CHAPTER 1

Public Health and the Mapping of Chinatown

Nineteenth-century San Francisco journalists, politicians, and health officials feared an impending epidemic catastrophe festering in the tenements of what was then labeled as Chinatown. In the press coverage of public health inspections, newspaper reporters described the Chinatown labyrinth as hundreds of underground passageways connecting the filthy "cellars" and cramped "garrets" where Chinese men lived. In their salacious portrayals, journalists related how dozens of Chinese men slept on narrow wooden shelves squeezed into claustrophobic rooms, "which was considered close quarters for a single white man." Opium fumes, tobacco smoke, and putrefying waste pervaded the atmosphere in these windowless and unventilated rooms, and "each cellar [was] ankle-deep with loathsome slush, with ceilings dripping with percolations of other nastiness above, [and] with walls slimy with the clamminess of Asiatic diseases."[1]

Periodic public health investigations—both informal midnight journeys and official fact-finding missions—fed the alarm about the danger Chinese men and women posed to white Americans' health. Seizing upon the suspected causes of contamination, health officials emphasized the "overcrowded" tenements, "unventilated underground habitations," and stale "nauseating" air.[2] These investigations produced a "knowledge" of Chinese women and men's seemingly unhygienic habits, the unsanitary conditions in which they lived, and the dangerous diseases they carried. The widespread publicity of the horrors of percolating waste,

teeming bodies, and a polluted atmosphere in Chinese habitations underscored the vile and infectious menace of Chinatown spaces. Almost at once the threat of illness became the legitimate grounds for the city government's intervention and shaped health policy toward Chinatown and Chinese residents.

How did these revolting images become the incontestable truth about Chinese residents of San Francisco? How did the descriptions offered by health officers and journalists achieve the stature of scientific knowledge and pervasiveness of common sense? In order to understand how quickly public-health knowledge came to identify a place and its inhabitants as dangerous, it is necessary to examine the process by which description became policy through scientific knowledge. The category of Chinese race and place created the field of study for investigations; strategies of scientific knowing generated the rich descriptive data that were then interpreted by medical reasoning. This formation of scientific knowledge shaped regulatory policy that in turn spurred further investigations, and the process of knowledge creation intensified.

The investigations targeted Chinatown, identifying its location and its boundaries and surveying the spaces within it. In the nineteenth and early twentieth centuries, "Chinatown" ghettos proliferated in both cities and small towns throughout North America. The generic naming of a Chinatown in some locations referred to a handful of buildings and in others to a set of streets. Although the physical boundaries of these "Chinatowns" constantly shifted, the name signaled a potent racial designation of Chinese immigrant inhabitation. The cartography of Chinatown that was developed in government investigations, newspaper reports, and travelogues both established "knowledge" of the Chinese race and aided in the making and remaking of Chinatown. The idea of Chinatown as a self-contained and alien society in turn justified "recurring rounds" of policing, investigation, and statistical surveys that "scientifically" corroborated the racial classification.[3]

The creation of "knowledge" of Chinatown relied upon three key spatial elements: dens, density, and the labyrinth. The enclosed and inhuman spaces of dens were where the Chinese lived. High density was the condition in which they lived. And the labyrinth was the unnavigable maze that characterized both the subterranean passageways within the buildings and the streets and alleys aboveground. These spatial elements established the basic contours of the representation of Chinatown and provided the canvas for detailed renderings of Chinese living styles, conditions, and behaviors. The investigations and the accompanying pub-

licity not only established the Chinatown spatial elements of dens, density, and the labyrinth but also generated the stereotyped imagery that would be used more intensively over the decades and that illuminates how racial categories in the United States were produced in the late nineteenth century and persisted in the twentieth century.

Five government-sponsored investigations were both emblematic and politically pivotal in defining the Chinatown menace: the 1854 inquiry by the San Francisco Common Council (the precursor to the San Francisco Board of Supervisors) that reestablished the municipal Board of Health; the investigation that resulted in the 1869 report of the San Francisco health officer C. M. Bates; the 1871 investigation by Dr. Thomas Logan, the secretary of the California State Board of Health; the 1880 inspection by the Board of Health that declared Chinatown a "nuisance"; and the 1885 survey of Chinatown by the San Francisco Board of Supervisors. Although these expeditions were not always led by physicians, medical expertise shaped their findings and implicitly supported the "truth" they exposed. From 1854 to 1885, reports of every official investigation recycled these spatial metaphors and both consistently and uncritically channeled the imagery of "dense" and "enclosed" living conditions into the interpretive framework of epidemic danger for white San Francisco residents.

Over the span of forty years, four strategies of scientific knowing developed that transformed the knowledge of Chinatown. These strategies were scientific observation, standards of normalcy and deviance, statistics, and mapping. Scientific observation emphasized firsthand descriptions. These descriptions were offered in a realist style, evoking a travel narrative rich in visceral sensory details. The strategy of creating standards of normalcy and deviance was especially critical to evaluating density in residential space. This primarily involved the calculation of room dimensions in relation to the number of inhabitants. Against the yardstick of the middle-class white ideal, Chinese residential practices were, therefore, designated as deviant and a sign of inhumanity. The strategy of using statistics stipulated the frequency of health violations and census enumeration of the inhabitants. The enumeration demonstrated both the ordinariness and the extensiveness of the dangerous conditions in Chinatown. Finally, through the regularity and thoroughness of sanitary surveillance, the public health authorities developed a map that identified every business and residence in Chinatown.[4] It was the combined weight of all four strategies that enhanced the intensity of scientific knowledge formation and substantiated claims to objective truth.

By 1880, the understanding of Chinatown as the site of filth, disease, and inhuman habitation had achieved a pervasiveness in public discourse as both scientific truth and common sense. Political discourse, travel writing, journalism, and public health reports all shared these strategies of scientific knowledge and interpretation. Public health alone did not invent this knowledge of Chinatown but rather organized it. The persuasive power of public health knowledge was its capacity to identify, intensify, and relentlessly classify popular representations into a limited array of mutually sustaining racial and medical meanings. The shared knowledge of Chinatown produced explanations that tenaciously connected the Chinese race to place, behavior, and cultural differences and framed the endurance of the Chinatown ghetto as a living repository of the strange, peculiar, and unassimilable in San Francisco.[5]

INVESTIGATING CHINESE SETTLEMENT

Medical interest and municipal investigation of Chinese settlement began in 1854, when it was first possible to see and describe a San Francisco street as being predominantly "Chinese." The Chinese population had grown rapidly from a handful in 1848 to more than 2,000 Chinese residents six years later. The first substantial number of Chinese immigrants had entered the port of San Francisco in 1849. Chinese men, mostly from the southeastern province of Guangdong, emigrated in large numbers to California in the early 1850s. In California overall, the Chinese population leaped from 450 in 1850 to 20,026 in 1852. The Cantonese men called their destination *Gamsaan,* or Gold Mountain. Lured by the 1848 gold strike in the Sierra, most Chinese men traveled to the hinterlands to seek their fortunes. Even so, Chinese men accounted for 12 percent of San Francisco's total population, and a visible cluster of Chinese businesses emerged on Sacramento Street, between Kearny Street and Dupont Street. Chinese residents and travelers themselves recognized the cluster of their compatriots' businesses and in time called Sacramento Street *Tongyan gaai,* or "Street of the Chinese."[6]

In August 1854 a local physician, Dr. William Rabe, was perturbed by the "filthy" conditions on Sacramento Street and demanded that the Common Council immediately investigate the Chinese settlement in the city. The unhealthy living conditions of Chinese residents aggravated council members' concerns about Chinese immigration.[7] The council's official investigation of the nascent Chinese district became the model for the next half century's expeditions. These expeditions presumed first

that discrete racial territories existed, and then that their features could be known through direct observation and expert analysis. In 1854, city council officials enlisted a police officer to conduct a tour and ferret out the hidden dangers of the settlement. The party was accompanied by Dr. Rabe, who provided medical expertise to diagnose the territory's problems.[8]

The political atmosphere around the 1854 investigation was charged, however, with the tensions of escalating anti-Chinese politics and the specter of epidemic disease. The *Daily Alta California,* an avowed opponent of Chinese immigration and the leading daily in the city, claimed that the Chinese were "notoriously filthy," an assertion that could be validated by "taking a walk through any of the Chinese quarters of the City."[9] News of a cholera epidemic heightened worries about Chinese filth. The newspaper issued frequent reports of a national cholera epidemic, detailing weekly death tolls in major Eastern cities and the rapid spread of cholera westward.[10] This coverage revisited the history of nineteenth-century cholera epidemics; the October 1850 outbreak was responsible for forty deaths in San Francisco.

