The United States has always been a nation of immigrants, but the wave of immigration that began in the mid-1880s and lasted until the outbreak of World War I dwarfed anything that had happened before. It was also different in kind. Contemporaries distinguished between the "old immigration," which had come primarily from northern and western Europe, and the "new immigration," which was coming mostly from southern and eastern Europe. The cultural differences between the new immigrants and the existing population of the United States, along with concerns raised by the sheer number of the new arrivals, were sufficient to trigger anti-immigrant feelings among many native-born Americans and lead to demands that further immigration be restricted.

Immigrants faced a wide range of difficulties. In addition to unfamiliarity with their new country's customs, language, and laws, they had to deal with keen competition for the jobs available to them, which were usually unskilled and low-paying. And they were the victims of overt prejudice and discrimination in many areas of life, including housing and employment.

One of the immigrants' responses to such conditions was to form compact communities in the large eastern cities where most of them settled. To many native-born Americans this was evidence of the immigrants' "clannishness" and another reason for regarding them with suspicion. This view is hardly fair, however. For one thing, such settlement patterns were partly forced upon immigrants by discriminatory housing practices rooted in strong anti-immigrant prejudices. It also ignores the fact that it was entirely reasonable for immigrants to cluster together with others from their native lands, who would be best able to help them deal with the difficulties they encountered in their new homeland - including prejudice.

Not that all native-born Americans were hostile by any means. Many welcomed immigrants as a source of cheap labor. Others, including pioneers in the new profession of social work, began the settlement house movement, intended to provide them with cultural, vocational, recreational, and other kinds of assistance. Even the best intentioned settlement house workers, however, were likely to agree that it would be best for all concerned, including the immigrants, if they could be induced to shed their old-country ways as quickly as possible and become assimilated and "Americanized."

At least some of the immigrants thought the same thing. Immigrants' children were especially likely to be attracted by American ways of life. Their parents, on the other hand, were more inclined to try to preserve the language, customs, and culture of their homeland. It was not simply a generational conflict, however, but a wide-ranging
difference of opinion among immigrants of all ages. The following selection discusses the health problems and the health-care methods of immigrant women, mostly Jews and Italians, living on the Lower East Side of New York City. It illustrates the cultural conflict between new and old, European and American, which divided immigrants.

In the old country medical knowledge was rudimentary, doctors rare, life expectancy short, and infant mortality high. Women, to the best of their ability, delivered babies, nursed young children, ministered to the sick, and, through the application of folk medicine, intervened against the ravages of nature. In sickness and in health, women depended on each other: health and hygiene, childbirth, and infant care were in their hands.

The urban environment challenged this culture in many, often contradictory, ways. On the one hand, women were plunged into neighborhoods that were dirty, unsanitary, and disease ridden. For people of all ages, death was as common here as back home. On the other hand, American doctors and social workers preached a scientific, medical "enlightenment" to women that may have been progressive but was also disruptive. These messengers brought useful information and genuine concern in ways that often denied traditional community practices.

In Jewish and Italian culture women relied on midwives. In addition to aiding in childbirth, midwives acted as surrogate doctors, taking care of the sick, administering herbal medicines, and sometimes performing abortions. Knowledge about pregnancy, infant care, health, and illness was passed down across the generations, but the midwife was consulted for special advice. Midwives were also neighbors and friends, living in the same community, speaking the same language, and living the same kind of life. As they went from house to house, midwives passed on information and news, helping to tie the community of women together.

