Insanity and Immigration Restriction

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In the wave of transnational scholarship on the modern regulation of global human movement, the famous immigration restriction acts in Anglophone settler colonies hold centre stage. 'Drawing the global colour line', as Marilyn Lake and Henry Reynolds have recently put it, was a core element of the great modern aspiration to produce nations out of human difference.[1] The colour line began with various Chinese exclusion acts first in California and the Australian colony of Victoria, followed by acts to regulate Indian indentured labour, to restrict Japanese entry, and to exclude, more generically, so-called 'coloured aliens' from any number of jurisdictions. This included all the Australian colonies, British Columbia, New Zealand, Natal, Newfoundland, Cape Colony and later the Union of South Africa. In the United States, the process of Asian exclusions joined a different but compounding system in the early twentieth century that limited southern and eastern European entry through a national quota system.[2]

Historians of public health have traced the connections between quarantine and immigration restriction, explaining the infectious disease rationales for exclusions and deportations.[3] It has been suggested that quarantine measures long predated modern immigration law, the legislative and bureaucratic prelude to broader regulation of movement. But in the modern period, and especially by the early twentieth century, disease prevention and the racial constitution of nations had come to be perceived as mutually constitutive in some contexts. Australia, as I argued in *Imperial Hygiene,* was aspirationally 'white' through both health and racial policy, that is, through linked quarantine and immigration restriction laws.[4] Analysis of the politics of race and ethnicity has formed the core of most scholarship at the intersection of immigration and quarantine history.

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This chapter looks again at the overlap between immigration restriction and health, not through infectious disease management but through ubiquitous mental health and disability clauses in the immigration statutes that proliferated in the late nineteenth and early twentieth centuries. That such statutes almost always included some kind of mental health criteria of exclusion is under-recognised, both in the historiography of psychiatry and mental health and in the historiography of immigration regulation more broadly. The significant exception is Ian Dowbiggin's work on Canada and the United States, and indeed the combined history of immigration restriction and mental disability has been more strongly mapped in Canada than anywhere else.[5] And yet, by the early twentieth century almost all alien and immigration laws included a clause restricting or discouraging the entry of 'idiots or the insane', the most common descriptors used. What was the pattern of this phenomenon between the various Anglophone jurisdictions, and over time? How do we think about the insanity clauses, as separate to or as part of the powers to deport or exclude on the basis of race and ethnicity? And how, precisely, was all this part of the history of eugenics? Insanity and immigration restriction, it turns out, was foundational to the modern 'globalization of borders'.[6] This was a phenomenon that materialised earlier, and was more enduring, than exclusions on the basis of race and ethnicity; it was a transnational process shaped by racial exclusions but cannot be reduced to that.

'Idiots and the insane'

For many years, those working on the legal history of immigration, and even more so those outside the field, expected immigration acts and aliens acts to have been driven by exclusions. Amy Fairchild's work on the selective inclusion of Europeans into the US labour force through the screening process at Ellis Island, New York, began to complicate this picture. This has been followed up by Paul Kramer, who shows that Chinese 'exclusions' in the United States are rather better understood as a process by which some Chinese (merchants) were screened in, while others (labourers) were screened out.[7] The same expectation that immigration and aliens acts facilitated entry as much as dictated those who were to be turned back played out in the Antipodean colonies, notably in New Zealand. There, the first aliens act was not about exclusion, but inclusion. And the law that *did* stipulate criteria of exclusion was not directed against Chinese workers at all, but against the mentally ill. The Aliens Act (1866, amended in 1870), the separate Immigration Act

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(1868) and the Imbecile Passengers Act (1873) were passed in the wake of the Maori wars.[8] Pakeha – the foreign, mainly British population – at that point numbered about 250,000. Under huge new government assistance programmes, a robust agent-general in London and immigration agents located through England, Scotland and Ireland, British and Irish emigration to New Zealand was actively promoted. Three-fifths of those who emigrated were English, one-fifth Scottish and one-fifth Irish. Persuasion to emigrate was not always an easy task, with prospective English, Scottish and Irish migrants wary of stories of the Maori wars. But the benefits of overcoming that fear were significant for individuals and families; once in New Zealand migrants could purchase land confiscated from Maori in those very wars. Travel costs were waived, and agricultural labourers and single female domestic servants were sought, provided they were sober, industrious, of good moral character and in good health. They also needed to be 'in sound mind'.[9]

The intention of the Aliens Act was to facilitate entry and to make more Pakeha out of the offspring of 'a mother being a natural-born subject of the United Kingdom' and even out of 'friendly aliens' who sought naturalisation.[10] It determined that 'alien friends' were to be treated with respect to property and inheritance rights 'as if he were a natural-born subject of Her Majesty'.[11] And the Immigration Act sought to encourage immigration 'from the United Kingdom of Great Britain and Ireland or elsewhere with the exception of the Australian Colonies'.[12] These early New Zealand immigration laws were all about bringing people in, not keeping people out, with the sole explicit exclusion initially being people from the Australian colonies, since New Zealand did not want to build its Pakeha population from convicts or ex-convicts. But with the great success of the process, exclusionary statutes soon followed. Contrary again to the expectations set up by the scholarly focus on race or ethnicity, this did not take the form of a Chinese exclusion act. Rather, the Imbecile Passengers Act was passed in 1873, the first New Zealand law specifically to nominate and define prohibited immigrants. It ordered that any owner of a ship landing with persons 'lunatic, idiotic, deaf, dumb, blind or infirm and likely to become a public charge' was to provide a bond of 100 pounds per such passenger within seven days of arrival or be charged a further penalty fine.[13] Neither convicts nor lunatics were to populate the new colony.

The specific nomination of insanity emerged, then, as quite separate to the Chinese restriction regulations that are so often taken as foundational to the history of immigration laws. This was a pattern in

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the early wave of immigration laws that governed movement within the British world. The Canadian Immigration Act of 1869, for example, was designed to prohibit criminals and the destitute entering from Europe, enacted just after Canadian Confederation, and deriving from quarantine regulations. It forced all vessels transporting sick or deceased passengers to report at Grosse Île, Québec. There were few other restrictions on those who could come to Canada initially, but anyone who was blind, deaf, insane or infirm was now to be recorded by the ship's captain on passenger lists.[14] In the United States, an 1891 amending act was passed that regulated the entry of all passengers other than Chinese people (whose movement was governed by different statutes), prohibiting '[a]ll idiots, insane persons; paupers or persons likely to become a public charge'.[15] This particular list of conditions was to prove resilient and, in one version or another, was to become standard.

