

# THE NEGRO AND THE SOUTHERN PHYSICIAN: A STUDY OF MEDICAL AND RACIAL ATTITUDES 1800-1860

by

JOHN S. HALLER, Jr.

ONE OF the first professional groups to study the Negro in America was the medical doctor. His conclusions, therefore, are a necessary adjunct to any analysis of American concepts of race and attitudes of racial inferiority. Racial attitudes, clothed in the authority of medical science, helped to suggest, justify, and dictate biological as well as social categories; indeed, medical science helped to explain and defend the prevailing social structure of early nineteenth-century America. The physician was in a peculiar position in America, a position which allowed him not only to study the Negro as a biological 'type' but to draw conclusions and elaborate theories on the basis of those findings. His medical studies of the Negro flourished in an atmosphere that had accepted the eighteenth century's hierarchical arrangement of the races of man. Medical conclusions, therefore, were fed as much from the framework of 'scientific' accumulations of the previous century as by the growing national consciousness of the American people. Medical science and early Southern nationalism, reinforcing each other in the thought of the physician, created a fictitious Negro type whose attributes were accepted as having real substance. The physician had a conception of himself as a free agent, operating within the bounds of a scientific certainty whose rational laws all but reinforced a 'social-scientific' organization of life. The decisive factor in the physician's medical prognosis was the extent to which science claimed a view of the world and life as a whole. His medicine, ironically, was as much an effort to define the 'American' as it was an effort to disabuse those elements in society whose racial characteristics were different from his own.

Some diseases like Cachexia Africana (mal d'estomac), or dirt-eating, were thought peculiar only to the Negro because of his mental constitution. According to physician James Maxwell, writing in the *Jamaica Physical Journal* of 1835, dirt-eating had been a practice of many early civilizations, but restricted principally to the black races in the nineteenth century. The Greeks gave the name 'malacia' to the 'leucophlegmatic' condition of the skin of Greek youths who, desirous of becoming 'slender and effeminate', would devour quantities of clay. Among the South American Indians, the Otomac selected with great care 'a factunctious clay' coloured with iron oxide which they ate in 'prodigious quantities'. In Java a reddish clay was baked and sold in the public market for the purpose of making an individual 'thin and slender'.<sup>1</sup> The Chinese, too, wrote the traveller Medhurst, mixed quantities of gypsum into a

<sup>1</sup> James Maxwell, 'Pathological inquiry into the nature of cachexia Africana', *Jamaica phys. J.*, 1835, 2, 416; Jacques J. Labillardière, *Voyage in Search of La Perouse*, 2 vols., London, 1800, vol. 2, p. 214.

jelly which they ate with much relish.<sup>3</sup> Physician W. M. Carpenter, writing in the *New Orleans Medical and Surgical Journal* in 1845, was unable to find the dirt-eating habit among any of the eighteenth- and nineteenth-century peasantry of Europe and, like Maxwell, believed the disease was restricted to the blacks.<sup>3</sup> 'There is not a tribe in Africa', wrote Maxwell, that 'did not indulge in eating an absorbent clay.' The blacks consumed 'moderate quantities of a species of steatite made up into balls like chocolate, which are baked and sold in the market . . . at the rate of two for five pence.' The various tribes considered the moderate use of dirt-eating proper and in no way dangerous; they judged the practice no different than the use of tobacco or opium. In effect, it had become a social habit, called 'aboo' by the natives.<sup>4</sup> Filling their mouths with the substance, they allowed 'it to dissolve gradually; and express as much satisfaction from it as the greatest lovers of tobacco could do.'<sup>5</sup>

What started out as a predilection for particular types of earth, wrote Dr. Shannon in his *Practical Observations on the Operation of Certain Medicines . . .* (1794) frequently became an obsession with the black man leading at certain times to the desire for 'plaster from the walls, or dust collected from the floor, when [he] can come at no other.' Practised by young and old alike, the desire gradually became habitual and excessive to the point where, becoming aware of its destructiveness, the victim looked forward to death.<sup>6</sup> Persistent dirt-eating caused a marked deterioration of the individual. The practice which started, perhaps, with the eating of steatite, and substances such as chalk, soon degenerated into a desire for lime, marl, wood-ashes, charcoal, decayed wood, wattle-dust (wood dust), woollen cloth, hair and rags, and produced over a period of time any number of constitutional difficulties that undermined the health of the individual. First the digestive organs became subject to dyspepsia; then as a result of functional disorder of the stomach, the liver, glands, pancreas and other viscera became 'dearranged', causing diarrhoea, palpitation of the heart, and a 'pallid exanguine hue'; finally, due to total impairment of the organs, there were evidences of emaciation, anaemia, swellings, and 'dropsical effusions'.<sup>7</sup>

The condition resulting from dirt-eating was first reported in the West Indies among the recently imported blacks.<sup>8</sup> During the African slave trade days, wrote Maxwell, large groups of Negroes indulged in excessive dirt-eating due to a firm belief 'that after death, they would return to their native homes'.<sup>9</sup> According to

<sup>3</sup> Walter H. Medhurst, *China, its State and Prospects*, Boston, 1838, p. 38.

<sup>3</sup> W. M. Carpenter [Prof. of medicine at Louisiana Medical College], 'Observations on the Cachexia Africana, or the habit and effects of dirt-eating in the Negro Race', *New Orleans med. J.*, 1845, 1, 158.

<sup>4</sup> Maxwell, op. cit., pp. 416–17; Carpenter, op. cit., p. 157; Alexander Humboldt, *Personal Narrative of Travels to the Equinoctial Regions of the New Continent During the Years 1799–1804*, 7 vols., London, 1814–1829, vol. 1.

<sup>5</sup> R. Shannon, *Practical Observations on the Operation and Effects of Certain Medicines in the Prevention and Cure of Diseases to Which Europeans are Subject in Hot Climates, and in these Kingdoms; Particularly those of the Liver, Flux, and Yellow Fever: Applicable also to the Prevention and Cure of the Scurvy*, London, 1794, p. 375.

<sup>6</sup> Ibid.

<sup>7</sup> Maxwell, op. cit., p. 417.

<sup>8</sup> John Hunter, *Observations on the Diseases of the Army in Jamaica*, London, 1808, p. 248; F. W. Cragin, 'Observations on Cachexia Africana', *Amer. J. med. Sci., Phila.*, 1835, 17, 356–64; Jean B. Dazille, *Observations sur les Maladies des Nègres*, Paris, 1776; Dazille, *Observations générales sur les Maladies des Climats chauds*, Paris, 1785; Gray and Ellis, 'On certain diseases of the African Slaves', *Med.-chir. J. Rev.*, 1816, 1, 373–77; James Thomson, *A Treatise on the Diseases of Negroes as they Occur in the Island of Jamaica; With Observations on the Country Remedies*, Jamaica, 1820.

