

Foreign Bodies in the Nation

The “Health Problem of Immigration” in France during the Interwar Period

Virginie De Luca Barrusse

Introduction

The 1920s in France were marked by the entry of hygienists into an ongoing debate on immigration among other experts recognised in the economic field.¹ Here, “hygienists” were doctors specialized in the hygiene issue, who were working for a public administration and who publicised and diffused the “health problem of immigration” outside expert circles.² Their commitment would contribute to eventually introducing the topic of migrants' health into the political arena.

In the aftermath of the Great War, France had no immigration policy as such, public authorities reacted “on a case-to-case basis”³ under the pressure of influential groups associated with industrial and agricultural circles. The phenomenon admittedly went one by one before it receded under the effect of the economic crisis.⁴ In 1921, the population of France was 39.2 million. During the proceeding decade, immigration was particularly high in order to fill the gaps left by the Great War and to support the reconstruction effort. In 1931, 2.7 million foreigners, who came from Belgium, Poland, Italy and from the French colonies, particularly Algeria, accounted for 6.6% of the total population. With such figures France ranked second among the destination countries for immigrants after the United-States. Up to 1931, migratory growth had accounted for three quarters of the total

1 Gérard Noiriel, *Immigration, antisémitisme et racisme en France (XIXe–XXe siècles)* (Paris, 2007), p. 319, p. 326; Julie Fette, *Exclusions: Practising Prejudice in French Laws and Medicine, 1920–1945* (Cornell, 2012); Mary Lewis, *Les frontières de la République: l’immigration et les limites de l’universalisme en France, 1918–1940* (Marseille, 2010).

2 I thank the Comité d’Histoire de la Sécurité Sociale and its association for supporting this research.

3 Patrick Weil, “Racisme et discrimination dans la politique française de l’immigration, 1938–1945 et 1995”, *Vingtième siècle*, juillet-septembre (1995), 74–99.

4 See Gérard Noiriel, *Le creuset français. Histoire de l’immigration XIXe–XXe siècles* (Paris, 2006).

population increase. Natural increase was admittedly low because birth rate had been particularly poor, which raised many eyebrows among various circles worrying about “depopulation”⁵ in the country. The economic crisis of the 1930s discouraged both fertility and immigration. The number of foreigners in France decreased to 2.4 million in 1936, or a proportion of 5.9%. Migratory balance became negative and the total population growth was almost nil. The proportion of foreigners reached 5.9% in 1936.⁶

So, how and why was migrants’ health was publicly exposed by doctors who specialised in hygiene issues? Since this question is especially pertinent as it appeared that during in the inter-war period, the “health problem of immigration” only existed because of a construction effort supported by the hygienists’ collective efforts of those same hygienists.⁷ The emergence of this new social problem was the result of a mobilisation that which successfully propelled it to social visibility. For a migrants’ issue to become a public issue, it needed to be defined as such by these observers and they had to be sufficiently influential to pass on their fear to the public.⁸ Their success reflected their capacity for mobilisation. But what is the meaning of that mobilisation? We were clearly dealing with hygiene specialist doctors, an underrated specialisation that was craving legitimacy. Their motivation set the tone for the debate and arguments employed in their actions. Indeed, hygienists were doctors without clientele who turned towards public administration to perform their profession as private practice medicine faced a bottleneck.⁹ At the junction of the administrative field and the medical field, wage-earning work was depreciated by the private practice community of doctors. The two groups were often opposed, as the hygienist was the figurehead of health interventionism. In this way, the creation and organisation of the debate on migrant health appear as elements in a process for defining and exploiting hygienists’ competency.

But the “health problem of immigration” also reflected the convergence of issues that historically surrounded economic (a need for labour) and demographic (growing population as a political power factor) interests. Immigrated populations may indeed be valuable for lobbies as they alter the volume and composition of labour.¹⁰ However, the population as a whole is also modified because migrants

5 Virginie De Luca Barrusse, *Les familles nombreuses. Une question démographique, un enjeu politique* (Rennes, 2008).

6 Virginie De Luca Barrusse, *Démographie sociale de la France* (Paris, 2010), pp. 195–216.

7 Herbert Blumer, “Social problems as Collective Behaviour”, *Social Problems*, 18 (1971), 298–306.

8 *Ibid.*

9 Jacques Léonard, *La France médicale. Médecins et malades au XIXe siècle* (Paris, 1978); *La médecine entre les savoirs et les pouvoirs* (Paris, 1981).

10 Philippe Rygiel, “Indésirables et migrants désirés. Notes sur les pratiques de sélection des migrants dans quelques grands pays d’immigration (1850–1939)”, in P. Rygiel, ed., *Le bon grain et l’ivraie. La sélection des migrants en Occident 1880–1939*, (Paris, 2008), p. 29.

represent a labour force as well as a reproductive force contributing to demographic renewal.¹¹ The value of the foreigner is subordinated to their economic as well as demographic usefulness, as hygienists relentlessly reiterated. This demographic usefulness further implies maintaining, then assimilating foreigners into the population. Hygienists used the demographic argument;¹² they seized the issue by assessing the health risks of immigration compared to the potential economic benefits for the nation. To introduce the health criterion as the priority of a true immigration policy, to strive to mobilise public opinion so as to partake in that policy: such was the aim of hygienists.

My purpose here is to examine “the health problem of immigration” designated in this context - to repeat the definition given by Joseph Gusfield - as the process through which immigrants' health becomes the issue of reflection and of public protest as well as a target for public action.¹³ This work falls within a fertile field of research that examines barriers set up at national borders, particularly against infectious diseases. Some of the research approaches the issue from the viewpoint of globalised trade and international relations, providing an overview of the systems that were introduced and the efforts undertaken by nation-states to enforce health security at their borders.¹⁴ Other studies look at activities, networks and international conferences: they show how border security systems were negotiated outside national borders.¹⁵ Another area of research focuses on the risks that were perceived not only to be dangers to health but also to society. This is demonstrated above all in studies of venereal diseases.¹⁶ Overall, apart from a few national

11 Elisa Camiscioli, “Producing Citizens. Reproducing the “French Race” Immigration, Demography and Pronatalism”, *Gender and History*, 3 (2001), 593.

12 Paul-André Rosental, “L’argument démographique. Population et histoire politique au Xxe siècle”, *Vingtième Siècle. Revue d’Histoire*, 95, 3, (2007), 3–14. More generally, see Paul-André Rosental, *L’intelligence démographique: sciences et politiques de population (1930–1960)*, (Paris, 2003).

13 Daniel Cefai, Dominique Trom, “Retour sur la sociologie des problèmes publics. Un entretien avec J. Gusfield”, *Secret/Public*, 0, 3, (2005), 1.

14 Alison Bashford ed., *Medicine at the Border: Disease, Globalization and Security, 1850 to the Present* (New York, 2006); Alison Basford, *Imperial Hygiene. History of Colonialism, Nationalism and Public Health*, (New York, 2003); Roy Macleod, Lewis Milton, eds., *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, (London, 1988); Patrick Zylberman “Civilizing the State: Borders, Weak States and International Health in Modern Europe” in A. Basford, ed., *Medicine at the Border: Disease, Globalization and Security* (New York, 2006), pp. 21–40.

15 Norman Howard-Jones, *The Scientific background of the international Sanitary Conference, 1851–1938* (Geneva, 1975); Paul Weindling, *International Health Organisations and Movements, 1918–1939* (Oxford, 2000).

16 Alison Bashford, Claire Hooker, *Contagion: Historical and Cultural Studies* (London, 2001); Deborah Lupton, *The Imperative of Health: Public Health and the Regulated Body* (London, 1995); Caroly Strange, Alison Bashford eds., *Isolation: Places and Practices of Exclusion*, (London, 2003). On venereal diseases cf. Philippa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (London, 2003).

examples, research on how monitoring systems and procedures were set up and on actual border practices reveals that the activities were structured by class and race relationships, particularly in the colonies.¹⁷ Finally, several analyses have been devoted to the scientific theories and concepts used to justify border security measures, especially their eugenic character.¹⁸ The French situation appears to have been an exception: eugenics in France were just as concerned with the quantity of the population as they were with quality.¹⁹ My research diverges from these studies, however, by shifting the focus of our observation to the way the health problem itself was constructed, prior to the measures adopted, and then focusing on how doctors went about defining a new field of knowledge. These professional stakes were the cornerstone for defining the immigration health problem.

I shall focus on this emerging issue and its legitimisation as well as on the underlying arguments employed by the actors involved. The first part of this article presents the situation of hygienists in the field of immigration health control. As early as 1925, the problem was clearly defined, the issues were decided upon, publicised and addressed to the public authorities. This new social problem entered the public arena,²⁰ a subject which we shall examine in a second part. Finally, we shall study the arguments put in place in order to expose a health issue that was associated with migrants entering French territory. We will also show the issues underlying those discourses that were used to shape preconceived ideas of uncontrolled immigration. The mobilisation of hygienists utilized a strong rhetoric, which consequently conditioned the ways of addressing and debating the issue of immigrant health. This rhetoric would also have significant consequences on foreigners entering the territory. We shall focus on the 1920s, but we shall also digress into the following decade in order to highlight this debate and its characterising arguments.