The practice of midwifery on the Lower East Side was common. Social workers were surprised to find that "the large immigrant population in America clings through custom and deeply rooted tradition to the midwife." They also noticed that the "midwife was an economic necessity to those whom she attends for, from her, the patient is able to secure both medical attention and nursery care at a cost which does not exceed a doctor's fee for medical attention alone." The midwife not only charged less than the doctor, but performed services the doctor did not: "The midwife acts not only as a visiting nurse, but as a general adviser and women's friend, neither of which functions are usually expected of the doctor." Doctors were thought of as strangers and were treated with suspicion, but the midwife was known and familiar, a part of the past as well as the present. F. Elizabeth Croswell, who studied midwives for the Public Health Committee of the Association of Neighborhood Workers, concluded: "Midwifery was a custom which had been sanctioned by usage for thousands of years and was in complete accord with the deepest, most sensitive prejudices. . . . Through it, women of the masses in their hour of travail have demanded aid from their sister women and received it." One of these prejudices, which was observed by Elsa Herzfeld, a social
worker at Greenwich House, was that only the female sex may be present at a birth; therefore, immigrant women also preferred midwives because it was culturally taboo for men to be present at the act of birth. This taboo was extended to doctors who were male - as most doctors were: by definition they had no place at a childbirth. The reliance on midwifery was closely connected to attitudes about the home: the home was known, the hospital was feared. Even if a pregnant woman wanted to go to the hospital, her husband or women friends would say that it was only "for them that don't know better." Hospitals were thought of as places where people either died or were experimented on-the antithesis of birth. Adriana Valenti, an Italian garment worker, noted that her mother had all of her thirteen children at home with a midwife. She recalled bitterly that her mother would have been alive if she had gone to the hospital for her last child, but her father did not want her to go: "They feared it so much, that if you go to the hospital you die; many babies would die." And although hygienic conditions were hard to come by on New York's Lower East Side, midwives were generally clean, as were their houses. Users distinguished between good and bad midwives: each midwife had a reputation that was known to the community of women she served.

In 1905 Elizabeth Croswell went through birth certificates in Manhattan and found that "42 percent of the total number of births reported in Manhattan in 1905 were attended by midwives." Adriana Valenti suggested that the number may have been even greater: "There were so many children born that sometimes midwives forgot to register them. They forgot me, for example."

The cost of a midwife was far lower than that of a doctor. The regular charge of a "pay doctor" was $10, while the midwife received between $1 and $5 and she "washes the baby and cleans up besides." In addition, midwives would often stay in the house, or check up on the mother for a week or two after the birth, helping with the housework and attending to medical and emotional needs. Since new immigrant mothers were usually without the help of their own mothers, this aid was crucial. Adriana Valenti's mother was so conscious of the fact that when she delivered her children she had no help from her own mother that she was determined to make up for this loss with her own daughters: "When we would give birth, for one month she would make us do nothing. She would say, 'I didn't have anyone, you have me to help, now you will have your health when you get old.'" Even so, many new mothers lost their health through childbirth and the burden of the housework that followed.

It was common not only for the midwife but for the mother (if present), aunts, and mother-in-law to help the new mother during the act of childbirth and the first months afterward. The women of the family and the midwife acted as doctor and nurse, friend and housekeeper to the woman giving birth. Letitia Serpe, an Italian woman from Bari, described the birth of her first child:

I got my midwife through my mother-in-law. The midwife and I got acquainted a month before I delivered. When it was time, my mother-in-law, the midwife, my aunt, and I were all together in the bedroom. The midwife was lovely - clean -
she was like a she-doctor today— that's what she was. I had a beautiful nine-pound baby and the midwife wrapped her in swaddling so her legs would grow long and straight. My husband didn't sleep in the house for a week. My aunt slept with me and took care of everything.

About half of the midwives interviewed in the Croswell study were between the ages of thirty-five and fifty-five and most had become midwives to supplement the family economy. The husbands of midwives held the diverse jobs common to immigrant communities, as carpenters, day laborers, street cleaners, tailors, and peddlers. The occupation of midwife was an acceptable means for a married woman to contribute to her family economy.

The medical practice of midwives included abortion, and it was variously estimated that there were about 100,000 abortions performed every year in New York City alone, although it is impossible to gather reliable figures on this point. It was common knowledge that midwives performed abortions, but the price was high and many women asked to pay in weekly installments. This fact horrified Margaret Sanger, who worked for a while as a midwife on the Lower East Side, and propelled her to agitate for a more adequate and safe method of birth control.

