

CHAPTER 4

“Nature Is the Author of Such Restrictions”: Science, Ethnological Medicine, and Jim Crow

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When prominent naturalist and retired Army surgeon R. W. Shufeldt published his first book-length examination of America’s “negro problem” in 1907, he did so for the “for the sole purpose of pointing out, from a purely scientific viewpoint, the effect that these introduced Ethiopians have had upon our progress and civilization, in the past, and what their continued presence among us means in the future.” The picture he painted in the provocatively titled tome, *The Negro: A Menace to American Civilization*, was grim. “Eighty-five percent of the crimes committed in the Southern States are committed by negroes. Insanity is increasing among them to a fearful extent, and especially among the mulattoes,” he noted, adding, “Tuberculosis has a similar showing, and the blacks there are especially prone to that disease, forming an immense nidus to propagate the malady and pass it along to the most susceptible types among the whites.”

Tuberculosis was far from the only infectious malady whose spread Shufeldt attributed to African Americans. In particular, he often noted that venereal disease was rampant among the country’s black population, evidence, he maintained, of both the race’s bodily inferiority and its moral failings. Collectively, he wrote, “all this is a curse, adding death and disease to every other infliction brought upon us through the presence of this criminal semi-savage race in our midst.”

Like many of his white contemporaries who brought science to bear on questions of race, Shufeldt insisted that racial segregation was the only possible remedy. Objections to Jim Crow laws and customs, Shufeldt opined, derived from an ignorance of science and biology. Many prominent African Americans had been burdened with the “erroneous idea that they are ethnologically the whites’ equals, and consequently become dissatisfied with the social plane they are obliged to occupy.” These indi-

viduals failed to “appreciate the fact that nature is the author of such restrictions and limitations and not their Anglo-Saxon superiors.” Likewise, all too many whites underestimated the danger the negro represented to American civilization because they failed to “listen to the warnings of science, much less to act upon them,” he lamented.¹ In many ways, Shufeldt’s invective was as much a plea for the authority of science over racial matters as it was a defense of segregation.

Historians often consider the consolidation of Jim Crow as the domain of politicians, lawmen, and extralegal mobs, but segregation also was very much a scientific project. The physical and social separation of the races after Emancipation was not a foregone conclusion. After all, blacks and whites had lived in intimate proximity under slavery, an institution premised on racial inequality. By the turn of the century, many medical authorities were arguing that the presence of African Americans in public life was a threat to the health of the nation. Many insisted that the black and white races could not coexist outside chattel slavery without seriously imperiling the latter. They supplied medicoscientific support for the white southern backlash that followed Reconstruction by characterizing the region’s black population as a physical, moral, and sexual contagion and describing segregation as a quarantine needed to protect whites from infection. While Democratic “Redeemers” such as Ben Tillman mobilized white voters in support of white supremacy, medical scientists gave an organizing principle to the piecemeal legal and extralegal measures being enacted throughout the South to force African Americans back into a position of social subordination. If the races were to be kept socially distinct in the absence of slavery, these scientific experts argued, they needed to be kept physically separate. The freedpeople’s political and economic challenges to white supremacy during Reconstruction were rewritten as a broad “health” threat during Redemption (the period during which white New Democrats “redeemed” the racial hierarchy of the South). In the face of African American opposition to the racial restrictions and inequities of Jim Crow, white scientists countered that such restrictions were medically necessary, in accordance with biology and “natural law.” Ominous warnings about African American physical and moral decay, racial miscegenation, and sexual threat provided the white public, politicians, and policy makers with scientific justifications for increasingly pervasive forms of de jure and de facto segregation.

The topic of disease was omnipresent in scientific writing on race in the late nineteenth and early twentieth centuries. As scholars have long shown, many scientists and physicians during this period drew attention to illnesses that plagued poor and immigrant neighborhoods in the na-

tion's cities—sometimes as a plea for relief efforts and public-health education, sometimes in support of nativist policies, and sometimes both.² In the years following the defeat of Reconstruction, however, medical scientists became increasingly concerned with the "peculiar diseases" of the black race, and in comparing disease and mortality rates between blacks and whites. Such comparisons linked various illnesses to a particular group and often cast African Americans as either a dying race or a source of infection for other races. In addition, white supremacists both within and outside medical science often used disease and contagion as rhetorical devices to frame their discussions of post-Emancipation race relations more generally, particularly the place of the black race in America's body politic. These medical metaphors resonated for a broad audience in the United States during this period, which saw a sharp increase in public-health education and disease consciousness.³

