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“SPITTING POSITIVELY FORBIDDEN”: THE ANTI-SPITTING CAMPAIGN, 1896-1910

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“Spitting Positively Forbidden”: The Anti-Spitting Campaigns, 1896-1910

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Following the development of the germ theory of tuberculosis in the 1880s, American medical reformers crafted a series of policies devoted to eradicating the “great white plague.” Among these was the legal prohibition of spitting, a habit that had proliferated in step with Americans’ taste for chewing tobacco and had bedeviled social commentators for generations. Armed with increasing professional stature, medical professionals encouraged hundreds of cities, as well as several states, to ban spitting in places such as street cars, transit stations, sidewalks, and public buildings. This effort revealed the extent of medical authority at the turn of the century and sheds light on the ways advances in medicine encouraged Americans to reconsider popular notions of “liberty.” Medical reformers argued that the right to bodily integrity and the well being of communities superseded the right of any individual to indiscriminately spit, a position many journalists, social activists, and educators supported. In the process, their efforts not only altered municipal codes, but also sought to transform the meaning of individual liberty within the public sphere.

Why should men expectorate broadcast over the land, if in so doing they are often casting out the germ that is to bring misery and want, maybe, to many an industrious and worthy neighbor? This is not extravagance: it is simply truth.

- Report of the Connecticut Commission for the Investigation of Tuberculosis, 1908¹

In his 1920 history of the National Tuberculosis Association, S. Adolphus Knopf remembered 1889 as a great turning point in the American war against consumption. It was in that year, he recalled, that a group of prominent New York physicians presented the city's health department with a report calling attention to the communicability of tuberculosis and recommended a series of measures to prevent the spread of the disease. In response to the report, the department distributed a leaflet recommending health-conscious behaviors throughout the tenement houses of the city and to every family where a death from consumption had occurred. The leaflet implored readers to sleep separately from consumptives, to separate their clothing from that of the infected, and to strip patients' sleeping quarters of rugs, furnishings, and wall hangings. The first and most significant rule, however, was to forbid "persons suspected to have consumption to spit on the floor or on cloths unless the latter be immediately burned."²

Knopf believed the 1889 leaflet was the first acknowledgement by a public health department of the contagious nature of tuberculosis, as well as the first attempt to mitigate the contagion through recommended behaviors. Whether or not this was the case, Knopf was right to emphasize the leaflet's significance, as it represented the first attempt by an American government to explicitly connect spitting to the transmission of tuberculosis. The implications of that connection cannot be understated: tuberculosis was the leading cause of mortality in the

¹ *Report of Special Commission Appointed to Investigate Tuberculosis* (Hartford: State of Connecticut, 1908), 16.

² S. Adolphus Knopf, *A History of the National Tuberculosis Association* (Philadelphia: Wm. Fell Co. Printers, 1922), 6.

turn-of-the-century United States. By 1900, approximately 150,000 Americans succumbed to consumption each year, while over one million more were infected. Although the poor suffered most acutely, tuberculosis struck families of all social and economic classes. From New England to California, it cast a pall upon the neighborhoods, workplaces, schools and homes where it appeared. Spitting, meanwhile, remained a ubiquitous habit that Americans had, depending on their perspectives, either enjoyed or suffered for generations. By connecting spitting to tuberculosis, the New York Department of Health began a decades-long process in which this traditional habit of American men was transformed from an annoyance into a public health threat.³

As the turn-of-the-century approached, health departments throughout the United States increasingly followed New York's lead and emphasized the connection between spitting and the spread of disease. In so doing, they drew on a veritable toolbox of strategies to challenge the practice in both public and private spaces. Their tactics included measures of public education, such as New York's leaflet; the use of newspapers to condemn incorrigible spitters; and encouraging laypersons to spread the anti-spitting gospel within their communities. The most prominent strategy of the period, however, was legislative prohibition. New York passed the nation's first spitting ban in 1896, and by 1910 nearly 150 American cities, countless smaller towns, and thirteen states had outlawed spitting in some form.⁴ During those fourteen years, the

³ Jeanne Abrams, "'Spitting is Dangerous, Indecent, and Against the Law!' Legislating Health Behavior during the American Tuberculosis Crusade," *Journal of the History of Medicine*, Jul. 2013, 417; Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge: Harvard University Press, 1998), 5.

⁴ Philip P. Jacobs, ed., *A Tuberculosis Directory* (New York: The National Association for the Study and Prevention of Tuberculosis, 1911). States with spitting regulations included California, Connecticut, Kansas, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New Mexico, Tennessee, Texas, Vermont, and Virginia. While many state laws mirrored local

aforementioned educational strategies proliferated as well as boards of health and supportive voluntary associations sought to publicize and explain the bans. Indeed, so significant were ordinances to the broader anti-spitting movement that many public health officials equated their success – commonly calculated in terms of fines paid or spitters arrested – with the broader effort to eliminate public spitting and the plague of tuberculosis.

Health boards rested their prohibitive authority upon two increasingly common assumptions: first, in the age of bacteriology, the elite physicians supporting boards of health claimed access to knowledge unavailable to most Americans. Since the formation of groups such as the American Medical Association and the American Public Health Association earlier in the nineteenth century, physicians with formal education and state-backed medical licenses had worked to monopolize their field by excluding those with “irregular” or informal training. Advances in bacteriology during the 1870s and 1880s only solidified formal physicians’ hold on the profession and the majority of Americans’ trust in their methods. Of course many lay people and scores of conservative and irregular medical practitioners rejected the science of bacteriology, but by the turn-of-the-century municipal leaders were generally willing to accept the bacteriologically inspired admonitions of boards of health. Indeed, despite the prevalence of dissent, anti-spitting emerged during a period of cultural concession on behalf of lay people in favor of physicians’ proscriptive advice for both public and personal health.⁵

legislation by simply banning all public spitting, some, such as in Tennessee and Texas, instead controlled spitting by mandating that railways, businesses, and churches provide spittoons.

⁵ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), 10. Starr argues that the period saw a “surrender of private judgment on behalf of lay people in favor of physicians’ professional advice.” Also see John Duffy, *The Sanitarians: A History of American Public Health* (Urbana: 1990), 126 – 137 and 193 – 203. Duffy argues that the surrender of private judgment was not necessarily the product of professional appeals, but rather in many cases “the public was far quicker to accept the germ theory than physicians were.” Indeed,

The second basis for medical authority was an emerging sense that the nation's problems required a reconsideration of liberty. Spurning *laissez-faire* conceptions of self-sovereignty, medical reformers drew on a long tradition of municipal regulation to expand state powers and ensure citizens' freedom from injury or disease.⁶ In a number of notable cases, these reforms addressed modern risks as brought on by institutions: ineffective or unresponsive municipal governments that failed to treat drinking water, for example, or railroad corporations that prioritized speed over safety.⁷ The anti-spitting impulse was similar, in that it prioritized the right of Americans to control the risks of simply existing in a modern society. Further, like reforms in rail transit and labor, anti-spitting relied on the assumption that reform was necessary to protect women. Because they were not viewed as likely spitters, and because long dresses were prone to gather spit from floors, stairs, or sidewalks, women represented the most obvious victims of indiscriminate spitting. The anti-spitting impulse differed from other reforms, however, in that it sought to minimize risk not by targeting institutions but specific individuals. From the reformers' perspective, the right to bodily integrity and the wellbeing of society superseded the right of any individual to indiscriminately spit, thus legitimizing the state's exercise of force in punishing spitters. Supporting this argument were hundreds of private civic associations dedicated to the eradication of tuberculosis, the beautification of cities, and developing greater public influence for women. These organizations operated through a broad, multifaceted approach in which

conservative physicians resisted bacteriology for a number of years after public health agencies, and the public more generally, began accepting it.

⁶ William Novak, *The People's Welfare: Law and Regulation in Nineteenth Century America* (Chapel Hill: University of North Carolina Press, 1996).

⁷ See Barbara Young Welke, *Recasting American Liberty: Gender, Race, Law, and the Railroad Revolution, 1865 – 1920* (New York: Cambridge University Press, 2001).

disparate interests coalesced around the goal of cleaner, healthier cities.⁸ For example, the National Tuberculosis Association and its myriad local chapters, along with chapters of the Women's Health Protective Association and Federation of Women's Clubs, aggressively lobbied municipal governments to implement anti-spitting ordinances. To leverage their positions, they turned to newspapers, public speeches, and the influence of vast reform society networks. In the process, they not only altered municipal codes, but also sought to transform the meaning of individual liberty within the public sphere.⁹

As it turned out, those who most frequently enjoyed the liberty and suffered the punishment of public spitting were men. There is little evidence that men of particular social classes, ethnic backgrounds, or professions spit more often than others; rather, as cities enforced ordinances, they fined and arrested wage laborers, professors, attorneys, and even mayors.¹⁰

⁸ Robert H. Wiebe, *The Search For Order: 1877 – 1920* (New York: Hill and Wang, 1967), 166. Wiebe argued that voluntary organizations during the Progressive era employed “an unusually open, expansive scheme of reform.”