Both Jewish and Italian culture stressed procreation. Adriana Valenti, for instance, recalled that large numbers of children were a point of pride with Italian men: "When my father's friends would come to visit us, you know, the paisanos, they would say, 'How many children you have?' And if one had six, my father would say I have eight. Another would say ten. The larger the family, the better; they were so proud of big families." For the women, however, an additional child was often less a blessing than a "curse of God." In a world in which there was no adequate means of birth control, and where procreation was hailed as a virtue, many immigrant women went to incredible lengths to secure an abortion. Even so, the average number of children for Italian and Jewish immigrant families was about five. Emma Goldman, who also worked for a while as a midwife on the Lower East Side, was impressed by what she called "the fierce struggle of the women of the poor against frequent pregnancies."

Many women asked her to perform abortions "for the sake of the little ones already here":

Most women lived in continual dread of conception; the great mass of married women submitted helplessly and when they found themselves pregnant, their alarm and worry would result in the determination to get rid of their expected offspring; it was incredible what fantastic methods despair could invent; jumping off tables, rolling on the floor, massaging the stomach, drinking nauseating concoctions, and using blunt instruments.

In July 1916, Margaret Sanger organized a birth control clinic in the Brownsville section of Brooklyn, a poor community of Jews and Italians. With two other women, she rented an apartment in the neighborhood and distributed handbills describing the work
of the clinic in Yiddish, Italian, and English—despite the fact that disseminating birth control information was illegal in the United States.

One Italian woman, when asked if she would tell her priest at confession that she had come to the clinic, exclaimed, "It’s none of his business. . . . My husband has a weak heart and works only four days. He gets twelve dollars [a week] and we can barely live on it now. We have enough children." The eagerness of immigrant women to have access to birth control information was demonstrated by the fact that in the first day of operation the clinic had 464 visitors.

Unfortunately, these women’s case histories were confiscated by the police when, several days later, they closed down the clinic, destroyed the files and equipment, and arrested Margaret Sanger and her helpers. Carlo Tresca, the well-known editor of the Italian anarchist paper Il Matello, was arrested at about the same time for advertising a book called L’arte di nonfare i Figli (The Art of Not Making Children), an attempt to disseminate birth control information to Italian immigrants.

Despite their knowledge, and the respect they had in the community, midwives aroused the wrath of the medical establishment. Lillian Wald argued that American attitudes toward midwifery demonstrated a real contempt for immigrant culture:

Perhaps nothing indicates more impressively our contempt for alien customs than the general attitude taken toward the midwife. In other lands she holds a place of respect, but in this country there seems to be a general determination on the part of physicians and departments of health to ignore her existence and leave her free to practice without fit preparation despite the fact that her services are extensively used.

Midwives were depicted by the medical profession as a remnant from the age of barbarism, and high rates of infant mortality were often blamed on the midwife’s "ignorance" and filthy living conditions rather than on conditions of the Lower East Side itself. It was believed that "Americanization" would mean the end of a need for the midwife’s services, and her replacement by a trained doctor in a hospital setting.

Many social workers had a different image, however. On the insistence of social workers and nursing organizations that recognized that the use of midwives was not just a barbaric remnant of another culture but the established preference of immigrant women, the Bureau of Child Hygiene in 1906 assigned its nurses the task of inspecting the bags of licensed midwives to make sure of the quality of their instruments, and to give them medicine to wipe out opthalmia neonatorum, a disease that led to blindness in newborns.

If social workers and nursing organizations looked for ways of improving the viability of midwifery, doctors and hospitals were preparing to take the entire birth process out of traditional hands. The promise of painless childbirth through the use of narcotics was the medical profession’s answer to midwifery: 'Just as the village barber no longer performs operations, the untrained midwife of the neighborhood will pass out of existence under the effective competition of . . . painless wards." The doctor/hospital was eventually successful in routing the midwife from her customary position, and by
the 1930s most women were having their children in hospitals under the direct supervision of male doctors. While narcotics may have killed their labor pains, and the hospitalization of birth made a dent in infant mortality rates, one of the most significant aspects of this change was that the act of birth was isolated from the community of women.

