

The medicalization of filth: pathologizing the immigrant Other in late 19th-century California

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Abstract: This study investigates the role of discourse in shaping public consensus amidst societal anxieties surrounding the sanitary reform in late 19th-century California. Drawing on analytical frameworks from prejudiced discourse and cultural studies, this study scrutinizes the construction of targeted immigrants as the pathological Other within political and popular rhetoric. The research reveals that prejudiced discourse, underpinned by pseudo-scientific rationale, operated as a powerful mechanism for ascribing blame for societal ills, legitimizing exclusionary policies, and reinforcing social boundaries. The findings extend the understanding of the discursive mechanics behind policy legitimization in periods of crisis, and inform contemporary scholarship on the historical antecedents of social justice issues concerning immigration.

Keywords: prejudiced discourse; sanitation; 19th century; immigration, identity

DOI: 10.69979/3041-0843.25.04.057

Introduction

During the early phase of the California Gold Rush, international immigrants were broadly welcomed due to labor shortages. The local press frequently mentioned the commendable qualities of these immigrants, including their cleanliness, orderliness and diligence (Library B, undated). However, the initially positive attitude towards immigrants transformed over time in California. Scholars have identified several key factors contributing to this shift in attitude, including the decline of the mining industry, increasing labor competition in the market, and the economic recession of the 1870s (Mann, 1982; Saxton, 1995; Bernstein, 1999; Batzell, 2014). Other researchers have pointed out that the stigmatization of targeted immigrants during public health crises in the 19th and early 20th centuries, led to their social ostracism from mainstream American society (Shah, 2001; Molina, 2006; Risse, 2012). However, few studies have examined how medical rhetoric, which was propagated during concurrent sanitary reform movements, facilitated attitudinal shifts towards immigrants.

As sanitary reform progressed, local governments, educational institutions, and medical professionals began to promote hygiene knowledge to the public (Molina, 2006). This advocacy fostered dualistic thinking that equated contamination with disease and moral deficiency, while associating cleanliness with health and virtue. In the post-gold rush recession, a period of intensified labor competition, public rhetoric frequently characterized the living environments of unwanted immigrants with pejorative terms like "contaminated," "unsanitary," "squalid," "disease reservoir," and "source of corruption." Such selected description extended beyond literal meanings of unclean environment, acquiring moral undertones rooted in contemporary "scientific" medical discourse. This medical discourse, legitimized by the contemporary disease theories, fused contamination with moral deficiency to recast the environments of targeted immigrants as inherently pathogenic.

1 Theoretical frameworks and data sources

The research builds primarily upon Mary Douglas's cultural theory to understand how disease, filth, and the figure of the unwanted immigrants were symbolically linked to construct a coherent Other. The anthropologist makes the point that dirt is the "by-product of a systematic ordering and classification of matter" (Douglas, 2002: 44). To put it another way, dirt could be interpreted as a dangerous violation of norms and order within the framework of a social system (Douglas, 2002: 35). The antonyms of dirt, including purity, cleanliness, or hygiene, therefore represent positive outcomes of the systematic ordering and adherence to the ideal social categorization. In this sense, transgressing the established social classification provokes risk and fear, whereas removing dirt enables the restoration of social order. The notion of dirt varies depending on social and cultural contexts defined through different categorization systems (Douglas, 2002). Anomalies are therefore entities that do not conform with dominant cultural and social order and are categorized as filthy or dangerous others.

In addition, the research applies the analytical framework of prejudiced discourse developed by van Dijk's (1984, 1993). He posits that prejudiced discourse is a primary mechanism through which dominant in-groups produce and reproduce

derogatory images of out-groups. Research on ethnic stereotypes notes that prejudice against other groups is shaped through social information processing involving strategies such as accentuation, selection, overgeneralization, simplification, differentiation, categorization, faulty reasoning, group schema use, and model building (van Dijk, 1984, 1993). Applying this lens, this study argues that medical rhetoric on filth and cleanliness functioned as a tool of exclusion. It performed key communicative and social functions, such as "interpersonal persuasion, diffusion of social beliefs and opinions in communities, in-group solidarity, normalization of attitudes and social precepts for behavior towards minority groups" (van Dijk, 1984: 4).

The research draws upon the analysis of archival materials from California between 1870 and 1900. Selection criteria emphasized materials that explicitly addressed public health concerns while also engaging broader questions of social organization and governance. Primary sources include:

Newspaper coverage from major California publications including The San Francisco Call, Daily Alta California, Los Angeles Herald, and Sacramento Daily Record-Union

Municipal reports from San Francisco Board of Supervisors and health departments

Public health documents from California State Board of Health

Visual materials including editorial cartoons from publications such as The Wasp

Government communications including official correspondence

3 Spatial stigmatization: mapping the unwanted immigrants

By the second half of the 19th century, germ theory proposed by Koch and Pasteur provided novel insights into how infectious diseases spread (Crellin, 1968). Germ theory held that pathogenic particles existed ubiquitously and spread diseases through interpersonal transmission (Stout, 1868). However, miasma theory remained a prevalent explanation for outbreaks among the populace due to its established history. This medical understanding suggested that illness was caused by disease-laden air emanating from deteriorated environment (Last, 2007). Furthermore, filth theory can be understood as a synthesis of miasma and germ theories. This theory incorporated environmental factors into disease transmission explanations to demonstrate direct transmission routes between unsanitary living conditions and disease (Association and Ravenel, 1921).

