

Trachoma and its effects over the generations

Trachoma is a disease that affected thousands of aspiring American immigrants and caused great controversy in a country that was already scarred from recent deadly epidemics. My family is one of the thousands that experienced great anguish when the “golden doors to America” were closed in the face of loved ones. In 1905, my great-grandmother Spiranza waited for her sister Chryssi to arrive in New York City. Like thousands of other immigrants from Eastern Europe, who possessed the highly infectious eye disease called trachoma, she was turned away and forced to make the long journey back to Ioannina, Greece. Trachoma affected more immigrants than any other disease. It is the second leading cause of blindness next to cataracts. It is a highly contagious disease of the eye that can lead to scarring and blindness if not treated. These were the issues that confronted the immigration officials in the late 19th and early 20th century. Was trachoma a disease that merited the deportation of thousands of immigrants? Was the United States government too paranoid because of the recent epidemics such as cholera and tuberculosis? The following pages attempt to answer these questions by contrasting the story of my family’s immigration to America with the history of trachoma that influenced the reasoning behind the decisions of these government officials.

Before immigrating to America in the early 20th century, my family (the Matzas) lived in Ioannina, Greece, which is northwest of Athens. At this time, the Ottoman Empire controlled all of Greece. My family was a middle-class household that possessed a lot of potential socially and economically, inside and outside of Ioannina. The main family consisted of two brothers and three sisters, one of who was my great-grandmother: Spiranza. Her name was changed in 1904 upon

signing official documents in Ellis Island. The government official did not like her name, and he suggested the name "Nancy." Her friends and family referred her to as Spiranza. However, all documents were signed with the name "Nancy Matza," eventually becoming "Nancy Colchamiro" after marrying my great-grandfather Elias Colchamiro, also from Ioannina, Greece. Her brothers Joe and Simintov were involved in the textile business and traveled around Europe to bring home different textiles for their sisters. Spiranza and her sisters Sarina and Chryssi were well-respected dressmakers in the Ioninna. In an interview with one of Spiranza's daughter Rae Eisenstark, she said, "when I was a little girl, Uncle Joe told me that my mother (Spiranza) was a great dressmaker, but my Aunt Chryssi was the most talented dressmaker that he had ever seen. The things she could make were unbelievable." (Eisenstark) After Espenzia's father stopped working, Joe took over the family business since he was the oldest. Simintov went to Italy to learn about machinery and other aspects of business.

In 1904, Spiranza immigrated to America with her father, mother, Joe, David, and Sarina, settling on the Lower East Side of Manhattan. The Ottoman Empire was causing many problems in Greece, and the family decided to try their luck in America. Simintov decided to stay in Europe because of his business, and Chryssi was pregnant so she stayed in Ioninna with her husband. However, she promised to come to America the following year after her baby was born to help with the family business.

Chryssi traveled to America with her husband and two children the following year. After arriving at Ellis Island, Chryssi, her family, and the other "new arrivals formed a line which stretched from the Ellis Island dock into the Baggage Room of the Main Building, winding its way up to the second floor where the immigrants were met by a team of doctors and inspectors who would decide which way the Golden Door would

swing.” (Ellis Island Immigration Museum) Unfortunately, Chryssi did not pass the medical inspection. A medical inspector diagnosed her with trachoma, and she was ordered to turn around and head back to Greece. Although her husband and children passed their inspection, they followed Chryssi back to their homeland.

The affects on the family were devastating for a number of reasons. The dream of moving to America had been shattered, and the family business appeared to be in jeopardy:

“My mother and her family were very upset that Chryssi and her family were not allowed into the country. It’s not like the 21st Century where we can fly over to Europe on a moment’s notice, but even if we could, they didn’t have the money to do that. It was awful. On top of everything, the whole family needed Chryssi for her amazing dressmaking talent. They were eagerly waiting for her arrival. They family obviously survived without her, but she was dearly missed.” (Eisenstark)