But this was not entirely due to the medical profession. As immigrant women became more familiar with American culture, they began to prefer the services of a doctor. Emma Goldman noticed that immigrant women who "had risen in the scale of material Americanism" soon began to turn to doctors. Adriana Valenti’s childbirth experience was a cross between two cultures: she had her children at home, but used the services of a doctor instead of a midwife. And in recalling her mother's extensive experience with childbirth, she felt that the high cost of hospital birth and doctors' fees were to blame for the decline in large families. Exaggerating the facts to make a point, she said, "When I was born the midwife got $5. Now I heard someone say that today when the wife gives birth, the doctor charged $4,000. You know how many babies my mother would have had for $4,000? None!"

Another cultural confrontation occurred over the issue of nursing and infant care. Immigrant mothers nursed their babies on demand. In addition, lactation was believed to be a form of birth control, so babies were nursed for a considerable length of time, sometimes up to eighteen months. In the Jewish tradition, intercourse with nursing women was forbidden by law and Jewish women often used nursing to avoid pregnancy. As a Yiddish proverb put it: "If the wife is afraid of getting pregnant, she lets her husband think she's still nursing."

The turn-of-the-century American apostles of "scientific motherhood," obsessed with what they called "good habits," were appalled by the irregularity of immigrant nursing habits. Elsa Herzfeld put it this way:

The babies were nursed irregularly. If the mother was working or "goes out for the day," she nurses the baby at meal times and during the night. Irregular artificial feedings supplement the nursing. In the case of the non-wage-earning mother, the nursings are equally irregular. The child is nursed when it cries or whenever the mother thinks it necessary, day or night. The clock is not consulted.

Good habits were thought to be the crucible of character, and mothers were trained to inculcate these habits in their infants from birth. Nursing on demand was perceived as irregular, contrary to notions of a proper upbringing that created people capable of adapting themselves to the machine age. Social workers applied these standards to immigrant mothers; clock time was a gauge used to determine the level of assimilation. The popular Infant Care, a manual, published in 1914 and widely distributed to middle and working class mothers' clubs, stressed that the "baby should be nursed regularly, by the clock, from the very first, and should have nothing between meals, save water, to drink." In the interests of standardization, mother and child were expected to suffer through long bouts of crying; endurance was the key to success. Yet luckily for the
children, the mothers preferred to feed them on demand, despite the criticisms of proponents of scientific mothering.

Even so, working conditions, undernourishment, long hours of work at home, and excessive stress created difficult nursing situations. The mother's milk was often inadequate to meet the needs of the infant, and artificial bottle feedings were used as a supplement. The lack of nourishment during pregnancy and nursing often affected the supply and quality of the mother's milk. In the Old World mothers had poor but simple diets, but here mothers were "so poorly nourished before the baby arrives that it comes into the world half-starved: the mother must often do work, the bottle is much simpler and frequently she does not have enough milk to properly feed the child." A study of bottle-fed babies stated: "In Manhattan, 12,500 mothers of the poorer classes are forced to rely upon bottle feeding for their infants - two main reasons for this material impotency are physical disability due to improper nourishment and disease, and industrial employment due to abject poverty."

An additional problem was contaminated milk. Milk in New York City was graded according to quality: the higher grades were more expensive and sold in bottles, while the cheaper grades were sold as "loose milk," taken from large open buckets in grocery stores and carried home in pails and glasses. The stores had little refrigeration and the milk was contaminated with bacteria that could cause illness and death in young children. John Spargo, in an article on the milk question for Survey magazine, argued that high rates of infant mortality were linked to dirty milk: "One-third of all babies die before five years old of diseases chiefly connected with the digestive tract and a considerable percent of diseases are definitely known to be caused by milk." Yet in the end it was a question of money: the higher and more sanitary grades of milk were simply too expensive for most women to buy.

