During the 1870s, the Philadelphia Board of Health focused a great deal of attention on a small area of the city known as the Alaska Street District. Occupied by poor immigrants and blacks, Alaska Street was, according to the Board of Health, a dirty, disease-infested area, and the Board conducted inspections and disinfections there nearly every year throughout the decade. Alaska Street in Philadelphia represents a particular example of a more general practice among public health officials in the nineteenth century to see and explain the high mortality of nineteenth century cities in terms of spatially determined patterns of disease. In large urban areas there were areas of high mortality:' pockets of disease, 'nests of typhus,' 'hives of sickness.' Like other spatial areas in other cities, Alaska Street symbolized the perceived convergence of poverty, ethnic minority status, and disease.

Contemporaries posited causal links between the variation in mortality levels across ethnic and socioeconomic status groups and spatial differences in death rates. The direction of these causal links between population subgroup and spatial variations in mortality were ambiguous. Poor, black and immigrant populations had high mortality because they inhabited the worst dwelling units and areas of the city, but, on the other hand, the high mortality of some parts of the city resulted form the fact that poor, black and immigrant populations inhabited them. Racial and ethnic differences in mortality elicited numerous explanations, some of which were linked to the poor environment in which groups lived and others supporting the notions that these populations were diseased and infested the neighborhoods and indeed the cities in which they resided. In one causal formulation, foreign immigrants brought to the cities and both contemporaries and current researchers saw waves of disease associated with the waves of immigration. A second broad view held by contemporaries was that immigrants and rural blacks were ill-prepared to cope with the demands of an urban environment. Both biological and

social factors were implicated in this view; newcomers had acquired neither the immunities to many diseases provided by previous exposure nor the lifestyle needed to survive in the city. Finally, whether diseased or not, immigrants swelled the populations of cities, adding to the demands on municipal governments and services at an unprecedented rate. Municipal governments faced serious problems in housing these populations, providing them with water and disposing of their waste. The lack of adequate city services affected all the urban population but disproportionately the new immigrants themselves.

These nineteenth-century ideas regarding poverty, immigrant status, and disease represented, to some extent, empirical truths about Nineteenth Century cities, but how closely the rhetoric mirrored the mortality conditions remains problematic. Nineteenth Century constructions of mortality conditions also both reflected and reinforced contemporary racist and anti-immigrant sentiments and, importantly, fit in with and relied on contemporary ideas about disease.

Using data gathered as part of the Philadelphia Social History Project, I examine how closely the mortality of an ethnic group was tied to its residential location and its relative socioeconomic status in the city of Philadelphia in1880.[1] I begin by examining the differential adult mortality of African-Americans, the foreign-born and the native-born white populations in the city and the causes of death accounting for the differences. Then, using a grid that measures about a block by a block and a half, I examine the mortality levels of African-American, Irish-born and German-born adults separated by characteristics of their residential location—

[1]Although dictated largely by the availability of data, the selection of 1880 Philadelphia as the locus of this study is propitious inasmuch as this port city has a large immigrant population and the largest black population outside the South. The data from the Philadelphia Social History Project allow an examination of mortality by both ethnicity and residence in ethnically defined areas of the city, and the linkage of census data to mortality data provides an opportunity to analyze other characteristics of the units in which deaths have occurred. .

particularly whether they lived in blocks populated largely by members of their own ethnic group or in blocks populated largely by native-born white Americans. With census characteristics attached to the grid units, I have analyzed the effects of various measures of status on the results. Finally I am able to examine the mortality differences of African-American, Irish-born, and German-born adults living in native-born white households.

My results, to date, indicate that ethnic groups faced better mortality conditions if they lived in grids that had a large concentration of their own group rather than in grids with a large native-born white population. The presence of men with higher occupational status may account for some of the spatial difference in life chances for African-Americans. However, other measures of the status characteristics of areal units (density, crowding, percent unemployed and the percent illiterate) do not correlate with the mortality levels. For the Irish and German populations, mortality differences were not related to any measures of status. These results call into question many of the Nineteenth Century notions about urban disease and mortality. In addition, both the levels of segregation (very low by current standards) and the characteristics of ethnic areas raise important issues regarding some of our current views about our immigrant past.