The *Daily Alta* editors warned their readers that despite overall improvements in sanitation, cholera could erupt in "filthy localities like the Chinese quarters" because "cholera delights in filth, in decaying garbage, and stagnant water, and dirty clothing and filthy bodies: particularly when all of these are united in crowded localities." The editors employed popularized medical knowledge about the causes of cholera—waste, contaminated water, and filth—and combined it with an abhorrence of "crowded" and impoverished localities and bodies. The wave of cholera epidemics in Europe and in the United States since 1832 had generated intense medical and popular debate about the causes and spread of the disease. Although there was recognition that social status offered no immunity to the disease, there was a widespread moral and medical belief that the living conditions of society's poor and marginal were responsible for the spread of cholera. The *Daily Alta* had characterized the spaces inhabited by the Chinese as "dirty, filthy dens" where "sickly" Chinese were "piled together like pigs in a pen." The editors called upon municipal authorities to enforce sanitary regulations to eliminate these "dens" and expel the Chinese population from the city.[11]

These images of filth, density, and sickliness reappeared in the Common Council's investigation. The report identified the most intense dangers as being in the boardinghouses owned by the so-called Chinese Companies and depicted them as the "filthiest places that could be

imagined." In some of these dormitories "hundreds of Chinamen are crowded together . . . and the stench which pervade[s] the air is insupportable." The crowding and filth generated rampant disease and resulted in high illness rates that affected 10 to 15 percent of the occupants of each house on average. Physicians and middle-class commentators in the period perceived the unsanitary living conditions as both evidence of moral turpitude and as an incubator of fatal epidemics. The filth and density of the homes of the poor and working classes enfeebled the occupants, making them unusually susceptible to common illnesses and even more vulnerable to epidemics. The investigating committee concluded that the Chinese settlement posed a health menace to the rest of the city's inhabitants; for example, the "excessive" number of Chinese was "dangerous to the health of the inhabitants owing to the crowded state of the houses of Chinamen, the sickness which they introduce and the extreme and habitual filthy condition of their persons and their habitations." [12]

The Chinese were characterized repeatedly in terms of "excess"—of their number, of their living densities, of the diseases they spawned, and of the waste they produced. The references to excess and extremes stood in menacing contrast to the presumed norms of the white middle class. The danger of excess lay in its perceived capacity to expand across class and racial differences and spatial boundaries, carrying lethal contagion. The investigators feared that cholera would not only "make short work of the Chinese in their quarters" but also that it would strike "our own citizens." The differentiation between Chinese "aliens" and the municipal "citizens" enabled the committee to entertain the suggestion of taking "extraordinary measures" to suppress the epidemic by expelling the Chinese and thereby "removing from our midst the germs of pestilence." In their rhetoric, the committee members shifted from attributing the health threat to collective Chinese *behavior* to denouncing the Chinese as the very *embodiment* of disease. Their substitution revealed how effortlessly the classification of racial difference could shift from social to biological attributes. Despite the interest in radical removal, the committee endorsed a plan to revive the Board of Health, implement health regulations, and appoint a public health officer to enforce them. Although the committee failed to remove the Chinese population, whom they regarded as disease carriers, they demanded that the Chinese Companies make provisions to take "their sick countrymen outside the city limits." [13]

Early in the history of Chinese settlement, Chinese merchants took the lead in establishing associations, known in Chinese as *huiguan* (lit-

erally, meeting halls), which translated into English as "company." The immigrants from each of the districts of Guangdong province spoke different dialects of Cantonese and identified strongly with places of origin. The district *huiguan* served as a mutual-aid umbrella group that comprised various subgroups organized around village origins and surnames. These associations were run by elected officers, usually merchants, and they provided their members with accommodations, work and business opportunities, and when necessary, health care and burial assistance. Although relations between the district *huiguan* were often strained, these *huiguan* banded together to respond to local and national political, immigration, and legal challenges. In the 1870s, the coordinating council of six *huiguan*—the Zhonghua (Chinese) Huiguan—adopted a formal English name, the Chinese Consolidated Benevolent Association (CCBA), and was commonly known as the "Six Companies." [14]

In 1854 leaders of several district *huiguan,* who referred to themselves as "respectable Chinese residents," convened the day before the Common Council hearings to respond to the report's recommendations. Supporting the public health concerns about the deleterious relationship between filth, crowding, and disease, the Chinese merchants developed a series of resolutions intended to "remove the causes of complaints which have been made recently against the Chinese." These resolutions included assurances that boardinghouses would be "cleaned and renovated" and "excess boarders" immediately removed, that "all Chinamen present will take immediate steps to have their premises cleaned," and that a hospital would be built on the outskirts of the city. Seeking to develop moral distinctions within the Chinese population, these Chinese merchants invited the intervention of inspectors to "force" noncompliant Chinese to abate "nuisances." They were eager to claim that the merchants represented at the meeting were law-abiding and responsive to the concerns of the city government. The business elite represented at the meeting served to further establish its "respectable" status by differentiating its members from those merchants engaged in illicit business. They requested that the police suppress Chinese brothels and gambling houses, "which the meeting considers to be a great grievance to the Chinese residents." In every regard, the merchants who petitioned the city council sought to ensure that the "innocent shall not suffer with the guilty." [15]

The "respectable merchants" retreated from a class condemnation of the Chinese laborers living in boardinghouses. Instead they denounced the brothel keepers and gambling-den owners. They conflated the oper-

ation of illicit businesses with sanitary negligence. Since the respectable merchants operated the boardinghouses, they were eager to prove compliance with city regulations and their good intentions. In the mid–nineteenth century, service delivery in the city was uneven and garbage collection and even police protection were transacted privately by businesspeople and residence owners. Merchants complained that white police officers collected weekly payments from merchants on Sacramento and Dupont Streets to "clean their respective quarters" and provide protection, but these same merchants rarely received proper trash removal or sanitary services. They felt helpless to redress the police extortion and fraud in light of the absence of regular city services.