A modern reader might be surprised that medical scientists and clinical physicians in the late nineteenth and early twentieth centuries claimed expertise on a seemingly sociopolitical issue such as segregation, but a popular audience of the physicians' contemporaries would not have been surprised. Speaking before the South Carolina Medical Society in 1903, Pittsburg physician W. T. English opined, "The last analysis of the negro problem . . . must be entrusted to the science of medicine." The American people were looking to the physician, "the most trustworthy arbiter of his day and generation," for "the ultimate solution," he observed, while reformers, philanthropists, and lawmen would also be well advised to visualize the problem "from the physician's point of view."⁴ English's remarks were self-aggrandizing to be sure, but they contained much truth. The American people were indeed accustomed to viewing medical scientists—my primary focus here—as authorities on race. Ethnology, which its proponents dubbed "the science of race," had developed into an influential field of scientific inquiry by the mid-nineteenth century. Though ethnologists brought a range of disciplines to bear on the study of race, including archeology, taxonomy, and linguistics, most held medical degrees and interrogated human anatomy for pervasive racial differences that would naturalize America's sociopolitical hierarchy.⁵

In an era in which most white Americans had come to believe that race was a biological phenomenon, few questioned that it was the purview of medical science, even if they disagreed with a specific scientist's claims about the significance of racial difference. In fact, politicians and public intellectuals often invoked science to legitimize their own vision of the racial order. Scientific work on race appeared in medical journals and professional publications, but it also circulated in mass-produced books, newspapers, and popular periodicals. Prominent racial scientists taught at

esteemed universities and medical schools and traveled the country on lecture circuits targeted toward everyday citizens as well as fellow scientists. Even men like Shufeldt, whose writing blended medical science with unmasked vitriol, were not necessarily on the fringes of the scientific establishment. Indeed, he served as a military surgeon for decades, as curator of the Army Medical Museum, and as an honorary curator of the Smithsonian Institution, and he was buried with full honors in Arlington Cemetery. Medicoscientific authority over race nonetheless needed to be maintained, and scientists sought to remain relevant by offering their expertise on the public's most pressing concerns at any given moment in time.

Scientists who viewed the South's "negro problem"—a nearly ubiquitous phrase in Jim Crow-era public discourse—through the lens of disease were personally and professionally diverse. Some explicitly aligned themselves with the Democratic Party; others avoided overtly political claims but framed race in ways that would be at home with the party platform. Though they shared a medical degree, they did so at a time in which the field of medicine was increasingly specialized. Consequently, they worked within a variety of subfields, many in clinical practice, others primarily in research and teaching.⁶ Moreover, as illustrated by Shufeldt and English, not all the scientists who maligned the black race as a dire health threat were southern, though certainly many were. Like a number of other northern scientists, Shufeldt and English presented themselves as sympathetic to the South's predicament, born of two vastly different races, one of which was rapidly deteriorating, living in close proximity and now without the confines of slavery to structure their relationship. But they also insisted that the region's "negro problem" was quickly becoming a national problem as African Americans migrated for work and the black population swelled in urban centers across the country—a sentiment echoed by many southern physicians who warned that their northern neighbors heed the lessons learned in Dixie. In addition, as the twentieth century dawned, social scientists increasingly joined medical scientists in investigating race and disease. The two groups often shared sociopolitical and public-health concerns, cited each other's work, published in each other's journals, and together attended various symposia designed to bring a range of expertise to bear on the "race problem."

"Racial Contrasts" and the "Peculiar Diseases" of the Black Race

Racial scientists' growing attention to disease at the turn of the century can be attributed in part to several larger trends in science and medicine, as well as to their own professional experiences. As Nancy Tomes demon-

strates in *The Gospel of Germs* (1998), the ascendancy of germ theory had a profound effect on scientific and popular thought, behavior, and policy during this period, prompting a cultural preoccupation with cleanliness and hygiene as essential to both individual and national health. But many racial scientists had far more visceral experiences with disease in their careers. The Civil War, during which more soldiers succumbed to disease than to battlefield injuries, has often been described as a watershed moment in medicine, precipitating an antiseptic revolution that culminated in germ theory and the public-health and hygiene campaigns of the late nineteenth century.⁷ From the Civil War to the Spanish-American War the armed forces remained at the center of sanitary science. Shufeldt, whose father was a navy admiral, served as a warrant officer during the Civil War, and then as an army surgeon in the Southwest in the late nineteenth and early twentieth centuries, including several battles and skirmishes with Native Americans.⁸ Indeed, many scientists who worked on race had served as military surgeons at some point in their careers, seeing firsthand the ravages of disease, but also finding themselves privy to cutting-edge information on health and contagion. The field of public health also saw major changes during this period: increasingly professionalized public-health endeavors also shifted emphasis from controlling outbreaks to disease prevention through health education, sanitation, and improved living conditions.⁹ The new understandings of contagion encompassed in germ theory were not inherently racist or nativist, but they fit conveniently into a white-supremacy agenda.¹⁰