During California's sanitary reform movement, public health authorities and local governments instituted a new regime of sanitation that fundamentally linked cleanliness with morality, progress, and white identity (Torres-Rouff, 2013: 249). At the same time, filth was associated with immorality and poverty, with resulting illness viewed as consequences of moral failing (Farwell and Kunkler, 1885; Craddock, 2000; Taylor, 2009). Such disease theory was readily adopted by public health specialists, government officials, and exclusionists, who framed targeted immigrant neighborhoods as focal points of toxic effluvia that endangered the health and purity of the nation (Times LAD, 1882).

Driven by new medical understanding and middle-class domestic norms, the late 19th-century sanitary reform in California demanded reconstruction of public infrastructure but failed to apply it universally (Shah, 2001). Certain immigrant neighborhoods were largely bypassed in reconstruction plans, a failure of governance that local authorities refused to acknowledge (Torres-Rouff, 2013: 224-225; von Hübner and Herbert, 1874: 155). This deliberate neglect worsened already chronic infrastructural deficiencies, exacerbating hazardous sanitary conditions (California DA, 1878). As a result, the very squalor produced by state neglect became the primary evidence seized upon by exclusionary forces to negatively evaluate those communities and reinforce perceptions of them as inherently diseased and morally deficient. Reports, newspapers, and other textual discourses constructed immigrant populations as a public threat by fixating on imagery of "disease sources" (Journal PM, 1896: 652) and "contaminated enclaves." This discursive strategy fueled nativist sentiment and provided a powerful rationale for casting the immigrants as fundamentally the Other.

4 Discursive strategies in alienating and medicalizing unwanted immigrants

4.1 Accentuation

Prejudiced medical discourse established a set of dichotomies - pitting cleanliness against filth, morality against depravity, and us against them—to justify the alienation of unwanted immigrants. By deploying medically-coded derogatory language in news articles and official reports, this rhetoric drew sharp biological and metaphorical distinctions between "clean" American citizens and "filthy" outsiders (Hoy, 1995; Hansen, 2018; Molina, 2006). The ultimate social function of this widespread rhetoric, reprocessed across travelogues, political speeches, and propaganda, was to solidify a collective

white American identity in opposition to these outsiders, and serve as a catalyst for normalizing exclusionary attitudes.

This process of framing identity through opposition is explained by van Dijk's (1984: 30-31) concept of "accentuation." He argues that majority in-groups reinforce stereotypical schemata by selectively focusing on the perceived negative actions of out-groups. The post-Gold Rush era was a context rife with tension over resources and cultural differences. Propagandistic discourse, which relentlessly portrayed new immigrants as contaminated and diseased, exploited these salient conflicts, rendering them highly susceptible to what van Dijk calls "outgroup rejection" by the white American majority.

4.2 Selection, overgeneralization, and simplification

Prejudiced discourse in press and official reports often failed to explore the cause of the wretched neighborhood environment or to differentiate between various socioeconomic classes of the targeted immigrant groups. Instead, it selectively generalized associations between targeted immigrants, filthy environment, and diseases. Examples include:

a. "I think I have in some descriptions of tours in this district made it plain that Chinatown is so notoriously filthy that almost any superlative could fit such a condition." (Call TSF, 1900).

b. "New Chinatown is in about as filthy a condition as old Chinatown ... the houses, or rather shanties, and the backyards reeking with filth and the germs of disease." (Herald LA, 1892).

In such accounts, social information processing mechanism created and shared group labels (Allport, 1954) of contaminated and diseased immigrants through selective observation. This leads to overgeneralized, simplified, categorized, and negatively constructed identities that distinguished unwanted immigrants from civilized, clean, and moral American citizens.

4.3 Faulty reasoning

Prejudiced discourse imbued with a medical dimension reshaped group schemata associated with unwanted immigrants, showing negative extension involving negative evaluation of actions and circumstances (van Dijk, 1984: 31-32). Building on this faulty reasoning, the characterization of unwanted immigrants as inherently "filthy" directly fueled the "underground narrative"—a cultural storyline that imagined their communities as a sinister, subterranean realm. This imagined world, teeming with squalor and hidden threats, was positioned in direct opposition to the clean, visible, and "civilized" city (e.g., Post W, 1906; Times NY, 1906). Rooted in anecdotes, the narrative evolved into a recurring archetype of those immigrants as a perpetual Other, a figure that became a mainstay of 20th-century film and literature. Very often, such figment of imagination was a hybrid of excerpts from various stories, fabricated according to ethnic group schemata. The "filthy underworld" metaphorically portrayed targeted immigrant communities as depraved forces poised to undermine the nation's social order. Consequently, this narrative was instrumental in othering ethnic enclaves, cementing their status as fundamentally and forever alien to American society.