The Chinese merchants' pledge to build a "suitable" hospital for Chinese immigrants outside city limits raised questions about the civic ambivalence toward providing services to the Chinese and especially about the unwillingness to include Chinese residents in the body politic. The city council's unusual requirement that they build outside city limits expressed the fear that "sick Chinese" would radiate contagion and the belief that they must be removed beyond city boundaries. City council members further questioned the effectiveness of Chinese medical treatment and hospital care and in the end refused any plans for a Chinese hospital. These suspicions belied the unwillingness of city and state officials to take any responsibility for providing health care and for opening the public hospitals to Chinese patients. The *Daily Alta* editor argued that the state of California was responsible for ill Chinese immigrants. In 1852 the state legislature had passed a tax on passengers arriving at the port of San Francisco, in order to pay the costs of the State Marine Hospital in San Francisco and public hospitals in Sacramento and Stockton. Although Chinese immigrants contributed substantial tax receipts, these immigrants were not entitled to medical care and treatment in public facilities.[16]

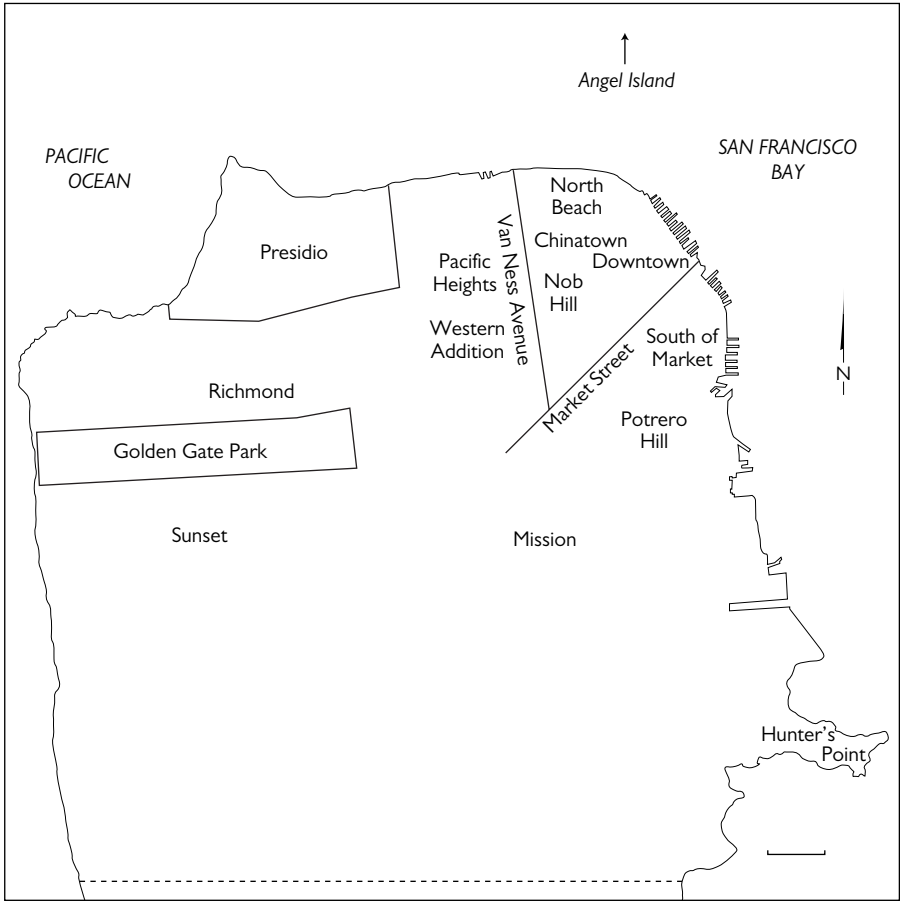
The cholera panic quickly subsided in September 1854, and in its wake emerged a new city health authority in the revived Board of Health and a new perception of space, race, and contagion. The *Daily Alta* disingenuously criticized the "unnecessary alarm among the nervous portion of our citizens." Without acknowledging the newspaper's own responsibility in fanning the hysteria with reports of "authenticated [Chinese] cases" of cholera the week before, the *Daily Alta* editor admonished those who would rely upon "rumors."[17] The hysteria and rumors created fears based on a new articulation of space and race. Chi-

natown had become a singular and separate place that henceforth could be targeted in official inspections and popular commentary.

From a single block on Sacramento Street in 1854, the territory described as Chinatown expanded by 1885 to a fifteen-square-block region bounded by Kearny, Broadway, Sacramento, and Powell Streets. The growth to the west and north was shaped by the hilly topography, exponential population growth, and the rapid articulation of other zones of the city. The Chinese businesses and residences spread rapidly west up the hill to Powell Street and north to the relatively flat streets as far as Broadway. The sharp ridges on California Street limited the expansion south. Although in the 1850s the businesses and residences occupied by the Chinese immigrants were located throughout the city, by the 1870s these businesses and residences had been consolidated in the Chinatown zone. In the last third of the century, the borders of Chinatown abutted four defined zones of the city: the elite residential district of Nob Hill on the west; the main commercial and business districts on the south and east; and the Latin Quarter (which in the twentieth century became known as North Beach) to the north. (See Map 1.)

The number of Chinese residents remained stable during the decade of the 1850s, but like San Francisco's population as a whole, the number of Chinese residents climbed rapidly in the 1860s. The total population of San Francisco nearly tripled in size, to 149,473, and the Chinese population quadrupled to over 12,000 in 1870. By the 1880 census the Chinese population stood at 21,745 out of a total of 233,979. In the 1860s, Chinese commercial enterprises and labor contractors set up business in San Francisco. Workers often circulated through the city between work contracts for rural agriculture and construction. After the completion of the Central Pacific Railroad, Chinese immigrant workers migrated to San Francisco, where they found work in the growing manufacturing industries and service trades.[18] The Chinese were the largest racial minority group in San Francisco at the time. By comparison, the population of blacks hovered between 1,100 and 1,800 throughout the nineteenth century.[19]

Although throughout the late nineteenth century the area called Chinatown had a variety of inhabitants, the predominance of Chinese residents meant the entire location had only one racial identity. Businesses and residences occupied by Irish, Italian, Portuguese, Mexican, Canadian, and Anglo Americans continued to thrive in so-called Chinatown, but they were of little interest to the health inspectors. These



Map 1. Residential districts in San Francisco. Source: William Issel and Robert Cherny, *San Francisco, 1865–1932: Politics, Power, and Urban Development,* p. 59.

inspectors imagined the preeminent site of contagion as the spaces of Chinese residence, particularly the bunking houses of Chinese bachelor workers.

In the late 1860s and 1870s the increase in Chinese population exacerbated white fear of Chinese spaces. Health officials continued to identify Chinese behavior as the cultural cause of the perceived medical menace. In 1869 the city health officer C. M. Bates issued his report stating that Chinese "habits and manner of life are of such a character as to breed and engender disease wherever they reside." In the report, Bates warned that "unless their style of life is changed[,] . . . some disease of

a malignant form may break out among them and communicate itself to our Caucasian population." Bates feared the perceived lethal consequences of Chinese living standards and styles: "As a class, their mode of life is the most abject in which it is possible for human beings to exist. The great majority of them live crowded together in rickety, filthy and dilapidated tenement houses, like so many cattle or hogs. Considering their mode of life, it is indeed wonderful that they have so far escaped every phase of disease. In passing through that portion of the city occupied by them, the most absolute squalidness and misery meets one at every turn. Vice in all its hideousness is on every hand."[20]

The "abjectness" of the Chinese "mode of life" was manifested in the comparisons to farm animals, feeding a perception not only of Chinese immigrants' inferiority but also of their inhumanity. In health reports and journalistic reports of health inspections, Chinese were likened to a wide array of animals, including rats, hogs, and cattle. The choice of animals underscored a relationship to waste and an imperviousness to crowding. As David Sibley has observed, rats and pigs especially have had a "particular place in the racist bestiary because all are associated with residues—food waste, human waste—and in the case of rats there is an association with spaces which border civilized society, particular subterranean spaces like sewers, which also channel residues and from which rats occasionally emerge to transgress the boundaries of society."[21] The insinuations that the Chinese were wallowing in cesspools and in possession of an instinct for crowded, decaying environments made the metonyms of reviled creatures all the more menacing and transgressive to the readers. Like pigs and cattle herded into pens, the living densities of Chinese "dens" demonstrated Chinese indifference to human comforts. Bates claimed that "apartments that would be deemed small for the accommodation of a single American [were] occupied by six, eight or ten Mongolians, with seeming indifference to all ordinary comforts."[22] The Chinese were presumed to relish these "miserable" circumstances of poverty, squalor, and filth.