Likewise, following the 1859 publication of Charles Darwin's *On the Origin of Species by Means of Natural Selection*, scientists increasingly applied evolutionary theory to questions of race and human society, with numerous implications for disease. By the turn of the century, many scientists were describing the battle for racial supremacy in America as the "survival of the fittest," which comprised moral, intellectual, and, most of all, biological characteristics. But evolutionary theory also introduced related concepts, such as degeneration and extinction, which proved central to scientific discourse on race, disease, and mortality at the turn of the century. Within this logic, races evolved over time from savagery to civilization, but so too could a race regress or degenerate, which, many scientists argued, characterized African Americans postslavery.¹¹ In the words of prominent Alabama physician Seale Harris, "The negro has his liberty but he stands in danger of losing his body and mind."¹² Without the "beneficent" moderating influence of white owners, the black race was deteriorating toward its eventual destruction, they claimed, buttressing proslavery apologists' older predictions about the deleterious effects

of emancipation with the new scientific language of evolution. The “extinction thesis” greatly appealed to white supremacists, but as noted historian of American racism George Fredrickson points out, “It did not remove the pressing problem of how to prevent the contamination of the white community while the doomed race reverted to savagery and declined morally, physically, and economically.”¹³ That very quandary undergirded much of the medicoscientific support for segregation in the Redemption period.

In the context of Jim Crow race relations, scientists were particularly interested in disease among African Americans. In 1888, North Carolina physician J. Wellington Byers declared in the *Medical and Surgical Reporter* that the “absence of anything like a special treatise upon the peculiarities of disease as manifested in the negro race” was “one of the most conspicuous and remarkable facts associated with the development of the medical history of this country.” A frequent contributor to various medical publications, Byers had an ongoing interest in the relationship between race and illness.¹⁴ One biographer hailed him a “foremost authority” on “ethnological medicine,” an apt description of the scientific pursuit that Byers’s work typified in the late nineteenth century.¹⁵ Like many of his medical peers, Byers was especially interested in diseases among African Americans. “The eight millions of this people that principally inhabit the Southern States,” he insisted, “certainly present many racial contrasts which are vastly interesting and important, and are well worthy of more attention than has been heretofore bestowed upon them.”¹⁶

Byers’s attention to disease was indeed a study in “racial contrasts.” He provided a dizzying laundry list of infirmities to which African Americans appeared especially prone (including lung diseases, rickets, and fistulae) or from which they seemed to be immune (such as cleft palates, hemorrhoids, nearsightedness, and carcinomas), each of which, he noted, found its opposite incidence in the white race. But “racial contrast” also assumed another meaning in the article: Byers contrasted the health of black southerners before and after Emancipation. He noted, for example, that not only did the black race presently suffer from tuberculosis at twice the rate of whites, the disease had been nearly nonexistent among black slaves just decades earlier. This contrast *within* the black race over time and *between* blacks and whites in the present extended to other illnesses as well, including pneumonia, digestive disorders, malaria, and neurological diseases. More troubling still, he noted that freedmen not only were more susceptible to a number of serious diseases but also were more likely to *die* from them than during slavery. There could be only one conclusion for Byers, who felt “quite safe in saying that the colored race of this country is

undergoing serious physical deteriorations as compared to the sturdy condition that they possessed previous to the Civil War."¹⁷

For Byers and his scientific contemporaries, susceptibility to disease often had moral implications. The incidence of lung disorders and "vaporous" contagions among the black race was the result of "its total disregard for the laws of sanitation and hygiene," and the high mortality rate and overall "rapid deterioration" was caused by "its high sensuality and intemperance, which lead to pauperism, crime, and insanity." And like many other medical writers during this period, he noted that venereal disease was especially rampant among the black population, indicative of the licentious and debased character of the race. In Byers's account, African Americans' apparent immunity to other illnesses did not reflect well on them either. Their freedom from most skin diseases, for example, could be attributed to a protective layer of dirt that accumulated on most of them because "they rarely bathe their bodies and are notorious for their opposition to water"—a damning charge at a time when personal hygiene was often linked to both social respectability and moral cleanliness in the public-health and social-hygiene movements.¹⁸