17 Anthea Hyslop, "Insidious Immigrant: Spanish Influenza and Border Quarantine in Australia, 1919", in L. Bryder and D. Dow, eds., *Migration to Mining: Medicine and Health in Australia History* (Darwin, 1997); Shah Nayan, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (San Francisco, 2002); Alexandra Minna Stern, "Buildings, Boundaries and Blood: Medicalization and Nation-Building on the US Mexico Border, 1910–1930", *Hispanic American Historical Review*, 79 (1999), 41–81.

18 Laura Otis, *Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science and Politics* (Baltimore, 1998); Margaret Pelling, "The Meaning of Contagion: reproduction, medicine and metaphor", in A. Bashford and C. Hooker, eds, *Contagion: Historical and Cultural Studies* (London, 2001), pp. 15–38; Paul Weindling, *Epidemics and Genocide in Eastern Europe, 1890–1945* (Oxford, 2000).

19 William Schneider, *Quality and Quantity. The Quest for Biological Regeneration in the Twentieth-Century France* (Cambridge, 1990); Anne Carol, *Histoire de l'eugénisme en France* (Paris, 1995).

20 Daniel Cefaï, "La construction des problèmes publics. Définitions de situations dans les arènes publiques", *Réseaux*, 1996, 75, 57.

Up to 1923: A Loose Scheme

Beginning towards the end of the 20th century, the recruitment of foreign workers from Poland or Italy, for example, was being organised by private companies to meet the need for labour in France.²¹ In the departure zones, medical visits were organised to check migrants' ability to work.²² The rules were rather flexible and would vary according to the economic or social conjuncture or even the migrant's country of origin.²³ In addition to this form of organised immigration, a more spontaneous immigration, most often people living near borders, was only checked once at the borders. Provisory welcome and/or host facilities were set up at the national borders in the North-East, the South and the South-East of France to accommodate foreigners and colonial workers. In "settlements for foreigners workers", accommodation centres, border posts, administrative agents and hygienists were responsible for vetting the arrival of migrants. However, health control seemed to be mostly superficial: the medical visit boiled down to smallpox vaccinations, delousing those from regions prone to epidemic typhus, providing showers and disinfecting clothes and luggage. During the Great War, manpower shortage created the need to organize "under pressing urgency"²⁴ the recruitment of workers from the colonies. In the port of Marseille where they landed from Algeria or Italy for example, check points to verify the physical and professional aptitude of migrants were set up hastily.²⁵ Medical visits for colonial workers and rounds checking the hygiene of their barracks multiplied to support new emergency efforts.²⁶

The health system was first giving visibility during the war by the hygienists who, in medical and health journals, highlighted health aspects in retelling their experiences. They described their daily activities, the difficulties they encountered but also the strategies and innovations they implemented. The greatest freedoms were afforded to hygienists, who were at the center of the issue, and thus allowed to

21 Vincent Viet, *La France immigrée. Construction d'une politique 1914–1997* (Paris, 1998), p. 27.

22 Anne-Sophie Bruno, "Les acteurs de la sélection de la main-d'œuvre immigrée en France au XXe siècle", in J-P. Le Crom, ed., *Les acteurs dans l'histoire du droit au travail* (Rennes, 2011), p. 399.

23 Anne-Sophie Bruno and Catherine Omnès, "Statut d'emploi, situation de travail et santé: histoires de femmes et d'étrangers", in A-S. Bruno, E. Geerkens, N. Hatzfeld and C. Omnès, eds., *La santé au travail entre savoirs et pouvoirs, XIXe–XXe siècles* (Rennes, 2011), p. 101. See also Paul-André Rosental, "Géopolitique et Etat-Providence. Le BIT et la politique mondiale des migrations dans l'entre-deux-guerres", *Annales Histoire, Sciences Sociales*, 61, 1 (2006), 99–134.

24 Vincent Viet, *La France immigrée*, p. 28.

25 André Payrault, *L'immigration organisée et l'emploi de la main d'œuvre étrangère en France* (Paris, 1927), pp. 34–42.

26 Laurent Dornel, "Les usages du racialisme. Le cas de la main d'oeuvre coloniale en France pendant la première guerre mondiale", *Genèses*, 20, (1996), p. 60.

set up systems for confining epidemics, quarantine programs, etcetera. Hygiene then became an open field of experimentation in an exceptional context, requiring high responsiveness from its actors. Hygienists endeavoured to disseminate their practices and investments by exposing their field experience and giving visibility to competences related to health administration.

During and immediately after the war, the most loquacious hygienist was Doctor René Martial who wrote many articles. His professional career was rather characteristic of these management, control and inspection roles in the field of hygiene, which proliferated during France's third republic. In 1909, he ran a sanatorium in northern France; in 1910, he was director of the hygiene office in Douai. In April 1916, he was appointed deputy technical director of the health department of the 16th military region, and then departmental delegate of that same region.²⁷ Just like him, scores of hygienists, departmental hygiene inspectors and directors of hygiene offices were turned into "medical executives", health constituency delegates or departmental delegates during the war.²⁸ Thus, Martial was entrusted with curbing health epidemics in a colonial worker compound in Castres.²⁹ At the Spanish border, he organised the fight against malaria and epidemic typhus in colonial worker compounds.³⁰ At the end of the war, Martial was appointed departmental hygiene director in the Aisne region and then director of the municipal hygiene office in Fez.³¹ The latter was for him an intense activity that he recounted in detail in several articles.

At the same time, hygiene was becoming an institution in itself. In 1921, in Paris, the management of the new Hygiene Institute was entrusted to Professor Leon Bernard. The implementation of a course in hygiene delineated and demonstrated the skills of hygienists. Furthermore, the creation of a higher education degree in hygiene within the Paris medical school conferred legitimate entry into the career of a hygienist doctor. Hygiene then gained further authority on May 21, 1924 when posts such as health technical advisers were created in the Ministry of Labour and of Hygiene. Professor Leon Bernard occupied one such post.

The doctors who opened and fuelled the debate on immigration came from a social hygiene background. Their status, therefore, was halfway between science,

27 Benoit Larbiou, "René Martial, 1872–1955. De l'hygiénisme à la raciologie, une trajectoire possible", *Genèses*, 60 (2005), 104.

28 *Ibid.*

29 Dr. Martial, "Epidémiologie d'un contingent de travailleurs algériens stationnés dans la XVI^e région. Etiologie, Réceptivité", *Montpellier médical*, 37, 15 décembre (1917), 1165–1170, quoted by Benoit Larbiou, *Connaitre et traiter l'étranger. Les constructions sociales d'un savoir politique sur l'immigration, 1914–1945*, unpublished PhD (Montpellier, 2003), p. 369.

30 Dr. Martial, "Typhus exanthématique, organisation de l'épouillage, problème de la quarantaine", *Revue d'hygiène et de police sanitaire* (1919), 559–560.

31 Benoit Larbiou, "René Martial", *Genèses*, 60 (2005), p. 107.

administration and social work, while also being backed by several other disciplines, such as medicine, public administration, and statistics.³² The new occupation was marked by the significance of associations, committees, and conferences: places where prominent contributors (scientists, politicians or administrators) from various combinations of these field were vying for power. Moreover, social hygiene was supported by men with political power, motivated by a feeling of general interest and for which the collective character of social issues is obvious but also and especially risky. For the social hygienist, man was always considered from a dual individual and social viewpoint.³³ Social hygiene is backed by the concept of forced solidarity between individuals and whole generations as determined by the conditions under which diseases, epidemics and hereditary illnesses propagate.³⁴ Whenever they wanted to fight against tuberculosis, syphilis, alcoholism, childhood mortality, social hygienists adamantly followed a perspective of solidarity. At the end of the day, they were interested in the convoluted causes that had possible consequences on the population as a whole.³⁵ Those who sought to highlight the health problem of immigration were involved in more than one way in this field. So, how many were they? We are able to identify some fifteen names who were publishing on this issue. However, if we decide to add the names quoted in their articles and who address the issue less radically, the network of professionals including migrants in the field of social hygiene was in fact much larger. Migrants were then considered as new agents of the possible transmission of diseases and diffusion of hereditary characteristics. René Martial for example was strongly involved in that field on a par with his colleagues. In 1923 he became a member of the editorial committee of the *Revue d'hygiène et de police sanitaire* (The journal for hygiene and health policy) and hygiene technical adviser for *Le Concours médical*. In 1924, he also became a member of the editorial committee of the *Mouvement sanitaire*. The following year, he became secretary of the Hygienist Union.