In many jurisdictions the differing functions of immigration regulation were increasingly gathered together under one law. That is, separate labour, health and racial exclusionary acts tended to become one statute with successive clauses detailing just who was a prohibited immigrant and how this prohibition was to be implemented. This kind of catch-all immigration act was especially common in the British imperial context because of Whitehall's marked distaste for the explicit nomination of ethnicity, nationality or race. Indians, Japanese, Chinese or 'coloured aliens' were, by the Colonial Office's strong preference, not to be explicitly prohibited in law. The whole purpose of the 1897 Colonial Conference convened under Joseph Chamberlain was the diplomatic writing out of 'race' from colonial immigration law, while retaining the exclusion of coloured aliens intact in practice. The solution was contained in the so-called Natal Formula. This stipulated use of dictation tests of various kinds to exclude people without actually nominating their ethnicity: entrants were asked by customs, immigration or quarantine officials to write out a passage dictated to them, sometimes read in English, sometimes in other European languages, as a device to deliberately exclude.[16] The Natal Immigration Act of 1897 became the model for a great cluster of colonial immigration acts at the turn of the century. It also included as a prohibited immigrant any person likely to become a public charge or any idiot or insane person.[17] A suite of British Empire and Dominion Acts followed, each reading similarly,[18] and covering the colonies of Western Australia (1897) and Tasmania (1898), New Zealand (1899), the Commonwealth of Australia (1901), Canada (1902 and 1910), Hong Kong (1904), Newfoundland (1906), Fiji (1909) and the Union of South Africa (1913).[19] Each included insanity clauses as part of

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the new trend for immigration acts to manage entry under one statute; in effect, though not in name, the regulation of ethnicity.

There were some exceptions to this conflation of Chinese exclusion acts with broader immigration restriction measures, however. Canada, for example, broke dominion ranks and passed a separate Chinese Immigration Act in 1903.[20] It stipulated a range of exceptions for Chinese entry – students, visitors, merchants, accompanying servants might all be allowed to enter. It also stipulated the criteria of exclusion that would trump these exceptions: any person of Chinese origin who was a pauper, 'idiot or insane', had a 'loathsome disease', or who was a prostitute or who lived from the prostitution of others.[21] The Newfoundland Act Respecting the Immigration of Chinese Persons (1906) was similar, stipulating beyond ethnicity itself the exclusion of any person of Chinese origin who was 'an idiot or insane'.[22] By the same token, other statutes at the turn of the century focused on the insane specifically, without regard to race. For example, the Hong Kong Imbecile Persons Introduction Ordinance (1904) took its cue directly from the earliest New Zealand law; it was neither about race, nor about infectious disease, but specifically about insanity.[23] Likewise, the UK Aliens Act (1905) excluded a person 'if he is a lunatic or an idiot'.[24]

After the First World War, there was another cluster of laws and amendments. These were driven by the major changes in US policy; the shift from incorporating millions of European migrants from the 1890s to the controls put in place with the 1917 Act and the well-known 1924 Immigration Act. By that time, the whole question of race-based exclusions was questioned not just by Whitehall and Westminster but also far more genuinely as a matter of international law, at the Paris Peace Conference, 1919. There, a racial equality clause was put on the table by the Japanese delegation and was ultimately defeated.[25] The question of racial equality was argued largely over the Australian Immigration Restriction Act, even though a dozen or more jurisdictions had similar policies and laws (most, in fact, more explicitly racially exclusive than the Australian statute).[26] In part, because of the international delicacy of this challenge, many jurisdictions intensified their regulations, not least the prohibitions on mentally ill entrants. The United States ramped up its criteria of exclusion in the years after the Paris Peace Conference, as did Canada and Australia. New laws were passed beyond the settler colonial world as well – the Straits Settlements, for example (1919, 1932) – and by the eve of the Second World War, insanity clauses had become an entirely standard and normalised element of immigration statutes.

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Asylums and public charge

What is there to say about these insanity clauses, so similar to one another, and the exclusions they made lawful? How do we explain them, or are they unremarkable, simply what we would expect to appear as part of late nineteenth- and early twentieth-century territorial nationalism that was taking a distinct biopolitical turn? The first point to note is that they were clearly and consistently about the public charge question; the expenditure of public monies. In this way, they need to be understood in the context of the faltering emergence of new kinds of welfare states in immigrant nations and colonies. In most, if not all, of these jurisdictions, insane asylums were public institutions and the cost of supporting chronically dependent and 'unproductive' entrants would be borne by unwilling receiving governments. As Dowbiggin shows with respect to Canada and the United States at the turn of the century, it was often asylum psychiatrists who spearheaded campaigns to render the exclusion of the insane more stringent, typically arguing that asylum numbers needed to be kept down to manageable levels and reserved primarily for native-born populations. And for immigration restrictionists of nativist or racist bent, the disproportionate number of immigrants in asylums was constantly brought into the debate as evidence.[27] In Canadian and US contexts, anti-immigrationists pointed out census data that indicated a high proportion of the foreign-born in insane asylums across North America.[28]

Second, countries of immigration were actively shaping their national populations – at a policy level – with regard to Europe. They sought to keep a perceived Old World degeneracy out of newer countries that aspired to an improved public health. Spurious demographic and epidemiological assessment of which migrating population was more likely to end up a public charge was one constant point of intersection between insanity and ethnicity. Canada's C.K. Clarke, for example, pronounced the defective and degenerate tendencies of those from Central and Southern Europe as opposed to 'the sturdy agriculturalists of the British Isles'.[29] The former were more likely to become a charge on the state. But presumptions about ethnicity were never predictable. Another Canadian medical inspector argued that the industrialised British Isles produced precisely the institution-ready population that was undesirable for Canada. Far preferable were southern Europeans, the kind of fresh labour-ready workers that Fairchild suggests the Ellis Island screening process was ultimately geared towards: '[W]e have in such races not only an industrial asset of great value but also the assurance