<sup>9</sup> Maxwell, op. cit., p. 413.

Maxwell, dirt-eating was a symptom of the 'idiopathic propensity' of the African in the strange new surroundings to seek suicide. It had taken the place of the 'dreadful acts of suicide committed by newly-imported negroes of former times' in order to seek a quick return to the land of their origin.<sup>10</sup> Where found among blacks who had inhabited the islands for long periods of time, it appeared 'in those who have, generally speaking, been badly clothed, ill fed and lodged, and whose constitutions have been worn out by hard labour'.<sup>11</sup> In both situations, however, physicians considered the cause of Cachexia Africana to be primarily mental. Judging from the tendency of the blacks to desire death and thereby return to their homeland, physicians believed that the disease was the product of a state of mind rather than the result of a specific disease of the body. 'The mind' of the blacks, wrote physician Davidson in 1799, 'partaking of the suffering of the body, is affected with nostalgia, brooding over their ill treatment, separated forever from their friends and relations, and doomed to suffer without daring to complain'.<sup>12</sup> It was generally believed, however, that the practice would cease with the termination of the slave trade.<sup>13</sup>

When instances of Cachexia Africana continued to persist among the blacks of the sugar plantations of the deep South subsequent to the slave trade, physicians pointed to the influence of the 'obeah' man or fetish-man as the cause.<sup>14</sup> The influence of the obeah man in Negro society was so powerful, wrote Maxwell, that the blacks 'would sooner suffer death, or see their dearest relatives sink into the grave than disclose their secrets or give evidence against them'. From the moment a person considered himself 'obeahed', the victim 'droops and pines in melancholy, . . . fancying himself alternately affected with all the ills of Pandora's box'.<sup>15</sup> It was this sort of power by the obeah man that caused the Negro mind to become despondent and seek that 'peculiar longing for absorbent earths' which affected the digestive organs and caused the fatal sequence of organic diseases. Physicians hoped that the influence of Christianity over the Negro would minimize the influence of the obeah and in time 'emancipate [the blacks] from the mental thralldom of ignorance' that made them so susceptible to the malady.<sup>16</sup>

The persistence of dirt-eating, however, forced physicians to take yet another look at the habit and its probable causes. Some pointed to the improper nursing of Negro children. The prolonged lactation caused a deterioration in the mother's milk, making it unfit for nutrition. The appetite of the Negro child, as a consequence of his improper diet, caused a distention of the stomach known as the 'pot-belly'. Desirous of almost any substance to satiate his appetite, the child yielded to ungovernable desires and foods which caused all types of disorders. The child's stomach and digestive organs became susceptible to frequent irritation resulting in 'morbid secretions' which required 'absorbent substances [clay, etc.] to afford a temporary and fallacious relief'.<sup>17</sup> The *Southern Medical Reports* of E. D. Fenner suggested in 1849 that the

<sup>10</sup> *Ibid.*, p. 410.

<sup>11</sup> G. Davidson, 'Account of the Cachexia Africana; a disease incidental to Negro slaves lately imported into the West Indies', *Med. Repository*, N.Y., 1799, 2, 282.

<sup>12</sup> Shannon, *op. cit.*, pp. 375-76; Davidson, *op. cit.*, p. 282; Carpenter, *op. cit.*, pp. 156-57.

<sup>13</sup> Maxwell, *op. cit.*, pp. 409.

<sup>14</sup> *Ibid.*, p. 140.

<sup>15</sup> *Ibid.*, p. 411; Daniel Drake, 'Diseases of the Negro population', *New Orleans med. J.*, 1845, 1, 583.

<sup>16</sup> Maxwell, *op. cit.*, p. 412.

<sup>17</sup> *Ibid.*, pp. 413-14.

### *The Negro and the Southern Physician*

cause of dirt-eating might also be due to the diet of the plantation slave. The diet consisting of salt pork, corn bread, and molasses, and lacking both fresh meat and vegetables, produced desires for absorbent earths which was allied with certain aspects of scurvy.<sup>18</sup>

Physicians also emphasized the 'idiopathic affection' of the black race. Because the Negro race was, by nature, prone to imitate the manners of others, they believed children assumed the vices of their parents or members of the black community. Quite often, therefore, the dirt-eating habit spread 'through a vigorous healthy gang of children from the example and persuasion of an incorrigible juvenile offender'. Maxwell pointed to one plantation where some eighteen Negro children, all under ten years of age, became addicted to clay, charcoal, marl, wattle-dust, and ashes.

One of the boys, whose parents were respectable, complained of pain of stomach. I immediately perceived that he was a dirt-eater and challenged him with it; he was so frightened by my discovery that he freely acknowledged his error, and informed me that he was induced to eat dirt by another, who had also prevailed upon many of the small gang. They were brought up and confronted with this boy; some of them attempted to deny it, but after cross-questioning they admitted that they had been persuaded by some of their associates to eat dried clay, and after they became accustomed to it, their 'stomachs rose upon them,' and each sought after his own earth to satisfy his individual craving.<sup>19</sup>

The methods that physicians used to deter the practice of dirt-eating varied from mild purgatives to threats and extreme force. In some instances, the slaves were prevented from dirt-eating by the use of 'tin masks for the face, iron gags, chaining on plank floors', and other equally harsh treatment. These methods, however, did not destroy the desire, but only increased the necessity to satiate the stomach.<sup>20</sup> Doctor Shannon wrote that because dirt-eating was so destructive of the plantation blacks, in some instances planters cut off the heads of those who had died of the disease in order to deter their companions of the practice. 'The negroes have the utmost horror and dread of their bodies being treated in this manner', he wrote, and 'the efficacy of this expedient, which can only operate upon the mind, is a strong proof, that the disease, in its origin, is more a mental, than a corporeal affection.'<sup>21</sup>

In the first stages of dirt-eating, physicians administered doses of calomel and purges of magnesia and rhubarb in order to induce the rejection of the substances by the stomach. This treatment was followed by small doses of carbonate of soda to correct acidity, several drops of hydrocyanic acid in water three times a day, an occasional glass of port wine, and a generous supply of soups and arrowroot tea. Maxwell also believed that the stomach should be blistered as a counter irritant, and the patient given small doses of calomel and antimonial powder.<sup>22</sup>

Generally, physicians believed that medication for Cachexia Africana had to take particular cognisance of the Negro mind. Physician Samuel Cartwright reported in the *New Orleans Medical and Surgical Journal* that the best method of combating Cachexia Africana was in first realizing that dirt-eating was a symptom rather than a cause. Without attempting to understand the nature of the mental state of the blacks

<sup>18</sup> 'Dirt-Eating Among Negroes', *Southern med. Rep.*, 1849, 1, 194.