In December 1924, the National office for social hygiene was created. From this point forward, social hygiene was structured at the highest level. This new social space provided hygienists with the opportunity to gain positions of power. They could then feel entitled to highlight social issues, to the creation of which they had themselves contributed. The health of migrants was one such social issue constructed largely by the new institution of hygienists.

32 Gérard Jorland and Anne Rasmussen write the same comments about hygiene. Anne Rasmussen, "L'hygiène en congrès", in P. Bourdelais ed., *Les hygiénistes. Enjeux, modèles, pratiques* (Paris, 2001), p. 226; Gérard Jorland, *Une société à soigner. Hygiène et salubrité publiques au XIXe siècle* (Paris, 2010), p. 19.

33 Gérard Jorland, *Une société à soigner*, p. 43.

34 Op. cit., p. 304.

35 On the British case see Greta Jones, *Social Hygiène in Twentieth Century Britain*, (London, 1986).

Defining the Problem

In 1924, the *Société Générale d'Immigration*, grouping together various employer associations, was responsible for negotiating with foreign administrations to supply industrialists with workers. In order to select candidates for immigration, local infrastructures entrusted with ruling on immigrants' aptitude to work were set up. This was the case, for example in Poland in 1924 and in Czechoslovakia in 1925.³⁶ According to statistics provided by these organisation, more than one third of Poles and Czechoslovakians would then have been barred from entering France for medical reasons.³⁷ Health controls were subsequently enforced at the French borders. The conditions for entry varied according to the country of origin. Italians, for instance, were controlled only once at the borders.³⁸ As for workers from the colonies, the same year, on August 8, 1924, a memorandum dictated that "any native desirous of coming to France to occupy a wage-earning job should provide a medical certificate showing that he is physically capable of working in France and is not afflicted by any contagious disease".³⁹

At this stage, migrants' health had not been identified as a public concern. In the process of becoming one, a social space for discourse was required to echo and relay the arguments surrounding the issue and certainly to amplify said issue. The various journals, as places of presentations, of discussions and of propositions, played the role of the sounding board. *La revue d'hygiène et de police sanitaire*, *le Mouvement sanitaire*, *le Concours médical*, *la Presse médicale* and a few more original published articles or texts published elsewhere, commented on the debates of scholarly societies and incorporated presentations from conferences. Texts would circulate from one journal to the other, studded with many bibliographical references giving them an intellectual aura. A new social space was built by actors writing and reading these journals, but it was also built by the contents of these publications, the circulating projects and the tools for analysis used which then entered into the public arena. The Academy of Medicine also relayed the issues and by its high authority, the debate reached into the public and political sphere.

To blow the whistle on an issue, there must first be an opportunity. The American experience provided hygienists with the opportunity to open up the

36 Anne-Sophie Bruno, "Inaptitude et immigration en France au XXe siècle", in C. Omnès and A-S. Bruno, *Les mains inutiles. La construction sociale de l'inaptitude au travail*, (Paris, 2004), p. 126. On the international organisation of the migrations see Paul-André Rosental, "Migrations, souveraineté, droits sociaux. Protéger et expulser les étrangers en Europe du XIXe siècle à nos jours", *Annales Histoire et Sciences Sociales*, 2, 66 (2011), 335–373.

37 Quoted by Jean Pluyette, *La doctrine des races et la sélection de l'immigration en France* (Paris, 1930), p. 102.

38 Quoted by Anne-Sophie Bruno, "Inaptitude et immigration en France au XXe siècle", p. 135.

39 *Ibid.*, p. 128.

debate. The American laws of 1921 and especially of 1924 highly limited immigration by imposing quotas and by forbidding entry to certain categories of population.⁴⁰ These new provisions led to a multiplication of articles in various journals⁴¹. The authors presented the American methods and deplored the absence of comparable measures in France: “we are dealing here with a coherent, legal and competent organisation, certainly unparalleled in France which ought to be created by all necessity”.⁴² In its meeting dated March 9, 1926, at the end of a presentation of the American situation, the Société de Pathologie Comparée (Society of compared pathology) expressed the wish for “the measures adopted in the US for excluding and eliminating the undesirable aliens to be adopted in our country”.⁴³

Blowing the whistle also required a vivid announcement able to capture public attention. In September 1925, it was Professor Léon Bernard who made the issue more visible by publishing in the *Revue d'hygiène et de médecine préventive* (*Hygiene and preventive medicine journal*) on “the health issue of immigration”.⁴⁴ If other authors, such as Martial, have written on the subject, Léon Bernard could mention higher institutional positions, as a professor of the Paris faculty of medicine and as a member of the Medical Academy. He was committed to the fight against “social scourge”, tuberculosis especially, for which he was one of the acknowledged specialists. As such, he was secretary general of the *Comité national de défense contre la tuberculose* (the National defense committee against tuberculosis), which he represented in all levels of social hygiene. It was an authorised voice of the medical world and of social hygiene. In his article, Léon Bernard offered a set of convergent arguments around a unique issue - that of migrant health – applied to a general issue - the future of the nation. He put forward a number of statements which can be found in previous articles, to varying degrees and which were reflected in articles published after, systematically. The central idea was as follows: “a large number of diseased people are introduced in France due to immigration; these are agents of transmission of infectious diseases, sources of unproductive and illegitimate although inescapable expenses as well as deterioration factors of the race”.⁴⁵ Three keys to reading the health issue of immigration were given, to which we shall come back: the significant statistics of foreigners' hospitalisation, the frequency and the

40 See for example Robert L Fleegler, *Ellis Island nation. Immigration Policy and American Identity in the Twentieth Century* (Philadelphie, 2013).

41 For example, Dr. Forestier, “Les tendances actuelles de la politique d’immigration aux Etats-Unis”, *Le Mouvement Sanitaire*, 1924–1925, 552–562; Drs. Antheaume and Shiff, “Le problème de l’immigration aux Etats Unis”, *L’Hygiène mentale*, mai (1925), 121–122.

42 Dr. Martial, “De l’immigration”, *Le Concours médical*, 18 avril (1926), 1050.

43 Séance du 9 mars 1926, *La Presse médicale*, 1926, 7 avril, 437, quoted by Benoit Larbiou, *Connaître et traiter l’étranger*, p. 424.

44 Pr. Bernard, “Le problème sanitaire de l’immigration”, *Revue d’hygiène et de médecine préventive*, 47 (1925), 769–787.

45 *Ibid.*, 772.

dangerousness of the diseases they import and diffuse, the risks incurred by the population and the race.

Léon Bernard's purpose was to recount a given situation through its economic issues and the risks it incurred.

The health causes for exclusion set forth by the *Société Générale d'Immigration* in agreement with the Ministry of Labour met the concerns about working capacity more than the value of the population. [In terms of immigration], hygiene must here assert the significance brought about by the twofold concern of public health and of the future of the race.⁴⁶

This text attempted to reshuffle priorities over the sole pre-eminence of economic issues. The hygienists, after Léon Bernard, never failed to highlight the priority given to the economic issues and to the necessities of manpower rather than public health.

The consequence of that article was to throw the Medical Academy into the debate. In November 1925, it set up a “Commission on diseased foreigners in hospitals”, to be chaired by Léon Bernard. On January 19, 1926, his report led the Academy to take a stance whereas “they did not wish for the time being to be concerned with the whole issue of immigration in its ethnic, moral and economic repercussions, and while remaining faithful to France's tradition of hospitality as well as bearing in mind the considerable number of foreigners looked after in our hospitals even though they entered our country more or less recently, without being subjected to sufficient medical examination beforehand; moved by the regrettable consequences of that state of facts, from the point of view of care burdens as well as dangers implied for public health, (the Academy) requests thee public authorities to see to health control of immigration without delay”.⁴⁷ The Academy relays the alert without offering precise measures, however.⁴⁸ Its wish was largely diffused and commented upon in medical and hygiene journals.⁴⁹

The text of Léon Bernard, followed by his contribution in the Medical Academy led to competition for hygienists speeches on the health issue of immigration. The year 1926 was abundant in publications and positions. Articles proliferated in the *Annales d'hygiène publique, industrielle et sociale* or still in the *Concours médical*. Medical societies took a stand. For example, on May 26 1926, the Paris Medical Society,

...considering the increasing number of physically and psychically diseased foreigners, emigrating into France and becoming the nation's responsibility upon arrival expressed the wish of stringent selection or screening diseases upon migrants'

46 *Ibid.*, 770.

47 *Bulletin de l'académie de médecine*, 19 janvier (1926), 64–74.