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of a population remarkably free from the degenerative effects seen in those classes which have been for several generations factory operatives and dwellers in the congested centres of large industrial populations'.[30] At times, as Alan Sears has shown, admitting the mentally ill was linked to the admittance of 'pauperism'; the undesirable creation of a dependent class. As the Canadian Board of Health put it: 'The British Poor Law has for four centuries become so integral a part of the social fabric there that immigrants brought up under its influence have, when in need or distress or sick, without hesitation drifted to the refuges, houses of industry or hospitals in Canada as naturally as they did in England'.[31] In Canada, there was a particular concern about the Barnado children emigrating, with suggestions that they were disproportionately filling asylums as well as penitentiaries, as they reached adulthood.[32]

The strong new systems and institutions of public health and welfare that were just developing in the first decade of the twentieth century – in Canada, in New Zealand, in Australia, less so in the United States – were seen to be at risk if used by newcomers, not by people who laboured locally, or whose families contributed to national or state economies. This was especially an issue for what were some of the earliest and experimental Labour governments in the world. It is for this reason that many of the acts included powers of deportation, even if an immigrant was committed to an asylum years after their original arrival; in some jurisdictions up to three years, or even up to five years later.[33] The more generous of the acts stipulated that idiots or the insane might enter if a resident, subject or citizen of the receiving country was willing to accommodate and provide all costs for support. Sometimes a large, for most a prohibitive, bond was sought – £100 for example. In all cases, the public charge issue underwrote the nineteenth-century laws and indeed continues to do so in the twenty-first century, one way or another.

The third point to note concerns the changing vocabularies of insanity. Typically the earliest laws distinguished between 'lunatic' and 'idiot', or even more commonly between 'idiot and insane': differentiating between those born without reason, and those who had lost it.[34] Occasionally, as with the early New Zealand case, the statutes spelled out deafness, dumbness and/or blindness as separate conditions again. In the early twentieth century, Canada and Australia added the 'epileptic' as a prohibited immigrant as part of the same process of refinement of categorisation, and US law excluded epileptics from 1903.[35] Importantly, the term 'feeble-minded' entered immigration law in Canada in 1906, the United States in 1907 and Australia in 1912. The *Report of the [British] Royal Commission on the Feeble Minded* in 1908

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defined the 'feeble-minded' as 'persons who may be capable of earning a living under favourable circumstances, but are incapable from mental defect existing from birth or from an early age: (*a*) of competing on equal terms with their normal fellows; or (*b*) of managing themselves and their affairs with ordinary prudence'.[36] This of course raises the question of how a feeble-minded person would be recognised or diagnosed for the purposes of exclusion.[37] Compounding the problem, inspectors were charged not only with spotting the insane, but sometimes the *potentially* insane; these were the feeble-minded, any of whom, it was thought, might degenerate into clearly insane people. In the US case, for example, Ellis Island inspectors were to identify those with 'constitutional psychopathic predisposition', a hidden condition that waited only for a local trigger for the person to become actively insane and subsequently a public charge.[38]

There was a marked trend, then, for the categories of mental illness and disability to become more refined in the statutes themselves, so that any person who seemed dubious to an agent-general assessing applications for passage at point of departure, or a medical, customs or quarantine officer at point of arrival, could be prohibited entry. In Australian law, for example, the generic category of 'Insane' was dropped in 1912 and replaced by 'any idiot, imbecile, feeble minded person, or epileptic'. But this was still not specific enough. A further clause stipulated as prohibited 'any person suffering from any other disease or mental or physical defect, which from its nature is, in the opinion of an officer, liable to render the person concerned a charge upon the public or upon any public or charitable institution'. And in case that did not cover all scenarios, yet another clause was inserted: 'any person suffering from any other disease, disability, or disqualification which is prescribed'.[39] Like everything in immigration law, it was the very flexibility of the categories, especially 'feeble-minded', that was useful for the purposes of exclusion.

Eugenics, insanity and immigration restriction

The public charge problem remained steadily part of the rationale for exclusion. This did not go away. It was compounded, however, by an increasingly biological rationale for the exclusion of certain people, deriving from apparent heritability of these conditions. This made the insanity clauses more like the long-standing 'loathsome or contagious disease' clauses; rather more genuinely part of a health policy than a question of public expenditure. The new refinement of mental health

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disabilities in immigration law was a major manifestation of eugenics on an international scale.

Experts and authorities in countries of immigration, like Australia or the United States, would often present their nations as being in unique positions to practice eugenics via the legal infrastructure of immigration restriction: Robert DeCourcy Ward of Harvard University, to take one example.[40] Ward was a founding member of the US Immigration Restriction League. He pressed very hard for immigration to be considered both eugenically and in terms of public charge, and was enormously pleased that in the United States, unlike in Europe, there was considerable potential for the selection of citizens. He made the curious analogy to the Pilgrim Fathers: just like the first founders, immigrants of the twentieth century would be 'picked men and women'. Selection of the fathers and mothers of future American children was equally important. 'National eugenics for us means the prevention of the breeding of the unfit native, as well as the prevention of the immigration, and of the breeding after admission, of the unfit alien'.[41] That insanity was inherited was simply a fact to be incorporated into law and policy, but to make matters worse, he wrote, 'imbeciles' had larger families and larger numbers of illegitimate offspring. Taken together, this was all a 'crime against the future'.[42] For those such as Ward, insanity clauses in immigration laws were an extension of quarantine measures for the exclusion of diseased animals, of pests or of 'disease germs'. Their implementation should be intensified and made more specifically and overtly eugenic. He suggested amendments to enable the exclusion of more aliens 'of such low vitality and poor physique that they are eugenically undesirable for parenthood'.[43] Ward thought that this would constitute the real conservation of the American race. In such ways, the rationale for exclusion came to be about reproduction and inheritance in addition to the older argument of public cost.

Spencer L. Dawes, Medical Examiner of the New York State Hospital Commission and Chairman of the Inter-State Conference on Immigration, said to the American Psychiatric Association meeting in 1924 that their collective responsibility was 'to see to it that the blood stream of our country is preserved from pollution from the admixture with that of diseased and defective aliens and that the burden of taxation is made as small as is reasonably possible'.[44] Such statements from the period are entirely familiar and in many ways unsurprising, if odious. They also exemplify how by the 1920s a dual argument for the insanity clauses was typically put forward. After a long list of calculations, Dawes announced that 'the taxpayers of the State of New York are supporting more than

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10,000 non-citizens, public charges in hospitals for the insane, most of whom would never have been admitted to the United States, and a considerable proportion of whom should have been removed therefrom by the Federal Government long since, had the law been enforced and its provisions observed'.[45] He noted that at Ellis Island, examinations took on average 7 seconds per person, and thought that the new quota laws had not succeeded in addressing the insanity issue at all well. One effect was 'greater laxity than ever in the examination of arriving immigrants at the ports of entry'.[46] For Dawes and many of his colleagues, the laws themselves were becoming immaterial because their implementation was lax.[47] He was one of many who argued for mental and physical examination of aliens at point of departure abroad, not on entry, and in which case the steamship company would be held accountable for the alien's qualifications for admission.