Trachoma affected thousands of other families trying to immigrate to America. This disease was one of the more controversial diseases during the late 19th and early 20th centuries. The physicians in the late 19th century and early 20th centuries did not have a complete understanding of the disease. It was not until the 1950s that scientists discovered that the disease was “linked to a microorganism called *Chlamydia trachomatis*, an intracellular microbe with discrete cell walls similar to gram-negative bacteria.” (Munoz 205) In the late 19th century and early 20th century, scientists understood that direct contact and bad personal hygiene caused the disease. It was highly visible because “trachoma victims wore their stigma on the most prominent part of the face—the eyes. At first glance, one is tempted to construct an elegant thesis that, like the pox of variola or the lesions of leprosy—both highly visible symptoms—trachoma was almost biologically preordained to inspire fear among the medical inspectors and lay public alike.” (Markel 3) As discussed in “The Eyes Have it,” the average number of cases at American immigration ports was “far less than one percent of the annual number of immigrants seeking entry during this period. Yet, for most Americans living during the Progressive Era, the newly arrived immigrant

personified the threat of trachoma . . . local outbreaks were often blamed on immigrant children and their families.” (Markel 1) Although the disease was not as prevalent as cholera or tuberculosis, Americans were petrified of having another outbreak of a disease. Therefore, the government invested massive amounts of money into dealing with the disease and trying to prevent it from entering the country. Was this disease over exaggerated in the press? Were government policies too harsh for a disease that did not merit such extreme actions?

When studying trachoma, it is necessary to understand the etiology and the development of the disease:

Children with active trachoma present with follicles and papillae, the latter a marker for the intensity of the inflammation. Follicles are yellow or white “spots” in the tarsal conjunctiva and consist of lymphoid tissue containing B-lymphocytes. Severe, inflammatory trachoma presents as thickening of the conjunctiva with inflammation obscuring the deep tarsal vessels. The presence of pus with severe inflammation usually indicates a bacterial infection. Limbal follicles may appear, and new vessels develop, producing corneal pannus. Once the limbal follicles resolve, depressions remain on the cornea, resulting in the pathognomonic sign of trachoma, “Herbert’s pits.” (Munoz 206)

From a historian’s standpoint, the above statement is a bunch of medical jargon. However, it is necessary to understand the logistics of trachoma because it is a complicated disease that appears to have been misconstrued by the scientists of the late 19th and early 20th century. It is necessary to understand that multiple infections, as well as severe infections of the disease, are followed by scarring of the conjunctiva, called the cicatrical stage, which is exactly what the officer at Ellis Island observed with Chryssi. When the scarring involves the eyeball, scar tissue closes over the eye and blindness occurs in ten percent of trachoma victims.

The initial causes of trachoma are “saline humours, long exposure to the sun, dust and smoke and improper treatment of ophthalmia. It is in the chlamydia family, and trachoma can also be separated into several groups: A, B, Ba, and C. There is “no known animal reservoir for human chlamydia infection.” (Munoz 205) The agent that causes trachoma is *C. trachomatis*, and through

endocytosis (the membrane taking in the *C. trachomatis* into the cell), the disease begins, and it multiplies rapidly over the proceeding 15 hours. The disease is then spread through direct human contact.

The history of trachoma has been explored for thousands of years. Meyerhof's "Studies in Medieval Arabic Medicine" gives the reader a good understanding of the treatment of trachoma during the Arabic Middle Ages. Trachoma has affected civilizations since ancient times. The word "trachoma" "is a derivation of the Greek word for 'rough,' or 'swelling.'" (Munoz 208) It is described in the Egyptian Ebers Papyrus: a collection of writing by ancient physicians:

The medical papyrus Ebers clearly describes the watering and discharging eye (*hetae*) and the white spot (*sehet*) or leucoma of the cornea, but still more clearly 'the hairs in the eye' (*shene m mert*) or trichiasis, all three the symptoms or sequelae of trachoma. The treatment consisted only in epilation of the ingrown lashes and anointing with the blood of lizards and bats—a practice, still in use with some peasant quacks in modern Egypt.

In the Greek Period of the fifth century BC, there is a description of the therapy of the disease, which appears to have been extremely painful, described by the Greek doctor Hippocrates. If one scrapes "the lids of the eye, you must scrape with pure and dense Milesian wool rolled around a wooden rod and soaked in a caustic." (Meyerhof 35) The next description that we have of trachoma is not until the first century AD, where Celsus, an ancient Greek scientist, composed an *Encyclopaedia De Medicina*. Celsus distinguished two causes of "ingrown lashes: 1) a relaxation of the skin of the lid or 2) the growing of a second range of lashes behind the natural one." (Meyerhof 28) Meyerhof goes on to describe many treatments of trachoma over thousands of years from Greek physicians like Galen in the 2nd century to Arab physicians like Muhammad ar-Razi. One of the most interesting procedures comes from a Greek physician Paulus. He and his team of physicians developed a method of "staining the leucomas, which resembles the most modern procedures: making rough the surface of the leucoma, they lightly sprinkled on it powdered

gallnuts, and then applied copper culfate or like, so that a black ink was the result.” (Meyerhof 34) These are the practices that were passed down from generation to generation, eventually to become a part of ophthalmology.