⁹ See Sarah Deutsch, *Women and the City: Gender, Space, and Power in Boston, 1870 – 1940* (New York: Oxford University Press, 2000); John Duffy, *The Sanitarians*; Barbara Young Welke, *Recasting American Liberty*.

¹⁰ “Professor Caught in Spitting Raid,” *New York Evening Telegram*, Nov. 20, 1903; “City Attorney Fined,” *The New York Times*, Jan. 19, 1908; “Mayor Fined Under His Anti-Spitting Rule,” *San Francisco Call*, May 6, 1910. See Georgina Feldberg, *Disease and Class: Tuberculosis and the Shaping of Modern North American Society* (New Brunswick, 1995), especially 87. Feldberg argues that spitting was “a behavior born of ignorance, lack of opportunity, or lack of control.” While I support her broader argument that anti-spitting represented an attempt by middle-class reformers to impose their sense of propriety upon other classes, her classification of spitting as a product of ignorance and lack of opportunity neglects both the ubiquity of the habit and the diverse backgrounds of accused spitters. Further, her conflation of middle-class reformers with the middle-class as a whole is too general: indeed, there are several examples of women campaigning for anti-spitting ordinances only to later see their husbands or brothers arrested under the law. For example, Seth Jones of Elkhart, Indiana became that city's first arrest after his wife vigorously campaigned for an anti-spitting law. “Wife's Law Hits Husband,” *Chicago Daily Tribune*, May 17, 1904. Following his arrest for spitting in New York, Leo Kahn “not only had a fine but got a severe scolding from his sister as well.” She was a member of the city's anti-tuberculosis society and was active in the prevention of spitting. “Raid on Spitters Catches Hundreds,” *New York Times*, Feb. 10, 1909.

Following a Pittsburg dragnet in 1907, for example, reporters noted that the only distinguishing feature of the 100 arrested spitters was their diversity: “[t]here was no discrimination as to race, color, creed, or station in life...the laborer rubbed elbows with the business man, and the merchant was followed by an alien or a negro.”¹¹ Of course there are reasons to doubt claims of objectivity, not the least of which was health departments’ interest in portraying their laws as universally applicable. Nonetheless, evidence consistently reveals that anti-spitting ordinances affected men of all walks of life. In doing so, they transformed the very definition of male citizenship by demanding that men prioritize public health over personal comfort and set examples for others by refraining from spitting. Further, men were encouraged to police one another by publically rebuking those engaging in the nasty habit.

Despite public health reformers’ claims to authority, however, they struggled to contain public spitting. The proliferation of anti-spitting ordinances and an apparent shift in public attitudes against spitting could not alleviate the fact that the old habit continued as if the laws had never existed: spit still adorned city sidewalks, gathered in women’s dresses, and entered homes on the soles of men’s shoes. As if in mockery of city ordinances, men spit before posters ordering them not to. Thus, a little over a decade after inaugurating a regulatory tactic for combating spitting, public health reformers were forced to revisit their strategy and develop new methods for mitigating the spitting problem in American cities.

* * *

In 1895, a Pennsylvania doctor named Elmer B. Borland presented a paper about the dangers of spitting to the Allegheny County Medical Society. Like many formally trained physicians, Borland had become convinced that tuberculosis was a contagious disease and that

¹¹ “100 ‘Spitters’ Arrested,” *Washington Post*, Jun. 27, 1907.

“restriction and regulation of the spitting habit” was necessary for the alleviation of consumption. Writing about the speech several years later in the *Journal of the American Medical Association*, Borland recalled that “[n]ine of the ten members who took part in the discussion agreed that restriction and regulation were needed.” Of that group, however, six thought any form of regulation impractical. They believed passage of such regulations would be difficult, if not impossible, and lamented that “[w]omen can, but men can not, change their filthy spitting habit.” Borland disagreed, arguing that “most men had the natural instinct of cleanliness and could be educated up to this level with women.” Those who could not – “the ignorant, unteachable, and vicious” – must be controlled anyway, for the tragedy of tuberculosis demanded it.¹²

Borland’s speech came during a watershed moment in the history of American medicine. For much of the nineteenth century American doctors were relegated to fairly marginal social positions, their careers not incorporating the prestige, wealth, and influence twentieth century Americans would ascribe to them. The transition from marginalization to authority came during the same era as, and in some ways because of, advances in germ theory. Few figures symbolize the burgeoning authority of turn-of-the-century American medicine as well as Herman Biggs, the director of New York City’s Department of Health. Biggs argued that germ theory transformed the duties of health departments and used that rationale to develop a series of initiatives that cities around the world later adopted. His early accomplishments included mandatory

¹² Elmer B. Borland, “*JAMA* 100 Years Ago: ‘Municipal Regulation of the Spitting Habit,’” *Journal of the American Medical Association*, Oct. 11, 2000, 284 (14): 1760.

notification of TB cases on the part of public hospitals, the formation of medical inspection teams for the sanitation of tenements, and the nation's first anti-spitting ordinance.¹³

Passed in 1896, New York's ordinance banned spitting in public conveyances, such as streetcars and steamboats, and in public buildings. Further, the ordinance called for the posting of anti-spitting notices in all places where spitting was banned, as well as the installation of receptacles for the purpose, as the *Brooklyn Daily Eagle* put it, of leaving "the tobacco eating public without excuse for miscellaneous deportment."¹⁴ The posting of notices and the provision of receptacles represented the health department's effort to regulate spitting even when officers of the law were not present to enforce the ban. These tactics revealed municipal authorities' acknowledgment that a spitting ban would be difficult to enforce, and thus demanded persistent public defense and a constant reminder of the anti-spitting authority. Brooklyn, which passed an ordinance quickly after New York City, called on local voluntary organizations, such as the Women's Health Protective Association (WHPA), to craft slogans for the public notices that would be as intelligible and persuasive to broad swaths of the city's population as possible.

The WHPA was a fitting choice for such a task: comprised of some of Brooklyn's most prominent women, they dedicated themselves to causes of public health and urban beautification and prided themselves on their influence within the health department. Their discussion began with the unanimous decision to include the word "spit," rather than "expectorate," on notices, as "the plainest terms would be understood by all." Another member opposed the phrase "Do not spit on the floor of this car" for being too limited and perhaps even promoting spitting on walls

¹³ Information about Biggs can be found in Starr, *The Social Transformation of American Medicine* (New York: 1982); John Duffy, *The Sanitarians: A History of American Public Health* (Urbana: 1990); and Knopf, *A History of the National Tuberculosis Association* (Philadelphia, 1922)

¹⁴ *Brooklyn Daily Eagle*, "Expectoration," Feb. 14, 1896

and windows. While some members preferred “Do not spit in this car,” it was a broader, and decidedly more severe phrase, “Spitting positively forbidden,” that eventually carried the day. The choice signified both the WHPA’s and the Brooklyn Department of Health’s goal of challenging as many spitters as possible. By choosing plain and straightforward language, they hoped no person would fail to understand that goal.¹⁵



Fig. 1. A placard similar to that designed by the Brooklyn Women’s Health Protective Association. This sign was used in Chicago street cars in 1910 and designed by a coalition of municipal officials and leaders of local civic groups, such as the United Charities and the Chicago Tuberculosis Institute.¹⁶

Medical authorities not only recognized the importance of voluntary assistance from groups like the WHPA in combating spitting, they were also often spurred into action against the habit by those very groups.¹⁷ The Civic Club of Hartford, Connecticut, another assembly of

¹⁵ “W.H.P.A. Believes in Baseball,” *Brooklyn Daily Eagle*, May 8, 1896.; for more on the relationship between corporate advertising and antituberculosis reformers, see Tomes, *The Gospel of Germs*, 116-123.

¹⁶ “Join Anti-Spitting Crusade,” *Chicago Tribune*, Apr. 1, 1910.