It is important to consider this triad of eugenics, insanity and immigration restriction closely. The problem of intelligence, heritability of mental conditions, intellectual disability and the so-called feebleminded was core business for eugenicists everywhere.[48] And yet the 'eugenics' of immigration restriction is almost always interpreted as, or conflated with, racial and ethnic exclusions.[49] The historiography stresses that the national/ethnic quota system was the key outcome of this alliance of immigration restriction and eugenics.[50] This overlooks, to some extent, the eugenics of mental health exclusions on its own terms, and follows from a sometimes too-ready, or perhaps too-easy conflation of eugenics with 'race' objectives: there is a tendency to consider eugenics simply as race science in the first instance, or even to consider eugenics as *only* race science.[51] Even the very best historians do this. Alan Sears, for example, in his 1990 article on Canadian immigration restriction failed to see the mental health clauses as themselves eugenic. Rather, for Sears, it was their manifestation as race theories that made them so. He summed up that '[i]n the early twentieth century this legacy had hardened into pseudo-scientific race theories, such as those of the early twentieth century eugenics movement'.[52] It is more accurate to understand eugenics as a set of ideas about mental and physical fitness and (dis)ability in the first instance that manifested and was implemented in terms of racial difference in certain ways, in certain places. The immigration acts bear this out. What linked eugenics and immigration restriction most squarely were the insanity clauses.[53]

In the Australian context, for example, historians will typically claim that the immigration restriction act was 'eugenic' *because* it excluded coloured aliens. And yet immigration restriction was far more strictly

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'eugenic' because it excluded 'unfit' (insane, idiotic, feeble-minded, deaf, epileptic) whites, almost all of whom were from the United Kingdom and Ireland. As reported in the 1920s, the most common grounds for refusal of entry was 'want of physical fitness, deficient height and weight, defective eyesight, deafness, mental deficiency, and tuberculosis'.[54] It went without saying in the 1920s that these deficient and defective would-be immigrants were British or Irish, precisely because so-called coloured aliens were already excluded. Almost entirely absent in Australian historiography is the fact that operationally it was British and Irish entrants who were most often actively excluded under the provisions of this famous immigration Act, including its insanity and mental defect clauses: whites only, but only (mentally) fit whites were admitted.[55] The rationale for *inclusion* was clearly racialised, but it was exclusion of the mentally disabled that made these laws specifically eugenic.

Insanity and ethnicity in the United States

The US situation was slightly different to the Australian, even though the mental health clauses often read similarly and sometimes even identically, across these jurisdictions. The United States never had such a dominant single stream of migrants, but always, even after the quota system, had a far more diverse immigrant population than Australia. In the United States, then, the insanity clauses and the ethnic/national quota system worked rather more explicitly in tandem. Yet it was equally about nation-building.

'May God give us strength to acquire and perpetuate the thrill of patriotism', one respondent gushed in response to Dawes' paper on 'Immigration and the Problem of the Alien Insane' at the meeting of American psychiatrists.[56] Unsurprisingly, the whole significance of immigration restriction was its relation to nationalism. But in what ways, precisely, was it about race and ethnicity? We should not presume that the response was always driven by strident race patriotism. Another respondent at this meeting cautioned, for example 'if we join an unscientific popular clamor on behalf of the so-called Nordic races we shall be ridiculed'.[57] Dawes, in fact, agreed: this was not a question of, or about, the Nordic races, he claimed, not a question of one nationality or another: 'I think we should forget all that, because this is a country composed of all kinds of races'.[58] Even studies of asylum populations did not always contain declarations against the foreign-born. H.M. Swift, assistant physician at Danvers State Hospital in Portland,

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Maine noted carefully: 'it cannot be assumed that the relative frequency of insanity among the races in America is necessarily a true indicator of relative race susceptibility in residents of the mother countries, because changes in environment may have had their modifying effects'.[59] At the same time, such statements were disingenuous at the very least, since the primary correlation sought by multiple studies of asylum populations was that between ethnicity and insanity. The whole point of the major wave of epidemiological studies in the United States and Canada was to try and draw conclusions about the ethnicity of asylum populations compared to ethnicity of the insane in total populations. In most US versions, this was about Irish immigrants in the first instance and the disproportionate number of the Irish born in institutions was regularly noted.

Swift's study, like many, was quite careful. Of the foreign-born population in his state, 7.8 per cent were Irish. Of asylum populations, however, they comprised 15.8 per cent of first admissions. Once corrected for age, he concluded that if Irish adults constituted 10.2 per cent of the total population they constituted 15.8 per cent of populations of insane asylums. Swift noted that in Ireland itself the ratio of insanity in the general population was comparatively high, indeed that '[i]n the Irish we find a higher ratio of insanity than in any other people'. In 1901, 1 in every 212 people was insane, as against 1 every 309 people in England, he claimed.[60]

Swift then proceeded to study diagnoses comparatively, by ethnicity, comparing his results with George Kirby's 1909 *A Study in Race Psychopathology.*[61] He divided his asylum populations into what he called the alcoholic psychoses (acute and chronic), dementia praecox, manic-depressive insanity, general paralysis and senile and organic dementia. The first result he noted was with respect to the alcoholic psychoses that struck 9 per cent of males of native parentage, and 26 per cent of Irish parentage. Of 102 cases of alcoholic insanity (both males and females), 45 were of Irish parentage. What is notable here is that when he calculated his comparative study of diagnoses within asylums, Swift decided to shift from place of birth (the standard nomenclature 'foreign-born') to parentage. In general, he wrote, parentage 'was a more correct indication of race than nativity'.[62] The excessive use of alcohol might be 'common enough in the native stock', he concluded, but 'resistance against the establishment of a psychosis is greater'.[63] In other categories he found less difference between native American-born and Irish, and for general paralysis the frequency was less in the Irish parentage group than the native born.