As city health officer, a position created in the 1870 reorganization of the Board of Health, Bates held responsibility for the daily enforcement of sanitary regulations. Therefore, his pronouncements carried the weight of regulative authority. He carefully cultivated the professional objectivity of a physician to buttress this authority and distanced himself from the opportunistic "politicians and demagogues" who had manipulated hostility toward the Chinese for political advantage. Bates was particularly concerned that his conclusions would be dismissed by the

city's business community and elected officials because they appeared similar to those of the Anti-Coolie Association, a white labor group who opposed Chinese immigration and settlement.

The tension between the white manufacturers and white laborers was exacerbated by a devastating commercial panic and depression in the late 1860s. After the completion of the transcontinental railroad, San Francisco's population increased 30 percent in two years, but manufacturing output plummeted once trade from the East Coast made the price of consumer goods plunge. Thousands of white workingmen were unemployed, and they blamed white capitalists and the Chinese workers for their troubles. The Anti-Coolie Association formed in March 1867 and coordinated boycotts of manufacturers who employed Chinese workers. The organization engaged in selective industrial sabotage citywide and persistently harassed and assaulted Chinese men. Its rapid growth and frequently violent mobilization of anxious white tradesmen and unemployed workers alarmed San Francisco's commercial elite.[23]

The Anti-Coolie Association deftly borrowed and elaborated upon the medical menace of Chinese settlement. In 1869 the organization outlined the threat posed by Chinese immigrants to white labor, national prosperity, and the general health of American citizens. The 1868 smallpox epidemic, which had left 760 dead in its wake, served as an ominous sign of the extreme health dangers posed by Chinese immigration. The virulent strain of smallpox "baffled the skill of our medical men" and was "unknown among the Caucasian race." The Chinese allegedly bred disease as a result of the "density of their population and their peculiar mode of living." To the medical causality that Chinese living densities and habits contributed to infection, the Anti-Coolie Association added the ominous assertion that Chinese immigrants carried peculiar disease strains.[24]

This problem of the Chinese possessing potentially innate dispositions to illness was taken up by Thomas Logan, secretary of the California State Board of Health and a nationally reputed physician who was elected in 1872 as president of the American Medical Association. For the California State Board of Health, Logan had commissioned in 1871 an investigation of San Francisco's Chinatown, charging not only that Chinese habits and living conditions had vital implications for all San Francisco inhabitants but also that Chinatown's conditions could "spread dismay and desolation throughout the land." Logan was attentive to environmental conditions and behavior but feared the contagious consequences of Chinese innate racial propensities. Logan predicted

that their "hereditary vices" or "engrafted peculiarities" preordained the Chinese to chronic and unusual illness. In Logan's assessment, Chinese cultural behavior was not shaped by historical context but rather emerged from hereditary traits that were naturalized in their very bodies. This conflation of behavior and body as both the cultural and biological heritage of the Chinese "race" powerfully influenced the public-health knowledge of Chinatown and Chinese people.[25]

Logan's investigation not only contributed new explanations of medical causality but also advanced a key strategy of accumulating knowledge about the Chinatown "underworld." Logan popularized the eyewitness journey into Chinatown's dens and proclaimed the journey's narrative as the primary evidence of its hidden horrors. The vivid and visceral narration of the midnight journey through Chinatown became one of the standard forms of knowledge used in both medical and popular accounts to establish the truth of Chinatown as the preeminent site of vice, immorality, degradation, crime, and disease.[26] By visiting and surveying Chinatown, individual doctors, journalists, and middle-class tourists delineated the utter foreignness, exoticism, and evil of the place. The firsthand account and the narration of visual and olfactory sensations provided authoritative and seemingly transparent evidence of the true nature of the Chinese problem. The eyewitness account became indispensable to the social diagnosis and policy advanced by health officers like Bates, who had concluded that "nothing short of an ocular demonstration can convey an idea of Chinese poverty and depravity."[27] Investigators later in the century recommended a visit to Chinatown for skeptics in order to ensure that the official findings were not considered an "exaggeration" or a fictional "sketch." These investigators were confident that an excursion through the Chinatown labyrinth would produce sufficient "ocular and olfactory proofs."[28]

The question of "proof" and "evidence" shaped the procedures and itinerary of the eyewitness investigation and its narrative report. Logan's journey emphasized all the characteristic procedures and features of the investigation. Despite the confidence that visual scrutiny would provide proof, Logan and other investigators simultaneously held a keen appreciation that the "truth" of Chinatown was hidden from public view. The most revealing journeys, then, had to be conducted at night, when the "true character" of the quarter—with its gambling houses, opium dens, and brothels—revealed itself. Logan solicited the services of a police escort to navigate the serpentine and subterranean passageways—the labyrinth—and to provide physical protection from routine threats of vio-

lence. His party also included the local medical expert, Bates, who could interpret the consequences of "vice and abominations." Although the itinerary of the investigation could include the "tangled maze of narrow streets" and "dark alleys," the crucial objective was to penetrate underground and visit the labyrinth of bunking houses, opium dens, and barricaded gambling houses. Logan's itinerary ignored other Chinatown spaces—the merchants' homes, dry goods stores, temples, meeting rooms, and Chinese opera theaters included in other kinds of travelogues—since these more visible sites offered little evidence of filth, sickness, and pathology that demanded medical evaluation.[29]

The narrative of Logan's midnight journey dispensed with the posture of professional objectivity and disinterested observation. His narrative featured a dramatic selection of circumstances, details, and medical explanation that passionately yielded the author's own personal and immediate sensations and reactions. Logan offered his medical colleagues and the curious public some instances of his momentary disorientation, horror, disgust, and fascination. He described his visit to the "lowest dens of degraded bestiality," where he saw opium smokers, prostitutes, and furtive gamblers. The investigators crept through "foul labyrinthine passages" that would occasionally "open into a dimly lit room," where they saw "dusky human beings lying on tiers of broad shelves . . . with a foul opium pipe, and dirty little oil lamp used for lighting the pipe." In other rooms, female prostitutes "with painted lips and rosy-tipped fingers" solicited the visitors, or male gamblers would "hurry and scuffle to conceal" their illicit games. In their inspection of large lodging houses, Logan discovered tiny rooms that had been "cut up and divided into what might be called pens."[30]

Logan's medical authority transformed sensational observations into somber appraisals of environmental conditions that necessitated immediate public health surveillance and redress. His medical scrutiny fixed on the insupportable "stench" that made his party feel "enveloped in a physical atmosphere as tainted and disgusting, from superadded stale opium smoke, as the moral one was degraded." Logan conflated the unventilated physical atmosphere with the moral degradation of opium smoking, gambling, and prostitution. Unventilated space that locked in stale smoke and produced a horrible "stench" violated "sanitary law," requiring "immediate redress." The "absolute absence of ventilation" provided the pretext for the intervention of the health officials. Influenced by the miasma theory of disease that remained popular in the 1870s, Logan regarded Chinatown, with its "foul and disgusting va-

pors" and unsanitary conditions, as the primary source of atmospheric pollution.[31]

Logan was assured in his ability to faithfully narrate the "real" conditions and offer authoritative diagnosis of social ills. This self-confident medical authority made it possible for him to draw freely from both literary and political sources and to repackage fictional and partisan rhetoric into irreproachable medical diagnosis. For instance, he borrowed literary allusions to heighten the drama of an opium den encounter. In subterranean dormitory "pens," Logan encountered "half naked" Chinese "inmates . . . reposing on shelves—some sleeping, others blowing out curling puffs of narcotic fumes from their broad nostrils." The immodesty, lethargy, and unabashed narcotic addiction recalled for Logan the figure of the "opium-smoking hag" in Charles Dickens's novel *Edwin Drood,* which presented a "graphic instance of civilization touching barbarism."[32] The dramatic literary scene amplified the dangers of Oriental "barbarism" in the midst of the "civilized," modern city of San Francisco, particularly with the horrifying possibility of white American men and women being discovered among the addicts. Logan worried about both the physical and moral dangers to the body and society that opium addiction posed.

