unwelcome in the United States, the charge that certain ethnic groups were mentally and physically deficient was instrumental in arguing for *their* exclusion. The belief that discriminating on the basis of disability was justifiable in turn helped justify the creation of immigration quotas based on ethnic origin. The 1924 Immigration Act instituted a national quota system that severely limited the numbers of immigrants from southern and eastern Europe, but long before that, disabilities stood in for nationality. Superintendents of institutions, philanthropists, immigration reformers, and politicians had been warning for decades before 1924 that immigrants were disproportionately prone to be mentally defective—up to half the immigrants from southern and eastern Europe were feeble-minded, according to expert opinion.

³⁴ Rhetoric about “the slow-witted Slav,” the “neurotic condition of our Jewish immigrants,” and, in general, the “degenerate and psychopathic types, which are so conspicuous and numerous among the immigrants,” was pervasive in the debate over restriction.³⁵ The laws forbidding entry to the feeble-minded were motivated in part by the desire to limit immigration from inferior nations, and conversely, it was assumed that the 1924 act would reduce the

number of feebleminded immigrants. The issues of ethnicity and disability were so intertwined in the immigration debate as to be inseparable.

Arguments for immigration restriction often emphasized the inferior appearance of immigrants, and here also ethnicity and disability overlapped and intertwined. Disability scholars have emphasized the uncertain and shifting line between an impairment of appearance and one of function. Martin Pernick, for example, has described the importance of aesthetics in eugenics literature—how fitness was equated with beauty and disability with ugliness. Lennard Davis has maintained that disability presents itself “through two main modalities—function and appearance.” Restrictionists often emphasized the impaired appearance of immigrants. An Ellis Island inspector claimed that “no one can stand at Ellis Island and see the physical and mental wrecks who are stopped there . . . without becoming a firm believer in restriction.”³⁶ A proponent of restriction avowed, “To the practised eye, the physiognomy of certain groups unmistakably proclaims inferiority of type.” When he observed immigrants, he saw that “in every face there was something wrong . . . There were so many sugar-loaf heads, moon-faces, slit mouths, lantern-jaws, and goose-bill noses that one might imagine a malicious jinn had amused himself by casting human beings in a set of skewmolds discarded by the Creator.” Most new immigrants were physically inadequate in some way: “South Europeans run to low stature. A gang of Italian navvies filing along the street present, by their dwarfishness, a curious contrast to other people. The Portuguese, the Greeks, and the Syrians are, from our point of view, undersized. The Hebrew immigrants are very poor in physique . . . the polar opposite of our pioneer breed.”³⁷

The initial screening of immigrants was mostly a matter of detecting visible abnormality. Inspectors, who prided themselves on their ability to make a “snapshot diagnosis,” had only a few seconds to detect the signs of disability or disease as immigrants streamed past them in single file. Inspection regulations specified that “each individual should be seen first at rest and then in motion,” in order to detect “irregularities in movement” and “abnormalities of any description.” If possible, inspectors watched immigrants as they carried their luggage up stairs to see if “the exertion would reveal deformities and defective posture.”³⁸ As one inspector wrote, “It is no more difficult to detect poorly built, defective or broken down human beings than to recognize a cheap or defective automobile. . . . The wise man who really wants to find out all he can about an automobile or an immigrant, will want to see both in action, performing as well as at rest.”³⁹

For most immigrants, a normal appearance meant a quick, uneventful passage through the immigration station. An abnormal appearance, however, meant a chalked letter on the back: “L for lameness, K for hernia, G for goiter, X for mental illness,” and so on.⁴⁰ Once chalked, a closer inspection was required. The inspection then would be general, not confined to the abnormality that set them apart, which meant that visibly disabled people—as well as those whose ethnic appearance was abnormal to the inspectors—were more likely to be set apart for close examination and therefore were also more likely to have other problems discovered and to be excluded.