48 Gérard Noiriel, *Immigration, antisémitisme*, p. 328.

49 For example, Dr. Bouquet, “Les malades étrangers en France”, *Le Monde médical*, janvier (1926).

entry, by the Ministry of Hygiene so as to reduce the burden and the number thereof.⁵⁰

The consequence of speeches and publications was also to encourage the production of theses on the subject: medical circles were henceforth convinced of the significance of this new issue.⁵¹

In November 1926, the 13th hygiene conference organised by the society of public medicine and of health engineering dedicated to the "issue of immigration" was the climax of that year. The topic of the demonstration was announced at the end of the 12th conference held from 19 to 23 October 1925, i.e. less than a month after the publication Léon Bernard's article.⁵² It gathered hygienists who had already published on the matter, while others focused rather on social plagues such as tuberculosis, syphilis, and alcoholism, the central themes of social hygienists. As such, they took part in the activities of the national office for social hygiene. The conference was largely commented upon in medical journals. Presentations multiplied after a short presentation by the head of the Ministry of Labour cabinet in which they showed that the political arena would be henceforth challenged.⁵³ Upon completion of the event, the conference expressed several wishes aiming to strengthen health control and setting up a special tax for foreigners to fund said control.⁵⁴

Another consequence of the medical academy's presentation was also the de-partitioning of the debate which was not circumscribed solely to hygienist circles. The press, always prompt to relay alarmist remarks from academics, also gave it coverage thus arousing public attention. In January of 1926, *Le Matin*, a conservative newspaper, published on its front page a series of twelve articles entitled "Paris, the world hospital". Repeating the statistics on foreigners' hospitalisation that were at the heart of hygienists' arguments, journalists fed their papers with statements from doctors, politicians or even high-level government officials. On January 7, Dr. Marie stated that diseased foreigners cost 25,000 Francs per day to the Seine region.⁵⁵ The following day, it was the director of the "*Assistance publique*", Mourier who asserted that on account of foreigners' hospitalisation, "the Parisian was then deprived of his hospital bed"⁵⁶. On 8 December 1927, *Le Temps*, also rather conservative itself, stated that in 1926, immigrants accounted for 7.2% of the total burden on hospitals in the Seine region

50 Quoted by Benoit Larbiou, *Connaitre et traiter l'étranger*, p. 390.

51 For example, Victor Storage, *L'hygiène sociale et les étrangers en France* (Paris, 1926); J. Bercovici, *Le contrôle sanitaire des immigrants en France* (Paris, 1926).

52 Benoit Larbiou, *Connaitre et traiter l'étranger*, p. 386.

53 "Compte rendu du XIIIe congrès d'hygiène", *Revue d'hygiène et de police sanitaire*, (1926), 993–1143.

54 *Ibid.*

55 Quoted by Ralph Schor, *L'opinion française et les étrangers* (Paris, 1985), p. 420.

56 *Ibid.*, 415.

and that, for half of them, the costs were not refunded by the country of origin.⁵⁷ The press then repeated these alarmist statistics, enough to cause a stir among their readers. A movement was launched, with the press contributing, after the hygienists, to spreading a certain social representation of the problem being discussed. During the 1930s, daily newspapers, tending to be conservative, repeated the statistics on hospital overload, the costs associated with foreigners' hospitalisation and insisted on the competition created between nationals and foreigners by the situation.

For their own part, employers, involved in the pre-eminence of economic interests reacted and attempted to reduce the health risks of immigration. In 1927, William Oualid, representing France in the International Labour Office ensured that “immigrating only physically healthy and mentally normal elements is the first concern [...]. A rigorous selection was imperative”.⁵⁸ He described the selection scheme, confessed to a few gaps but concluded to general efficiency. Some newspapers, which were hand in glove with business owners circles such as *L'Avenir* also attempted to be reassuring about the numbers of foreigners' rights in hospitals and about the selection efficiency of immigrant labour.⁵⁹ Another example from January 1928, appeared in the first issue of the *Revue de l'immigration*, written by Jean Lebelle, a former director of the foreign labour department. He admitted to the necessity of an immigration policy and of an “efficient health control”, but attributed the health hazards to spontaneous immigration.⁶⁰ Others endeavoured to show that no significant epidemic could be attributed to foreign imported diseases and that the statistics are originated from major cities where migrant concentration was high.⁶¹ Although the significance of health control was acknowledged, the priority of economic issues was not questioned. If the primary selection criterion was not met by unanimous approval, it was because some professional group or expert or another could impose their views and their authority unchallenged.

The poor image of migrants undoubtedly tainted the debates. Xenophobia, latent since the early Third Republic, regained some of its lost vigour as of the mid-1920s.⁶² Hygienists spread the rumour that certain countries would get rid of their undesirable citizens by sending them to France. On December 15, 1925, before the Medical Academy, Doctor Remlinguer, Director of the Tangiers Pasteur Institute asserted that “in the cities of the Mediterranean basin, when a diseased person is an

57 *Ibid.*, 416.

58 William Oualid, “L’immigration ouvrière en France”, *Le Musée social*, mai-juin (1927), 313.

59 Quoted by Ralph Schor, *L’opinion française et les étrangers*, p. 425.

60 Jean Lebelle, “Le contrôle sanitaire des immigrants”, *La revue de l’immigration*, 1, janvier (1928), 1.

61 Ralph Schor, *L’opinion française et les étrangers*, p. 425.

62 Laurent Dornel, *La France hostile. Socio-histoire de la xénophobie (1870–1914)* (Paris, 2004).

economic non-value and may be a long-lasting burden for his family, he is almost instinctively sent away to France so as to get rid of him”.⁶³ Some countries were accused of getting rid of their diseased citizens “by directing them systematically to France, assured that no barrier will stop them at the borders”⁶⁴ since “a nation tends naturally to dispose of its refuse and keep only healthy elements”.⁶⁵ There was a widespread perception that migrants were being pushed away from their countries of origin. This perception substantiated statements by hygienists and further fuelled xenophobia: although useful, foreigners were nevertheless suspect.⁶⁶ Hygienists didn’t stand away from such representations: a few years later, in 1933, they joined the Armbruster Act which prohibited foreigners from practicing medicine.⁶⁷ Racist representations and professional interests joined together here.

The debate on immigration issues and the arguments mobilised therein led to political intervention. The political arena – i.e. the Senate and the Parliament – looked into that matter. All the materials gathered, the investigations, the wishes expressed by the Medical Academy, the Hygiene Congress or the Paris Medical Society circulated and were discussed in the House of Representatives and in the Senate. A sizeable number of medical doctors were involved in this process.⁶⁸ On January 14, 1926, radical-socialist MP, Justin Godard, repeating the wishes of the hygiene congress introduced a bill proposing to “establish a health control tax and an alien assistance tax”. Too restrictive, impractical, the bill was not universally acclaimed. Filed on April 17, 1926, the proposition carried by Doctor Chauveau, chairman of the parliamentary medical group and chairman of the Senate hygiene commission found greater resonance. This led to the mandate of February 20, 1927 which was sent to the consuls and to the border posts: “any hiring document or work contract shall henceforth be accompanied by a medical certificate bearing the French consular visa”.⁶⁹

Social hygienists claimed a specific competence in matters of immigration with regards to social hygiene by publishing articles in prominent reviews in the field and highlighting the health risks of immigration. Further, the resonance they found with the Medical Academy thanks to Léon Bernard's contribution being disseminated outside, especially within the medical community as a whole but also

63 Dr. Remlinger, *Bulletin de l'académie de médecine*, 19 décembre (1925).

64 J Bercovici, *Le contrôle sanitaire des immigrants*, p. 83.

65 Dr. Forestier, “Les divergences de l’opinion sur la politique de l’immigration en France”, *Le mouvement sanitaire* (1925), 859–874.

66 Pierre Guillaume, “Du bon usage des immigrés en temps de crise et de guerre, 1932–1940”, *Vingtième Siècle. Revue d'histoire*, 7 (1985), 123.

67 Gérard Noiriel, *Immigration, antisémitisme*, pp. 417–419.

68 See Jack Ellis, *The Physicians-Legislators of France. Medicine and Politics in the early Third Republic* (Cambridge, 1990).

69 Quoted by Dr. Even, “Protection de la santé publique et contrôle sanitaire des transmigrants”, *Le mouvement sanitaire* (1930), 208–233.

with the administrative and political communities. Hygienists indeed requested multiplying health checks for candidates for immigration and regular follow-ups which they could perform. Their arguments were agreed upon and led to control measures.