In the 1800s, the countries of Europe began fighting Middle Eastern countries such as Egypt. Because of this fighting, “trachoma was quickly spread to Europe.” (Munoz 208) The disease has a reputation for spreading from country to country, and the American government of the late 19th and early 20th century, although lacking the scientific expertise of the disease, understood its potential to spread within the United States.

Many government employees “disagreed over individual patients detained for trachoma at Ellis Island.” (Markel 3) According to Charles May and Harry Freidenwald, two prominent scientists during this time period, “patients were infectious to others only when the trachomatous follicles on the eyelids were ‘weeping’ or secreting fluid . . . patients with evidence of old scar tissue alone, without signs of inflammation or acute infection, should be considered cured.” (Markel 3) However, as described in “The Eyes Have It,” there were more than just medical disagreements between the scientists and government experts. Many of these experts had mixed “professional opinions with nativist sentiments.” (Markel 5) It appears that trachoma not only caused a widened alert to protect America, but it also labeled the immigrants from Eastern Europe as disease infested. Therefore, the majority of these immigrants were viewed to be “miserable and filthy a crowd as can be collected.” (Markel 5) The problem of trachoma is a prime example of the provincial attitudes of Americans during this time period, which spurred anti-Semitism, racism, and prejudices toward all different types of people. It appears that Chryssi was sent back to Europe, not only because of a lack of scientific knowledge, but also because of a growing prejudice of Eastern European immigrants.

During an interview, Sara Burakoff, another daughter of Spiranza, described her mother's stories regarding the anti-Semitic feelings that Americans impressed upon the new immigrants of the country. She said the press filled the newspapers and radios with information about the "invasion of the Eastern European immigrants and their diseases." (Burakoff) It appears that the epidemics of the late 19th and early 20th century produced great fear among Americans, which caused discrimination:

During the mid-1890s the eastern establishment began publicly to express dismay at new immigration from eastern and southern Europe, which after 1896 began to surpass old immigration from northern Europe. In contrast to older immigrants from Germany, Great Britain, and Scandinavia, new immigrants from Russia, Poland, and Italy were perceived as racially different from Americans and incapable of assimilation. The problem confronting restrictionists at the turn of the century was barring all immigrants perceived as undesirable (i.e., not north European), while simultaneously giving a semblance of fairness. (Yew 20)

From a 21st century standpoint, it is easy for Americans to criticize the federal government and the officials at Ellis Island. In the 1930s, the Nazis cleared out Ioninna. Luckily, Simintov and his family migrated to Israel. Chryssi and the remainder of her family perished in the Holocaust. Upon learning about my family's history, I too became upset with the Ellis Island officials who sent Chryssi back to Greece. However, upon continuing my research of the time period, as well as the psyche of the average American citizen during the early 20th century, it is evident that the government *did* take the proper precautions. The government had to make decisions based upon the science that was available. The country was frightened by what it had witnessed during the smallpox epidemic of 1775-1783, the yellow fever epidemic of 1793, the cholera epidemic in 1832, tuberculosis, typhoid, influenza, polio, and other diseases that plagued America since the Revolutionary War. Accepting another epidemic into the country was out of the question. America was beginning to progress in terms of cleanliness and better means of dealing with garbage. However, the country was not even close to the level of cleanliness that we have in the

21st century. We take for granted the daily uses of antibacterial soaps, public and private plumbing, and 21st century garbage disposal methods. In order to understand the fears of these people, we have to compare it to AIDS and biological warfare. These problems cause prejudice and fear in America right now. It is necessary to have the same mindset when analyzing the problems that confronted the people of the late 19th and early 20th centuries. As upsetting as it was for my family and other families to experience the separation of loved ones to trachoma, the decisions of the federal government appear to have been necessary. As stated in "the eyes," "if one immigrant infected with trachoma was mistakenly allowed to travel in the crowded steerage section of a steamship, that person, without adequate sanitary measures, provided a real health risk to the other immigrants in the same compartment," (Markel 4) and these carriers had the potential to provide the same health risk to other Americans that they would eventually come in contact with in daily life.

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