Logan's ready use of literary analogy did not confound his purpose of exposing the "real" conditions of Chinatown. Logan used realist narrative devices and evoked Dickens's "morally-ordered universe" to effectively communicate the hidden dangers of Chinese habitation. Nineteenth-century realist narratives appeared in a range of forms—newspapers, government inquiry, autopsy reports, and novels. The popularity of represented and sensationalized reality offered readers melodramatic experiences, naturalistic details, and the disclosure of private truth to a public world. Logan's description of sensations and realist narrative secured his authority as the eyewitness observer. His revulsion and his unfaltering judgment, however, demonstrated his distance from his object of study and bolstered his claims to comprehensive knowledge of the true nature of the Chinese residents. Logan applied both medical and moral discernment in his prognosis of the dens and showed little concern that his readers would mistake his literary allusions for the facts of Chinatown's dangers.[33]

Logan was equally unfazed by the potential taint of political partisanship. In a discussion of density in the boardinghouses, Logan supplemented his analysis with a quote from the Anti-Coolie Association deputation to the San Francisco Board of Health: "Some houses have five

hundred lodgers—some one thousand; and in the Globe Hotel—standing on ground sixty by sixty, and three stories high—there are twenty five hundred tenants." Once Logan had marshaled the Anti-Coolie Association anecdote about the Globe Hotel, he propelled that description into a popular and credible shorthand for the condition of all Chinese boardinghouses and a poignant example of the degeneration that followed Chinese habitation of any site. White travelogue writers and labor politicians freely seized on the devolution of the Globe Hotel at 1001 Dupont Street from the most opulent hotel for Gold Rush prospectors to a decaying and filthy tenement for the "flotsam and jetsam of Chinatown." All the official and popular accounts of the Globe Hotel shared a description of how, over the course of thirty years, the spacious and luxurious accommodations had been subdivided into congested and claustrophobic bunkrooms. Estimates of the number of inhabitants ranged from eight hundred to twenty-five hundred Chinese "crammed" inside.[34] The itinerary of this example—from Anti-Coolie deputation to Dr. Logan's report to the myriad popular travelogues—raises questions about precisely who investigated the building, what they saw, and how they arrived at the wide range of estimates. Was it even important to distinguish between the facts and an exaggeration in this migration from political anecdote to commonsense truth? The number of inhabitants reported simply accentuated the shared idea that Chinatown boardinghouses were extraordinarily crowded and overpopulated.

The sensationalist imagery overpowered the range of estimates, and all writers were quick to emphasize the typical and pervasive nature of the problem of density and crowding. The Anti-Coolie anecdote in 1869 claimed that "Chinamen have burrowed dens, even beneath the streets, holes that would 'not admit a coffin.'" The images of cramped, hidden, and subterranean living quarters that resembled "pens," "dens," "coffins" and "dungeons" was an imagery common to both physicians and political activists, reflecting ubiquitous anxiety and an abhorrence for crowded and dark spaces. These spaces were fit for animals, criminals, and the dead, not for human habitation.[35] In 1886, the travelogue writer Walter Raymond claimed that the general character of Chinese boardinghouses was a "noisome density in the atmosphere, which cannot be received into the system without great nausea. . . . Here can be experienced all the horrors of a catacomb, packed with living, disease-breeding flesh, slowly drifting into their graves."[36] The atmosphere Raymond related gave white readers every indication of the experience of being trapped alive in a grave. He detailed the horrors of visiting a

place that lacked light, oxygen, and free space, the opposite of the sun-drenched, ventilated, airy, and clean middle-class home—the presumed type of home inhabited by the visitors and the readers.

However, these startling assessments of unhealthy Chinatown conditions raise the question of why such "gross violations" had not resulted in more frequent epidemic disaster. Unbelievably, Logan explained that the city was blessed by natural ventilation: "Were it not for the strong oceanic winds which prevail during the summer months, San Francisco would . . . have suffered the heaviest penalties." Over the years, many of the city's public health officials and physicians would evoke the presence of good crosswinds to explain the city population's relative good health despite the dangers posed by Chinatown. This explanation demonstrated how the environment could both contribute to epidemic and suppress it. In the miasma theory of infection, festering waste would breed disease in enclosed rooms, and natural ventilation could air out rooms with windows. Yet it remained a mystery as to how winds could quickly decontaminate the vapors that rose from the rotting waste in Chinatown's unventilated cellars before it infected its white neighbors in other parts of the city.[37]

The mysteries of infection and contamination had not, however, dissuaded white labor politicians from elaborating on discourses of racial hygiene in their struggles for political power. In the late 1860s complicated relationships had emerged between white working-class political mobilization, anti-Chinese ideology, public health, and municipal politics in San Francisco. These interests became increasingly entangled by the end of the decade. In 1877, at a moment of financial panic and the conclusion of a widespread smallpox epidemic, new political and social arrangements emerged that attributed economic distress and death to the Chinese "race." At the same time, workers organized the Workingmen's Party of California (WPC), which appropriated this "knowledge" in their political rhetoric and action.

The party became an increasingly potent political force in local and statewide politics. By the September 1879 general elections, the WPC had absorbed much of the Democratic Party's electoral constituency and swept dozens of candidates into office. On the state level, the Workingmen's Party and the Republican Party split election results; a Republican became California's governor, while a WPC candidate won the seat of chief justice on the California Supreme Court. In San Francisco, after an extraordinary mayoral campaign punctuated by assassination attempts and accusations of sexual impropriety, the WPC candidate and pastor of

the Baptist Metropolitan Temple, Issac Kalloch, won the mayoral race.[38] Kalloch's campaign swept into office WPC candidates for sheriff, auditor, tax collector, district attorney, and public administrator as well. The labor organizer Frank Roney speculated years later in his memoirs that a deal had been made between the WPC and the bipartisan establishment to divide municipal administration. The Workingmen's Party won the mayoralty and a number of posts controlling patronage, while the real power centers—the board of supervisors and the police—remained in the hands of the establishment Republicans and Democrats. The divided administration created intractable government deadlocks.[39]

In his inaugural address, Mayor Kalloch outlined a WPC mandate to use the powers of city government to remedy the Chinese problem, provide relief for unemployed white workers, and reduce the tax burden by a voluntary salary cut for all elected officials. Although the work relief and tax abatement programs required the approval of the hostile board of supervisors, Kalloch could directly influence the Board of Health in his capacity of presiding officer. The health officer John Meares and the other state-appointed physicians on the board—Henry Gibbons Jr., William Douglass, James A. Simpson, and Hugh Huger Toland—were already sympathetic to the idea that Chinatown was a threat to public health.[40] Immediately after Kalloch's inauguration, Meares and Gibbons conducted a rapid investigation of Chinatown. The WPC was eager to supplement the findings of the official investigation; in January its Anti-Chinese Council commissioned a committee of physicians and other sympathetic members to conduct their own investigation of Chinatown's sanitary conditions.[41]