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Kirby, writing about the east coast, found similar results. He commented that for the Irish, the close relationship was between alcoholism, senile dementia and various organic brain diseases, whereas for the native American-born the connection was rather more between alcoholism and 'meta-syphilitic disorders such as general paralysis'. It was the American-born of Irish parentage who mainly ended up with general paralysis, according to Swift, since the foreign-born Irish (that is to say the Ireland-born Irish) were 'in general, a moral people and not prone to contract syphilis'.[64] What did this all add up to? This was Swift's last word: '[I]nsanity occurs with relatively greater frequency among the population of foreign birth and parentage than among native stock, and from this last it may be inferred that, associated with the three great causes of insanity, heredity, alcohol and syphilis, there is operative in America another potent factor in the overfilling of our public asylums, namely, immigration'.[65] The borders needed closer scrutiny for the insane, who, such studies suggested, were more likely to be found in one ethnic group over another.

Thomas Salmon, in 1907, thought that 'the prevalence of insanity among the Irish in the United States has no parallel in the world'. One per 203 persons institutionalised in Ireland became one in every 121 persons in the United States. But something similar was going on with the English too: one in 209 persons institutionalised in New York State, compared to one in 288 in England.[66] This is partly why Salmon wanted an alternative process to immigrant inspection. He suggested a catch-all test for illiteracy that would exclude many of the insane instantly (as well as many others), and as he would have it, far more easily.[67] That is, this would 'diagnose' the insane, the potentially insane and the feeble-minded whatever their nationality or ethnicity more readily and effectively than individual inspections. While authorities took note of this suggestion, the practice at entry points like Ellis Island remained one of individual medical inspection.

This led, in principle if not in practice, to the idea that diagnostic questions should also be culturally specific. Culture and ethnicity – as well as the alien's fatigue, excitement or nervousness – should be taken into consideration. New diagnostic performance tests were developed for Ellis Island officers' use that in part 'allowed for' ethnicity: 'The Imbecile Test', 'The Moron Test', as well as an Ink-Blot imagination test.[68] At the end of the day, wrote Ellis Island inspector Howard Knox, the detection of the 'moron or higher defective' was vastly more important than the detection of the 'insane': the latter, he thought, would come to be recognised soon enough and would find their way into an asylum anyway and might thereafter be deported.[69]

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C.P. Knight, assistant surgeon at Ellis Island, constantly stressed the difficulty in distinguishing between the insane and the feeble-minded. It was critical to do so, he thought, since census statistics showed that 30 per cent of the feeble-minded children in the general population of the United States 'are the progeny of aliens or naturalized citizens'. This class is 'highly prolific', he said. Knight advised that the idiot is easily and quickly recognised visually: low receding forehead; disproportionately large face with respect to cranium; nose too large or too small, or deviated, or flat; excessively deep orbits; bad teeth; arching palate; the skin 'mongolian coloration or albino'. Cretenism, he said, was equally easy to determine. The imbecile, though, needed to be recognised more through speech and the feeble-minded was the most difficult of all to isolate, because the problems were largely cognitive.[70]

Interestingly, Knight insisted that all of this mental capacity and incapacity could only be pinpointed vis-à-vis ethnicity. 'An officer with experience becoming familiar with the different races, studying closely their characteristics, knowing something of their language, can tell at a glance the abnormal from the normal as they pass him on the line'. The examiner needed to know 'the mean type of the race' and its deviations, by gait, stature, and expression. 'The close application to the study of the race is more important in the determination of the mental status of the alien than in the diagnosis of physical abnormalities'. This involved determining normal conduct for that race, and assessing the individual in that light. 'It is perfectly normal for the southern Italian to show emotion on the slightest provocation but should he show the stolidity and indifference of the Pole or Russian, we would look on him with suspicion and perhaps hold him for a detailed examination'. The English and German immigrants answer questions promptly, 'but should they become evasive as do the Hebrews, we would be inclined to question their sanity'.[71] The system expected and allowed for racial/cultural difference. A good examiner needed to be able to comprehend a thoroughly normal Italian, Greek or Pole before even hoping to recognise a mentally defective one. In other words, the alienist in the United States needed to know ethnicity before he could know insanity.

Continuity: The long twentieth century

Clearly it is important to complicate our understanding of exactly how ethnicity and insanity functioned with respect to one another, in the context of immigration regulation. A final reason to do so concerns periodisation. The historiographical focus on race and ethnicity has meant that the end of race-based exclusions has implied the end of

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immigration restriction. The repeal of devices like the literacy or dictation tests (in Australia in 1958 for example), the end of explicit racial nominations as in the Canadian Immigration Act, or the end of the US quota system in 1965, for example, often round out historians' analysis of immigration restriction. And yet this does not accord with the history of the acts themselves. Typically, while race and ethnicity were gradually dropped as criteria for exclusion during the 1950s and 60s, much else remained. This was, and is, certainly the case with respect to mental ill-health. And entirely new migration acts and mental health clauses were often created. In Hong Kong, for example, a 1949 ordinance was enacted 'to control the population of the Colony by providing for the expulsion of undesirables therefrom'. 'Undesirables' included any person who was without means of subsistence and was diseased, maimed, blind, idiot, lunatic or decrepit; persons likely to become a vagrant, beggar or a public charge. Undesirables would be accommodated in camps prior to their expulsion from the Colony, as would be 'suspected undesirables'.[72] In Australia, the infamous Immigration Restriction Act was importantly replaced by the Migration Act in 1958, the beginning of the end of the white Australia policy, but mental health clauses remained intact. If one became an inmate of a mental hospital within five years after arrival, deportation was lawful. The 'prescribed diseases' that made a person a prohibited immigrant included a physical or mental disability or defect.[73] And in the major 1992 Australian overhaul of migration law, the 'health criterion' required for a visa retained specified physical or mental conditions.[74] Currently, the health requirement for intending immigrants is expressed as having a threefold purpose: to minimise public health and safety risks to the Australian community; to contain public expenditure on health and community services, including Australian social security benefits, allowances and pensions; and to maintain access of Australian residents to health and other community services. It is stipulated that '[I]n line with Australia's global non-discriminatory immigration policy, the health requirement applies equally to all applicants from all countries, although the extent of testing will vary according to the circumstances of each applicant'.[75]