<sup>19</sup> Maxwell, *op. cit.*, pp. 414-15.

<sup>20</sup> *Southern med. Rep.*, 1849, 1, 194-95.

<sup>21</sup> Shannon, *op. cit.*, p. 377.

<sup>22</sup> Maxwell, *op. cit.*, pp. 418-19.

which led to the predilection for dirt, the planter would merely confine himself to a fruitless effort of applying medication to the effects of the disease. Without inquiring into its causes, he wrote, the state of the mind would remain unchecked and the body would continue in its poisoned state.<sup>23</sup> Similarly, physician Carpenter thought that the cause was primarily a state of the mind. Perhaps the best preventive medicine that could be used against the practice was to overcome the mental impression by a 'countercharm' or 'other means which operate powerfully upon minds thus deeply tinctured with the grossest superstitions'.<sup>24</sup>

There were some instances when the Negro belief in the obeah man resulted in a very peculiar approach to medication by the physician. A plantation in Jefferson County, Louisiana, for example, had become afflicted with typhoid dysentery. The physician who treated the sickness noticed that European methods of treatment had been used on the blacks without success. 'The poor negroes', he said, 'treated like white men, continued to get sick and die.'<sup>25</sup> In order to treat them, he removed them from the plantation grounds into the woods where he tried to impress upon them 'an imitation of savage life,' while he treated them with elixir vitriol, sulphate of soda, slippery-elm water and prickly-pear tea. On a sugar plantation on the coast there was an outbreak of cholera. After some forty blacks had died from the sickness, a physician was given full power to apply his medical skills. He wrote of his efforts,

I took about three hundred negroes, sick and well, a mile or two back into a dry, open place in the swamp, where there was no house to be seen, or any preparation begun for building any. . . . They encamped in the open air and built fires, although the weather was warm, and some booths were directed to be made over the sick to protect them from the sun and the rain. The ashy-coloured, dry skin conjurers, or prophets, who had alarmed their fellow-servants with the prophecies that the cholera was to kill them all, and who had gained, by various tricks and artifices, much influence over their superstitious minds, were by my orders, at twilight, called up, stripped, and greased with fat bacon, in presence of the whole camp—a camp without tents or covering of any kind, except some bushes and boards over the sick from the carts that conveyed them to the camp. After being greased, the grease was well slapped in with broad leather straps, marking time with the tam tam, a wild African dance that was going on in the centre of the camp among all those, who had the physical strength to participate in it. This procedure drove the cholera out of the heads of all who had been conjured into the belief that they were to die with the disease; because it broke the charm of the conjurers by converting them, under the greasing and slapping process, into subjects for ridicule and laughter, instead of fear and veneration. The next morning . . . all who had been able to join in the dance the over night, were ordered into the cane-field to work. There were no more cases of cholera, or deaths from that disease after the removal, except one man who had strayed away from the camp, and except also among some half dozen who had been left to take care of the houses, about half of them died.<sup>26</sup>

Another scourge considered for a time peculiar to the Negro race was called 'negro poison', 'negro consumption', or Struma Africana. Considered both hereditary and acquired, it was also thought to be geographical in origin. The further north he was, the more susceptible the Negro became to the disease, while in the West Indies, on the other hand, the disease was hardly known.<sup>27</sup> 'The action of cold,' wrote one

<sup>23</sup> Samuel Cartwright, 'Report on the diseases and physical peculiarities of the Negro Race', *New Orleans med. surg. J.*, 1851, 7, 705.

<sup>24</sup> Carpenter, *op. cit.*, pp. 158–59.

<sup>25</sup> Cartwright, 'Remarks on dysentery among Negroes', *New Orleans med. surg. J.*, 1854, 11, 147–48.

<sup>26</sup> *Ibid.*, 148–49.

<sup>27</sup> Lunsford P. Yandell, 'Remarks on Struma Africana, or the disease usually called Negro poison,

### *The Negro and the Southern Physician*

physician, was 'the exciting cause of the disease', while 'its efficiency [was] greatly increased when favoured by hereditary predisposition, and deficient clothing.'<sup>28</sup> The natural condition of the Negro, which 'precludes the exercise of . . . ingenuity', made him an easy victim of the disease.<sup>29</sup> The symptoms were ominous and easily observed. The tongue and gums were often covered with a white mucus, and the respiration was laboured—the lungs seemed confined, 'as if wanting room to dilate'.<sup>30</sup> There was also an inflammation of the mesenteric and lymphatic glands, a chronic cough, and a wasting away of flesh and strength. Children found in this condition sometimes resorted to dirt-eating, a situation which frequently confused the prognosis with Cachexia Africana.<sup>31</sup> Physician C. H. Jordan ascribed the seemingly hereditary nature of the disease to the influence of 'ill constructed and badly ventilated houses' which were passed on to succeeding generations.<sup>32</sup>

What effect the confined and impure air of these cabbins [*sic*] may have in the production of this deleterious substance I shall not now stop to inquire, but doubtless all conspire to produce the deadly poison. Predisposition is not I think always inherited, but is acquired by a long residence in these cabbins. A predisposition to any particular disease, by whatever cause induced, is the same in regard to its future development. The person predisposed is not actually sick. He is only fitted for future suffering whenever the requisite excitant is applied.<sup>33</sup>

While in certain instances, planters burned the houses of those blacks who contracted Struma Africana in the hope of destroying whatever foul odours had perhaps caused the disease, the theory that justified the practice was by no means widely accepted. Most physicians and planters resorted to preventive medicine on the blacks themselves, plying them with emetics, purgatives, sudorifics, anodynes, blood-letting and other treatments.<sup>34</sup> In some parts of the South, poke-weed (*Phytolacca decandra*) was used, but emetics of ipecacuanha and sulphate of zinc were usually administered because they created nausea, and were thought to help rid the system of the tubercles that formed in the consumptive Negro. Calomel in combination with rhubarb and aloes was used as a cathartic to purge the system, and antimonials, or nauseants, were given to attack external tumours and lessen the inflammation.<sup>35</sup> Physician John R. Hicks of North Carolina, writing in the *Virginia Stethoscope* in 1854, believed that 'negro poison' was not unlike the tuberculous condition of the white population. Though African consumption attacked the mesenteric glands and then diffused generally, and the white man's consumption was most conspicuous on the lungs, Hicks felt the symptoms of both were similar enough to designate with a common name.<sup>36</sup>

In 1826, the *Philadelphia Journal of Medical and Physical Sciences* published one or Negro consumption', *Transylvania J. Med., Lexington, Ky.*, 1831, 4, 93–94; A. H. Buchanan, 'Remarks on Negro consumption', *Western J. Med. Surg.*, 1840, 2, 405–18.