Multiple Arguments Pointing Towards a Single Issue

Three arguments were used by Léon Bernard to highlight the health problem of immigration, then repeated by the hygienists joining in the debate after him. The first of these arguments is the cost of foreigners' hospitalisation. Léon Bernard referred to several articles by hospital doctors published since the beginning of 1924 and asserted that migrants accounted for 20% of admissions into Parisian hospitals.⁷⁰ “The considerable care costs involved for that enormous cohort of diseased people are for the French tax payer a heavy, but illegitimate as well as unavoidable burden”.⁷¹ The cost of hospitalisation had to be assessed to fathom and legitimize the health problem. Since the act of August 7, 1851, hospital establishments were indeed compelled to accommodate all the destitute patients, French or immigrant. Hospital administration was entitled to ask for the repatriation of sick migrants or the refund of the costs associated with their hospitalisation if and only if, the patient had been hospitalised for more than 45 consecutive days and if their country of origin had signed a reciprocity treaty with France.⁷²

Statistics were obtained by hospital doctors who joined in the debate after hygienists and located the migrants in their wards. Doctor Marie, head physician of the Sainte Anne asylum in Paris stated that out of some 4000 patients, 15% were foreign.⁷³ The use of proportions were used to analyse the overload in hospitals via the monopolisation of hospital beds by migrants. Doctors spread the rumour that French people could not find beds in their own hospitals any longer. On July 29, 1926, in front of the Medical Academy, Doctor Imbert claimed that between 1923 and 1925 the proportion of foreigners hospitalised in Marseille was between 25 and

70 For example, Dr. Berthoumeau, “Note sur la proportion des malades étrangers hospitalisés dans les services parisiens”, *Presse médicale*, 16 janvier, 5 (1924), 90–91; Dr. Imbert, “Les malades étrangers hospitalisés dans les hôpitaux de Marseille”, *Presse médicale*, 26 avril, 34, (1926), 709.

71 Pr. Bernard, “Le problème sanitaire de l’immigration”, 771.

72 In 1938, a reciprocity treaty was signed with Italia, Poland, Belgium, Luxembourg, Austria, Spain and Switzerland. Ralph Schor, *L’opinion française et les étrangers*, pp. 417–418. On this reciprocity treaty see Vincent Viet, “La politique de main-d’œuvre et les travailleurs étrangers et coloniaux entre 1914 et 1950”, *Histoire et Mesure*, septembre-octobre, 17 (2006), 35–40.

73 Dr. Marie, “A propos des indésirables”, *Bulletin de la Société de médecine de Paris*, 3, (1926), 107.

30%. “It follows that the thousands of foreigners accommodated are compensated for by a large number of French people who are not”⁷⁴. In the country, certain authors did not fail to remark that the proportion of hospitalised migrants did not reflect the general proportion of foreigners. Thus in Meurthe-et-Moselle, foreigners represented 14.7% of the population in 1926 but 20% of the hospitalised people in 1924 and 28% in 1925⁷⁵. According to *Statistique Générale de la France* (France's General Statistics services), 20,000 to 30,000 foreigners were hospitalised each year in the Seine region, in other words making up for 7-8% of the patients admitted to care establishments in 1927. After 1927, and during the 1930s, the proportion exceeded 10% but it varied from one ward to another.⁷⁶ Hygienists relied on the statistics generated by the hospital staff, which they reiterated to the extent that they were largely circulated.

Beyond the issue of in-hospital management, the health problem of immigration also lied in the pathologies developed by foreigners. “Among these patients, how many are contagious, especially how many tuberculosis or syphilitic patients spread their germs! As many sources of contamination weighing upon our prophylaxis organisations or escaping them and, anyway threatening our nationals” Léon Bernard wrote.⁷⁷ If the hygienists' articles describing their activities at the borders emphasised diphtheria, exanthematic typhus, smallpox or typhoid fever, other diseases also captured public attention, tuberculosis and syphilis especially. Foreigners were responsible for the upsurge of these illnesses or the limited effects of the anti-tuberculosis and anti-venereal policies implemented. Indeed, the debate was rising at the same time as statistics on those “social scourges” were being gathered. The result was an investigation into the maintenance of high levels in spite of health efforts proliferated⁷⁸ and whether migrants were responsible for those poor results. In June 1926, doctors Spillmann and Parisot asserted that among the diseased migrants “a large number of them are suffering from contagious affections, tuberculosis and syphilis especially; they become agents, even provide contamination zones”.⁷⁹ Syphilis was particularly dreaded. In 1926, doctors Cavaillon and Spillmann asserted that “if syphilis is on the increase again, instead of on the decrease, in the Lorraine region, one of the factors for that increase

74 Dr. Imbert, “Les malades étrangers dans les hôpitaux de Marseille”, *Bulletin de l'Académie de médecine*, 20 juillet (1926), 72–76.

75 Drs. Spillmann and Parisot, “La main d'œuvre étrangère et ses conséquences au triple point de vue médical, social et financier”, *Revue d'Hygiène* (1926), 1111–1118.

76 Quoted by Ralph Schor, *L'opinion française et les étrangers*, p. 416.

77 Pr. Bernard, “Le problème sanitaire de l'immigration”, 772.

78 Virginie De Luca Barrusse, *Population en danger. La lutte contre les fléaux sociaux sous la Troisième République* (Genève, 2013).

79 Drs. Spillmann and Parisot, “Du rôle joué par l'élément étranger au point de vue de l'assistance médicale en général, de la tuberculose et des maladies vénériennes”, *Revue d'hygiène*, juin (1926), 162.

indisputably originated from the presence of numerous workers of various nationalities in factories and in the countryside (...). Health control of immigration must be implemented so as to remedy that great danger which may compromise the brilliant results obtained in France by the fight against syphilis”.⁸⁰ Tuberculosis did not come far behind. Doctor Storage started an investigation at the *Hôtel-Dieu* in Paris, where he measured 17% tuberculosis patients. “The overload in hospitals is not unique to Paris”⁸¹ and he hastened to mention other studies confirming “a prodigious overload” in hospitals by foreigners with tuberculosis. Other ailments were also attributed to foreigners. In July 1926, in the *Revue internationale du trachome*, Doctor Chappe highlighted “a trachoma immigration as such in France and it does not seem that we are taking all necessary precautions to fight against that plague”.⁸² Once forgotten diseases were now resurfacing and also being attributed to migrants, this was true for example with leprosy.⁸³ Throughout these years, the real problem was due to contagion and forced solidarity among individuals.

In his article, Léon Bernard listed a number of diseases regarded as hereditary and whose observed absence should be grounds for entry into French territory. “Indeed, those pathological states have heavy consequences on the progeny and the constitution of the race (...). The health barrier seemingly had to be high to cope with immigration”.⁸⁴ This list was repeated word for word in the ministerial mandate of June 9, 1927, a response to the mandate of February 20th on the subject of the medical certificate. After the February mandate a medical certificate was required along with the certificate of employment for all immigration candidates. The medical certificate was delivered only “if the examination shows the following: 1) The absence of mental disease, epilepsy, blindness and deaf-muteness; 2) The absence of drug-addiction; 3) The absence of active infectious or parasitic disease [...]; 4) Smallpox vaccination and disinsectisation will be performed when appropriate”.⁸⁵ In addition, the certificate must specify whether the migrant fulfils “the physical aptitude requirement for the work asked of him”.⁸⁶ The idea was to “enable a selection for filtering out the “scrap heap” and which should not turn

80 Drs. Cavaillon and Spilmann, “La prophylaxie antivénérienne chez les ouvriers étrangers. Organisation du contrôle sanitaire”, *Revue d'hygiène*, 46, (1926), 1120–1121. See also Drs. Jeanselme and Burnier, “La syphilis est-elle en décroissance dans la population ouvrière?”, *Bulletin de l'Académie de médecine*, tome XCV, 10, 9 mars (1926), 231.

81 Dr. Storage, *L'hygiène sociale et les étrangers*, p. 38.

82 Quoted by Dr. Storage, *L'hygiène sociale et les étrangers*, pp. 38–39.

83 Dr. Jeanselme, “Sur la prophylaxie de la lèpre en France”, *Bulletin de l'Académie de médecine*, tome XCIV, 36, 10 novembre (1925).

84 Pr. Bernard, “Le problème sanitaire de l'immigration”, 771.

85 Circulaire du ministère des Affaires étrangères du 9 juin 1927.

86 Circulaire du ministère des Affaires étrangères du 20 février 1927.

France “into a dump”, to use an expression of Léon Bernard’s”.⁸⁷ The aim here was indeed to avoid hospitalisation costs associated with diseased migrants as well as to raise the barrier regarding hereditary diseases or supposedly hereditary diseases, such as alcoholism and syphilis, which jeopardise the quality of generation renewal.⁸⁸

So as to emphasise the primacy of health issues over economic issues, hygienists resorted to the demographic argument.⁸⁹ In 1925, Léon Bernard asserted: “Two powerful factors induce immigration in France today: an economic factor and a demographic factor”.⁹⁰ The same year, Doctor Forestier confirmed: “Our economic and demographic situation leads us to consider immigration as a vital necessity for our countries”. The economic usefulness of migrants was assessed in light of their labour force, but it was indeed on account of their demographic usefulness that hygienists launched the debate and kept it at the forefront of the scene. The reasoning behind these arguments was that immigrants could contribute to the demographic recovery of France with their growing numbers and their offspring. Since demographers and statisticians showed that their fecundity was higher,⁹¹ immigration could then be seen as a palliative to a collapsing birth-rate.⁹² However foreigners could also undermine French demography by increasing its mortality due to their bad health conditions. Finally, they may threaten demographic renewal with the birth of children carrying hereditary flaws. The hygienists, captivated by eugenics introduced this criterion into the ongoing debate on immigration.⁹³ Several works have shown the singularity of French eugenics concerned with the quality of the population as well as with its volume.⁹⁴ Hygienists debating on the health problem of immigration saw an opportunity to control the population flows in quality as well as in quantity. The controls they offered, the diseases they wanted to screen for must therefore solve a demographic issue.