In Canada, a 1952 law took a different tack and became not more general but more specific. The prohibited class included persons who were idiots, imbeciles or morons, were insane or had been insane at any time, had constitutional psychopathic personalities or were afflicted with epilepsy. Immigrants who were dumb, blind or otherwise physically defective were prohibited from landing unless they were unlikely to become public charges or they already had family in Canada. Criminals,

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prostitutes, homosexuals, pimps, procurers, professional beggars and vagrants, chronic alcoholics, drug addicts, drug pedlars, members of subversive organisations, spies, saboteurs, persons found guilty of espionage or treason were all prohibited from Canada. This was in addition to the diseased, of course. Any person entering Canada might be mandatorily examined (mentally or physically or both) by a medical officer. Additionally, anyone 'mentally or physically abnormal to such a degree as to impair seriously their ability to earn a living' were prohibited immigrants. Exceptions were made for the entry of people under (private) treatment and care at a health resort, hospital, sanitarium or asylum.[76] A 1976 Canadian Act removed many of the restrictions placed on the immigration of people with mental or physical disabilities and provided the framework for current immigration policy. Potential immigrants to Canada are now separated into three classes: family class, composed of immediate family of Canadian citizens or residents; humanitarian class, which introduced refugees who fit the official UN description, as well as persecuted or displaced people; and independent class, who apply for landed immigration status on their own and must go through selection based on a points system. In fact, in all classes, Canadian law has returned to a broad catch-all prohibition of those likely to become a burden on social welfare or services.[77]

In the United States, the Chinese Exclusion Acts were repealed in 1943. And the extensive 1952 Immigration and Nationality Act abolished the 1917 Asian Barred Zone and allowed immigration into the United States based on strict ethnic and numerical quotas. This winding down process is often seen to have been completed by important 1965 amendments, which in essence removed 'natural origins' as the basis of American immigration legislation, stating: 'No person shall receive any preference or priority or be discriminated against in the issuance of an immigrant visa because of his race, sex, nationality, place of birth, or place of residence'. So far, so good, but there was a literal qualification: 'Except as specifically provided'. Mental health exceptions were retained and in some instances were extended. The words 'mentally retarded' replaced 'feeble minded'. Epilepsy was removed as a category, but substituted with the words 'or sexual deviation'. There were, then, specific provisions regarding the following: 'persons (1) mentally retarded, (2) insane, (3) afflicted with psychopathic personality, or with sexual deviation, (4) a chronic alcoholic, (5) afflicted with any dangerous contagious disease, or (6) a narcotic drug addict'.[78]

In terms of periodising immigration restriction, the United Kingdom stands alone. It belatedly, and very reluctantly, joined comparable

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jurisdictions with the Aliens Act (1905). Conversely, in the 1960s, just when the other nations were undoing their legislative ties to nationality, race and ethnicity, the United Kingdom was trying to figure out ways to tighten such controls through the 1962 and 1968 Commonwealth Immigrants Acts. The 1962 Act prohibited an immigrant 'if it appears to the immigration officer on the advice of a medical inspector . . . that he is a person suffering from mental disorder, or that it is otherwise undesirable for medical reasons that he should be admitted'.[79] In the new 1968 Act, which aimed to facilitate immigration from the 'white' dominions of the Commonwealth while retaining mechanisms to exclude people from other parts of the Commonwealth, this mental health provision was removed.

Conclusion

Experts and authorities in countries of immigration, like Australia or the United States, would often boast of the possibilities for strongly shaping the character and health of their national populations, present and future, via immigration screening. This contrasted strongly with emigrant countries.[80] They were correct to identify the potential of the immigration restriction processes. By the early twentieth century, an entire hemisphere was implementing such laws. The exclusion of insane foreigners, especially from new world states that were experimenting with health and welfare measures, became part of the business of the state, as well as the business of the emergent discipline of psychiatry. The consensus about exclusion was almost total, across all jurisdictions, based on public cost rationales and eugenic concerns. The links with immigration made experts on insanity also would-be experts on ethnicity.

By focusing on the longevity of mental health criteria, not just the continuity but the global normalisation of immigration regulation becomes evident. Over time, immigration restriction became a universal requirement of all nations; perhaps the key expression of sovereign independence in a globalised world. In this process, the nomination of race, nationality or ethnicity as criteria for exclusion rose to prominence, was critiqued and ultimately became internationally unacceptable. Mental health exclusions, by contrast, often predated such criteria, were retained in modern migration law and remain in operation in many instances. The critique of racial discrimination never transferred successfully to a human rights–based critique of discrimination against the mentally ill, despite a phenomenally successful public critique of

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eugenics in other spheres. The histories of the alien and the alienist are linked.

Notes

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1. M. Lake and H. Reynolds, *Drawing the Global Colour Line: White Men's Countries and the Question of Racial Equality* (Melbourne: Melbourne University Press, 2008).
2. A. Zolberg, *A Nation by Design: Immigration Policy in the Fashioning of America* (Cambridge, MA: Harvard University Press, 2006); A. McKeown, *Melancholy Order: Asian Migration and the Globalization of Borders* (New York: Columbia University Press, 2008).
3. For example, A.M. Kraut, *Silent Travellers: Germs, Genes and the 'Immigrant Menace'* (Baltimore, MD and London: John Hopkins University Press, 1995); H. Markel, *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892* (Baltimore, MD and London: Johns Hopkins University Press, 1997); A.L. Fairchild, *Science at the Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Labor Force* (Baltimore, MD and London: Johns Hopkins University Press, 2004).
4. A. Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health* (Houndmills: Palgrave Macmillan, 2004).
5. I.R. Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880–1940* (Ithaca, NY and London: Cornell University Press, 1997). See also, T.D. Comeay and A.L. Allahar, 'Forming Canada's Ethnoracial Identity: Psychiatry and the History of Immigration Practices', *Identity,* 1:2 (2009), 143–60; A. Sears, 'Immigration Controls as Social Policy: The Case of Canadian Medical Inspection 1900–1920', *Studies in Political Economy,* 33 (1990), 91–112.
6. The phrase is Adam McKeown's in *Melancholy Order*.
7. Fairchild, *Science at the Borders*; P.A. Kramer, 'Empire against Exclusion in Early 20th Century Trans-Pacific History', *Nanzan Review of American Studies*, 33 (2011), 13–32.
8. J. Belich, *The Victorian Interpretation of Racial Conflict: The Maori, the British, and the New Zealand Wars* (Montreal: McGill-Queen's University Press, 1989), 258–88.
9. R.M. Dalziel, *The Origins of New Zealand Diplomacy: The Agent-General in London, 1870–1905* (Wellington: Victoria University Press, 1975), 36.
10. New Zealand, *Aliens Act* (1866), No. XVII, s. 2.
11. New Zealand, *Aliens Act* (1870), No. XL, s. 2.
12. New Zealand, *Immigration Act* (1868), No. XLII, s. 2.
13. New Zealand, *Imbecile Passengers Act* (1873), No. LXX, s. 3.
14. Canada, *Immigration Act* (1869).
15. United States of America, *An act in amendment to the various acts relative to immigration and the importation of aliens under contract or agreement to perform labor* (1891), Chapter 551, s. 1.