<sup>28</sup> Yandell, *op. cit.*, p. 95; Drake, *op. cit.*, p. 583.

<sup>29</sup> Yandell, *op. cit.*, p. 93.

<sup>30</sup> *Ibid.*, p. 95.

<sup>31</sup> *Ibid.*, p. 99; C. H. Jordan, 'Thoughts on Cachexia Africana or Negro consumption', *Transylvania J. Med., Lexington, Ky.*, 1832, 5, 18.

<sup>32</sup> *Ibid.*, p. 20.

<sup>33</sup> *Ibid.*, pp. 21–22.

<sup>34</sup> *Ibid.*, p. 29.

<sup>35</sup> Yandell, *op. cit.*, pp. 100–101.

<sup>36</sup> J. R. Hicks, 'African consumption', *Stethoscope, Richmond, Va.*, 1854, 4, 628.

of the more important treatises on Negro diseases in the ante-bellum period. Writing for the purpose of distinguishing the physical peculiarities of the slave and the subsequent differences in their treatment, physician P. Tidyman drew a large proportion of his ideas from earlier anthropological writings showing that the black races differed fundamentally from the Caucasian in prognathous, bone system, skull dimension, and also internal bodily organs. Their nervous system, he added, exhibited 'less sensibility and irritability than is generally witnessed among whites', a situation which was imperative in understanding subsequent treatment of the blacks. With the understanding that the black races were substantially different than the Caucasian in mental constitution, Tidyman believed that any investigation of diseases among the blacks would show the necessity for treating them quite differently from the Caucasian.<sup>37</sup>

In the lower South, where malarial diseases were prominent in the summer and autumn, the blacks suffered far less than whites and were often immune from fever attacks. Swamp lands which gave off the 'most noxious exhalations' took a heavy toll of the white population. But the malaria fever 'has no terror for the negro, who when attacked requires but little medicine to rid him of this insidious enemy.' Those few blacks who fell victim to the fever were treated in a simple manner. Hot bricks were applied to the feet, hot brandy or water given in large quantities, as well as hot snake-root tea containing forty or fifty drops of spirit of ammonia. Care was taken to induce perspiration, and the patient was given continual quantities of antimonial wine, and 'an equal quantity of the nitrous ether in each cup'.<sup>38</sup> Generally, in cases of summer and autumn fevers, Tidyman felt that health could be restored with the aid of 'emetics, sudorifics and cathartics, promptly and judiciously prescribed,' and the use of 'bark and Sampson's snake-root in decoction'.<sup>39</sup> The diet of the slave during his convalescence, he advised, should be mild, consisting of rice gruel, sago, chicken water, Indian corn gruel, and arrowroot tea.<sup>40</sup>

Typhus fever, on the other hand, usually occurred in the winter and early spring and was frequently fatal to the blacks. The cause, Tidyman felt, was due to the 'effluvia of human bodies crowded into badly ventilated apartments' where the atmosphere became 'charged with mephitic exhalations from animal and vegetable substances'. For this reason, Tidyman advised planters to keep well-ventilated houses for their slaves, insist upon cleanliness, provide wholesome food, plentiful clothing, and be watchful that the blacks should not be exposed to the night air. He also advised the planter to take care that the slave should 'not be debilitated by excessive labour'.<sup>41</sup> In treating typhus in Negroes, Tidyman suggested bleeding the patient of fifteen to twenty ounces of blood, the use of castor-oil to keep the bowels open, promotion of perspiration through the use of snake-root tea, acidulated drinks, and 'the spirit of nitrous ether in a wine-glass of water every three hours'.<sup>42</sup>

Yellow fever, the scourge of the cities, was confined primarily to the white races.

<sup>37</sup> P. Tidyman, 'Sketch of the most remarkable diseases of the Negroes of the Southern States, with an account of the method of treating them, accompanied by physiological observations', *Phila. J. med. phys. Sci.*, 1826, 12, 314-15.

<sup>38</sup> *Ibid.*, pp. 316-17.

<sup>39</sup> *Ibid.*, p. 318.

<sup>41</sup> *Ibid.*

<sup>40</sup> *Ibid.*, p. 319.

<sup>42</sup> *Ibid.*, pp. 321-22.

### *The Negro and the Southern Physician*

From New York to New Orleans, wrote Tidyman, the disease 'lurks in every stagnant pool and foul drain', amidst 'the narrow and filthy lanes of large cities', and nourished on the 'putrid vegetable and animal matter . . . frequently found' there.<sup>43</sup> While the white population fell victim to the ravenous disease, 'it is but seldom that we hear of negroes being attacked, whether they are strangers to the city or permanent inhabitants'. In those rare instances where the black did succumb to the disease, the fever yielded 'more readily to medicine' and the symptoms never were severe enough to require bleeding.<sup>44</sup>

Tidyman advised every planter, in order to protect his slave plantation, to keep a certain stock of medical supplies. For most needs of the blacks, it was important to have Virginia and Seneca snake-roots as tonics, Peruvian bark to incite perspiration, and antimonial wine. He also suggested tar vapour from Mudge's inhaler, or when that could not be obtained, the vapour from a teapot spout, also myrrh, and honey mixed with tar water. He cautioned against excessive bleeding. Although not 'inimical to the practice of bleeding', he felt that 'carried to excess it sends the patient prematurely to the grave'. He therefore advised overseers and planters, who were ignorant of the medical knowledge of plebotomy, to exercise care in prescribing bleeding. It appeared to him that in the majority of Negro diseases, 'we should depend greatly on sudorifics and cathartics, as the chief means of removing cuticular and visceral obstructions.' For the urban Negro, on the other hand, the case was different. Tidyman believed that the free blacks in the cities suffered more from diseases than the plantation Negro, and therefore, would require bleeding much like the whites of both plantation and city.<sup>45</sup>

One of the more frequent complaints of the plantation Negro was dysentery, which Tidyman blamed upon the slave's idleness and his 'pernicious use of ardent spirits'.<sup>46</sup> To cure this, he suggested an immediate emetic, bleeding, and the use of calomel and rhubarb to clear the intestinal canal. A sassafras drink was common in many of the Georgia and South Carolina plantations for the sufferer of dysentery. The slave was also fed rice gruel, rice water, and arrowroot tea. During convalescence, Tidyman suggested that a combination of cinnamon, sugar, wine and shavings of hartshorn made a nutritious drink.<sup>47</sup>

Worms were another cause of high mortality on the plantation. This Tidyman felt, was due principally to neglect of cleanliness. He advised planters to make certain that food was thoroughly cooked. Caution should be taken during the summer months when the slaves had occasion to eat large quantities of fruits. To cure the distress from worms, Tidyman prescribed the use of calomel and rhubarb, castor oil, turpentine, spigelia, 'warm fomentations of a decoction of wormwood and chamomile' applied to the abdomen, emetics of antimonial wine and ipecacuanha, and enemas of salt and water.<sup>48</sup>

Many planters, of course, seldom consulted the physician on the diseases of the blacks. Indeed, except for the large plantations, and in those instances where an epidemic might strike a particular region, the planter relied upon his own judgment

<sup>43</sup> *Ibid.*, pp. 325–26.