In the 1880 Board of Health report on the living conditions in the Chinese quarter, Logan's images of slime, filth, and underground habitations were reapplied with even more horrifying detail than before. Gibbons, Meares, and Kalloch had conducted the investigation, concluding that "unnatural overcrowding" was detrimental to the health of the Chinese and endangered the "health of the city." They gave a detailed description of several of the subterranean dwellings:

> Near the entrance to this underground den there are large waste pipes running from the water-closets and sinks of the building above ground, which empty into open wooden boxes above the sewer, and the mass of filth is so great that the sewer is frequently choked and the troughs run over. The crowded occupants of the underground regions are hardly to blame for avoiding such wretched apologies as their "water-closets" for the purpose of nature. . . . Amongst all this smoke and stench and rottenness, in rooms

> barely 10 × 12 feet, 12 persons eat and sleep. . . . In another basement near by, thirteen Chinamen . . . live in a room eight feet square. In a room 6 × 6 feet ten Chinese men and women huddled together in beastly promiscuousness. . . . [These rooms] are absolutely without proper ventilation, and it seems unaccountable how human beings can live in them for a single night.[42]

These descriptions emphasized the sheer physicality of the "sickening filth" and "slime" and reiterated the animality and inhuman living density of the Chinese residents. In a boardinghouse where two hundred "Chinamen" lived, the report described "its inmates [as] having a ghastly look, and [they] are covered with a clammy perspiration. On the other side the rooms appeared to be filled with sick Chinamen, and ranged around the walls are chicken-coops, filled with what appeared to be sick chickens."[43] The equation of Chinese men with sick animals heightened perceptions of the intolerable, horrific living conditions and continued the comparison of Chinese to animals started by Bates.

The process of inspection and regulation of living conditions generated detailed knowledge of the location and nature of individual aberrations. Regulation, with its legal rules, standards, and threat of routine surveillance, generated knowledge that could be quantified and compared over time and against circumstances in other buildings and neighborhoods. The report catalogued dozens of health ordinances that the "Chinese people" habitually violated. During the 1870s, the city had passed ordinances regulating housing density, garbage disposal, the quarantine of contagious disease victims, the sanitary condition of food vendors, the condition of sewage systems, the construction of toilets, and the condition and location of hospitals. The report detailed a litany of stopped-up sewers, stench, and slime, all of which provided yardsticks by which to judge the unsanitary living conditions.[44]

When the committee catalogued the public health infractions in the Chinese quarter, they were quick to repudiate the idea that their investigation was biased by "race prejudice or class hatred," neglecting to consider how both race and class discrimination had forced Chinese immigrants to live in crowded and dilapidated tenements. They complimented some Chinese for "living quite decently and cleanly as any people could do who have to live under similar circumstances." The committee members emphasized that Chinatown—not necessarily the Chinese people—was a nuisance. The Board of Health unanimously adopted the report and the motion to declare Chinatown a nuisance to the public's health and welfare. The investigating members of the board

adamantly advocated that the "Chinese cancer must be cut out of the heart of the city." They reasoned that such radical action would benefit "the Chinese themselves" as well as "our people." However, their rhetoric revealed that their disgust of Chinatown actually did extend to the "health-defying" and "law-defying" Chinese women and men themselves.[45]

At the February 25, 1880, meeting, the Republican-dominated board of supervisors initially supported the Board of Health's condemnation of Chinatown as a "sanitary nuisance." However, the board of supervisors expressed concern that the health notice would fuel an extralegal "incendiary" response by white workingmen, and promptly gave orders to the police to hire four hundred additional officers. Supported by the local business establishment, the board of supervisors feared a recurrence of the 1877 riot, where a white working-class mob threatened to torch Chinatown. Not only were the businessmen and the supervisors concerned with maintaining the general social order, many of the white business elite were protecting their own interests: the majority of property leased by Chinese businesses and residents was owned by white businessmen. The WPC suspected that the bipartisan establishment that controlled the police would resist executing any orders that would eradicate Chinatown, knowing that East Coast capitalists feared that such summary use of police powers would disrupt manufacturing and trade on the West Coast. Sheriff Thomas Desmond, elected on the WPC ticket, assured the party's rank and file that he would execute the Board of Health's orders and warned that, if the police refused to comply, the city authorities "would call on the Workingmen to clear out Chinatown." And the WPC issued resolutions warning that, if there were any interference in the "abatement of the Chinese nuisance," the WPC would "visit upon low-designing minions of power, backed up though they may be by cowardly capitalists and corporations, a punishment so swift and terrible that the reader of the history will shudder at the record."[46]

In light of these threats, Kalloch had difficulty convincing the board of supervisors that there was "nothing revolutionary or radical" in the removal of the Chinese from the city center and the razing of Chinatown for sanitary reasons. Many of the board's constituents among the elite commercial establishment feared that property they leased to the Chinese would be destroyed and they would lose their tenants. On February 28, the board of supervisors decided to rescind its earlier endorsement of

the Board of Health's declaration of "Chinatown [as] a nuisance."[47] Although the mayor and the WPC organized mass meetings and pamphlet campaigns to marshal support for the Board of Health's order, the WPC rank and file remained orderly, and the city administration remained politically deadlocked—until the end of Mayor Kalloch's term and the dissolution of the WPC in 1881. No legal or extralegal action on the Board of Health's condemnation of Chinatown ever occurred. However, the Board of Health did continue to impose routine sanitary surveillance, vaccination campaigns, and fumigation of dwellings in Chinatown.

In 1882 the U.S. Congress passed the Chinese Exclusion Act, which disallowed Chinese workers to immigrate. Although the law exempted Chinese merchants, students, diplomats, and their families, it consolidated the disenfranchisement of all Chinese people by prohibiting any state or federal court from admitting Chinese immigrants to naturalized citizenship. Subsequent legislation virtually cut off Chinese immigration and that of other East and South Asian immigrants—as well as abridged opportunities to win citizenship and the right to political participation—by branding Chinese and other Asian immigrants as perpetual "aliens ineligible for citizenship." Throughout the western states, local white vigilantes drove out Chinese settlers. Many Chinese laborers sought safety in San Francisco along with the white laborers who flocked to the city because of a severe economic downturn in the eastern United States.[48]

Three years later, the Republican-dominated board of supervisors under the Democratic mayor Washington Bartlett revisited the issue of Chinese residents in San Francisco and commissioned a special committee to survey Chinatown. In May 1885, supervisors Willard Farwell and John Kunkler presented their comprehensive report to the public. They confined their investigation to the area bounded by California, Kearny, Broadway, and Stockton Streets, a twelve-block area. Although the supervisors recognized that the Chinese population had "drifted" into the blocks west of Stockton Street, they restricted the report to the popularly assumed boundaries of Chinatown because of fiscal considerations.[49]

The zeal of health officials to know the spaces within Chinatown culminated in a report that also produced the cartography of Chinatown. Nearly two decades of systematic surveillance and normalizing public health codes had aided in producing a map of the street-level Chinatown settlement. The special committee employed surveyors who accompanied them on visits of "every floor and every room." The detailed report

of the "conditions of occupancy of every room"—its use, number of inhabitants, and sanitary condition—enabled the committee to make a map of the district, specifying the "character of occupancy" of the first floor of each of the buildings as well as providing a detailed accounting of all the basements, the subbasements, and the floors above the street level. Titled the *Official Map of "Chinatown" in San Francisco,* it was color coded to distinguish "General Chinese Occupancy," "Chinese Gambling Houses," "Chinese Prostitution," "Chinese Opium Resorts," "Chinese Joss Houses," and "White Prostitution." The "General Occupancy" sections were further identified by the type of factory, store, or lodging, which were tagged by street number. The white sections sprinkled throughout the district and on its edges were identified as "white" groceries, saloons, bakeries, and residences. (See Figure 1.)