In 1908, in a response to this situation, social workers set up clean milk depots in poor neighborhoods where bottled milk, free from bacteria, was sold at reasonable prices. It was a constant struggle to maintain the milk depots: year after year, "Baby Week" campaigns were run to raise money for them. In 1911, after much pressure, New York City authorized "the municipalization of fifteen milk stations and so satisfactory were the results that the next year the appropriation permitted more than a trebling of this number." Lillian Wald argued that in the neighborhoods where there were milk depots there was a sharp decrease in the infant mortality rate. Yet there were still not enough depots to satisfy the need for clean milk.

In any case, the milk stations were only a partial solution. The responsibility for unbottled, dirty milk was ultimately in the hands of the commercial dairies. Survey reported that a long fight with the dairy industry had resulted in the establishment of new standards for the production and pasteurization of milk that recognized pasteurization to be of primary importance if milk was to be safe. Nevertheless, pasteurization was being abused by dealers who "poured dirty milk into the machines."

The problem was complicated by the lack of adequate refrigeration at home. Even if milk was bought in bottles, there was no way to keep it cold - in the summer it would go bad by mid-morning. Most immigrant mothers had small ice-boxes that had to
be supplied with ice bought daily from the iceman. Since a small amount of ice cost between five and ten cents, few women could afford to buy more than small quantities.

The social workers who established milk depots included mothers' clubs and classes as part of their program. Although the classes at first focused on the milk question, they quickly turned into a general program for teaching immigrant women scientific motherhood: "When breast feeding has been found impossible, they [mothers] have been taught the value of many other things: of keeping the milk cold; of feeding the babies regularly; of throwing away the deadly pacifier; of peeling off the long red bands which swathe and infest the little baby." In the campaign to change immigrant mothering, pacifiers and swaddling clothes became bones of contention.

Social workers and child care "experts" thought that pacifiers represented "an extremely bad habit," a habit for which "someone else is entirely responsible. The baby does not teach himself this disgusting habit."

Anzia Yezierska fictionalized this tension in a story called "The Free Vacation House," which was about a poor Jewish mother desperately trying to go on vacation with her children in the country. She applied to a charity organization, which sent a social worker to investigate her case:

I hear a knock on the door and a lady comes in. She had a white starched dress like a nurse and carried a black satchel in her hand. I am from the Social Betterment Society, she tells me. You want to go to the country. Before I could say something she goes over to the baby and pulled the rubber nipple from her mouth and to me she say you must not get this child used to this; this is very unsanitary. Gott in Himmel, I beg the lady. Please don't begin with that child or she'll holler her head off. She must have that nipple.

Enrico Sartorio observed the same conflict between immigrant mothers and social workers in Italian communities:

Italian families complain about the blunt, aggressive way in which some social workers burst into their homes and upset the usual nature of their lives, undressing children, giving orders not to eat this or that, not to wrap up babies in swaddling clothes and so forth. The mother of five and six children may be inclined to think with some reason that she knows a little more about how to bring up children than the young looking damsel who insists upon trying to do it.

The confrontation over the pacifier, swaddling clothes, irregular feeding habits, and so on, was an area of cultural collision in which customary motherhood was confronted by the new techniques of scientific mothering. The tension between immigrant women and the representatives of industrial culture was not over the need to change the external conditions of motherhood in an urban slum environment, but over how and what knowledge was to be incorporated into the rhythm and patterns of daily life. These difficult conditions often led to extreme frustration, as exhibited by the mother in "The Free Vacation House":
Then I looked around me in the kitchen. On one side was a big washtub of clothes waiting for me to wash. On the table was a big pile of breakfast dishes yet. The baby was beginning to cry for the bottle. Aby [one of the six children] was hollering and pulling me to take him to kindergarten. I felt that if I didn't get away from here for a little while, I could land in the crazy house, jump from the window or go to the country with the charities.