<sup>44</sup> *Ibid.*, p. 326.

<sup>45</sup> *Ibid.*, pp. 330–31.

<sup>46</sup> *Ibid.*, p. 317.

<sup>47</sup> *Ibid.*

<sup>48</sup> *Ibid.*, p. 332.



and prognosis of sickness. For this reason, planters generally kept a book of medicine, and for all practical purposes, the planter, his wife, or the overseer, became the plantation physician. There were any number of medical guides for the country families in the eighteenth and nineteenth century. They sketched the symptoms which accompanied various diseases, and then offered suggestive home-medicine remedies. They also offered practical suggestions on personal hygiene, living quarters, clothing, and food. The author of the book, *Professional Planter, Practical Rules for the Management and Medical Treatment of Negro Slaves in the Sugar Colonies*, published in 1811, believed that the variation in temperament between the black and white races was sufficient enough 'to induce a belief of a different organization, which the knife of the anatomist, however, has never been able to detect'. For that reason, medication for the black slave could seldom be administered in the same dosage as that given to the white. 'The most nauseous drugs,' he wrote, 'seldom ruffle the stomachs of negroes.' They resisted 'the most drastic purges, without suffering much inconvenience.' Believing that the 'sensibilities' of the black mind were far more primitive than that of the white, the author felt that the blacks were able to endure 'with few expressions of pain, the accidents of nature, which agonize white people'.<sup>49</sup>

While ante-bellum Southern physicians generally accepted the belief in different constitutions between the black and white races, and the corresponding difference in treatment, there was an obvious confusion as to just what the differences implied. While some physicians believed that the physiological inferiority of the slave's nervous system justified an increased dosage of medicine, others believed that the blacks, owing to their alleged inferior position in the hierarchy of man, required less medication. While the Negro 'labouring under high febrile excitement' would derive the same benefit from the use of blood-letting as a white man, one physician argued that he required it to a less extent. The same was also true of sedative medicines.<sup>50</sup> Due to the Negro's immunity from the extreme forms of periodic fever, he required less of the 'curative influence' of quinine. In fact, there was greater chance, wrote the physician, of causing serious reaction in the slave through application of the medicine.<sup>51</sup>

Physician J. Hume Simons' *Planter's Guide, and Family Book of Medicine: For the Instruction and Use of Planters, Families, Country People, and All Others Who May be Out of the Reach of Physicians, or Unable to Employ Them* (1848) offered very useful advice to the owner of slaves. Dyspepsia, cholera-morbus, diarrhoea and dysentery were the most frequent causes of illness among slaves. These illnesses, he believed were due mainly to indigestion resulting from improperly cooked foods. The abundant use of bacon, he suggested, would provide 'a great preventive of indigestion, for the grease acting mechanically on the bowels, causes the food, even if half cooked, to pass through the bowels more easily and quickly.' Bacon acted for the black population in the South in the same manner in which olive oil acted among the working classes of Europe. But it was Simons' belief that the slave, no matter how trustworthy, required a close watch on all his habits. Continual observance

<sup>49</sup> [Anonymous], *Professional Planter, Practical Rules for the Management and Medical Treatment of Negro Slaves in the Sugar Colonies*, London, 1811, pp. 200–201.

<sup>50</sup> A. P. Merrill, 'An essay on the distinctive peculiarities of the Negro Race', *Memphis med. Rec.*, 1855, 4, 134.

<sup>51</sup> *Ibid.*, p. 138.

### *The Negro and the Southern Physician*

would insure not only a healthy worker, but would also increase the possibilities of his having healthy children. To allow slaves, however, 'to indulge in their natural propensities', would bring upon the race quick degeneration and numerical decrease. Since 'we must not expect to find among them the same providence or civilization as is observed among the poorest classes in Europe,' they had to be treated almost as children. Only strict disciplining of the plantation Negro would insure a healthy condition, and materially improve the investment of the planter.<sup>52</sup>

Physician Samuel A. Cartwright was perhaps one of the most controversial writers on Negro diseases and their treatment in the ante-bellum South. His articles in the *Charleston Medical Journal and Review* and the *New Orleans Medical and Surgical Journal* were the cause of spirited discussion in medical journals. Chairman of a committee appointed by the Medical Association of Louisiana to report on the subject of the physical peculiarities of the Negro race and its diseases, Cartwright published conclusions which became a plea for Southern medical schools to recognize essential differences between the black and white races, and to inaugurate studies concerning the black man's peculiar treatment. It seemed strange to Cartwright that American medical schools did not take into consideration the differences between the two races. 'There is not one [school] that has made any special provision for instruction in regard to three millions of people in the Southern States,' he wrote. He believed the root of the difficulty lay in the false philosophy of statesmen and divines who asserted 'that there are no radical or physical differences in mankind, other than those produced by external circumstances, and that the treatment applicable to the white man would be just as good, under similar external circumstances, for the negro.'<sup>53</sup>

If the Northern schools will not correct it, the Southern schools instead of being as they now are, Northern institutions located in the South, using the same text books and echoing the same doctrines, should take upon themselves its correction, and having their own text books, containing not only the anatomy, physiology and therapeutics applicable to the white race of people, but the anatomy, physiology and therapeutics of the black race also.<sup>54</sup>

Reiterating many of the conclusions of the eighteenth- and nineteenth-century naturalists, Cartwright saw a physiognomy so radically different in the black man as to 'induce the majority of Naturalists to refer him to a differing species having a different origin'.<sup>55</sup> Cartwright pointed to the work of men like Cuvier, Ebel, Soemmering, Malpighi, Pechlin, Menklin, Albinus, Stubner, Virey and others whose dissections of the two races seemed to show substantial anatomical differences.

His head is hung on the atlas differently from the white man; the face is thrown more upwards and the neck is shorter and less oblique; the spine more inwards, and the pelvis more obliquely outwards; the thigh-bones larger and flattened from before backwards; the bones more bent; the legs curved outwards or bowed; the feet flat; the gastrocnemii muscles smaller; the heel

<sup>52</sup> J. Hume Simons, *The Planter's Guide, and Family Book of Medicine; for the Instruction and Use of Planters, Families, Country People, and All Others who may be out of the Reach of Physicians, or Unable to Employ Them*, Charleston, 1848, 209-10; Juriah Harriss [Prof. of physiology at the Savannah Medical College], 'What constitutes unsoundness in the Negro?', *Savannah J. Med.*, 1858, 1, 145-52; *ibid.*, 217-26. Harriss discusses the legal aspects of selling Negroes and their health status in the sale.