¹⁷ See Sarah Deutsch, *Women and the City*, especially 138 - 139. Historians of women’s organizations have debated whether they accomplished a “domestication of politics” while

prominent women, added anti-spitting to an inventory of desired reforms that included the establishment of waste disposal services, the censorship of billboards and playbills, and the construction of municipal parks. While spitting rarely dominated their interests, their meeting minutes reveal that it was nonetheless a constant issue of concern following the passage of New York's ordinance in 1896. In December of that year, the Club discussed "whether tobacco spitting could be controlled by the city." Just a few weeks later, in January, 1897, their lobbying led to a ban on spitting in city streetcars; by spring, they added to their long list of tasks the expansion of the spitting ban to include train stations, as well as the posting of public notices similar to those created by the WHPA in Brooklyn. Even three years after Hartford's first spitting ban passed in 1897, the Civic Club's "plan of work for the year" included extending "its efforts toward cleanliness of streets and cleanliness of sidewalks...especially in the matter of expectorations." Indeed, the work of the anti-spitting community was never truly done. It required constant attention from not only boards of health of police organizations, but also from the voluntary societies that often initiated spitting bans in the first place.¹⁸

And yet medical authorities also recognized that the mere presence of an anti-spitting law on the books or the support of civically minded elites was likely not sufficient to quell a habit so ingrained in the daily routine of American life. Further, in lieu of cities stationing police officers on every public conveyance and within every public building, the success of anti-spitting

maintaining a distinctly separate, feminine vision of public space and the public sphere, or if engaging with urban politics marked a "destruction...of women's separate vision...as they slipped into the mire of co-optation." The spitting issue reveals that while the distinctly male realm of professional medicine influenced the reforms women's groups sought, that influence did not mark a "destruction," but rather an inspiration. Politically engaged women reacted to advancements in public health such as anti-spitting by giving them the political support necessary to flourish in cities throughout the United States. At the same time, women challenged a distinctly male behavior and shaped notions of public propriety to suit their interests.

¹⁸ Hartford Civic Club Records, 1895 – 1920: Volume I, Connecticut Historical Society, Hartford, CT.

ordinances depended merely on coercive notices like those posted in Brooklyn. To mitigate gaps in enforcement, disgusted or annoyed civilians were encouraged, even expected, to stand up to spitters. As a 1901 incident in Manhattan revealed, however, the strategy of civilian dependence was fraught with conflict for the anti-spitting public. During a ride on the Sixth Avenue elevated train, a passenger identified as “H.A.C.” saw a man in “a new overcoat and patent leather shoes and a silk hat” enter the car and take a seat near him. Scarcely had the well-dressed man settled in before “he began to make noisy attempts to remove catarrhal impediments from his throat, and to ‘expatiate’ . . . almost between [H.A.C.’s] feet, and this despite a legend put up in play view by the Board of Health forbidding such a thing.” Upon returning home, H.A.C. dashed off a letter to the editor of the *Times*, asking, “[w]hat are you going to do about it, Mr. Editor?”¹⁹

Yet it was not the editor who responded; instead, in the following days a series of letters appeared challenging H.A.C.’s courage, manhood, and sense of civic duty. One writer argued that rather than “weakly calling on others to abate the nuisance for him, ‘H.A.C.’ should take a hand for himself.” He more broadly challenged all of New York’s men, noting that “[i]f more men were really men in courage to do their part in abating evils . . . the beastly nuisance [spitting] . . . would show a rapid decline.”²⁰ Another writer argued that every man that “suffers from the spitting crime” should defend himself by calling attention to public notices and “the fact that the act is a crime.” While the writer did not believe it was proper for women to so forwardly address spitters, he did suggest that any woman offended by a spitter should “slowly rise from her seat and draw her skirts carefully about her feet, meanwhile transfixing the offender with a hard-boiled eye, and then reseal herself with equal care.” Anything less than these responses was

¹⁹ “The Spitting Nuisance,” *The New York Times*, Jan. 4, 1901.

²⁰ “How to Treat Spitters,” *The New York Times*, Jan. 6, 1901.

considered an “invertebrate” lapse in the public duty to “make our city clean and keep it so.”²¹ To his credit, a mortified H.A.C. responded several weeks later. He wrote that following the public rebukes, he had been “[s]tricken to the lowest button of my conscience” and longed for the opportunity to reclaim his pride through the public excoriation of a spitter. He soon had his opportunity, and delighted in the “eloquent silence, uncomfortable wriggles, and temporary self-restraint” he inspired in the offending man. Bolstered by the experience, H.A.C. proclaimed, “[w]e are getting on, for we, the anti-spitters, are advancing from mere letter writing to action....we are gathering courage to take a hand ourselves.”²²

The voluntary assistance of the WHPA and H.A.C.’s humiliating experience reveal three significant consequences that followed the early passage of anti-spitting ordinances. First, boards of health and their supporters had come to associate all spitting, including the very common discharge of tobacco juice, with the spread of consumption. Unlike New York’s 1889 leaflet, which emphasized only the dangers of infected persons’ spit, ordinances and their related notices made no distinction between tubercular and otherwise healthy spitters. Part of this approach derived from a recognition that tuberculosis remained dormant in many of its victims, and thus anyone, whether they manifested symptoms or not, could be a carrier.²³ More importantly,

²¹ “The Spitting Habit,” *The New York Times*, Jan. 6, 1901.

²² “The Anti-Spitting Campaign,” *The New York Times*, Jan. 23, 1901. In a move similar to

²³ The rate of tuberculosis infection varied from city to city, but was in decline throughout much of the United States by the end of the nineteenth century. Nonetheless, as David Barnes has noted, “far more people are infected with (that is, exposed to) the bacillus than ever experience symptoms.” Indeed, Barnes argues that there “is reason to suppose that in many industrial cities a century ago, nearly the entire population was infected with tuberculosis.” The small fraction of infected individuals who later developed symptoms, however, was often from the working class, among whom “the obstacles to maintaining a decent standard of living were formidable.” Tubercular Americans enjoying higher standards of living, including consistent nutrition, clean workspaces, and sanitary housing were not as likely to develop symptoms. Thus, despite high rates of infection, health officials targeted immigrant and working-class Americans because of

however, reformers believed that different socioeconomic groups had unique responsibilities within the anti-spitting movement. Immigrants and members of the working-class – the groups most likely to contract tuberculosis – should abstain because their spit was viewed as a distinct threat to public health. Members of the middle-class had to stop because they served as an example to their social “inferiors.”²⁴ If they continued the habit, infected working-class individuals would believe spitting to be socially acceptable. The purpose of anti-spitting notices and ordinances, therefore, was not only to stop the spread of the disease, but also to promote middle-class values and cleaner public spaces by restraining a behavior that seemed to permeate all levels of American society.²⁵

The prevention of spitting, particularly through the proliferation of public notices against the habit, led to the second consequence of anti-spitting ordinances: the increased prominence of health departments and their associated reform organizations in the lives of all urban citizens. Of course, this period saw a flurry of health board activities that brought affected the majority of citizens, but much of that activity was either intermittent (such as mass vaccinations) or not clearly visible in daily life (such as food or water regulations).²⁶ When it came to anti-spitting, however, citizens could not escape the message. Whether they were riding in streetcars, entering public buildings, or, as the scope of ordinances expanded, walking on sidewalks, the public was constantly reminded of anti-spitting notices and the bureaucratic coalitions that promulgated

their more consistently visible symptoms. See David Barnes, *The Making of a Social Disease: Tuberculosis in Nineteenth Century France* (Berkeley: University of California Press, 1995), 4-5.

²⁴ Similarly to Barnes, Nancy Tomes notes that at the turn-of-the-century, “poor, immigrant, and nonwhite Americans were increasingly more likely to contract the disease than were their affluent, native-born, white peers.” See Tomes, *The Gospel of Germs*, 128.

²⁵ See Georgina D. Feldberg, *Disease and Class: Tuberculosis and the Shaping of Modern North American Society* (New Brunswick: Rutgers University Press, 1995).

²⁶ For more on vaccination, see Michael Willrich, *Pox: An American History* (New York: Penguin, 2011); for more on food and water regulation, see John Duffy, *The Sanitarians*, 175 – 190.

them. A Sterling, Kansas woman's 1904 poem illustrates the ubiquity of notices and their effect on a young spitter in her town, which had recently passed an ordinance of its own:

The shades of night were falling fast
As through a Kansas city passed
A youth who saw, all fresh and nice,
A poster with this strange device –
Please do not spit on the sidewalks.
His brow was sad; and in his cheek
A quid so big he scarce could speak;
It seemed to be on ev'ry tongue, --
On ev'ry passing breeze 'twas flung,
Please do not spit on the sidewalks.²⁷

The poet went on to describe the local women, members of the city's Sorosis Society, as a "tempest overhead/Of wrathful, suffering Sterling dames/As they beheld what stuck to their trains." Furious with the spit collecting on their dresses, the "Sterling dames" haunt the young man, who then throws away his tobacco, presumably never to chew the "vile Indian weed" again. The poet punctuated her work with the authoritative, yet graceful, figure of the anti-spitter:

And from a maid serene and far,
A voice fell like a falling star –
Please do not spit on the sidewalks.

Of course the poem represents an imagined, even fantastical, result of anti-spitting notices and public sympathy for the ordinances. However, it also dramatically illustrates the ubiquity of anti-spitting notices throughout communities with ordinances and the dream of anti-spitters that violators would change their ways when faced with immense public pressure.