Aesthetic and eugenic considerations were at least as important as concerns about the functional limitations of disabled immigrants. For example, on June 30, 1922, Israel Raskin was refused entry to the United States as “physically defective and likely to become a public charge.” The diagnosis on the medical certificate was “lack of sexual development which may affect his ability to earn a living.” The United States Surgeon General explained that the diagnosis warranted exclusion because “these persons present bad economic risks . . . due to the fact that their abnormality soon becomes known to their associates who make them the butt of coarse jokes to their own despair, and to the impairment of the work in hand.” Since this was “recognized pretty generally among employers, it is difficult for these unfortunates to get or retain jobs, their facial and bodily appearance, at least in adult life, furnishing a patent advertisement of their condition.”⁴¹

Medical exclusions on the basis of “poor physique” and “lack of physical development” began to appear around the turn of the century. The immigration service defined it as covering individuals “who have frail frame, flat chest, and are generally deficient in muscular development,” or those who are “undersized—markedly of short stature—dwarf.”⁴² In part, this diagnosis represented a judgment of employability, and in part it was a eugenic judgment. Both concerns were expressed in a letter from the Bureau of Immigration, which explained that “a certificate of this nature implies that the alien concerned is afflicted with a body but illy adapted . . . to the work necessary to earn his bread.” The diagnosis further indicated that the immigrant was “undersized, poorly developed [and] physically degenerate, and as such, not only unlikely to become a desirable citizen, but also very likely to transmit his undesirable qualities to his offspring, should he unfortunately for the country in which he is domiciled, have any.”⁴³

As one medical officer explained it, the “immigrant of poor physique is not able to perform rough labor, and *even if he were able*, employers of labor

would not hire him.”⁴⁴ The belief that an immigrant with a disability was unfit to work was justification for exclusion; but the belief that an immigrant was *likely to encounter discrimination* because of a disability was equally justification for exclusion. The disability that justified exclusion in these cases was largely or entirely a matter of an abnormal appearance that might invite employment discrimination.

The laws excluding disabled immigrants could be used by inspectors to target particular ethnic groups. The Hebrew Sheltering and Immigrant Aid Society in New York expressed concern in 1909 that the “lack of physical development” diagnosis was “constantly increasing” and being applied to Jewish immigrants disproportionately. An investigation by the Jewish Immigrants’ Information Bureau in 1910 discovered that an inspector in Galveston was using the diagnosis to discriminate against Jewish immigrants. Nationality and disability might be implicitly linked in anti-immigration rhetoric, as when William Green, president of the American Federation of Labor, argued that quotas were “necessary to the preservation of our national characteristics and to our physical and our mental health.”⁴⁵ They also were explicitly connected, as when a New York Supreme Court justice worried that the new immigrants were “adding to that appalling number of our inhabitants who handicap us by reason of their mental and physical disabilities.”⁴⁶

Historians have scrutinized the attribution of mental and physical inferiority based on race and ethnicity, but only to condemn the slander. With their attention confined to ethnic stereotypes, they have largely ignored what the attribution of disability might also tell us about attitudes toward disabled people. Racial and ethnic prejudice is exposed while prejudice against people with disabilities is passed over as insignificant and understandable. As a prominent advocate of restriction wrote in 1930, “The necessity of the exclusion of the crippled, the blind, those who are likely to become public charges, and, of course, those with a criminal record is self evident.”⁴⁷ The necessity has been treated as self-evident by historians as well, so much so that even the possibility of discrimination against people with disabilities in immigration law has gone unrecognized. In historical accounts, disability is present but rendered invisible or insignificant. While it is certain that immigration restriction rests in good part on a fear of “strangers in the land,” in John Higham’s phrase, American immigration restriction at the turn of the century was also clearly fueled by a fear of *defectives* in the land.

Still today, women and other groups who face discrimination on the basis of identity respond angrily to accusations that they might be characterized

by physical, mental, or emotional disabilities. Rather than challenging the basic assumptions behind the hierarchy, they instead work to remove themselves from the negatively marked categories—that is, to disassociate themselves from those people who “really are” disabled—knowing that such categorization invites discrimination. For example, a recent proposal in Louisiana to permit pregnant women to use parking spaces reserved for people with mobility impairments was opposed by women’s organizations. A lobbyist for the Women’s Health Foundation said, “We’ve spent a long time trying to dispel the myth that pregnancy is a disability, for obvious reasons of discrimination.” She added, “I have no problem with it being a courtesy, but not when a legislative mandate provides for pregnancy in the same way as for disabled persons.”⁴⁸ To be associated with disabled people or with the accommodations accorded disabled people is stigmatizing.