<sup>53</sup> Cartwright, *op. cit.*, p. 703.

<sup>54</sup> Cartwright, 'The diseases and physical peculiarities of the Negro Race', *Charleston med. J. Rev.*, 1851, 6, 646.

<sup>55</sup> *Ibid.*, p. 645.

so long, as to make the ankle appear as if planted in the middle of the foot; the gait, hopper-hipped, or what the French call l'allure dehanchee, not unlike that of a person carrying a burden. The projecting mouth, the retreating forehead, the broad, flat nose, thick lips and wooly hair, are peculiarities that strike every beholder.<sup>66</sup>

The size of the Negro brain, according to Cartwright, was about one-ninth less than the white brain, his facial angle was smaller, and the nerves supplying the abdominal and pelvic area were larger than in the white race. Southern physicians elaborated upon this latter evidence much more fully in the late nineteenth century, when they attempted to ascertain whether the physiological and psychological peculiarities of the Negro led to his greater sexual propensity and general immorality. As the diffusion of nerves gave special importance to the senses, it was natural, argued Cartwright, that the Negro 'partakes of sensuality, at the expense of intellectuality'. The deficiency of red blood, 'conjoined with a deficiency of cerebral matter in the cranium' and the excessive distribution of nervous matter to the senses, debased the Negro mind and 'rendered the people of Africa unable to take care of themselves'. The combination of these physiological deficiencies, wrote Cartwright, caused the black man's indolence and apathy, and resulted in his centuries of idleness and barbarism.<sup>67</sup>

Cartwright's justification of slavery was a product of his belief in the Negro's physiological peculiarities and degenerate organization. Left to himself, the Negro indulged in idleness and invariably fell victim to 'unalterable physiological laws'. Only in slavery, where the Negro was put to work, was he saved from primitive and barbaric reversion. 'It is the red, vital blood, sent to the brain, that liberates [his] mind when under the white man's control,' and it was 'the want of a sufficiency of red, vital blood, that chains [his] mind to ignorance and barbarism, when in freedom.' The institution of slavery, a decided improvement upon the government and life of the Negroes, 'expands the mind and improves the morals, by arousing them from that natural indolence so fatal to mental and moral progress.' Were it not for such an institution they 'would relapse into barbarism . . . as they have done in Hayti.'<sup>68</sup> 'Left to pursue their natural inclinations they devote a greater portion of their time to sleep.'<sup>69</sup>

According to Cartwright, the planter had to deal with his slaves in much the same manner as he would with children. The 'defective atmospherization of the blood in the lungs' had imparted to the blacks 'a nature not unlike that of a new-born infant of the white race'. As in children, the senses predominated over the brain, the 'white fluids predominat[ed] over the red,' the lungs consumed less oxygen, the liver

<sup>66</sup> Cartwright, *New Orleans med. surg. J.*, 1851, 7, p. 692. Yandell of Nashville pointed to differences in skin thickness, skull shape, sense organs, nerves, arteries, cellular tissue and puberty in his study of Negro diseases. See Yandell, *op. cit.*, pp. 90-91.

<sup>67</sup> Cartwright, *New Orleans med. surg. J.*, 1851, 7, 693; W. T. English, 'The Negro problem from a physician's point of view', *Atlanta J.-Rec. Med.*, 1903, 5, 459-72; Seale Harris, 'The future of the Negro from the standpoint of the Southern Physician', *Alabama med. J.*, 1902, 14, 57-68; 'Genital peculiarities of the Negro', *Atlanta J.-Rec. Med.*, 1903, 4, 842-44; Thomas W. Murrell, 'Syphilis and the American Negro—a medico-sociological study', *Med. Soc. Va., Trans.*, 1909, 168-74; F. E. Daniel, 'The cause and prevention of rape—sadism in the Negro', *Trans. State Med. Ass., Texas*, 1904, 279-91; Hunter McGuire and G. Frank Lydston, 'Sex crimes among the Southern Negroes; scientifically considered', *Va. med. Mthly*, 1893, 20, 105-25.

<sup>68</sup> Cartwright, *New Orleans med. surg. J.*, 1851, 7, 694.

<sup>69</sup> Yandell, *op. cit.*, p. 90.

separated more carbon than in the adult white, and was 'out of proportion to the sanguineous and respiratory systems.' Like children also, the blacks slept with their faces covered. The air which they breathed in sleep was 'warmed to the same temperature as that of their bodies, by confinement and reinspiration.' This practice, which the white race left in infancy, had the effect of loading the Negro constitution with carbonic acid and 'azueous vapour' to the degree where it created a 'defective haematosiis and hebetude of intellect.'<sup>60</sup> Like children too, they were more susceptible to convulsive sickness, cramps, spasms, colics, worms, sores, warts, and diseases of the skin.<sup>61</sup> Furthermore, the defective haematosiis in the blacks, as in children, made them lack in courage and mental energy, the consequence of which created a need for discipline and an ever-present authority. The physical state of the black produced 'an instinctive feeling of dependence on others, to direct them and to take care of them'.<sup>62</sup>

Cartwright identified two diseases among blacks which had not yet been named, although he thought there was an abundance of diagnostic symptoms evident to prove the reality of the maladies. The first he called Drapetomania, which, according to him, was manifested in the slave's 'absconding from service'. The phenomenon of runaway slaves was the result of a disease of the mind, which, when properly understood, could be almost 'entirely prevented, although the slaves be located on the borders of a free State, within a stone's throw of the abolitionists.' He thought the source for the cure lay in the Pentateuch where the 'true art of governing negroes' was stated in the Creator's regard for the Negro as 'the submissive knee-bender'. By attempting to make the Negro any more than that, by acts of cruelty, or by 'neglecting to protect him from the wanton abuses of his fellow-servants,' the Negro would try to escape. 'If [the planter] keeps him in the position that we learn from the Scriptures he was intended to occupy', wrote Cartwright, 'the negro is spell-bound, and cannot run away.'<sup>63</sup>

Another disease, popularized by the plantation overseer as Negro 'rascality', Cartwright named Dysaesthesia Aethiopsis or Hebetude of the Mind. Cartwright thought that the disease was much more common among the free blacks in the South than among the slaves, and in those instances where it was found among the slaves, it was evident among those who attempted to 'live like free negroes in regard to diet, drink [and] exercise'. To write a history of the disease was to write a history of the 'ruins and dilapitation of Hayti and every spot of earth [Negroes] have ever had uncontrolled possession over any length of time.' Evidence of mischief among the slaves was enough to warrant a suspicion of Dysaesthesia Aethiopsis. Their mischief, though appearing at times to be intentional, was 'owing to the stupidity of mind and insensibility of the nerves induced by the disease.' Northern physicians, he warned, had mistakenly attributed such antics to the 'debasement of slavery on the mind', but Cartwright argued that the disease was a common aspect of their ancestors in Africa. The disease, in effect, was 'the natural offspring of negro liberty' and was a warning to those who believed in the uplifting of the race.<sup>64</sup>

<sup>60</sup> Cartwright, *New Orleans med. surg. J.*, 1851, 7, 694–95.