While the health bureaucracy restricted spitters, it created opportunities for political influence to other citizens, such the women of the WHPA, the Hartford Civic Club, and the Sterling Sorosis Society. Although they could not vote, organized women's groups aligned their

²⁷ "Difficulties in Village Improvement and How to Meet Them," *The Chautauquan*, Apr. 1904, 39 (2): 180.

efforts with causes of municipal health and thus shaped their cities through the authority of an expanding bureaucracy. That relationship also signified the third significant consequence of early anti-spitting ordinances: they altered the expectations and limitations of citizenship and gender roles. For example, H.A.C. and the male readers of his public rebukes were forced to see public spitting as a challenge to their identities as male citizens. Where several years before spitting in public was considered an innocuous, albeit annoying act, it had become instead a test of the anti-spitting man's courage. For failing to stop an offender, H.A.C.'s character was publically sullied. Further, the men who actually did the spitting found their social standing degraded by witnesses; the "expectorating dude" whom H.A.C. failed to stop was no longer a typical man passing his commute by absentmindedly spitting. Instead, he was "obnoxious," an "offensive animal" of a lower order than New York's stray dogs.²⁸

By the turn-of-the-century, the boards of health in a number of major American cities, including Los Angeles, San Francisco, Chicago, and Boston, passed anti-spitting ordinances similar to New York's.²⁹ Though spitting bans varied, they all targeted public conveyances, particularly streetcars. Enclosed conveyances were among the most intimate of public spaces during the period, and thus spitting within them seemed more offensive, and more deleterious, than spitting on sidewalks or streets. Whereas the spit of a pedestrian dotted a path, the spit of a rail passenger gathered in pools of amber juice or phlegm at the floor of the car. Confined in crowded streetcars, passengers were forced to endure the pooling of dozens, or hundreds, of passengers' spit as it accumulated throughout the day. One can only imagine the panic of passengers who, like H.A.C., were aware of germ theory as pools of spit streamed toward their feet. During the warmer months, rail companies often "opened" streetcars by removing their

²⁸ "The Spitting Nuisance," *The New York Times*, Jan. 4, 1901.

²⁹ Jeanne Abrams, "Spitting is Dangerous, Indecent, and against the Law!" 433.

windows, which theoretically relieved passengers from the cramped quarters; yet as ordinances succeeded in restricting spitting in streetcars, passengers took advantage of the open windows to “sit inside and spit out, secure in the fact that the conductor [would] not interfere” unless he saw spit on the floor. This out-of-windows spitting may have alleviated the problem of spit pooling on car floors, but the summer spitter was nonetheless menacing as he sent “a fountain of fine spray which the wind distribute[d] over his fellow-passengers.”³⁰ Of course, those fellow passengers, left “to wipe the slimy salivary spray from their faces,” were not the only victims of out-of-windows spitting: the spit that successfully left the streetcars’ windows was bound for the street, the sidewalk, and the people outside of the car.³¹

Problems such as spitting out of open cars, as well as the persistence of spitting in previously unregulated places, such as sidewalks, encouraged cities and states to expand the reach of anti-spitting ordinances. The evolution of Virginia’s legislation provides an illustrative example: initially passed in 1901, the Virginia statute banned spitting on church floors and aisles. The following year, lawmakers amended the statute to include a fine of between \$1.00 and \$10.00 “for expectorating in electric cars.” In 1903, they added a prohibition against spitting “in public places, buildings, theaters, steamboats, railways, and street cars, and other public conveyances.”³² In Virginia and elsewhere, lawmakers, boards of health, and public health reformers were coming to understand that anti-spitting ordinances could regulate the habit in distinct spaces, such as streetcars, but they were failing to discourage the practice more broadly. If they banned spitting in streetcars, men spat out of them; if they banned spitting on ferryboats,

³⁰ “Keep Up the Crusade,” *Washington Post*, Aug. 23, 1902.

³¹ “Spitting from Open Cars,” *Washington Post*, Jul. 20, 1902.

³² Philip P. Jacobs, ed., *A Tuberculosis Directory, Containing a List of Institutions, Associations and Other Agencies Dealing with Tuberculosis in the United States and Canada* (New York: The National Association for the Study and Prevention of Tuberculosis, 1911).

men simply spit in ferry houses instead.³³ In response to their wily opponents, anti-spitters refined their goals: they would regulate spitting everywhere and seek to eliminate the “filthy and useless habit” from public life.³⁴

Although ordinances themselves did not extend to private homes or work places, boards of health nonetheless recognized the importance of regulating such spaces if they were to effectively control spitting. To illustrate this point, health officials often challenged both employers and employees to take responsibility for clean work spaces. In a presentation at the 1906 Philadelphia Tuberculosis Exhibition, a doctor named H.R.M. Landis connected workplace spitting to tuberculosis through the stories of his patients. He told of a baker recently admitted to the Pennsylvania’s White Haven Sanatorium who had shared a shop with tubercular co-workers for years. As the men went through their daily routines, they spit into wooden boxes filled with sawdust, rather than disinfectant cuspidors. While poor lighting and ventilation played a role in the bakery’s tuberculosis problem, Landis argued that the boxes of dried spit and dust caused four employees to fall ill. Another of his patients, a young woman “in whose family there had never been a case of consumption,” had contracted the disease after taking work in a Philadelphia garment factory. Conditions throughout the shop were “vile” and included poor lighting, dampness, and roach infestation. Nonetheless, Landis argued that the shop’s primary health threat was its spitting problem. Next to the young woman “worked a man who coughed and expectorated freely.” Lacking even a box, he spit onto the dusty floor “under her machine, so

³³ “Discharged a Spitter,” *The New York Times*, Aug. 3, 1901.

³⁴ “Spitting from Open Cars,” *Washington Post*, Jul. 20, 1902.

that, in adjusting the machinery, she often knelt in some of this sputum, containing countless tubercle bacilli.”³⁵

In response to such conditions, Landis promoted a series of regulations that extended anti-spitting authority into places of work. Seeking to eliminate “ignorance of the dangers on the part of both the employer and the employed,” he advocated the posting of placards throughout shops prohibiting spitting on the floor. Further, he encouraged employers to provide cuspidors containing lye, which disinfected spit, and to thoroughly clean the cuspidors each day. He also expected employers to track the health of employees and demand that tubercular individuals use pocket cuspidors and paper napkins and immediately dispose of their sputum. Recognizing the difficulty of extending fines or arresting employees within their shops, Landis nonetheless advocated for the swift punishment of workplace spitters. The employee who continued to spit after fair warning deserved no consideration, and “measures should be taken to make him leave the place.”³⁶ By the end of the decade, health boards throughout the United States took up Landis’s charge and officially banned spitting in eating establishments, bakeries, slaughterhouses, hotels, and schools. As they expanded the reach of spitting bans, states further sought to define the behavior as universally pernicious and threatening, and thus inappropriate for both the public and private spheres.³⁷

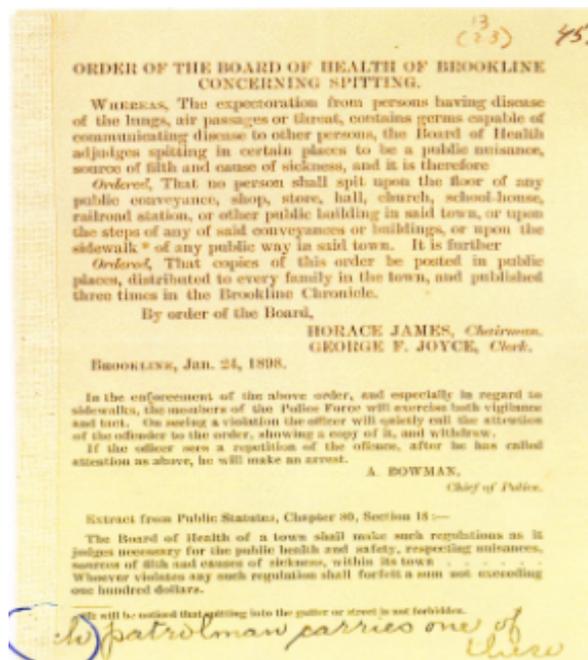
In an effort to emphasize the threat of spitting and the extent of their authority, states and municipalities tinkered with punishments ranging from small fines to imprisonment. They sought a balance between severe punishments that would frighten spitters out of their habit and

³⁵ H.R.M. Landis, “Tuberculosis in the Workshop,” *Journal of the Outdoor Life* (May, 1906) 3, 4: 131 – 133.