Even disabled people have used this strategy to try to deflect discrimination. Rosemarie Garland Thomson notes that “disabled people also often avoid and stereotype one another in attempting to normalize their own social identities.” Deaf people throughout the twentieth century have rejected the label of disability, knowing its dangers; and the tendency of those with less-stigmatized disabilities to distance themselves from those with more highly stigmatized disabilities is a common phenomenon. In 1918, the associate director of what was known as the “Cleveland Cripple Survey” reported that some of those surveyed “were amazed that they should be considered cripples, even though they were without an arm or leg, or perhaps seriously crippled as a result of infantile paralysis. They had never considered themselves handicapped in any way.”⁴⁹

This common strategy for attaining equal rights, which seeks to distance one’s own group from imputations of disability and therefore tacitly accepts the idea that disability is a legitimate reason for inequality, is perhaps one of the factors responsible for making discrimination against people with disabilities so persistent and the struggle for disability rights so difficult. As Harlan Hahn has noted, “Unlike other disadvantaged groups, citizens with disabilities have not yet fully succeeded in refuting the presumption that their subordinate status can be ascribed to an innate biological inferiority.”⁵⁰ If Hahn is perhaps too optimistic about the extent to which women and minority groups have managed to do away with such presumptions, nevertheless it is true that such views are no longer an accepted part of public discourse. Yet the same views regarding disability are still espoused widely and openly.

Disability is everywhere in history, once you begin looking for it, but conspicuously absent in the histories we write. When historians do take note of disability, they usually treat it merely as personal tragedy or an insult to be deplored and a label to be denied, rather than as a cultural construct to be questioned and explored. Those of us who specialize in the history of disability, like the early historians of other minority groups, have concentrated on writing histories of disabled people and the institutions and laws associated with disability. This is necessary and exciting work. It is through this work that we are building the case that disability is culturally constructed rather than natural and timeless—that disabled people have a history, and a history worth studying. Disability, however, more than an identity, is a fundamental element in cultural signification and indispensable for *any* historian seeking to make sense of the past. It may well be that all social hierarchies have drawn on culturally constructed and socially sanctioned notions of disability. If this is so, then there is much work to do. It is time to bring disability from the margins to the center of historical inquiry.

NOTES

1. Joan Scott, "Gender: A Useful Category of Historical Analysis," *American Historical Review* 91 (December 1986): 1053–75.
2. Edmund Burke, *Reflections on the Revolution in France* ("Books-on-Line" Internet edition—gopher://gopher.vt.edu:10010/02/55/1): for rhetoric of monstrosity, see 13–14, 63, 118–19, 261, 355, 384, 396, 412; for blindness, see 70, 89, 171, 308, 378; for imbecility and madness, see 165, 173, 217, 346, 394, 419, 444, 448. Tom Paine, *The Rights of Man* ("Books-on-Line" Internet edition), 86; see also 12, 15.
3. Ian Hacking, *The Taming of Chance* (Cambridge and New York: Cambridge University Press, 1990), 160–66. See also Georges Canguilhem, *The Normal and the Pathological* (New York: Zone Books, 1989); Douglas C. Baynton, *Forbidden Signs: American Culture and the Campaign against Sign Language* (Chicago: University of Chicago Press, 1996), chaps. 5–6.
4. Francois Ewald, "Norms Discipline, and the Law," *Representations* 30 (Spring 1990): 146, 149–50, 154; Lennard Davis, *Enforcing Normalcy: Disability, Deafness, and the Body* (London: Verso, 1995); Baynton, *Forbidden Signs*, chaps. 5 and 6.
5. Late nineteenth-century educators began using "normal child" as the counterpart to "deaf child" instead of the "hearing" and "deaf" of previous generations. "Normal" appears to refer to an average, since the "average" person is hearing. Since it does not exclude those with superior hearing, however, it does not denote the average but those *above* a certain standard.

6. Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Berkeley: University of California Press, 1985), 160; Baynton, *Forbidden Signs*, chap. 2; James W. Cook, Jr., "Of Men, Missing Links, and Nondescripts: The Strange Career of P. T. Barnum's 'What Is It?' Exhibition," in Rosemarie Garland Thomson, ed., *Freakery: Cultural Spectacles of the Extraordinary Body* (New York: New York University Press, 1996); James W. Trent, Jr., "Defectives at the World's Fair: Constructing Disability in 1904," *Remedial and Special Education* 19 (July/August 1998): 201–11.
7. Samuel A. Cartwright, "Report on the Diseases and Physical Peculiarities of the Negro Race," *New Orleans Medical and Surgical Journal* 7 (May 1851): 693; George M. Fredrickson, *The Black Image in the White Mind* (New York: Harper and Row, 1971), 250–51; J. C. Nott, "The Mulatto a Hybrid," *American Journal of Medical Sciences* (July 1843), quoted in Samuel Forry, "Vital Statistics Furnished by the Sixth Census of the United States," *New York Journal of Medicine and the Collateral Sciences* 1 (September 1843): 151–53.
8. John H. Van Evrie, *White Supremacy and Negro Subordination, or Negroes a Subordinate Race* (New York: Van Evrie, Horton, & Co., 1868), 153–55; Forry, "Vital Statistics," 159; Paul B. Barringer, *The American Negro: His Past and Future* (Raleigh: Edwards & Broughton, 1900), 10.
9. Cited in Forry, "Vital Statistics," 162–63. John C. Calhoun, "Mr. Calhoun to Mr. Pakenham," in Richard K. Cralle, ed., *The Works of John C. Calhoun* (New York: D. Appleton, 1888), 5:337.
10. Cartwright, "Report," 707–10. See also Thomas S. Szasz, "The Sane Slave: A Historical Note on the Use of Medical Diagnosis as Justificatory Rhetoric," *American Journal of Psychotherapy* 25 (1971): 228–39.
11. Van Evrie, *White Supremacy*, 121, 181, 221. Van Evrie notes in his preface that the book was completed "about the time of Mr. Lincoln's election" and was therefore originally an argument in favor of the continuation of slavery but presently constituted an argument for its restoration.
12. J. F. Miller, "The Effects of Emancipation upon the Mental and Physical Health of the Negro of the South," *North Carolina Medical Journal* 38 (Nov. 20, 1896): 285–94.
13. Samuel Forry, "On the Relative Proportion of Centenarians, of Deaf and Dumb, of Blind, and of Insane in the Races of European and African Origin," *New York Journal of Medicine and the Collateral Sciences*, 2 (May 1844): 313.
14. Van Evrie, *White Supremacy* 199, chap. 15 *passim*; Arnold Guyot, *Physical Geography* (1873; reprint, New York: American Book Co., 1885), 114–18; Nott, "Mulatto a Hybrid," quoted in Forry, "Vital Statistics," 163–64; Cook, "Of Men, Missing Links, and Nondescripts," 139–57; Robert Bogdan, *Freak Show: Presenting Human Oddities for Amusement and Profit* (Chicago: University of Chicago Press, 1988), 134–42.
15. Winthrop D. Jordan, *White over Black: American Attitudes toward the Negro, 1550–1812* (Chapel Hill: University of North Carolina Press, 1968), 518–25; Rush