The aim was hence to control those who were going to be included and assimilated into the body of the nation.⁹⁵ These were the stakes of the health

87 Dr. Even, “Protection de la santé publique et contrôle sanitaire des transmigrants”, *Le mouvement sanitaire*, 1930, 208–233.

88 Virginie De Luca Barrusse, *Population en danger!*

89 Paul-André Rosental, “L’argument démographique. Population et histoire politique au XXe siècle” *Vingtième Siècle. Revue d’histoire*, 95, 3 (2007), 3–14.

90 Pr. Bernard, “Le problème sanitaire de l’immigration”, 770.

91 Virginie De Luca Barrusse, *Les familles nombreuses*, pp. 199–205.

92 Elisa Camiscioli, “Producing Citizens. Reproducing the “French Race”: Immigration, Demography and Pronatalism”, *Gender and History*, 3 (2001), 593–621 and *Reproducing the French Race. Immigration, Intimacy and Embodiment in the Early Twentieth Century* (Durham, 2009).

93 Anne Carol, *Histoire de l’eugénisme* (Paris, 1995).

94 See William Schneider, *Quality and Quantity...* (Cambridge, 1990)

95 Pierre-André Taguieff, “Face à l’immigration: Mixophobie, xénophobie ou sélection. Un débat français dans l’entre-deux-guerres”, *Vingtième Siècle*, 47, juillet-septembre (1995), 103–131.

problem of immigration created and fuelled by hygienists. Assimilation further implied a health diagnosis extending to the hereditary features of immigrants. By 1926, after the introduction before the 13th hygiene congress by doctors Dequidt and Forestier, inspector general of administrative departments and departmental inspector of hygiene respectively, hygienists distinguished between superficial health and deep health. “Superficial health” covers the features affecting the immigrant's productive force and the diseases he might transmit via immediate contagion. “Deep health”, supposedly inscribed in the foreigner's genes and blood, affects the reproduction conditions of that population and the possibilities of transferring its features to the national population, thus threatening successive generations.⁹⁶ This distinction was repeated up until the 1930s.

A cutaneous wound: superficial health, a kidney disease: deep health. Immigrant patients in hospitals: superficial health, births of degenerate, mad people or whose morals can simply not be assimilated: deep health of the nation and of the race. As regards immigration, deep health is by far the most significant since it commits the future of the country.⁹⁷

The link is clearly established between health issues and race issues. By 1926, these same doctors Dequidt and Forestier abundantly quoted the preface written by Vacher de Lapouge from the translation of the book by Madison Grand, *Le destin de la grande race*.⁹⁸ Their concern was “the harbinger of the twilight of our Western civilisation and the fall of the white race”. Presentations by the doctors showed their concerns about the racial proximity of immigrants with the French population.⁹⁹ Among goals formulated by congress were some that echoed said preoccupations. As congress considered that

The massive introduction in certain pockets of the territory of inadaptable, inassimilable individuals, belonging to inferior groups or to groups who are too different from our national population, threatens by heredity in pure lineage or by racial crossings, the integrity and the health of the race, expressing the wish that the public authorities a) facilitate the admission of selected individuals, whose culture, civilisation, and ethnic type are close to the national stock and whose history has

96 William Schneider, “Hérédité, sang et opposition à l’immigration dans la France des années 1930”, *Ethnologie française*, 1, (1994), 104–117. On the racial thinking see Carole Reynaud Paligot, *La république raciale (1860–1930)*, (Paris, 2006) et *Races, racisme et antiracisme dans les années 1930*, (Paris, 2007).

97 Dr. Martial, “L’immigration et la santé publique”, *La science médicale pratique*, 1er octobre (1933), 630.

98 Lion Murard and Patrick Zylberman, “De l’hygiène comme introduction à la politique expérimentale (1875–1925)”, *Revue de synthèse*, 115 (1984), 313–341. On Madison Grand and Vacher de Lapouge see Carole Reynaud-Paligot, *De l’identité nationale. Science, race et politique en Europe et aux Etats-Unis XIXe-XXe siècle*, (Paris, 2011), p. 227.

99 Pierre-André Taguieff, “Face à l’immigration: mixophobie, xénophobie ou sélection. Un débat français dans l’entre-deux-guerres”, *Vingtième siècle*, 47, juillet-septembre (1995), 114.

demonstrated the qualities of assimilation, b) carefully control the entry of inadmissible people whose flow ought to be reduced, channelled, diluted.¹⁰⁰

Initiated by hygienists, the debate on migrants' health control introduces racial and eugenics criteria in the selection of candidates for immigration¹⁰¹. Racial thinking is extensively shared by the scientific community and not just by the medical world.¹⁰² In 1926, high official Marcel Paon, a member of the National Labour Council and of the High Agricultural Council, an expert with the permanent BIT emigration committee stated that: “if we wish to assimilate, integrate into the French population the foreigners who have come to settle in our country the necessary selections should be carried out at the frontier, selection of the races, selection of the individuals, selection of the workers finally”.¹⁰³ Since the selected immigration policy must welcome at random “the unfit, the crazy, the undesirable”, but “well receivable individuals, worthy of joining the French family”.¹⁰⁴ The hygienists were not the only ones to use racial rhetoric, but they resorted to it to emphasise their expertise in public health issues. During the 1930s, hygienists pursued this debate and in support of the relevance of these selection criteria, fixated on new elements that they contributed to distributing widely, outside their own circles. The theory of assimilation began developing in 1928, by Doctor Martial within the subject of interracial transplants¹⁰⁵, which led to hierarchical ranking of geographical or ethnic groups of candidates for immigration. Hygienists also resorted to serology applying the discovery of blood groups and their distribution according to different regions in order to study migratory priorities.¹⁰⁶

Finally, at the heart of the health problem of immigration lied the demographic issue and the assimilation of migrants into the native population. The argument claiming burdens induced by uncontrolled immigration fooled no one. The aim of the argument was to show all the facets of a single problem: the entry into French territory of a population suspected of carrying contagious diseases and hereditary flaws. Additionally these flaws would spread both horizontally through contagious-

100 “Compte rendu du XIIIe congrès d'hygiène”, *Revue d'hygiène et de police sanitaire*, (1926), 993–1143.

101 Benoit Larbiou, “Le corps médical et la race en 1930. Les usages médicaux du racialisme”, in Carole Reynaud-Paligot, *Tous les hommes sont-ils égaux ? Histoire comparée des pensées raciales (1860-1930)*, (München, 2009).

102 Carole Reynaud Paligot, *La république raciale*, p. 314.

103 Marcel Paon, *L'immigration en France* (Paris, 1926), p. 24.

104 *Ibid.*

105 Dr. Martial, “De l'immigration...”, *Le mouvement social* (1928), 432–443; *Traité de l'immigration et de la greffe inter-raciale* (Paris, 1931); *La race française* (Paris, 1934). See William Schneider, “Hérédité, sang et opposition à l'immigration dans la France des années trente”, *Ethnologie française*, XXIV, 1 (1994), 107–111.

106 William Schneider, “L'eugénisme en France: le tournant des années trente”, *Sciences sociales et santé*. 4, 3–4 (1986), 97.

ness but also vertically through hereditary transmission from generations to generations. In so doing, the hygienists were henceforth neck and neck with representatives of the pro-natalist movement who clamoured for the development of a population policy whose aim was to ensure demographic growth. They therefore supported immigration (admittedly as a last resort) and the naturalisation of migrants. Indeed, during the 1920s, because national birth-rates had not been maintained as high as hoped for after the war, the pro-natalist circles got interested in immigration as a source of correction for demographic evolution. Reporting on the health problem of immigration was simultaneous with the arrival of these activists in the field of immigration: by 1925, the *Congrès de la natalité* took an interest in the issue.¹⁰⁷ But it is difficult to determine which movement drove which. Hygienists did not challenge the corrective potential of immigration - quite the contrary - they stressed its perverse effects. It was an opportunity for them to emphasise a field of competency both in the health management of migrants at the borders by offering professional outlets to some of them and more generally in issues of public health and demography.