³⁶ *Ibid.*

³⁷ J.W. Kerr, et. al., *Communicable Diseases: An Analysis of the Laws and Regulations for the Control Thereof in Force in the United States* (Washington: Government Printing Office, 1914), 112 – 157.

reasonable ones that would encourage police officers and magistrates to actually enforce the legislation. The ordinance of Brookline, Massachusetts was unique in that unlike most others, which were extended over time, upon its initial passage in 1898 it banned spitting in public conveyances, shops, stores, schoolhouses, and all public steps and sidewalks. Yet in seeking a balance to the rather extensive law, Brookline’s board of health officially noted that “spitting into the gutter or street is not forbidden.” Further, police officers enforcing the ordinance were encouraged to exercise “both vigilance and tact.” Officers witnessing spitting were to issue warnings by informing offenders of the city ordinance. Only upon witnessing a repeat offense were officers they to arrest offending spitters. Tactics such as Brookline’s represented municipalities’ recognition that anti-spitting ordinances were a significant challenge to the status quo. By balancing the leniency of the warning policy with the severity of arrest, they hoped to bolster the law’s effectiveness without generating challenges to their authority.³⁸



³⁸ “Order of the Board of Health of Brookline Concerning Spitting,” Brookline (MA) Board of Health, Jan. 24, 1898.

Figure 2. Patrolmen in Brookline, Massachusetts carried copies of the city's anti-spitting ordinance and were expected to "exercise both vigilance and tact" when enforcing it. Image courtesy of the College of Physicians of Philadelphia.

Brookline's strategy was fairly typical, however some early laws tended away from balance and towards more severity. For example, in 1901 New York withheld the authority to impose a \$500.00 fine against spitters.³⁹ Cincinnati fined first-time offenders \$100.00 while charging repeat spitters the same amount and jailing them for ninety days.⁴⁰ Such draconian punishments attempted to intimidate spitters out of their habit and to express medical authorities' insistence that spitting was a potentially lethal habit and merited grave consequences. Yet as one commentator argued, draconian punishments just as easily subverted the ordinances, as few "would expect the actual enforcement of a fine anywhere near [such limits], and the implied threat of such a disproportionate punishment tends to defeat the whole thing."⁴¹

Whether or not health authorities accepted that conclusion, they generally did agree that arrests and convictions defined the success of anti-spitting campaigns. Reporting on that success before the National Association for the Study and Prevention of Tuberculosis (NASPT) in 1910, St. Louis physician Robert Newton argued that since 1896, a total of 2,513 spitters had been arrested in New York, but only 908 spitters faced similar consequences throughout the rest of the country. Considering that approximately 25 million Americans lived in anti-spitting communities, Newton believed the total of 3,421 arrests ("undoubtedly all males," he noted) represented "a failure to enforce the laws."⁴² Further, of those 3,421, only 2,912 were convicted,

³⁹ "The Anti-Spitting Notices," *The New York Times*, Apr. 5, 1901.

⁴⁰ "No Anti-Spitting Law," *Washington Post*, Mar. 17, 1903.

⁴¹ "The Anti-Spitting Notices," *The New York Times*, Apr. 5, 1901.

⁴² Robert Newton, "The Enforcement of Anti-Spitting Laws," *The Transactions of the Sixth Annual Meeting of the National Association for the Study and Prevention of Tuberculosis* (Philadelphia: Wm. F. Fell Company, 1910), 109 – 112.

with fine averaging only about \$1.40. Of course, in compiling and presenting these statistics Newton neglected the thousands of state interventions that did not result in conviction. His data does not account for the man who checked his habit upon seeing a public notice; it does not include the men who received official warnings from police officers and curtailed spitting thereafter (as in Brookline); it ignores the role of public shaming, such as H.A.C. attempted on the Sixth Avenue elevated car; and it disregards the significance of arrests that did not lead to conviction. In other words, by defining success as consistent punishment through arrests and fines, anti-spitters like Newton ignored the effectiveness of their campaign's diverse strategies.

The paucity of spitting arrests and relative leniency of fines also revealed several key points about anti-spitting ordinances and medical authority more broadly. First, while boards of health effectively lobbied mayors and city councils to pass ordinances, their influence over police officers and magistrates to enforce them was inconsistent at best. Following the passage of its first anti-spitting ordinance, the rate of arrests for spitting in Buffalo, New York was about one per day. As supporters of the law believed each streetcar to contain at least two or three spitters, those results were disappointing. Yet when asked about the apparent lack of enforcement, one Buffalo police officer argued that “[i]t’s a pretty hard thing to arrest a man merely for spitting on the floor...I don’t see any harm about it, unless a feller does it on a man’s shoes.” During the same week, a reporter witnessed another officer spitting on a streetcar while he was supposed to be patrolling for spitters.⁴³ Police officers therefore hesitated to enforce the law because many were themselves spitters, or at least sympathized with the tobacco-chewing and phlegm-congested public. Further, accused spitters seemed genuinely shocked by reprimands. Although it was an extreme example, one St. Paul, Minnesota arresting officer so

⁴³ “Thirty – Year Job for Police,” *The Buffalo Courier*, Feb. 11, 1903.

angered a group of spitters that they turned on him, beating him until his “head [was] broken, two of his ribs [were] fractured, and his body [was] seriously bruised.”⁴⁴ While the details of the altercation do not survive, and the incident nonetheless illustrates the indignation and rage incited by anti-spitting enforcement. Perhaps reasonably, many officers concluded that anti-spitting was simply not worth the trouble. In other cities, not only police officers but also magistrates resisted enforcing anti-spitting ordinances. Judges regularly released spitters without punishment for a number of reasons, including ignorance of the law, claims of unintentional spitting, or even admitting to their offense without making excuses.⁴⁵ Following scores of spitting arrests in New York, one magistrate released prisoners because they had only spit once. “A man has a right to spit once,” he reasoned, “especially before he was warned.”⁴⁶ Anti-spitting advocates rationalized such inconsistent enforcement as evidence of “indifference...a lack of civic pride, and a failure to appreciate the danger from the unrestrained practice of this vile habit.”⁴⁷ Whether they blamed a lack of pride or appreciation, however, they had to face the reality that the entire machinery of law did not support the cause. Legislators and executives might pass an ordinance, but it was to no avail if police officers and magistrates did not enforce it.

Yet inconsistent arrests and convictions also suggested an inability on the part of authorities to convince the public that spitting truly represented a threat to public health. Even those who accepted germ theory sometimes regarded anti-spitting as a “trifle” or “legislative joke” that interfered with more important efforts such as the regulation of tenements or the

⁴⁴ “Beat Policeman Trying to Enforce Anti-Spitting Law,” *Chicago Tribune*, Apr. 9, 1901.

⁴⁵ “Arrested For Spitting,” *The New York Times*, Mar. 4, 1903; “Raid on Spitters Catches Hundreds,” *The New York Times*, Feb. 10, 1909.

⁴⁶ “The Anti-Spitting Ordinance,” *New Orleans Times-Democrat*, April 12, 1901.

⁴⁷ Newton, “The Enforcement of Anti-Spitting Laws,” 113.

establishment of sanitariums.⁴⁸ Following the 1901 meeting of the American Congress of Tuberculosis, one Los Angeles writer complained that the Congress's support of anti-spitting ordinances was "worn out" and that too many health reformers ignored the "impracticability of such methods."⁴⁹ While there were many reasons why individuals opposed anti-spitting, reformers' support of the laws for reasons besides public health was likely a chief cause of the levity with which some viewed them. Indeed, as anti-spitting ordinances grew in popularity, they came to act a sort of municipal status symbol. Residents of cities with legislation proudly promoted it as a sign of their order, cleanliness, and modernization. Following the 1899 passage of a comprehensive ordinance in Hoboken, New Jersey, the journal *Medical News* held up the city as "a good example" of what was possible if boards of health, lawmakers, and police officers could do if they worked together.⁵⁰ One writer noted that if Chicago hoped to challenge Boston as "the hub of culture, par excellence," it had to enforce anti-spitting as well as Boston had.⁵¹ The example extended beyond metropolises, as small town boards of health and myriad local organizations promoted anti-spitting as a necessary component of modernization. Alton, Missouri, with an approximate population of 470, received national approbation after passing its anti-spitting ordinance, an achievement *The New York Times* argued had made Alton a "modern spotless town."⁵² Getrude Bosler Biddle, a member of the Civic Club of Carlisle, Pennsylvania, noted that despite the hesitance of rural communities like Carlisle to "see the needs to the present," groups of citizens dedicated to improvement could usher the "modern progress" of

⁴⁸ "Citizens' Union Platform," *The New York Times*, Apr. 23, 1901; "Old Dominion Notes," *Washington Post*, Mar. 9, 1900.

⁴⁹ "Congress of Tuberculosis," *Los Angeles Herald*, Jun. 9, 1902.

⁵⁰ Anon., "Expectoration in Hoboken," *Medical News*, Jul. 8, 1899, 75 (2): 47.

⁵¹ "Los Angeles' Proffer to Chicago," *Los Angeles Herald*, Dec. 22, 1902.