This explicit map of Chinatown represented a new strategy of knowledge.[50] This cartography substantiated the 1885 report's goal of obtaining a "correct idea of the general condition of things there and the ordinary mode of life and practices of its inhabitants" by providing precise dimensions and visual representations of the extent of Chinatown. The map ordered and made intelligible at least the street level of the heretofore impenetrable and labyrinthine geography of Chinatown. Thorough inventories of sanitary infractions, indices of manufactures, and catalogues of the secret exits and entrances of "barricaded gambling dens," in combination with the precise map of Chinatown, injected the "medium of crystallized fact and the inexorable logic of demonstrated truth" into the heated political debate about the condition of Chinatown. It also served to further "crystallize" the seemingly transparent relationship between race and place.[51]

The map and inventories were the products and tools of extensive surveillance, but they also ensured that more intensive surveillance would occur in the future. The report emphasized the scores of public health violations throughout Chinatown, knowledge of which had been reaped from the systematic investigation. The report presented an image of a normative regulatory apparatus that employed inspectors, police, and judges who forced all habitations in the city to comply with standard regulations. Although the surveillance and investigation of Chinatown were extraordinary, the violations were quite ordinary. A five-page catalogue of the most egregious, most frequent infractions merely cited inadequate plumbing and drainage, including clogged water closets, urinals, and sinks; stagnant cesspools; and the lack of plumbing connections to street sewers. As a catalogue, however, these violations were no

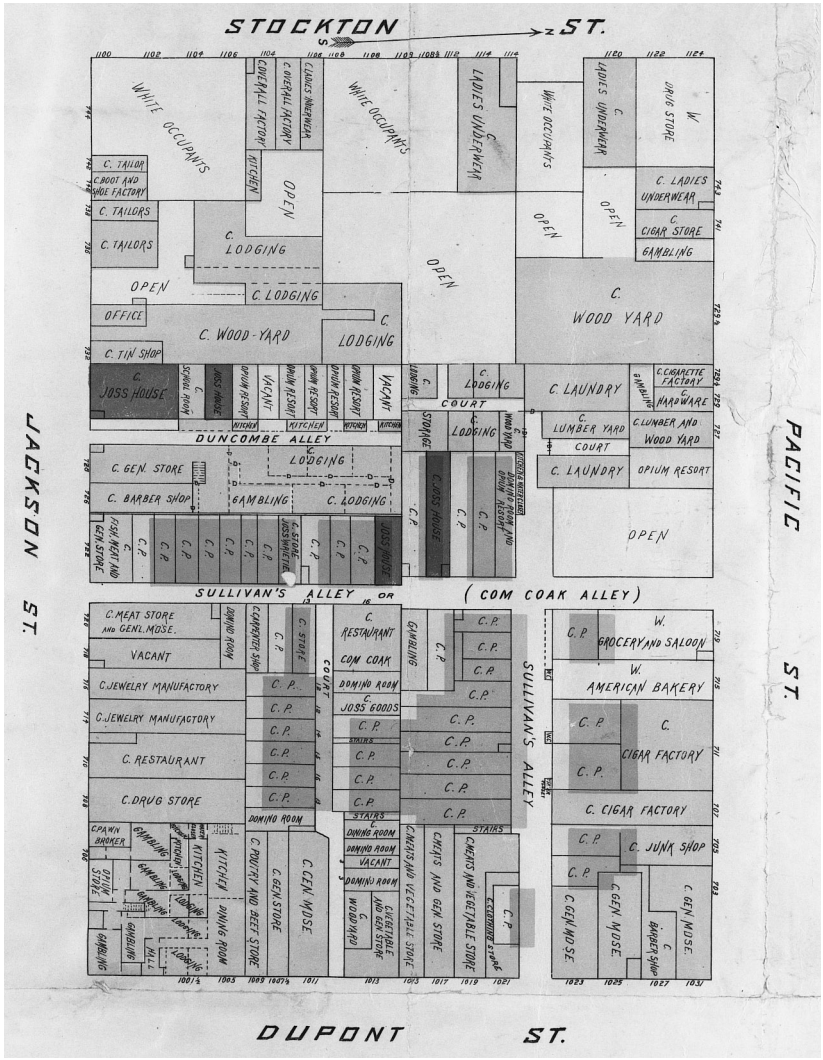


Figure 1. This detail shows a one-square-block section taken from the four-color *Official Map of "Chinatown" in San Francisco* (1885), which appeared in the San Francisco Board of Supervisors' *Report of the Special Committee of the Board of Supervisors of San Francisco on the Condition of the Chinese Quarter and the Chinese in San Francisco*. The original map showed twelve square blocks and pinpointed the precise location and purpose of each building and the race of its occupants. In this section some of the designations include Chinese prostitution (C.P), C[hinese] laundry], opium resort, C[hinese] general merchandise, gambling, w[hite] bakery, C[hinese] cigar factory, C[hinese] restaurant, and so on. Courtesy of the Bancroft Library.

longer individual or singular anomalies but were interpreted as a collective manifestation—evidence of collective behavior. They were perceived as evidence of "lawlessness" and resolute disregard by the Chinese population.

The precise mapping of vice onto Chinatown buildings and the perception of Chinese "lawlessness" inflamed fears of municipal corruption. For instance, in the early twentieth century an anonymous individual scribbled on one copy of the 1885 map of Chinatown a handwritten annotation that demonstrated acute political cynicism and grave doubts about police and public health enforcement: "This 'Official Map' of Chinatown shows official knowledge of the illegal gambling resorts, houses of prostitution, opium dens and houses of white prostitutes, which by the payment of blackmail have secured immunity from prosecution etc. and continue collecting filth and unhealthy surroundings which provided the ostensible excuse for the fraudulent quarantine and plague scare of 1900 by the Board of Health." The accumulation of knowledge through surveillance and mapping did not necessarily result in effective prosecution and long-term reform. The anonymous critic's allegations of police corruption also underscored a suspicion that the Board of Health would overreact to its own negligence in enforcing sanitary regulations. During the 1900 bubonic plague crisis, according to the writer's accusation, the Board of Health freely spent "public money to clean up nuisances that it was their duty to compel owners and tenants to do at their own expense." The writer emphasized a breakdown in governance, in which municipal officials were unwilling to curb vice that bred both unsanitary conditions and lawlessness. For some investigators and political commentators, the evidence of unabated vice and filth in Chinatown exacerbated fears of widespread government corruption and social anarchy that could spread beyond Chinatown borders.[52]

Officials had long worried that within Chinatown no respectable society existed that put moral and social checks on the culture of vice, lawlessness, and disease. The 1885 investigation included a population census that numerically demonstrated this presumed absence of respectable nuclear families in Chinatown. The enumeration of persons, within households and classified by their social relations, created an assessment of Chinese society driven by statistical evidence, not anecdote. These numbers revealed that the Chinese were at odds with the social structures and classification that organized the dominant white society. In their tabulations of women and children, Farwell and Kunkler observed

that more than 40 percent of the women and more than 90 percent of the children were "herded together with apparent indiscriminate parental relations, and no family classification, so far as can be ascertained."[53] Like the late-nineteenth-century surveyors of urban England and colonial Africa who attributed disease and disorder to the improper social and spatial distribution of bodies, Kunkler and Farwell were horrified by the lack of distinctive and discernible nuclear families.[54] Many women and children lived together without the presence of a male head of household. And among "professional prostitutes," mothers and children lived "in adjoining apartments and intermingle freely," which for Farwell made it impossible to tell "where the family relationship leaves off and prostitution begins." This vision of middle-class domesticity and morality, which favored the presence of well-bounded and visibly distinct persons, families, and habitations, was widespread among European and American public health reformers in their imposition of proper sanitary practices.[55]