<sup>61</sup> *Ibid.*, p. 702.

<sup>62</sup> *Ibid.*, p. 696.

<sup>63</sup> *Ibid.*, pp. 707–8.

<sup>64</sup> *Ibid.*, pp. 709–10.

When left to himself, the negro indulges in his natural disposition to idleness and sloth, and does not take exercise enough to expand his lungs and to vitalize his blood, but dozes out a miserable existence in the midst of filth and uncleanness, being too indolent and having too little energy of mind to provide for himself proper food and comfortable lodging and clothing. The consequence is, that the blood becomes so highly carbonized and deprived of oxygen, that it not only becomes unfit to stimulate the brain to energy, but unfit to stimulate the nerves of sensation distributed to the body.<sup>66</sup>

The Negro who showed evidence of rascality had dry skin, 'thick and harsh to the touch,' and an inactive liver. The liver, skin and kidneys needed activity in order to decarbonize the blood. To achieve this the planter or physician was advised to wash the patient with soap and water, anoint him with oil, and 'slap the oil in with a broad leather strap,' and then put the patient to strenuous work in the open air. This treatment, Cartwright believed, would 'vitalize and decarbonize [his] blood by the process of full and free respiration,' and awaken the individual to the authority of the white man. But without this precaution, the black man's brain would fall victim to insufficient 'atmospherization', and his mind would be forever chained to ignorance. This method of treatment for Dysaesthesia Aethiopsis, wrote Cartwright, reflected 'sound physiological principles'.<sup>66</sup>

The abolitionist belief that the 'negro is only a lampblack white man', was entirely contradictory, according to Cartwright, to the research of the great naturalists. Unless attention was given to reality, similar medical treatment for the two races would prove injurious to both parties. Medicines that cured the white man, he advised, 'would often injure or kill a negro' because of the organic differences evident in the latter.<sup>67</sup> He felt that calomel was used too indiscriminately on the blacks, and that care had to be taken to use it sparingly and only in the most difficult cases. He also warned that the blacks did not endure blood-letting like the whites, and that it too be used sparingly.<sup>68</sup> To give the Negro the common white treatment—guarding him from the open air, keeping him out of the sun, and restricting him to a light diet of tea and soups—would cause the disease merely to run its dreadful course. It was Cartwright's contention that dysentery, colic, and other illnesses in the Negro originated, in many instances, out of a state of the mind. Because of this, ordinary medical treatments which would have led to the cure of the white man were often times ineffective in the recovery of the Negro. Medicines which worked to cure the malady in the white failed to touch the 'cause' of the malady in the Negro. The superstition that accompanied the state of disease was the real cause for the high mortality in the blacks.<sup>69</sup>

The reaction to Cartwright's report was almost immediate, and articles appeared in Southern medical journals expressing criticism as well as approval of his ideas. One supporter, surgeon James T. Smith of Louisiana, wished to add one more difference between the black and white races which, though 'unnoticed by any physiologist', pointed to the fact that the 'pure African sheds his hair once a year, like one of the

<sup>66</sup> *Ibid.*, p. 711.

<sup>67</sup> *Ibid.*, pp. 712–13.

<sup>68</sup> Cartwright, 'The diseases and physical peculiarities of the Negro Race', *New Orleans med. surg. J.*, 1851, 8, 187, 189.

<sup>69</sup> Cartwright, *New Orleans med. surg. J.*, 1851, 7, 700–701.

<sup>70</sup> Cartwright, *New Orleans med. surg. J.*, 1854, 11, 150, 155.

### *The Negro and the Southern Physician*

lower animals'.<sup>70</sup> Most of the articles, however, took exception to Cartwright's evidence. One physician, writing anonymously in the *Charleston Medical Journal and Review*, felt that the distinctions that Cartwright found in blood, muscle, tendon, lymph, brain and nerves were 'the fruit of the imaginative brain of some . . . aspirant in the race for fame, rather than the actual demonstration of the scalpel.'<sup>71</sup> While the author believed that Southern schools might well establish special programmes for the study of Negro diseases, he questioned the propriety of using such programmes for serving up 'dainty dishes' of theory, 'seasoned with the biblical obligation of the darkie to submit to slavery'. Medicine which was mixed with politics and biblical beliefs was incompatible with both medical experience and logic.<sup>72</sup> The author took exception to Cartwright in almost every instance, accusing him of subserviency of reason to the support of theory.

Surely the author does not mean that it was an act of humanity bestowed on the race, when we stole them from their native land, and brought them amongst us to be our 'hewers of wood and drawers of water.' Nor can he mean that we were impelled to the commission of the act by feelings of humanity, or love for our fellow beings. Will he not be candid enough to admit what the whole world knows to be true:—that we brought them here because we knew that they could contribute to the promotion of our pecuniary interests. Naught but self-interest ever promoted their importation to our shores, and no contortion of facts can ever make it appear otherwise. Science blushes—aye, she is indignant at the effort to make her a post against which to lean so frail an argument.<sup>73</sup>

Interestingly enough, the editor of the *Charleston Medical Journal and Review*, although he accepted the author's criticism of Cartwright as a 'complete refutation of Dr. Cartwright's most extraordinary and hypothetical assertions', still believed that the critic had overstated his case. Taking exception to the reviewer's attack on slavery, the editor wrote that slavery did have a moral, social, and intellectual purpose and could not be denounced as merely an economic means of exploiting a race.<sup>74</sup>

The desire of Southern physicians to investigate the Negro as a medical specimen continued. It was in the interest of the South, wrote Dr. S. L. Grier of Mississippi, to understand the physical constitution of the slave, and learn how best to provide for his medical and hygienic treatment. The investment of the South in slaves made such an investigation much more than a mere subject of scientific endeavour. It was a consideration of commercial magnitude that could be reckoned in millions of dollars in savings. Grier, like Cartwright, believed that the Northern medical schools emphasized diseases which had little relevance to the Southern physician.<sup>75</sup>

In response to the increased interest in Negro diseases, physician A. P. Merrill undertook a similar investigation to that of Cartwright, which was published in the *Memphis Medical Recorder* in 1855 and 1856. Though more moderate than Cartwright, Merrill accepted the belief that the Negro constitution had distinctive

<sup>70</sup> James T. Smith, 'Review of Dr. Cartwright's report on the diseases and physical peculiarities of the Negro Race', *New Orleans med. surg. J.*, 1851, 8, 230; H. V. Wooten, 'Dysentery among Negroes', *New Orleans med. surg. J.*, 1855, 11, 448–56.