⁵² "A Modern Spotless Town," *The New York Times*, Dec. 12, 1902. For Alton population data, see "Missouri Population 1900 – 1990," Missouri Census Data Center. (www.mcrc.missouri.edu).

cities to small towns. Biddle argued that the first step in any such project should be to “attack...the dirty streets,” a mission that eventually led to the passage of Carlisle’s anti-spitting ordinance in 1903.⁵³

As proud as cities that successfully passed and enforced anti-spitting ordinances were, the frustrations of reformers in communities that struggled to pass ordinances revealed the significance of anti-spitting status among “progressive” cities. They generally accepted the logic of communities like Hoboken and Carlisle and expressed annoyed disappointment when local police could not punish spitters. One Washington, D.C. writer complained that because of the ubiquity of public spitting in his city, “[o]nly a robust person, with a stomach warranted to bear any test, can walk a mile...along our sidewalks...and not be made distressfully sick.” Yet he became truly frustrated when comparing his sidewalks with those of Helena, Montana, a city “popularly supposed to be controlled by mining, ranchman, and cowboy influences” and yet maintaining a well-enforced anti-spitting ordinance. How was it, he wondered, that such a provincial locale could proudly promote its spitting regulation while Washington, “the most beautiful city on the globe, the headquarters of the most progressive and powerful nation on earth,” could allow the pernicious habit to flourish?⁵⁴ The writer had reason to be concerned, as commentators in other cities took notice of D.C.’s weak spitting regulations: as one journalist put it, St. Louis’ well enforced anti-spitting ordinance “put the city far in advance of Washington, which though it lead in beauty of city plan, is noted for the expectoration filth to be seen upon its sidewalks.”⁵⁵ Similarly perplexed was Dr. A.S. Warthin, the secretary, and later president, of

⁵³ Gertrude Bosler Biddle, “The Story of the Civic Club of Carlisle,” *The Chautauquan*, Aug. 1903, 37 (5), 503.

⁵⁴ “An Example from Montana,” *Washington Post*, Nov. 15, 1899.

⁵⁵ W.J. Stevens, “Lessons of Three Cities in Municipal Adornment,” *Brush and Pencil*, Sep., 1903, 12 (6), 395.

Michigan's Association for the Prevention and Relief of Tuberculosis, who fumed about his state's inability to pass and enforce anti-spitting ordinances: "If Louisville, Kentucky," he wondered, "with its negro population, can prevent spitting, why can't we?"⁵⁶ In Warthin's calculus, anti-spitting theoretically represented cleanliness as well as racial and intellectual superiority. Yet Louisville's successful ordinance – and Michigan's inability to pass comprehensive legislation – challenged his assumptions. A New Orleans doctor named W. Scheppegrell worried that the failure of a proposed anti-spitting ordinance "would make us the subject of ridicule."⁵⁷ During a furious campaign of letter writing to the city's major newspapers, Scheppegrell emphasized that of New Orleans' thousands of TB deaths, it was "fair to infer that a considerable number...are due to the neglect of...sanitary precautions" such as anti-spitting.⁵⁸ The medical community's perspective was simple: to heed their knowledge could save thousands of lives; to allow spitting to continue unrestricted would almost certainly allow TB to continue its deadly rampage and signal a triumph of ignorance. And yet the concern for social status evident in both Warthin's and Scheppegrell's laments proved to be equally significant, as broad swaths of the public continued to challenge the meaning of anti-spitting.⁵⁹

Perhaps the most illustrative public debate about the meaning of anti-spitting legislation occurred in Washington in 1903. Spurred by the support of frustrated District residents, City

⁵⁶ Alfred Scott Warthin, ed., "Third Annual Report of the Michigan Association for the Prevention and Relief of Tuberculosis," (Ann Arbor: Michigan Association for the Prevention and Relief of Tuberculosis, 1910), 44.

⁵⁷ W. Scheppegrell, "Hygiene and Hygienic Legislation," *Medical News*, Nov. 23, 1901, 79 (21): 810.

⁵⁸ *Ibid.*, 814.

⁵⁹ Spitting was not the first form of filth to embarrass supposedly grand cities. For more on the shame of London and Paris over the smell of human waste in their major rivers, see David S. Barnes, "Confronting Sensory Crisis in the Great Stinks of London and Paris," in William Cohen, ed., *Filth: Dirt, Disgust, and Modern Life* (Minneapolis: University of Minnesota Press, 2005), 114.

Commissioner Henry Macfarland called for the expansion of anti-spitting ordinances to include sidewalks, public buildings, theaters, and parks. Macfarland had supported similar expansions a year earlier, but his proposal failed because the other two commissioners believed anti-spitting was unenforceable outside of confined spaces. Yet Macfarland succeeded in bringing his proposal to the table again in March, 1903 and called for a public meeting on the issue. In advance of the meeting, the District Commission solicited citizens' opinions regarding the proposed ordinance. A series of "letters, notes, and postal cards" quickly flooded the commissioners' offices.⁶⁰ While many letter writers could not attend the public meeting because it was held on a weekday morning, 37 district residents did come with prepared comments. Among them were some of the city's most influential residents, representing churches, the business community, women's organizations, and even the federal government.

As the meeting opened to public comment, it seemed that the room was universally supportive of expanding anti-spitting. Gerhart A. Wilson, a Presbyterian minister, noted that "[s]ome of the walks are positively nauseating to members of my family." W.P. Van Wickle, the owner of a local "piano agency," argued that banning the "evil" of spitting was the only reasonable course of action and had the full support of the business community. United States Surgeon General Walter Wyman sent a representative to read a message in which he cited the 1901 British Congress of Tuberculosis, which concluded that "tuberculosis sputum is the main agent for the conveyance of the virus from man to man." Numerous representatives of local reform societies spoke as well, including Ellen Spencer Mussey of the District's Legion of Loyal Women. She claimed to speak for "7,000 of her sex" who were "unanimously in favor of restrictions in the habit of spitting upon the public streets of the city." The preponderance of spit,

⁶⁰ "Join In The Crusade: Scores of Letters Approving an Anti-Spitting Law," *Washington Post*, Mar. 24, 1903.

she argued, had “rendered the thoroughfares of the National Capital unfit for people of refinement.” She also reminded the commissioners of children’s welfare, as “those playing on the sidewalks in front of their homes” were often “exposed to the disease germs from sputum.” Indeed, as the meeting grew long and morning turned to afternoon, it seemed anti-spitting supporters represented every District demographic, from business owners to children.⁶¹

Yet before the meeting finished, three men rose in opposition to the proposal. The first, named Minton P. Key, delivered a brief and fairly incoherent harangue of “the present agitation,” which he argued was impossible to enforce and did nothing to support “helpless womanhood.” More effectively, Dr. Charles Allen argued that anti-spitting was both dangerous and ineffective. Noting that he spoke “for the common people,” Allen charged that “[w]e’ve had too many laws in this country, and it is not good to make so many more in addition.” He challenged medical authority as limited and incompetent, personified by men who could not cure consumption and thus sought instead to limit the rights of individuals through their “ridiculous...crusade.” He also pointed to behaviors and trends that posed a greater threat than spitting. “Kissing,” he argued, “causes more disease than anything else, yet it is done all over the city and all over the world.” In an accusation directly targeting the 7,000 women supporting Ellen Munsey earlier in the meeting, he argued that it was not spit that posed a public threat, but “the long skirts that the women wear nowadays.” Such fashions, and the women who wore them, acted as “breeders of disease,” and rather than regulating men’s behaviors for the convenience of fashion, Allen argued women should curtail their dresses to accommodate spitters. The final voice of opposition, a man named R.C. Glascock, worried that the proposed law facilitated a tyrannical

⁶¹ “Not Wholly One Way: Vigorous Opposition to Anti-Spitting Law,” *Washington Post*, Mar. 25, 1903.

municipal government, under which “if you should happen to spit on the sidewalks, you are to be dragged off to a dungeon.”⁶²

Opponents of anti-spitting thus focused on four central points. First, as Allen argued at the D.C. hearing, anti-spitting was one of many laws that constricted liberty within an ever-expanding public sphere. As D.C. resident R.W. Scheckells complained in the *Washington Post*, the prohibition of spitting on sidewalks threatened individual rights by circumscribing acceptable behaviors on “public thoroughfares, to which strangers, as well as local residents, have a legal and inalienable right.”⁶³ While spitting was unquestionably unpleasant, it was perhaps unavoidable. By supporting its prohibition, citizens not only surrendered their right to public space but handed potentially authoritarian powers to the state. One New Orleans writer warned of the potentially drastic consequences: “Persons suffering from a cold, persons who are thoughtless, will be hauled off to jail; and even if they are subsequently bailed out or released...it will not cure the indignity of being publically hustled to jail as lawbreakers, marched through the streets for the amusement of a gaping crowd or hauled off to prison in a patrol wagon.” Implicit in the prediction are concerns over the appropriate use of force in law enforcement and the extent to which the state can reasonably regulate the public sphere. Certainly the state should punish “highwaymen, burglars, and pickpockets,” but spitters? For anti-spitting opponents, punishing spitters uncomfortably blurred lines between law breaking and law abiding, between criminals

⁶² Ibid.; Antituberculosis reformers also called attention to the dangers of kissing. According to Nancy Tomes, prescriptive literature urged mothers “not only to prevent strangers from kissing their children, but even to give up the practice themselves.” For more, see *The Gospel of Germs*, 126, 127.