- explained not only African skin this way but the nose, lips, and hair as well. Smithsonian Institution Archives, Collection 60—Warshaw Collection, “Soap,” Box 4, Folder: Fairbanks; dated 1893 or 1898 (illegible).
16. Smithsonian Institution Archives, Collection 60—Warshaw Collection, “Afro-Americana,” Box 4, Folder 7, n.d.
17. Smithsonian Institution Archives, Collection 60—Warshaw Collection, “AfroAmericana,” Box 4, Folder 4, n.d., ca. 1893.
18. Daryl Michael Scott, *Contempt and Pity: Social Policy and the Image of the Damaged Black Soul, 1880–1996* (Chapel Hill: University of North Carolina Press, 1997) xi–xvii; 12, 208 n. 52.
19. Cynthia Eagle Russett, *Sexual Science: The Victorian Construction of Womanhood* (Cambridge, Mass.: Harvard University Press, 1989), 63. See also Lois N. Magner, “Darwinism and the Woman Question: The Evolving Views of Charlotte Perkins Gilman,” in Joanne Karpinski, *Critical Essays on Charlotte Perkins Gilman* (New York: G. K. Hall, 1992), 119–20.
20. Grace Duffield Goodwin, *Anti-Suffrage: Ten Good Reasons* (New York: Duffield and Co., 1913), 91–92 (in Smithsonian Institution Archives, Collection 60—Warshaw Collection, “Women,” Box 3). Edward Clarke, *Sex in Education; or, A Fair Chance for Girls* (1873; reprint, New York: Arno Press, 1972), 18, 22, 62.
21. William Warren Potter, “How Should Girls Be Educated? A Public Health Problem for Mothers, Educators, and Physicians,” *Transactions of the Medical Society of the State of New York* (1891): 48, quoted in Martha H. Verbrugge, *Able Bodied Womanhood: Personal Health and Social Change in Nineteenth-Century Boston* (Oxford and New York: Oxford University Press, 1988), 121.
22. A. Laphorn Smith, “Higher Education of Women and Race Suicide,” *Popular Science Monthly* (March 1905), reprinted in Louise Michele Newman, ed., *Men’s Ideas/Women’s Realities: Popular Science, 1870–1915* (New York: Pergamon Press, 1985), 149; Almroth E. Wright quoted in Mara Mayor, “Fears and Fantasies of the Anti-Suffragists,” *Connecticut Review* 7 (April 1974): 67; Charles L. Dana quoted in Jane Jerome Camhi, *Women against Women: American Anti-Suffragism, 1880–1920* (New York: Carlson Publishing Co., 1994), 18; Clarke, *Sex in Education*, 12.
23. Magner, “Darwinism,” 119–20; Nancy Woloch, *Women and the American Experience, vol. 1: To 1920* (New York: McGraw-Hill, Inc., 1994), 339; Aileen S. Kraditor, *The Ideas of the Woman Suffrage Movement* (New York: W. W. Norton & Co., 1981), 20. See also Anne Digby, “Woman’s Biological Straitjacket,” in Susan Mendas and Jane Randall, eds., *Sexuality and Subordination: Interdisciplinary Studies of Gender in the Nineteenth Century* (New York: Routledge, 1989), 192–220.
24. *Woman’s Rights Conventions: Seneca Falls and Rochester, 1848* (New York: Arno Press, Inc., 1969), 4–6; originally published as *Proceedings of the Woman’s Rights Convention, Held at Seneca Falls and Rochester, N.Y., July and August, 1848* (New York: Robert J. Johnston, 1870), 4–6.

25. Lisa Tickner, *The Spectacle of Women: Imagery of the Suffrage Campaign, 1907–14* (Chicago: University of Chicago Press, 1988), illustration IV; Alice Sheppard, *Cartooning for Suffrage* (Albuquerque: University of New Mexico Press, 1994), 30; Elizabeth Cady Stanton, Susan B. Anthony, and Matilda Joslyn Gage, eds., *History of Woman Suffrage* (1881; reprint, New York: Arno Press, 1969), 2:288, quoted in Yvonne Pitts, “‘Under This Disability of Nature’: Women and Constructions of Disability in the National Suffrage Debates, 1870–1920” (paper presented to the Berkshire Conference on the History of Women, June 1999); Elizabeth Cady Stanton, “Address to the National Woman Convention, Washington, D.C., January 19, 1869,” in Mari Jo Buhle and Paul Buhle, eds., *The Concise History of Woman Suffrage* (Urbana: University of Illinois Press, 1978), 256.
26. O. B. Frothingham, “The Real Case of the ‘Remonstrants’ against Woman Suffrage,” *The Arena* 2 (July 1890): 177.
27. *Woman’s Rights Conventions*, 11; on Charlotte Perkins Gilman, see Kraditor, *Ideas of the Woman Suffrage Movement*, 97–101; “Preceding Causes, written by Matilda Joslyn Gage, in 1881,” in Buhle and Buhle, eds., *Concise History*, 53.
28. *United States Statutes at Large* (Washington, D.C.: Government Printing Office, 1883), 22:214. *United States Statutes at Large* (Washington, D.C.: Government Printing Office, 1891), 26:1084; *United States Statutes at Large* (Washington, D.C.: Government Printing Office, 1907), 34:899. Emphases added.
29. *United States Statutes at Large* (Washington, D.C.: Government Printing Office, 1903), 32:1213; United States Public Health Service, *Regulations Governing the Medical Inspection of Aliens* (Washington, D.C.: Government Printing Office, 1917), 28–29.
30. *Statutes* (1907), 34:899; United States Public Health Service, *Regulations*, 30–31; Fiorello H. LaGuardia, *The Making of an Insurgent: An Autobiography, 1882–1919* (1948; reprint, New York: Capricorn, 1961), 65.
31. United States Public Health Service, *Regulations*, 16–19; U. O. B. Wingate, “Quarantene Immigration at the Port of New York,” *Milwaukee Medical Journal* 1 (1893): 181, quoted in Elizabeth Yew, “Medical Inspection of Immigrants at Ellis Island, 1891–1924,” *Bulletin of the New York Academy of Medicine* 56 (June 1980): 494.
32. Philip Cowen, *Memories of an American Jew* (1932; reprint, New York: Arno Press, 1975) 148–49.
33. U.S. Bureau of Immigration, *Annual Report of the Commissioner of Immigration* (Washington, D.C.: Government Printing Office, 1907), 62; Francis A. Walker, “Restriction of Immigration,” *Atlantic Monthly* 77 (June 1896): 822; Ellsworth Eliot, Jr., M.D., “Immigration,” in Madison Grant and Charles Steward Davison, eds., *The Alien in Our Midst, or Selling our Birthright for a Mess of Industrial Pottage* (New York: Galton Publishing Co., 1930), 101.
34. See James W. Trent Jr., *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1994), 166–69.
35. Thomas Wray Grayson, “The Effect of the Modern Immigrant on Our Industrial