Not only did investigators want to prove collective activity, but they also intended to present the systematic nature of Chinese living conditions. In order to substantiate the assertion that the Chinese lived in "constant and habitual violation" of the cubic air ordinance, the report presented "some instances illustrating the *ordinary* habits of the Chinese laboring classes in the matter of sleeping and living accommodations," rather than providing "extreme cases" as investigators had repeatedly done in the past. Through statistical tables, the committee listed the addresses of more than two dozen locations, comparing the number of actual occupants with the allowable number of occupants. In every case, more than three times as many people lived in housing than could be legally accommodated. Farwell and Kunkler followed up their establishment of statistical "proof" with a more typically lurid and extreme description of an underground den. It featured all the conventions of previous medical travelogues; however, the statistical preface substantiated the description's claim to represent "ordinary" conditions:

> Descend into the basement of almost any building in Chinatown at night; pick your way by the aid of the police-man's candle along the dark and narrow passageway, black and grimy with a quarter of a century's accumulation of filth; step with care lest you fall into a cesspool of sewage abominations with which these subterranean depths abound. Now follow your guide through a door, which he forces, into a sleeping room. The air is thick with smoke and fetid with an indescribable odor of reeking vapors. . . . It is a sense

> of a horror you have never before experienced, revolting to the last degree, sickening and stupefying. Through this semi-opaque atmosphere you discover perhaps eight or ten—never less than two or three—bunks, the greater part or all of which are occupied by two persons, some in a state of stupefaction from opium, some rapidly smoking themselves into that condition, and all in dirt and filth.

According to Farwell and Kunkler, the statistics and the description combined to provide authoritative "proof" for their assertion that the "mode of life among the Chinese here are [*sic*] not much above 'those of the rats of the waterfront.'" [56]

Following the now popular logic of medical discourse, the report predicted that dire health consequences would result from the presence of filthy, overcrowded, and inhuman conditions. These conditions presented "a constant menace to the welfare of society as a slumbering pest, likely at any time to generate and spread disease should the city be visited by an epidemic in any virulent form." Not only was Chinatown characterized as "the rankest growth of human degradation that can be found upon this continent," outstripping all other slums in "filth, disease, crime and misery," but, authorities suggested, no amount of cleansing would improve these conditions. The Chinese were expected to "relapse" into a "more dense condition of nastiness, in which they apparently delight to exist." Since its inhabitants were walking, seemingly unaffected, disease carriers, Chinatown constituted a constant and continual "source of danger." Disease was conceived as organic to every Chinese racialized space. Inhuman living conditions appeared to be "inseparable from the very nature of the race," and city authorities warned that Chinatown would remain a "cesspool" so "long as it is inhabited by people of the Mongolian race." [57]

The knowledge of Chinatown spaces, conditions, and social relations provided a material and representational terrain to explore the extreme contrasts between the "Chinese race" and the "American people." In public health reports the contrast fed the tension between aberrant and normal and the racial difference that separated the Chinese aliens from white Americans. In travelogues, this binary opposition of two irreconcilable peoples generated the underlying dramatic tension that propelled the narratives. G. B. Densmore's central "argument" that drove his *Chinese in California* travelogue was the "radical difference between Caucasian and Mongolian civilization." [58] These differences of civilization and "standard of living" emerged from the obsessive descriptions of

Chinatown as a space of difference antagonistic to the rest of the city. The editor of a local newspaper, Curt Abel-Musgrave, took the popular idea of Chinatown as a "subterranean world" to its logical extreme. In a bracing fantasy about a cholera epidemic unleashed in San Francisco, Abel-Musgrave conceptualized the territory of San Francisco as two distinctive cities—the "healthy paradise" of the true San Francisco aboveground and the "hell" of Chinatown underground. He explained that Chinatown below was impervious to the city's natural cleansing features: "Sunbeams that shine on us don't penetrate 50 feet deep into the pestilential dens of the Chinese population, and the fresh breezes which purify the air of our streets and our houses leave the sepulchres untouched in which for 30 years foul and disgusting vapors have been gathering."[59] Curiously, city officials offered detailed Chinatown maps to the street level only; it was up to travelogue writers to imagine and sketch out maps of the underground passageways and dens. Only Walter Raymond in his *Horrors of a Mongolian Settlement* offered a diagram of the subterranean roads and passageways of his journey.[60]

The public-health knowledge of dens, density, and the labyrinth cast Chinatown as a deviant transplantation of the traditional East in the modern Western city. This contrast emphasized the uneasy coexistence of growing, progressive San Francisco and decaying, regressive Chinatown. Chinatown was impervious to progress and was instead liable to rot and regress like the enervated Chinese empire across the Pacific. The environmental conditions of Chinatown could only harm the rest of the city.[61] The representation of the Chinese inhabitants was that of a race and culture apart and unaffected by the forces of modernity. City officials and travelogue writers represented the Chinese as burdened by the weight of an ancient civilization and impervious to beneficial change. These officials and writers conceived of time, in relation to Chinatown and the Chinese people, as a passage in which the physical environment was decaying and regressing while the residents lived without past or future. They perceived among the inhabitants of Chinatown ancient racial habits and proclivities that caused the Chinese to live in a "timeless present where all 'his' actions and reactions are repetitions of 'his' usual habits."[62] As with comparable racial formations, there was an insistent repetition of images that gave an ahistorical and unchanging quality to the represented reality of Chinatown and its inhabitants.[63] What propelled the endless, obsessive repetition of the idealized representation was the inherent impossibility to achieve the stereotyped racial category.

The project of naturalizing race identity involved the production of effects that posed as "reality," a daunting but compulsive task for those invested in the reproduction of racial "truths."[64]

In the racial formation of Chinese and Chinatown, medical discourses employed and adapted prevailing political and social discourses of Chinese "vice," "criminality," "immorality," "slavery," and "subversiveness" and, in turn, informed these popular discourses with the threat of Chinese "dirt" and "disease."[65] However, the reports of threats of disease originating in the social conduct of Chinese immigrants and the spaces in which they dwelled did not appear originally or exclusively in public health records or at the insistence of physicians. The *Daily Alta* newspaper and the anti-Chinese labor organizations from the very beginning of this period articulated concern about the unsanitary environment in Chinatown and the spatial elements of dens, density, and the labyrinth, which preoccupied city and state officials during the second half of the nineteenth century.

Medical discourse lent scientific weight to the project and turned every one of these stylized features of Chinatown into a cause of pathology and source of disease. The keepers of public health had broad powers, and over time they developed the authority to put these "ideas" about race into practice. Health officials and politicians justified the idea of Chinatown as inherently pestilent, and they invested this idea, through the accumulation of these stereotyped images in their reports and rhetoric, with the value of a natural truth.[66]

During the late nineteenth century, the imagery of Chinatown and the Chinese race as pestilent intensified to such an overwhelming pitch that any contradictions and inconsistencies were bent into and subsumed by the prevailing interpretations of the Chinese medical menace. The practices of "scientific" investigations and fact-finding missions persuasively defined the "truth" of Chinatown in terms of constricted, crowded, immoral, unsanitary, and unnavigable space. These discursive practices profoundly affected the lives of Chinese men and women in San Francisco. Disease-producing and death-engendering threats defined Chinatown as a civic problem and emboldened the nascent Board of Health to intervene decisively to regulate Chinese space and, more generally, to manage the environment and inhabitants of San Francisco. Race and public health had become inextricably linked, producing a combination that would have profound and far-reaching consequences for every inhabitant of the city.