On the brink of World War II, the debate on immigration health control resulted in a health registration scheme of foreigners. Starting in June 29, 1938, migrants transiting through or looking to settle in France had to carry “a health booklet listing the diseases with which they were afflicted and the treatments to which said diseases gave rise. The health booklet also listed the diseases which the migrant might contract at a later stage as well as the processes consecutive to said diseases”. On the same day, another new law required nationals from French colonies and protectorates to undergo a medical visit and a health control upon completion of which “they were issued a health booklet equivalent to a health passport”. However, concerning the foreign population, control procedures and an anthropometric booklet were created in 1912 and while national identity cards for foreigners were created in 1917.¹⁰⁸ The health booklet of migrants resulted from strengthened health control of immigration that had been decided upon a few days earlier, June 17th¹⁰⁹. This was quite specific to aliens since at that date, compulsory health booklets for the whole population still did not exist despite claims made by the medical profession.¹¹⁰ It resulted from the mobilisation of hygienists concerned with developing their field of activity and investing in an area of expertise:

107 Virginie De Luca Barrusse, *Les familles nombreuses*, pp. 136–139.

108 Pierre Piazza, “Sociogenèse du carnet anthropométrique des nomades”, *Les cahiers de la sécurité intérieure*, 48, 2 (2002), 207–227; Pierre Piazza, *Histoire de la carte nationale d'identité* (Paris, 2004); Pierre Piazza, Xavier Crettiez, *L'encartement des individus, Histoire et sociologie d'une pratique d'Etat* (Paris, 2005).

109 On the health booklet see Benoît Larbiou, “Médecins hygiénistes et encartement des étrangers (1925–1940)”, in Xavier Crettiez, Pierre Piazza, eds, *Du papier à la biométrie. Identifier les individus* (Paris, 2005), pp. 73–96.

110 Catherine Rollet, *Les carnets de santé des enfants* (Paris, 2008)

immigration. As noted by Philippe Rygiel, migrants should be selected “according to their economic usefulness and their sanitary harmlessness”.¹¹¹

Arguments put forward by hygienists revealed the demographic issues underlying the question. Consequently, the history of the “migrant health problem” allows us to outline the interactions between population policy and public health population policy. It highlights prevailing rationales and the way that the respective representations of the migrant population, of global demography and of public health functions. It is probably here that the uniqueness of the French situation is most noticeable. The population debate, which is particularly fervent, leads to misinterpretations of – more than anywhere else probably – the effects of the introduction of foreign elements into the population.¹¹² Discourses developed by hygienists and the representations on which they rely and which they themselves carry, are established with reference to a reproduction pattern of the population. Debates indeed transmit social standards formed by representations of what is desirable and undesirable in terms of evolution and of features of the population. These hygienists endeavoured to promote a controlled reproduction pattern of the population at the moment when other hygienists defended other measures such as the health booklet, the pre-marriage certificate, the obligation of declaring contagious diseases...¹¹³ Overall, for the committed social hygienists who got involved in this debate, immigration was a field of competence and expertise offering professional outlets to some of them by multiplying checkpoints and control posts. For hygienists immigration was also a central element for creating a population pool likely to contribute to demographic growth. The control of this pool was the end goal of the debate on migrant health.

Virginie De Luca Barrusse is Professor of Demography, director of the Institute of Demography of the University Paris 1 Panthéon Sorbonne

111 Philippe Rygiel, “Indésirables et migrants désirés”, 23.

112 Op. cit., 21–36; Alison Bashford ed., *Medicine at the Border: Disease, Globalization and Security...* (New York, 2006); Roy Macleod, Lewis Milton, eds., *Disease, Medicine and Empire...* (London, 1988)

113 See Catherine Rollet, *Les carnets de santé*; Virginie De Luca Barrusse, *Population en danger!*, 2013; Anne Carol, *Histoire de l'eugénisme*, 312–328.

References

- Bashford Alison, Claire Hooker, *Contagion: Historical and Cultural Studies*. London, 2001.
- Basford Alison, *Imperial Hygiene. History of Colonialism, Nationalism and Public Health*. New York, 2003.
- Bashford Alison ed., *Medicine at the Border: Disease, Globalization and Security, 1850 to the Present*. New York, 2006.
- Blumer Herbert, "Social problems as Collective Behaviour," *Social Problems* 18 (1971), 298-306.
- Bruno Anne-Sophie, "Inaptitude et immigration en France au 20th siècle," pp. 125-145 in Catherine Omnès and Anne-Sophie Bruno, eds., *Les mains inutiles. La construction sociale de l'inaptitude au travail*. Paris, 2004.
- Bruno Anne-Sophie, "Les acteurs de la sélection de la main-d'œuvre immigrée en France au 20th siècle," pp. 399-409 in Jean-Pierre Le Crom, ed., *Les acteurs dans l'histoire du droit au travail*. Rennes, 2011.
- Bruno Anne-Sophie and Catherine Omnès, "Statut d'emploi, situation de travail et santé : histoires de femmes et d'étrangers," pp. 97-117 in Anne-Sophie Bruno, Eric Geerkens, Nicolas Hatzfeld and Catherine Omnès, eds., *La santé au travail entre savoirs et pouvoirs, XIXe-XXe siècles*. Rennes, 2011.
- Camiscioli Elisa, *Reproducing the French Race. Immigration, Intimacy and Embodiment in the Early Twentieth Century*. Durham, 2009.
- Camiscioli Elisa, "Producing Citizens. Reproducing the "French Race" Immigration, Demography and Pronatalism," *Gender and History*, 3 (2001), 593-621.
- Carol Anne, *Histoire de l'eugénisme en France*. Paris, 1995.
- Cefaï Daniel, "La construction des problèmes publics. Définitions de situations dans les arènes publiques," *Réseaux*, 75 (1996), 44-66.
- Cefaï Daniel, Dominique Trom, "Retour sur la sociologie des problèmes publics. Un entretien avec J. Gusfield," *Secret/Public*, 0(3) (2005), 209-222.
- De Luca Barrusse Virigine, *Les familles nombreuses. Une question démographique, un enjeu politique*. Rennes, 2008.
- De Luca Barrusse Virigine, *Démographie sociale de la France*. Paris, 2010.
- De Luca Barrusse, Virigine *Population en danger. La lutte contre les fléaux sociaux sous la Troisième République*. Genève, 2013.
- Dornel Laurent, "Les usages du racialisme. Le cas de la main d'œuvre coloniale en France pendant la première guerre mondiale," *Genèses*, 20 (1996), 48-72.
- Dornel Laurent, *La France hostile. Socio-histoire de la xénophobie (1870-1914)*. Paris, 2004.

- Ellis Jack, *The Physicians-Legislators of France. Medicine and Politics in the early Third Republic*. Cambridge, 1990.
- Fette Julie, *Exclusions: Practising Prejudice in French Laws and Medicine, 1920-1945*. Cornell, 2012.
- Fleegler Robert, *Ellis Island nation. Immigration Policy and American Identity in the Twentieth Century*. Philadelphie, 2013.
- Guillaume Pierre, "Du bon usage des immigrés en temps de crise et de guerre, 1932-1940," *Vingtième Siècle. Revue d'histoire*, 7 (1985), 117-125.
- Howard-Jones Norman, *The Scientific background of the international Sanitary Conference, 1851-1938*. Geneva, 1975.
- Hyslop Anthea, "Insidious Immigrant: Spanish Influenza and Border Quarantine in Australia, 1919," pp. 201-215 in L. Bryder and D. Dow, eds., *Migration to Mining: Medicine and Health in Australia History*, Darwin, 1997.
- Jorland Gérard, *Une société à soigner. Hygiène et salubrité publiques au XIXe siècle*. Paris, 2010.
- Jones Greta, *Social Hygiène in Twentieth Century Britain*. London, 1986.
- Larbiou Benoît, *Connaitre et traiter l'étranger. Les constructions sociales d'un savoir politique sur l'immigration, 1914-1945*, unpublished PhD. Montpellier, 2003.
- Larbiou Benoît, "René Martial, 1872-1955. De l'hygiénisme à la raciologie, une trajectoire possible," *Genèses*, 60 (2005), 98-120.
- Larbiou Benoît, "Médecins hygiénistes et encartement des étrangers (1925-1940)," pp. 73-96 in X. Crettiez and P. Piazza, eds, *Du papier à la biométrie. Identifier les individus*, Paris, 2005.
- Larbiou Benoit, "Le corps médical et la race en 1930. Les usages médicaux du racialisme", pp. 111-129 in C. Reynaud-Paligot, ed., *Tous les hommes sont-ils égaux ? Histoire comparée des pensées raciales (1860-1930)*, München, 2009.
- Léonard Jacques, *La France médicale. Médecins et malades au XIXe siècle*. Paris, 1978.
- Léonard Jacques, *La médecine entre les savoirs et les pouvoirs*. Paris, 1981.
- Levine Philippa, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire*. London, 2003.
- Lewis Mary, *Les frontières de la République: l'immigration et les limites de l'universalisme en France, 1918-1940*. Marseille, 2010.
- Lupton Deborah, *The Imperative of Health: Public Health and the Regulated Body*. London, 1995.
- Macleod Roy, Lewis Milton, eds., *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion*. London, 1988.
- Minna Stern Alexandra, "Buildings, Boundaries and Blood: Medicalization and Nation-Building on the US Mexico Border, 1910-1930," *Hispanic American Historical Review*, 79 (1999), 41-81.