- Centers,” in *Medical Problems of Immigration* (Easton, Penn.: American Academy of Medicine, 1913), 103, 107–9.
36. Martin Pernick, *The Black Stork: Eugenics and the Death of “Defective” Babies in American Medicine and Motion Pictures since 1915* (Oxford and New York: Oxford University Press, 1996), 60–71; Davis, *Enforcing Normalcy*, 11–12. See also Harlan Hahn, “Antidiscrimination Laws and Social Research on Disability: The Minority Group Perspective,” *Behavioral Sciences and the Law* 14 (1996): 54; Alfred C. Reed, “Going through Ellis Island,” *Popular Science Monthly* 82 (January 1913): 8–9.
37. Edward Alsworth Ross, *The Old World and the New: The Significance of Past and Present Immigration to the American People* (New York: Century Co., 1914), 285–90.
38. Elizabeth Yew, “Medical Inspection of Immigrants at Ellis Island, 1891–1924,” *Bulletin of the New York Academy of Medicine* 56 (June 1980): 497–98; United States Public Health Service, *Regulations*, 16–19; Alan M. Kraut, *Silent Travelers: Germs, Genes, and the “Immigrant Menace”* (New York: Basic Books, 1994), 54–57.
39. Victor Safford, *Immigration Problems: Personal Experiences of an Official* (New York: Dodd, Mead, 1925), 244–46.
40. Kraut, *Silent Travelers*, 55.
41. Letter from W. W. Husband, Commissioner General, Bureau of Immigration, to H. S. Cumming, Surgeon General, United States Public Health Service, September 27, 1922; and reply from Cumming to Husband, September 29, 1922; National Archives, RG 90, Entry 10, File 219.
42. Letter from George Stoner, Chief Medical Officer, Public Health and Marine Hospital Service, to Surgeon General of the Public Health and Marine Hospital, Nov. 29, 1912, National Archives, RG 90, Entry 10, File 219.
43. Letter from F. P. Sargent, Commissioner-General of the Bureau of Immigration, to the Commissioner of Immigration on Ellis Island, April 17, 1905, National Archives, RG90, E10, File 219.
44. Allan McLaughlin, “The Problem of Immigration,” *Popular Science Monthly* 66 (April 1905): 532 (emphasis added).
45. Letter from Leon Sanders, President of the Hebrew Sheltering and Immigrant Aid Society, to Surgeon General of the Public Health and Marine Hospital, Nov. 14, 1909, National Archives, RG 90, Entry 10, File 219. Kraut, *Silent Travelers*, 65.
46. William Green, “Immigration Should Be Regulated,” in Grant and Davison, *Alien in Our Midst*, 2.
47. Norman S. Dike, “Aliens and Crime,” in Grant and Davison, *Alien in Our Midst*, 81.
48. Ellsworth Eliot, Jr., M.D., “Immigration,” in Grant and Davison, *Alien in Our Midst*, 101.
49. Heather Salerno, “Mother’s Little Dividend: Parking,” *Washington Post* (September 16, 1997): A1.
49. Rosemarie Garland Thomson, *Extraordinary Bodies: Figuring Physical Disability in*

American Culture and Literature (New York: Columbia University Press, 1997), 15. Amy Hamburger, "The Cripple and His Place in the Community," *Annals of the American Academy of Political and Social Science* 77 (1918): 39.
50. Harlan Hahn, "Antidiscrimination Laws and Social Research on Disability: The Minority Group Perspective," *Behavioral Sciences and the Law* 14 (1996): 43.