If one set of diseases devastated the lives of young children, another set—like tuberculosis and scarlet fever—ravaged the adults. Immigrants called tuberculosis the "workingman's disease" or the "tailor's disease." It was, as Lillian Wald noted, "pre-eminent a disease of poverty" created by "underlying economic causes, bad housing, bad workshops, undernourishment and so on."

The garment industry was particularly responsible for its spread. Small factories with no light or air, small apartments with no windows or ventilation, the homework system, and industrial dust, dirt, and grime made the Lower East Side a breeding ground for a disease that caused prolonged illness and death, and upset the precarious economy of many immigrant families. It was also responsible for acute suffering within the family. One immigrant father who had been tubercular for years wrote a poignant letter to the "Bintel Brief" column of the Jewish Daily Forward:

I am the father of a three year old girl, a clever, pretty child who attracts everyone's attention. All who know my child hug and kiss her. I may not... Every time I kiss the child I feel my wife's eyes on me, as if she wanted to shout "murderer"! but she doesn't utter a word- only her face reddens. I feel that a battle is going on within her: she compresses her lips and keeps silent. She tries to keep the child away from me though she doesn't want to hurt me. My wife's suffering deepens my pain.

Disease was also spread by the continuation of traditional customs in an environment that made no provision for them. For example, Jewish women, as part of their religious duties, were required to take mikveh baths:

Women are required to use the pools regularly within seven days of menstruation. The Hebrew law is very strict regarding the method of using these baths and states that after a thorough cleansing, the person should immerse herself in a purified plunge filled with uncontaminated water or water that has not been polluted by human beings.

On the Lower East Side, mikveh baths were usually located in the basements of tenements in congested areas where it was impossible to change the water, which was used by hundreds of people and became a breeding ground for disease. The bath cost five cents, and it was five cents more for a shower. Since people usually did not have the
extra nickel, the showers were not used. Despite the fact that the Lower East Side mikveh bath did not comply with the standards of "the Mosaic laws," their abolition was strongly opposed by the Jewish people who bathed there.

The attempt to find clean air and water encountered the same obstacles. Immigrant women knew about the value of fresh air and clean water, but it cost money to get to the country, or even to parks in the city. The parks had been built for the middle and upper classes and were far away from the Lower East Side. In a story for *Survey* magazine, Annie O'Hagan reconstructed the attempts of a tenement house mother trying to give her youngest child the benefits of fresh air:

In pursuance of her resolution to procure sunlight and fresh air for Tobias without paying for it by separation from him or the rest of her tribe, her life was very strenuous. She got up at dawn to push her baby carriage through garbage-laden streets. There wasn't a park available to her. All day, as she did her own and other people's wash, she tried to get the baby out in the fresh air, but there was little fresh air to be found.

Most adult diseases were treated at home. Social workers did a house-to-house canvas in 1904-1905 and discovered that "in the East Side district, 90 percent of sickness is cared for at home. Even such grave diseases as typhoid and tuberculosis are nursed at home. Ancient prejudices against going to the hospital persist in these districts." At the same time, social workers recognized that the hospitals were "ignorant of the home conditions from which their patients come and their patients distrust dispensaries and hospitals."

Immigrant women, lacking adequate medical advice, occasionally used folk medicine in an attempt to eradicate illness. One Jewish woman remembered that when she was very sick as a child her mother adopted her own medical practice: "My mother had me urinate and rubbed it on my forehead and my fever subsided. Another time I had fever so my mother ripped the top of my ear and let the blood flow and the fever subsided, too." Another woman remembered a cure for burns:

My mother was very badly burned by hot water. So the grandma took some lima beans and put them in a pan on the gas stove and practically burned them. She then chopped them and put them through a sieve. It looked like powder. She put it on the burned area and it coated and cleaned the burn. The burn never showed.

The women also resorted to prayer. Fabbia Orzo's mother claimed to be cured by a miracle:

St. Anthony was her favorite saint and she had reasons to believe in St. Anthony. My mother was crippled before her youngest son was born. She couldn't walk three months after she gave birth she couldn't walk until she prayed to St. Anthony. One day a parade for St. Anthony went past her window. My mother
prayed that she be able to walk to the window and see the parade for St. Anthony walk by. She said if this happened she would go to church no matter where it was to pray for the saint, and pay her respects. She did walk those few steps to the window and from then on she regained her health.