⁶³ “Penalty for Spitting,” *Washington Post*, Mar. 23, 1903.

and innocent civilians. Crime was intolerable, of course, but was not petty offensiveness an unavoidable condition of society?⁶⁴

The second point of opposition challenged medical authority and competence. Like Allen's condemnation of anti-spitting as an excuse for doctors who failed to cure tuberculosis, Scheckells targeted "would-be-sanitary experts" and scientists, "to whom big salaries are paid by an indulgent generous government." While the war against microbes relied on forceful and persuasive sentiments, he argued, the actual containment of germs found "so little support in practical life that their suggestions are better in theory than in practice."⁶⁵ Scheckells, voicing an opinion similar to that of the burgeoning anti-vaccination movement, disputed the relevance of laboratory research in everyday life. And yet it was not only the irrelevance of medical research that he found problematic. He, like many other opponents of anti-spitting, also feared the potentially dangerous relationship between formal medicine and governments. If police could arrest spitters, the logic went, how else might the state circumscribe public norms and erode liberties?

The third point of opposition generally called attention to other factors contributing to the spread of tuberculosis, especially women's dresses. Like Allen's challenge to women at the D.C. hearing, Scheckells noted that "ladies skirts often do the work of the broom brigade" by sweeping up sidewalk spit. Several years earlier, a writer identifying himself as "Libertas" wrote to the *Brooklyn Daily Eagle* (choosing to write to the *Eagle*, he said, because it was named for "the bird which symbolized freedom and the rights of man") and accused anti-spitters of sending men to jail because "the dress of the wife of [a member] of the Department of Health... was

⁶⁴ "The Anti-Spitting Movement," *New Orleans Times-Democrat*, April 14, 1901.

⁶⁵ *Ibid.*

soiled by contact with the street.”⁶⁶ In Columbus, Ohio, a city councilor proposed a companion ordinance to anti-spitting that would require women to wear dresses “at least 3 inches from the ground.”⁶⁷ Obviously some men took this position seriously enough to propose legislation enforcing it, but most likely meant to illustrate what they saw as the arbitrary nature of government regulation of personal behavior. If the state bases its case against spitting on the fact that it soils women’s dresses, they argued, why stop at spitting? Why not also ban the dresses? Yet this argument also had the dual effect of turning blame for tuberculosis away from mostly male spitters and onto women. Further, the argument against dresses (as well as kissing) suggested that individuals should police their personal behavior to protect themselves, rather than the state policing behaviors to protect others. If women wore shorter skirts and couples stopped kissing, the thinking went, the spread of tuberculosis would slow *and* men could continue spitting as they always had.⁶⁸ Yet this argument simultaneously conflicted with the fourth point of opposition, namely the right of citizens to be comfortable. While Allen and the other opponents at the D.C. meeting did not focus on this point, Scheckells and numerous others did, arguing that “the natural inclination to expectorate, whether using tobacco or not, is so strong in our habits that it is almost a necessity and frequently beyond our control.” Echoing the

⁶⁶ “Law Will Be Enforced,” *Brooklyn Daily Eagle*, Apr. 21, 1900.

⁶⁷ “It Won’t Be The Style,” *Cortland (NY) Evening Standard*, Dec. 4, 1901. Columbus city councilors seem to have had a knack for dramatizing their opposition to anti-spitting. According to the same article, following the ordinance’s passage another councilman was witnessed “with a cuspidor suspended from his neck and beating against his breast.” Lacking more details of the councilor’s protest, one can only imagine the depths of its symbolism.

⁶⁸ Anti-spitters rarely responded to the long dress argument, but Dr. J.O. Cobb, an Assistant Surgeon in the U.S. Marine-Hospital Service and physician in Oregon, did confront it in a 1902 issue of *The Philadelphia Medical Journal*. Cobb conceded that women’s clothing likely contributed to the spread of tuberculosis, but countered that women should “not have to give up what is so becoming to them for the sake of filthy man with his detestable spitting habit.” Cobb, “The Danger to the Public from the Ambulant Consumptive,” *The Philadelphia Medical Journal* Apr. 26, 1902 (9) 17: 754.

concern of doctors hearing Elmer Borland's speech eight years earlier, Scheckells grounded his point in the seemingly unconscious nature of spitting.⁶⁹ Indeed, a number of spitters were so accustomed to the habit that when informed of their violation, they often argued that they had not spit at all. For example, during his arrest for spitting on Brooklyn's Fifth Avenue elevated car in 1901, William McDonald told the arresting officer "that he really had no idea that he had been spitting in the car."⁷⁰ To make men such as McDonald entirely conscious of their public behavior, and worse, to make them hold their spit until they could appropriately discharge it, seemed to opponents of anti-spitting an excessive burden.

The summation of these four points, whether those of the incoherent and rambling Minton P. Key or the more poignant challenges of Charles Allen and R.W. Scheckells, was that anti-spitting ordinances represented a tyrannical overreach on the part of state authorities into the public department of men. They claimed that "irrespective of the clamoring of a few 'progressionists,'" the majority of citizens opposed anti-spitting as "repugnant to the rights, privileges, and advantages" of citizenship.⁷¹ Whether or not the majority of citizens felt that way, however, anti-spitting remained popular with the governments and organizations that had the power to institute ordinances. Despite the outcry of men like Allen and Scheckells, the D.C. ordinance easily passed and extended the city's spitting ban to include nearly all public space. Nonetheless, as city after city passed or expanded anti-spitting ordinances, medical authorities and reformers could hardly celebrate their legislative victories before growing dissatisfied with limited results. Indeed, as vocal anti-spitting opponents articulated their positions, many more

⁶⁹ "Penalty for Spitting," *Washington Post*, Mar. 23, 1903.

⁷⁰ "Polite Policeman Grant," *Brooklyn Daily Eagle*, Apr. 30, 1901.

⁷¹ "Penalty for Spitting," *Washington Post*, Mar. 23, 1903.

effectively challenged the laws by simply spitting as they always had. Whether the average spitter understood it or not, his habit had become a political act.

During December 1903 and January 1904, the residents of Baltimore noticed a peculiar sight on the sidewalks and steps surrounding the city hall and courthouse. For eight days, between 10:00 AM and 2:00 PM, officials of the health department could be observed slowly walking with their heads down, scribbling notes as they went. As odd as this behavior was, it was made more unusual by the fact that these were among the coldest days of the year, and few other city residents could stand to be out-of-doors with the health officials. And yet the sidewalks bore evidence that health officials were not the only ones out on those frigid days: as a presentation at Baltimore's 1904 tuberculosis exposition would reveal, the health department had counted thousands of "deposits of sputum," evidence of continually ubiquitous spitting in blatant disregard of Baltimore's anti-spitting ordinance.⁷²

Baltimore's public health officials compiled these so-called "sputistics" in hopes of shocking the public: surrounding the city hall was a total of 2,013 spit deposits; one day, January 16, yielded 390 deposits alone. Even December 26, a "bitter cold" day, yielded 144. In total, the average number of spit deposits surrounding the city hall was 251.6 per day, hardly a positive result for anti-spitters. The situation at the courthouse was even more severe: in the nine days it was examined, health officials discovered a total of 3,793 deposits of spit with a daily average of 421.5. Another presentation at the exposition presented the grim results of the health department's examination of streetcars: after taking 248 car rides, officials counted 944 "deposits of sputa," or approximately four per car. More alarmingly, they noted that they had witnessed

⁷² Anon., "The Maryland Tuberculosis Congress," *Medical News*, Feb. 6, 1904, 86 (6).

two conductors and five “motormen” spitting on cars; as if to compound the weight of their evidence against streetcar employees, they pointed out that “pools [of spit] are counted as one deposit; motormen are depositors of pools.”⁷³

Aside from revealing the obsessive devotion of strident anti-spitters, Baltimore’s “sputistics” project illustrated one of the central problems of early anti-spitting efforts: despite their legislative victories and seemingly broad public support, anti-spitters were consistently frustrated by the tenacious prevalence of spit in their communities. Often that frustration manifested itself through harsh condemnations of spitters, such as that levied by the St. Augustine, Florida Board of Health against the city’s residents. Responding to a national anti-spitting survey in the *Journal of the American Medical Association (JAMA)*, board members complained that “[o]ur native people would consider such an order an insult to their dignity. Can not stop a Florida cracker from spitting.” In the same article, the author complained that anti-spitting suffered because “[t]here are...a few persons who consider it their sacred duty to clog the wheels of preventive medicine,” who would rather “wallow in public expectoration” than promote public health.⁷⁴ One Colorado anti-spitter suggested that any “lobster that is too lazy to step to the edge of the sidewalk to expectorate ought to have his nose rubbed in it.”⁷⁵ Anti-spitters described spitting men as ignorant, stubborn, corrupt, and careless, qualities the Indianapolis physician and poet W.B. Ryan included in a 1908 poem called “The Spitter.” Written during a period of intensified enforcement of Indianapolis’ anti-spitting ordinance, Ryan found inspiration in a rural “druggist” who came to the city to take the Indiana medical board examination and found himself under arrest for spitting. Ryan wrote:

⁷³ Ibid.