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16. M. Lake, 'From Mississippi to Melbourne via Natal: The Invention of the Literacy Test as a Technology of Racial Exclusion', in A. Curthoys and M. Lake (eds), *Connected Worlds: History in Transnational Perspective* (Canberra: ANU E Press, 2005), 209–30.
17. J. Martens, 'A Transnational History of Immigration Restriction: Natal and New South Wales, 1896–97', *Journal of Imperial and Commonwealth History*, 34:3 (2006), 323–44.
18. A. Bashford and C. Gilchrist, 'The Colonial History of the 1905 Aliens Act', *Journal of Imperial and Commonwealth History,* 40:3 (2012), 409–27.
19. Canada, *Immigration Act* (1910). Chapter 27, s. 3: prohibited classes included 'idiots, imbeciles, feeble-minded persons, epileptics, insane persons, and persons who have been insane within five years previous'. Union of South Africa, *Immigration Act* (1913), No. 22, s. 4: prohibited classes included 'any idiot or epileptic or any person who is insane or mentally deficient, or any person who is deaf and dumb, or deaf and blind, or dumb and blind, or otherwise physically afflicted, unless in any such case he or a person accompanying him or some other person give security to the satisfaction of the Minister for his permanent support in the Union, or for his removal therefrom whenever required by the Minister'.
20. Canada, *The Chinese Immigration Act* (1903), Chapter 8.
21. Ibid.
22. Newfoundland, *An Act Respecting the Immigration of Chinese Persons* (1906), Chapter 2, s. 5.
23. Hong Kong, *Imbecile Persons Introduction Ordinance* (1904), No. 1.
24. United Kingdom, *Aliens Act* (1905), Chapter 13, s. 3. See also Bashford and Gilchrist, 'The Colonial History of the 1905 Aliens Act'.
25. N. Shimazu, *Japan, Race and Equality: The Racial Equality Proposal of 1919* (London: Routledge, 1999).
26. S. Brawley, *The White Peril: Foreign Relations and Asian Immigration to Australasia and North America, 1919–1978* (Sydney: University of New South Wales Press, 1995).
27. Dowbiggin, *Keeping America Sane,* 144, 195.
28. See B.A. Locke, M.S. Morton Kramer, and N. Pasamanick, 'Immigration and Insanity', *Public Health Reports,* 75:4 (1960), 301.
29. Rockwood Lunatic Asylum, 'Annual Report of the Medical Superintendent of the Asylum for the Insane, Kingston, for the Year ending 30 September, 1903', in *Thirty-Sixth Annual Report of the Inspector of Prisons and Public Charities upon the Lunatic and Idiot Asylums of the Province of Ontario, being for the Year ending 30th September 1903* (Toronto: Queen's Printer, 1904). Cited in Dowbiggin, *Keeping America Sane,* 142.
30. P.H. Bryce, 'Report of the Chief Medical Officer', in Canada, Department of the Interior, *Annual Report, Immigration*, 1909–10 (Ottawa, 1910), 110. Cited in Sears, 'Immigration Controls as Social Policy', 101. See Fairchild, *Science at the Borders, passim*.
31. P.H. Bryce, 'Report of the Chief Medical Officer', in Canada, Department of the Interior, *Annual Report, Immigration*, 1910–11 (Ottawa, 1911), 127. Cited in Sears, 'Immigration Controls as Social Policy', 100.
32. Dowbiggin, *Keeping America Sane,* 140.

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33. P. Martyr, 'Having a Clean Up? Deporting Lunatic Migrants from Western Australia, 1924–1939', *History Compass,* 9:3 (2011), 171–99.
34. H.J. Stephen, *New Commentaries on the Laws of England,* 1874, vol. 2, 62. See also A. Digby and D. Wright (eds), *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Difficulties* (London and New York: Routledge, 1994).
35. Canada, *Immigration Act* (1906). Chapter 27, s. 26. 'No immigrant shall be permitted to land in Canada, who is feeble-minded, an idiot, or an epileptic, or who is insane, or has had an attack of insanity within five years; nor shall any immigrant be so landed who is deaf and dumb, or dumb, blind or infirm unless he belongs to a family accompanying him or already in Canada and which gives security, satisfactory to the Minister, and in conformity with the regulations in that behalf, if any, for his permanent support if admitted into Canada'.
36. British Parliamentary Papers, Report of the Royal Commission on the Care and Control of the Feeble Minded, 1908 (Cd. 4202) XXXIX, 159.
37. See descriptions of this process and its difficulties in Dowbiggin, *Keeping America Sane,* 203–4.
38. Howard A. Knox, 'The Moron and the Study of Alien Defectives', *Journal of the American Medical Association,* 60:2 (1913), 105.
39. Commonwealth of Australia, *Immigration Amendment Act* (1912), No. 38, s. 3.
40. For example, Robert DeC. Ward, 'Our Immigration Laws from the Viewpoint of Eugenics', *American Breeders Magazine,* 4 (1912), 20.
41. Ibid., 21.
42. Ibid., 22.
43. Ibid., 24.
44. Spencer L. Dawes, 'Immigration and the Problem of the Alien Insane', *American Journal of Psychiatry,* 81:3 (1925), 450.
45. Ibid., 451.
46. Ibid., 457.
47. See, for example, Frank B. Hall, 'Discussion', in Dawes, 'Immigration and the Problem of the Alien Insane', 464; Thomas W. Salmon, *Insanity and the Immigration Law* (Utica, NY: State Hospitals Press, 1911), 6–7.
48. M. Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy and Social Policy in Britain, 1870–1939* (Oxford: Oxford University Press, 1998); idem, 'Eugenics, Disability, and Psychiatry', in Alison Bashford and Philippa Levine (eds), *The Oxford Handbook of the History of Eugenics* (Oxford: Oxford University Press, 2010), 116–33.
49. The connection between the Immigration Restriction League and the American Breeders' Association was tight, and the Eugenic Record Office's Harry Laughlin's role as an expert witness for the House Committee on Immigration and Naturalization in 1920 was clear and significant. E. Barkan, 'Reevaluating Progressive Eugenics: Herbert Spencer Jennings and the 1924 Immigration Legislation', *Journal of the History of Biology,* 24:1 (1991), 91–112; D. King, *Making Americans: Immigration, Race, and the Origins of the Diverse Democracy* (Cambridge, MA: Harvard University Press, 2000); A. McKeown, 'Ritualization of Regulation: The Enforcement of Chinese Exclusion in the United States and China', *American Historical Review,* 108 (2003), 377–403;