<sup>71</sup> 'Review of Cartwright on the diseases of the Negro Race', *Charleston med. J. Rev.*, 1851, 6, 830.

<sup>72</sup> *Ibid.*, p. 836.

<sup>73</sup> *Ibid.*, p. 834.

<sup>74</sup> 'Editorial and miscellanies', *Charleston med. J. Rev.*, 1851, 6, 894.

<sup>75</sup> S. L. Grier, 'The Negro and his diseases', *New Orleans med. surg. J.*, 1853, 9, 762.

peculiarities which influenced health and which required the application of medicines which differed both in kind and in degree from those applicable to the white man. The preponderance of animal organs over intellectual and moral organs in the Negro, the evidence of his 'mental deterioration', the interval of some forty centuries of development between him and the white man, and the fact that 'many thousand years must necessarily elapse, before he can be brought up to the present position of the white man', was enough to warrant the assertion of a radically different constitution.<sup>76</sup>

Whether developed, as some believed, from a separate species (polygenism), or through adaptation to environment from a single set of parents (monogenism), Merrill believed that the Negro was physiologically constituted for hot climate. As such, his system generated less heat than the white race of the northern climate. The Negro also consumed less oxygen due to 'less occasion for physiological combustion'.<sup>77</sup> His physical adaptation to hot climates caused most of his diseases in America. Because his body was accustomed to rapid elimination of carbon through the liver and through perspiration, he became susceptible to any number of diseases because of the colder temperatures. This explained why Negroes 'are often found sleeping with their cabins closed, and their heads covered.'<sup>78</sup> The Negro's skin, colour, and 'woolly covering' of hair were constitutional peculiarities that qualified him for the tropical sun, but which were little protection in the United States.<sup>79</sup>

Like Cartwright too, Merrill thought the Negro was 'easily depressed by his confidence in witchcraft, and much of his unhappiness, as well as many of his diseases, proceed[ed] from purely imaginary causes.'<sup>80</sup> Merrill, however, did not subscribe fully to the idea that the Negro race required a correspondingly peculiar and distinct treatment.<sup>81</sup> 'Differences between the white and coloured races in such climates consists,' he wrote, 'not so much in the existence of any distinct class of negro diseases, as in the modifications of the same diseases, as they affect the different races.'<sup>82</sup> The differences in the diseases were of degree rather than of kind. For example, both blacks and whites were susceptible to periodic fever, though the whites seemed to react more violently to it. Similarly, the blacks were less prone to the effects of malarial diseases than the white, but there were still blacks who fell victim to its ravages.<sup>83</sup> Generally speaking, physicians believed the white race was more susceptible to the diseases and fevers of summer and autumn, while the blacks were more prone to diseases which prevailed in the winter and spring.<sup>84</sup>

Southern physicians were almost invariably united in their belief that the free black population, as well as the mulatto, suffered from a much higher death and disease rate. The censuses taken from 1840 to 1860 pointed to the greater physical

<sup>76</sup> A. P. Merrill, 'An essay on some of the distinctive peculiarities of the Negro Race', *Memphis med. Rec.*, 1855, 4, 4.

<sup>77</sup> *Ibid.*, pp. 5–6.

<sup>78</sup> *Ibid.*, pp. 8–9.

<sup>79</sup> *Ibid.*, p. 11.

<sup>80</sup> *Ibid.*, p. 16.

<sup>81</sup> Merrill, *op. cit.*, p. 65.

<sup>82</sup> *Ibid.*, p. 66.

<sup>83</sup> Merrill, *op. cit.*, pp. 131–32.

<sup>84</sup> *Ibid.*, 1856, 4, 322; Yandell, *op. cit.*, p. 92.

### *The Negro and the Southern Physician*

and moral deterioration of these two groups.<sup>85</sup> The statistical history of the free black in ante-bellum America became the frequent basis upon which physicians argued for the justification of the slave system. The 'unparalleled deterioration [of the free blacks], their frequent insanity, dementia, blindness, deafness, pauperism, premature death, their decrease, or minimized ratio of increase, their physical degeneration and tendency to extinction,' made slavery an ethical as well as medical necessity in the eyes of the Southern physician.<sup>86</sup> As for the mulatto, or 'hybrid', he was susceptible to fevers that did not touch the pure black. It was generally believed that the mulatto had a moral and physical degeneracy that left him incapable of maintaining a healthy state. Suffering from diseases which commonly afflicted the white race, he was 'even less curable than white persons, on account of [his] greater feebleness of constitution.'<sup>87</sup>

The white Southern physician, reinforcing the South's feeling of nationalism, conceived of his own exclusive physical constitution as part of his national race character. Few physicians, if any, believed that the Negro possessed a physical and intellectual capacity which destined him to the ultimate standard of the 'American' character. From the very beginning, physicians undertook to delineate fixed marks of distinction between the two races. But those racial concepts which grew out of medical investigations came also from the deep undercurrent of American culture, an undercurrent that showed an almost intuitive assertion of superiority. The physician's belief in his own superior civilization was inextricably combined in his medical study of the Negro and could not help but affect it. Medical reality was seen through the framework of western culture, a culture which in many ways helped dictate the pattern in which the physician attempted to evaluate and explain his findings.

<sup>85</sup> John P. McConnell, *Negroes and Their Treatment in Virginia, 1865-1867*, Virginia, 1910, pp. 21-22; Josiah C. Nott, 'The Mulatto a hybrid—probable extermination of the two races if the whites and blacks are allowed to intermarry', *Amer. J. med. Sci.*, 1843, n.s. 6, 252-56; W. M. Allen, 'The vital statistics of the city and parish of East Baton Rouge', *New Orleans med. surg. J.*, 1851, 8, 67-75; E. M. Pendleton, 'On the comparative fecundity of the Caucasian and African Races', *Charleston med. J. Rev.*, 1851, 6, 351-56.

<sup>86</sup> B. Dowler, 'The vital statistics of the Negroes in the United States', *New Orleans med. surg. J.*, 1856, 13, 164, 167.

<sup>87</sup> Merrill, *Memphis med. Rec.*, 1855, 4, 139; *ibid.*, 69-70.