⁷⁴ Elmer B. Borland, “*JAMA* 100 Years Ago: ‘Municipal Regulation of the Spitting Habit,’” *Journal of the American Medical Association*, Oct. 11, 2000, 284 (14): 1760.

⁷⁵ No Title, *Colorado Transcript* (Golden, CO), May 4, 1904.

Went outside 'nd spit terbacker
Right 'nd left, Sir – I have shot,
In a contest, a big mouthful
Full twelve foot. 'nd hit the spot –
Then a feller stepped up to me
'Nd arrested me, fer that!
When I said “I hain't done nuthin,”
He said, “We saw when you spat.”

The poem goes on to describe the man's surprise at finding himself in jail and receiving a fine of eleven dollars for his crime. The use of dialect and Ryan's focus on the man's ignorance represented anti-spitters' perceptions of those who continued to soil their cities as boorish, uncouth, and offensive, while Ryan's subject – a “druggist” – emphasized the corruption and danger of improperly educated medical professionals. Thus, Ryan's poem and countless other examples of derision served not only to condemn spitters but also to reinforce the authority of medical professionals as refined, educated, and concerned with the public's health.⁷⁶

Yet medical professionals and the various reformers that supported them recognized that not even their harshest derision could improve anti-spitting results. In response, medical and municipal authorities devised a handful of strategies that they hoped would end spitting once and for all. The first, most aggressive strategy was police raids, or “dragnets,” that arrested masses of spitters in a single day and then publicized the arrests. Spitting raids call to mind earlier questions over the severity of penalties, although they were less concerned with punishing individual spitters than educating, or perhaps threatening, thousands of others. While their long-term effects are impossible to trace, they generally did succeed in the immediate goal of arresting and fining hundreds of spitters at a time. A 1909 New York raid provides an example of the strategy: beginning in the morning, more than forty officers were deployed into public areas, such as subways, streetcars, or along sidewalks known to invite promiscuous spitting. They were

⁷⁶ W.B. Ryan, “The Spitter,” *The Central States Medical Monitor*, Feb. 15, 1908.

ordered to arrest each spitter and immediately bring him to the city's police court, where he was quickly tried, fined, and released. By the end of the day, the raid caught 200 spitters, fining nearly all of them between \$0.50 and \$2.00. In this case, magistrates based the severity of fines on the time of day in which the offense occurred, with earlier spitters being let off with the smaller fine. Further, authorities considered the reasons for spitting in doling out punishment. Oddly, it was "smokers and tobacco chewers" who were forced to pay the \$2.00, while those who complained of "severe colds" were let off with smaller fines. This decision, of course, proves what anti-spitting proponents and opponents knew all along: the laws were about much more than public health. By punishing smokers and chewers, police targeted those who seemed most careless, but not necessarily those who seemed most threatening. Their decision to treat the sick leniently also reinforced the notion that spitting was if not completely forgivable, at least understandably necessary.⁷⁷

While a number of cities tried spitting raids with varying levels of success, the second strategy of anti-spitting enforcement sought not to punish, but accommodate, spitters. One example came from the Cook County, Illinois League of Women's Clubs, who recommended providing sand to street car conductors with which they could "cover the objectionable spots on street car floors."⁷⁸ The sand might not prevent future spitting, but at least it would mitigate whatever threat a day's collection of spit might pose. A more common proposal was that issued by Alfred Knopf in the *Journal of the American Medical Association (JAMA)*, which called for widespread marketing of personal cuspidors, or pocket flasks. Knopf promoted a line of such items produced by the Kny-Scheerer Company, a New York-based manufacture of medical instruments, arguing that they would allow spitters to continue their habit without soiling public

⁷⁷ "Raid on Spitters Catches Hundreds," *New York Times*, Feb. 10, 1909.

⁷⁸ "Open Anti-Spitting War," *Chicago Tribune*, Feb. 28, 1904.

space or spreading disease. Ranging in price from about \$0.35 to \$1.25, the flasks were designed to appeal to spitters of all income levels. For more discerning tastes, there was a small brass cylinder with a spring-loaded lid and “an elastic rubber ring for the purpose of preventing leakage.” Other models were made from “cheap metal” or glass and came with cases resembling cigar boxes. Knopf also displayed a number of “elevated spittoons” for use in public settings, which promoted careful and accurate spitting.⁷⁹ Although Knopf did not mention them in his *JAMA* promotion, Kny-Scheerer also produced a line of “self-flushing spittoons” and disposable paper pocket flasks. In the years following Knopf’s public promotion of pocket flasks, Kny-Scheerer advertised the models in journals like *JAMA* and the anti-tuberculosis *Journal of the Outdoor Life* (see figure 3). Other doctors, including U.S. Marine-Hospital Service surgeon J.O. Cobb, designed and marketed their own pocket flasks as well.⁸⁰ While conducive to all spitting, the flasks were marketed specifically to tuberculosis patients, with Kny-Scheerer offering discounts to dealers for “quantity orders” from sanitariums and hospitals.⁸¹ In the end, widespread use of pocket flasks never materialized because of Kny-Scheerer’s narrow marketing strategy, which advertised the flasks almost exclusively in medical journals. Thus, not only did their ads reach a small, professional audience that was already convinced of the need to regulate spitting, they also associated their product with tuberculosis. In an age when public knowledge of one’s consumption could lead to termination of employment or the voiding of a life insurance policy, the popular association of the dreaded disease with any consumer product significantly

⁷⁹ S.A. Knopf, “The Present Aspect of the Tuberculosis Problem in the United States,” *Journal of the American Medical Association*, Nov. 29, 1902, 39 (22): 1367-1369.

⁸⁰ J.O. Cobb, “The Danger to the Public from the Ambulant Consumptive,” *The Philadelphia Medical Journal*, Apr. 26, 1902, 9 (17): 753 – 760.

⁸¹ “Pocket Sputum Flasks for the Prevention of Tuberculosis,” *Journal of the Outdoor Life*, Jul. 1906, 3 (6): 239.

impeded sales.⁸² Of course, even if Knopf’s flasks flourished on the market, they could never entirely control the spread of tuberculosis. Those groups most affected by consumption – immigrants and the working-class – were both unlikely to invest in such an item and likely to be unaware of their infection, thereby not even recognizing the need for a pocket flask.



Figure 3. New York’s Kny-Scheerer Co. worked with Dr. Adolphus Knopf to design and market “sputum flasks” like these and marketed them in the *Journal of the Outdoor Life*, the official journal of the National Association for the Study and Prevention of Tuberculosis.

Although widespread adoption of personal spitting receptacles never materialized, the intent behind them – to manage spitting in a way that would more slowly, but no less completely, eradicate its ubiquity – suggested the third and most significant response to insufficient anti-spitting results. Rather than focusing on legal punishment, anti-spitters turned their attention to programs of education about the dangers of spitting. Realizing that spitters who continued the habit despite ordinances, public postings, and public reprimand were probably unreachable, medical authorities and reformers turned instead to children. As early as 1903, anti-spitters had realized that the proliferation of the habit was due in large part to “beardless boys” who,

⁸² John Duffy, *The Sanitarians*, 197.

seeking to emulate older men, spit in defiance city ordinances. Hoping to target just such boys, a Kalamazoo, Michigan doctor named Charles E. Boys spoke for many of his fellow members of the state's Association for the Prevention and Relief of Tuberculosis when, in 1910, he argued that "you can educate better than to legislate enforcement of ideas into people." He proposed a vigorous and visible anti-spitting campaign that no member of the public could escape. Because a single message was not enough, he contended that "[t]here must be many repetitions and the information should come from different sources." Further, Boys and others believed that all teachers should be trained in germ theory so they "might be better equipped to teach their pupils."⁸³

Proposals such as Boys's represent a turn in American anti-spitting campaigns away from force and towards more passive, and perhaps more effective, means of coercion. Though public health officials assured themselves their information was strong and that spitting indeed posed a threat, they began to realize by 1910 that many Americans were not willing to blindly accept their authority. And although they continued to advocate anti-spitting ordinances, boards of health and private municipal, state, and national organizations began to transition anti-spitting campaigns into their educational phase. It was a decision that had lasting consequences for American public health.

⁸³ Warthin, "Third Annual Report of the Michigan Association for the Prevention and Relief of Tuberculosis," 41.