Mike Gold, in his autobiographical novel *Jews Without Money*, told of another form of folk healing. During the summer months it was common to find children sleeping in the streets outside their apartment buildings. One such night, a Fourth of July, Gold was falling asleep in his bedding on the street when someone threw a lighted firecracker that exploded on his pillow and burned him. He then became subject to recurrent nightmares and lost weight, and the family consulted doctors whose cures proved to be of little help. His mother took the advice of a neighbor and called in "the Speaker-Woman, Baba-Sima":

There were many such old women on the East Side. They were held in great respect. . . . Baba Sima called one summer night as I lay pale and exhausted by the dark mental shadows. She was a hump-backed old crone in kerchief and apron with red rheumy eyes and protruding belly. . . . She turned me on my stomach and with a blunt knife traced magic designs on my back, mumbling over and over in singsong. . . . I was left irritable and skeptical. This foreign hocus pocus did not appeal to me, an American boy. . . . 'My dear," said my mother, "this is a famous Speaker. . . . She knows more than many doctors. . . . She is sure to make you well."

Through the use of spells, incantations, and rituals, he was cured of his nightmares. The Speaker-Woman practiced a kind of primitive ritualistic psychiatry:

The East Side worshipped doctors, but in nervous cases or in mishaps of the personal life, it sometimes reverted to medievalism. Lovers sought philters of the old Babas, to win victory over a rival in love. Deserted wives paid these women money to model little wax figures of their wandering husbands and torture them until the false one returned. . . . That greedy, dirty, foolish old woman knew some deep secrets, evidently. She had cured me.

Money and time were components of that "ancient" prejudice and distrust of hospitals. Hospitals were not located within walking distance, and finding carfare was a problem. Time was also a problem: immigrants could not afford to stay away from work for even short amounts of time. Further, the hospitals cost money and sickness could easily absorb a family's entire meager savings, even with the aid of a mutual-benefit society; prolonged illness sometimes forced a family to apply for relief. Even public clinics and dispensaries took enormous amounts of time, and provided little relief:

Most immigrants were unwilling to go to public dispensaries. Crowded rooms, hasty examinations and prescriptions that gave no relief were some reasons for
that feeling. Some people had to wait half a day before their prescriptions were filled and could not afford the time to go again; others found to have contagious diseases had merely been told to go away.

Dispensing personnel frequently told people that the dispensary could not cure the disease and that they should go to a doctor's private office at a high price per visit. Sometimes doctors came into the neighborhoods, brought either by the public schools or the Board of Health, to vaccinate children and perform minor operations. Vaccination was a yearly event, yet its purpose was never explained to the community: both agencies and doctors assumed that its value would be intuitively understood, and neglected to communicate the medical meaning clearly. Deeply suspicious, many immigrant parents believed that vaccination was poison, and, according to one newspaper account, "vaccination is always accompanied only by force in the Lower East Side."

On one occasion, in 1908, neglect and suspicion erupted into violence. The doctors descended on the schools to vaccinate and, this time, to surgically remove the children's adenoids, since it was believed that this would prevent illnesses. Although parental consent was required, most parents misunderstood what they had signed. Word spread. As the New York Tribune reported: "Rioting women and children, by the thousands, swept into a senseless panic by an absurd story that children's throats were being cut by physicians in various East Side schools, swarmed down on these buildings in great mobs . . . intent on rescuing their children and companions." The women, described by the Tribune as "voluble Yiddish women of luxuriant flesh," cried out that "their children were being murdered and buried in the school yard . . . [and] stoned the school houses, smashed windows and door panes." The Tribune attributed this riot to "ignorant, excitable Jews, fearing Russian massacres here, knowing nothing of American sanitary ideas." Events like this did little to improve the condescending attitude of the medical profession, or the ability of the women to understand the value of American medicine.