- Murard Lion, Patrick Zylberman, "De l'hygiène comme introduction à la politique expérimentale (1875-1925)," *Revue de synthèse*, 115 (1984), 313-341.
- Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown*. San Francisco, 2002.
- Noiriel Gérard, *Le creuset français. Histoire de l'immigration XIXe-XXe siècles*. Paris, 2006.
- Noiriel Gérard, *Immigration, antisémitisme et racisme en France (XIXe-XXe siècles)*. Paris, 2007.
- Otis Laura, *Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science and Politics*. Baltimore, 1998.
- Pelling Margaret, "The Meaning of Contagion: reproduction, medicine and metaphor", pp. 15-38 in A. Bashford and C. Hooker, eds, *Contagion: Historical and Cultural Studies*, London, 2001.
- Piazza Pierre, "Sociogénèse du carnet anthropométrique des nomades," *Les cahiers de la sécurité intérieure*, 48: 2 (2002), 207-227;
- Piazza Pierre, *Histoire de la carte nationale d'identité*. Paris, 2004.
- Piazza Pierre, Xavier Crettiez, *L'encartement des individus, Histoire et sociologie d'une pratique d'Etat*. Paris, 2005.
- Rasmussen Anne, "L'hygiène en congrès", pp. 213-239 in P. Bourdelais ed., *Les hygiénistes. Enjeux, modèles, pratiques*, Paris, 2001.
- Reynaud Paligot Carole, *La république raciale (1860-1930)*. Paris, 2006.
- Reynaud Paligot Carole, *Races, racisme et antiracisme dans les années 1930*. Paris, 2007.
- Reynaud-Paligot Carole, *De l'identité nationale. Science, race et politique en Europe et aux Etats-Unis XIXe-XXe siècle*. Paris, 2011.
- Rollet Catherine, *Les carnets de santé des enfants*. Paris, 2008.
- Rosental Paul-André, *L'intelligence démographique: sciences et politiques de population (1930-1960)*. Paris, 2003.
- Rosental Paul-André, "L'argument démographique. Population et histoire politique au Xxe siècle," *Vingtième Siècle. Revue d'Histoire*, 95(3) (2007) 3-14.
- Rosental Paul-André, "Géopolitique et Etat-Providence. Le BIT et la politique mondiale des migrations dans l'entre-deux-guerres," *Annales Histoire, Sciences Sociales*, 61(1) (2006), 99-134.
- Rosental Paul-André, "Migrations, souveraineté, droits sociaux. Protéger et expulser les étrangers en Europe du XIXe siècle à nos jours," *Annales Histoire et Sciences Sociales*, 66(2) (2011), 335-373.
- Rygiel Philippe, "Indésirables et migrants désirés. Notes sur les pratiques de sélection des migrants dans quelques grands pays d'immigration (1850-1939)," pp. 21-36 in P. Rygiel, ed., *Le bon grain et l'ivraie. La sélection des migrants en Occident 1880-1939*, Paris, 2008.

- Schneider William, "L'eugénisme en France: le tournant des années trente," *Sciences sociales et santé*, 4: 3-4 (1986), 81-114.
- Schneider William, *Quality and Quantity. The Quest for Biological Regeneration in the Twentieth-Century France*. Cambridge, 1990.
- Schneider William, "Hérédité, sang et opposition à l'immigration dans la France des années 1930," *Ethnologie française*, 1, (1994), 104-117.
- Schneider William, "Hérédité, sang et opposition à l'immigration dans la France des années trente," *Ethnologie française*, 24(1) (1994), 107-111.
- Schor Ralph, *L'opinion française et les étrangers*. Paris, 1985.
- Strange Caroly, Alison Bashford eds., *Isolation: Places and Practices of Exclusion*. London, 2003.
- Taguieff Pierre-André, "Face à l'immigration: Mixophobie, xénophobie ou sélection. Un débat français dans l'entre-deux-guerres," *Vingtième Siècle*, 4: juillet-septembre (1995), 103-131.
- Viet Vincent, *La France immigrée. Construction d'une politique 1914-1997*. Paris, 1998.
- Viet Vincent, "La politique de main-d'œuvre et les travailleurs étrangers et coloniaux entre 1914 et 1950," *Histoire et Mesure*, 17: septembre-octobre (2006), 35-40.
- Weil Patrick, "Racisme et discrimination dans la politique française de l'immigration, 1938-1945 et 1995," *Vingtième siècle*, juillet-septembre (1995), 74-99.
- Weindling Paul, *International Health Organisations and Movements, 1918-1939*. Oxford, 2000.
- Weindling Paul, *Epidemics and Genocide in Eastern Europe, 1890-1945*. Oxford, 2000.
- Zylberman Patrick, "Civilizing the State: Borders, Weak States and International Health in Modern Europe," pp. 21-40 in A. Basford, ed., *Medicine at the Border: Disease, Globalization and Security*, New York, 2006.

Sources

- Antheaume Drs. and Schiff., "Le problème de l'immigration aux Etats Unis," *L'Hygiène mentale*, mai (1925), 121-122.
- Bercovici Jean, *Le contrôle sanitaire des immigrants en France*. Paris, 1926.
- Bernard Léon, "Le problème sanitaire de l'immigration," *Revue d'hygiène et de médecine préventive*, 47 (1925), 769-787.
- Berthoumeau, "Note sur la proportion des malades étrangers hospitalisés dans les services parisiens," *Presse médicale*, 16 janvier: 5 (1924), 90-91;

- Bouquet, "Les malades étrangers en France, *Le Monde médical*, janvier (1926), pp. 35-39
- Cavaillon André, Louis Spillmann, "La prophylaxie antivénérienne chez les ouvriers étrangers. Organisation du contrôle sanitaire," *Revue d'hygiène*, 46, (1926), 1120-1121.
- Even, "Protection de la santé publique et contrôle sanitaire des transmigrants," *Le mouvement sanitaire* (1930), 208-233.
- Forestier, "Les tendances actuelles de la politique d'immigration aux Etats-Unis," *Le Mouvement Sanitaire*, 1924-1925, 552-562
- Forestier, "Les divergences de l'opinion sur la politique de l'immigration en France," *Le mouvement sanitaire* (1925), 859-874.
- Imbert, "Les malades étrangers dans les hôpitaux de Marseille," *Bulletin de l'Académie de médecine*, 20 juillet (1926), 72-76.
- Jeanselme, "Sur la prophylaxie de la lèpre en France", *Bulletin de l'Académie de médecine*, tome XCIV, 36, 10 novembre (1925), 658-667.
- Jeanselme, Burnier, "La syphilis est-elle en décroissance dans la population ouvrière ?," *Bulletin de l'Académie de médecine*, tome XCV, 10: 9 mars (1926), 230-233.
- Lebelle Jean, "Le contrôle sanitaire des immigrants", *La revue de l'immigration*, 1: janvier (1928), 1-4.
- Marie, "A propos des indésirables," *Bulletin de la Société de médecine de Paris*, 3 (1926), 105-109.
- Martial René, "Epidémiologie d'un contingent de travailleurs algériens stationnés dans la XVI^e région. Etiologie, Réceptivité," *Montpellier médical*, 37: 15 décembre (1917), 1165-1170.
- Martial René, "Typhus exanthématique, organisation de l'épouillage, problème de la quarantaine," *Revue d'hygiène et de police sanitaire* (1919), 559-560.
- Martial René, "De l'immigration", *Le Concours médical*, 18 avril (1926), 1050-1053.
- Martial René, "De l'immigration", *Le mouvement social* (1928), 432-443;
- Martial René, *Traité de l'immigration et de la greffe inter- raciale*. Paris, 1931.
- Martial René, "L'immigration et la santé publique," *La science médicale pratique*, 1er octobre (1933), 628-633.
- Martial René, *La race française*. Paris, 1934.
- Oualid William, "L'immigration ouvrière en France," *Le Musée social*, mai-juin (1927), 313-334.
- Paon Marcel, *L'immigration en France*. Paris, 1926.
- Payrault André, *L'immigration organisée et l'emploi de la main d'œuvre étrangère en France*. Paris, 1927.
- Pluyette Jean, *La doctrine des races et la sélection de l'immigration en France*. Paris, 1930.

Spillmann Louis, Jacques Parisot, “Du rôle joué par l’élément étranger au point de vue de l’assistance médicale en général, de la tuberculose et des maladies vénériennes,” *Revue d’hygiène*, juin (1926), 160-165.

Spillmann Louis, Jacques Parisot, “La main d’œuvre étrangère et ses conséquences au triple point de vue médical, social et financier,” *Revue d’Hygiène* (1926), 1111-1118.

Storage Victor, *L’hygiène sociale et les étrangers en France*. Paris, 1926.