4.4 Differentiation and categorization

Late 19th-century public health reform in California contributed to defining American identity and citizenship (Molina, 2006). The underlying logic utilized oppositional connotations of cleanliness and filth to draw explicit boundaries between citizens and unwanted immigrants. This process of differentiation was essential to the construction of the Other. To shape a targeted immigrant group that was "forever foreign" to the American culture and society, public discourse acknowledged Americans as "moral persons", "worthiest citizens" and "clean citizens" (Wong, 1995; Locklear, 1960; Supervisors SFBo, 1880: 335, 836). And by contrast, the discourse attached prejudiced group labels to the targeted immigrant group, such as dirtiness, impurity, and diseased. Group labels served to set apart in-groups and out-groups through specific traits and identities (Allport, 1954; Allen and Wilder, 1979), drawing attention to dissimilarities in out-groups, and therefore "promote negative perceptions, evaluations, and behavior" (GreenbergKirkland and Pyszczynski, 1988: 76). This process, in turn, rationalized the demonization of unwanted immigrant communities, framing them as sanitary nuisances whose threat stemmed from a supposed "fundamental differentness" (Saxton, 1995).

4.5 Model building

Theoretically, mental model features a social dimension and is continuously updated in light of new events (van Dijk, 1993). Drawing on biased news, reports, and institutional texts and talks, a "filthy-and-diseased" image of unwanted immigrants was gradually formed. Readers, listeners, and lay publics at that time collected information from these discourses and integrated them into prior models, updating them with new fragments that they then circulated within their in-groups, often filtered through subjective judgments. Over time, the abstraction of these fragments yielded a generalized

and biased mental model of immigrants, which, in turn, sustained and amplified the reproduction of prejudiced discourse on a broader scale.

5 Conclusion

This study has examined discursive construction of unwanted immigrants in California during periods of societal anxiety in the 19th and 20th centuries. Prejudiced medical discourse on unwanted immigrants was embedded in medical reports, narratives by politicians and health officials, exclusionary political propaganda, and sensationalized press coverage, all of which influenced immigration policies in the United States in subsequent decades. Prejudiced medical discourse transformed unwanted immigrants from accepted residents to the filthy Other by associating medical thought with exclusionary sentiments (Wellborn, 1912). Whereas accusations of unsanitary conditions in unwanted immigrant neighborhoods once circulated only sporadically in the press, such prejudicial medical discourse has been widely disseminated in California since the 1870s.

Cleanliness and filth were relative notions defined by host white American culture, serving interests of in-group social members in different circumstances and times. The discursive turn attitudes was no accident; it emerged from a confluence of social, political, and economic forces. First, prevailing filth theory emphasized causal relationships between environment, morality, and disease. Second, fears of economic depression, unemployment, labor competition, and recurring public health crises were redirected into hostility toward certain immigrant groups. Third, California's sanitary reform saw municipal and health authorities standardize infrastructure to middle class white family norms (Shah, 2001), yet these projects frequently ignored the needs of particular immigrant communities. Fourth, in the time of unifying nationalism, the symbolic distinction between cleanliness and filth became essential to the project of American identity formation. This self/other distinction helped to construct a cohesive cultural identity, foster in-group consciousness, and advance the concept of a progressive American race (see Health CSBo, 1878).

The prejudiced discourse that portrayed unwanted immigrants as "filthy" was less a novel development than a reprise of longstanding narratives about the filthy Other. Throughout history, debates over marginalized peoples showed similar discourse features in given historical and social contexts (Helper, 1855: 94-96; Molina, 2006: 46-47). This prejudiced medical discourse illustrates Foucauldian insights about power-knowledge. Disease theories of the 19th century and "scientific" rationale constituted knowledge that supported strategies of stigmatization and exclusion of targeted immigrants in California. The prejudiced medical discourse served to solidify stereotypical perceptions that unwanted out-group members posed threats to American society and civilization. Stigmatized immigrants therefore became means for local authorities and sanitary institutions to respond to out-of-control public health crisis amid public concerns. In addition, exclusionary activists could borrow such "scientific" discourse on unwanted immigrants in their propaganda to limit their immigration, eliminate competition in labor markets, and reinforce barriers to their upward social mobility.

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Fund item: This research was funded by the Hunan Provincial Social Science Foundation of China, grant number 24YBQ078.