10.1057/9781137303233 - Migration, Health and Ethnicity in the Modern World, Edited by Catherine Cox and Hilary Marland

J.-P. Beaud and J.-G. Prevost, 'Immigration, Eugenics and Statistics: Measuring Racial Origins in Canada (1921–1941)', *Canadian Ethnic Studies,* 28:2 (1996), 1–25; K.M. Ludmerer, 'Genetics, Eugenics, and the Immigration Restriction Act of 1924', *Bulletin of the History of Medicine,* 46:1 (1972), 59–81; R.F. Zeidel, *Immigrants, Progressives, and Exclusion Politics: The Dillingham Commission, 1900–1927* (DeKalb, IL: Northern Illinois University Press, 2004). But see also S.-T. Ly and P. Weil, 'The Antiracist Origin of the Quota System', *Social Research,* 77:1 (2010), 45–78.

50. The quota system emerged first as an emergency measure and subsequently (1924) as the Immigration Act; by which the number of immigrants by national origin was determined and limited as a percentage of the 1890 population, although Dowbiggin argues that US psychiatrists' theories of immigration need to be distinguished from the US nativists (as in the Immigration Restriction League). Dowbiggin, *Keeping America Sane,* 192.
51. See A. Bashford, 'Where Did Eugenics Go?', in Bashford and Levine (eds), *The Oxford Handbook of the History of Eugenics*, 539–58.
52. Sears, 'Immigration Controls as Social Policy', 105.
53. A.J. Rosanoff, 'Some Neglected Phases of Immigration in Relation to Insanity', *American Journal of Psychiatry* (July 1915), 45–58; Thomas W. Salmon, 'The Relation of Immigration to the Prevalence of Insanity', *American Journal of Psychiatry* (July 1907), 53–71; H.L. Reed, 'Immigration and Insanity', *The Journal of Political Economy*, 21:10 (1913), 954–6; P.H. Bryce, 'Insanity in Immigrants', *American Journal of Public Hygiene* (1910), 146–54; Knox, 'The Moron and the Study of Alien Defectives', 105–6; Ward 'Our Immigration Laws from the Viewpoint of Eugenics', 20–6. Thomas Salmon, Chair of the Board of Alienists under the State Commission in Lunacy, for example, wanted examination at the ports of departure to supplement arrival examinations. Salmon, *Insanity and the Immigration Law,* 4.
54. W.E. Agar, 'Some Eugenic Aspects of Australian Population Problems', in P.D. Phillips and G.L. Wood (eds), *The Peopling of Australia* (Melbourne: Macmillan, 1928), 142.
55. See Bashford, *Imperial Hygiene,* 152–3.
56. Hall, 'Discussion', in Dawes, 'Immigration and the Problem of the Alien Insane', 465.
57. Williams, 'Discussion', in Dawes, 'Immigration and the Problem of the Alien Insane', 467.
58. Dawes, 'Immigration and the Problem of the Alien Insane', 469.
59. H.M. Swift, 'Insanity and Race', *American Journal of Psychiatry,* 70:1 (1913), 143.
60. Swift, 'Insanity and Race', 146–7. See Cox, Marland and York's chapter in this volume.
61. George H. Kirby, *A Study in Race Psychopathology* (New York State Hospital Bulletins, 1909).
62. Swift, 'Insanity and Race', 149.
63. Ibid., 150.
64. Kirby, *A Study in Race Psychopathology*. Cited in Swift, 'Insanity and Race', 151.
65. Swift, 'Insanity and Race', 154.
66. Thomas W. Salmon, 'The Relation of Immigration to the Prevalence of Insanity', *American Journal of Psychiatry* (July 1907), 63.

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67. Salmon, *Insanity and the Immigration Law,* 8.
68. J.T.E. Richardson, 'Howard Andrew Knox and the Origins of Performance Testing on Ellis Island, 1912–1916', *History of Psychology,* 6:2 (2003), 153.
69. Knox, 'The Moron and the Study of Alien Defectives', 105–6.
70. C.P. Knight, 'The Detection of the Mentally Defective Among Immigrants', *Journal of the American Medical Association,* 60:2 (1913), 106–7.
71. Ibid.
72. Hong Kong, *The Expulsion of Undesirables Ordinance* (1949), Chapter 242, s. 4, s. 6.
73. Commonwealth of Australia, *Migration Act* (1958), No. 62, s. 13, s. 16.
74. Commonwealth of Australia, *Migration Reform Act* (1992), No. 184.
75. Commonwealth of Australia, Fact Sheet 22 – The Health Requirement, immi.gov.au/media/fact-sheets/22health.htm (accessed 1 November 2011).
76. Canada, *Immigration Act* (1952), Chapter 325, s. 5.
77. Canada, *Immigration Act* (1976), Chapter 52, s. 19.
78. United States of America, *An Act to amend the Immigration and Nationality Act, and for other purposes* (1965), Public Law 89–236, s. 15, s. 18.
79. United Kingdom, *Commonwealth Immigrants Act* (1962), Chapter 21, s. 2.
80. For example, Ward, 'Our Immigration Laws from the Viewpoint of Eugenics', 20.

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