Given this lack of communication, and the immigrants' resistance to hospitals in general, social workers began to establish health care centers and visiting nurse services to help care for the sick in their homes. In this case, social workers recognized cultural practices while doctors did not:

In the home, the largest proportion of sickness has been and will be cared for. . . If the municipality assumes the obligation to adequately care for sickness and to prevent it when possible, measures must be taken to render service in the home. It is idle to argue that if the city provided hospitals, the people, when sick, would go to these hospitals.

They also instigated anti-tuberculosis campaigns, argued for more sanitary working conditions in the garment industry, and agitated for new tenement house legislation that would require better ventilation and more air space.
In the final analysis, however, most of the diseases of the Lower East Side were produced by industrial conditions, and their cure was therefore dependent on better conditions and access to money. Immigrants, through lodges, mutual-benefit societies, and local unions, employed doctors who spoke the same language and whose fees were considerably lower than those of American doctors. But there were never enough of these to deal with the enormous amount of sickness. A group of concerned Lower East Side doctors confronted this situation directly when they organized a free medical visiting service during the garment strike of 1916:

We have seen babies die because their parents had no money for a doctor and our volunteer service came too late. We have seen men suffer because they had no carfare to go to the hospital. We doctors don't complain for ourselves. These are our people. We are glad to give them our medical services freely in their great need. But hunger is a disease we cannot cure. Money is the only medicine that can save them.

If social workers and official public agencies experienced great difficulty curing the health problems of the immigrants, there was another group of "medicine men" who had few scruples about taking advantage of the health problems of the ethnic communities. Beginning in 1911, under the truth-in-advertising legislation, quack doctors and salesmen of fake and patent medicine were driven out of national magazines and high-class metropolitan dailies and found "refuge in the small town papers and especially the foreign press. The foreign-language press, it was estimated, derived 36% of their advertisements from quack practitioners and patent medicine interests." Disreputable doctors advertised in these papers, relying on the fact that most immigrants trusted their own newspapers.

The advertising consisted of all kinds of quick cures for immigrant illnesses. The ads appealed to ethnicity as the basis of trust. In 1920, Survey reported that the same doctor, writing ads in several papers, appealed to "my Rumanian brothers," or to "my sick Lithuanian brothers"-the nationality changed with the language of the paper-or, in a message to the Italians, "Sick Italians, don't be discouraged. Thousands of your countrymen have found health and happiness by going to see Dr. Landis." Or they appealed to a common language, "You can hold a conversation with me in your own tongue. . . . Here we speak Hungarian." The Survey article claimed that "the type of appeal is more vivid and dramatic in Italian, Hungarian and Polish papers, while in Swedish, Lithuanian or German, more matter of fact."

Those responsible for the ads were quick to spot what the hospitals and doctors missed: that ethnic groups preferred to rely on their own people when sick. Quack doctors made use of community interdependence for their own pecuniary benefit, while the foreign press acquiesced in return for needed revenues. The same study reported:

The foreign language press cannot afford to give up bad types of advertising unless they can get something remunerative to replace it. One small foreign language paper refused quack patent ads to an amount of $1500 a month
because its people were being exploited and victimized. As a result, it could barely pay expenses but the editor declared he felt at peace without stained money. It has, however, gradually resumed much of what it had once refused.

The remedies offered by quack doctors and patent medicine men offered little relief to those who lived in the beleaguered tenement districts, and instead compounded the problem of finding reasonable medical care from doctors who shared a common language. Few professional Italian or Jewish doctors had emigrated and the American medical profession was largely unsympathetic to the health needs of the new immigrants. This situation helps explain the desire of Jewish and Italian parents to have their sons enter the medical profession. If this desire accepted the patriarchal assumptions of a predominantly male profession, it also corresponded to the needs of a community faced with illness and disease. Both experience and tradition assumed that the best medical care could be obtained from members of the community itself. After all, who else would heal the sick?