Still, environment, material conditions, or even morality failed to fully explain the "great contrast" in mortality rates between the white and black races. Instead, Byers concluded, the black race must simply be inferior in ways that transcend environmental influences. Cursed with both biological inferiority and a new social position for which he was ill suited, "The negro is particularly unfortunate." Byers explained, "He has not only the inherent frailties of his nature to war against—instincts, passions, and appetites; but also those seductive, destroying influences that emanate from free institution in a country of civil liberty." In short, freedom was bad for African American health. Byers found this unsurprising: "The weakest members of the social body are always the ones to be contaminated, and sooner or later succumb to the devitalizing forces of intemperance, disease, crime, and death."¹⁹ Implicit in Byers's characterization—and more explicitly articulated by other scientists who followed—was that once "contaminated," the black race imperiled the "social body" as a whole.

In several ways, Byers's article typified Redemption-era medical writing on African Americans, mortality, and disease. First, medical studies focused on diseases and biological characteristics "peculiar" to African Americans and compared them with the incidence of the same diseases and biological characteristics among members of the white race, which incidence scientists rendered normative. Second, contrasting disease and mortality rates between the two races served to underscore their pervasive

difference and the biological inferiority of African Americans. Third, influenced by evolutionary theory, scientists interpreted medical data among African Americans as evidence that the race was degenerating outside the institution of slavery. Moreover, the “survival of the fittest” framework, through which scientists such as Byers viewed American race relations in general and disease differentials in particular, lent itself to a complex, sometimes contradictory, reading of the relationship between the black race and the “social body.” In such readings, African Americans were imperiled by their position in the social body of the nation, an inferior race in close proximity to their superiors and with new freedoms dangerously ill suited to their nature and capacities, which quite literally made them sick. But at the same time, as a “diseased race,” African Americans also embodied contagion, a looming threat to the overall health of the social body—a theme that, as we shall see, medical and social scientists increasingly invoked as the Redemption period progressed.

Byers found considerable company among the medical and scientific professionals who shared his interest in race and disease in general and “the peculiarities of disease as manifested in the negro race” in particular. Thirty-four percent of all publications on race listed in the *Index-Catalogue* of the National Library of Medicine from the 1880s, when Byers’s article was published, were focused on disease and/or mortality, reaching a peak of 36 percent in the 1890s. These numbers had risen from 20 percent in the contentious decade prior to the Civil War and 28 percent during the Reconstruction years of the 1870s.²⁰ This represents an 80 percent increase in the proportion of disease and mortality studies among scientific publications on race over the course of fifty years.

However, the most exhaustive and influential study of health and mortality data among African Americans came not from a physician but from a statistician with the Prudential Life Insurance Company. In *Race Traits and Tendencies of the American Negro*, published in 1896, Frederick Ludwig Hoffman pointed to his German birth and his statistical methodology as evidence that he was “free from a personal bias” and presented an “impartial treatment” of African Americans from which readers could draw their own conclusions.²¹ Of course, throughout the book he also drew plenty of conclusions that belied his claims of impartiality and, beginning with the first page of his preface, referred to black people as a “lower race.”²² Compiling statistics on crime, birth, death, insanity, and disease, alongside anthropometric (pertaining to physical characteristics and body proportions) and economic data, he demonstrated that black people were further degenerating in turn-of-the-century America and that nature itself would eventually solve the nation’s “race problem.” No one could save

the race from its gloomy fate, but Americans needed to be diligent in ameliorating any negative impact its decline might have on the country as a whole. "Race deterioration once in progress is very difficult to check and races once on the downward grade thus far at least in human history have invariably become useless if not *dangerous* factors in the social as well as political economy of nations," he warned.²³ Hoffman's study, published the same year that Jim Crow segregation was codified into federal law in the *Plessy v. Ferguson* decision, lent statistical authority to already common claims among scientists and politicians that the black race was ultimately headed toward extinction but, in the interim, represented a growing threat to whites. Well into the twentieth century nearly every scientist who considered race and disease, including Shufeldt, cited Hoffman's work.²⁴

"For the General Good": Scientific Paternalism, Contagion, and the New South

The risk of contagion across racial lines was mostly implicit in Byers's and Hoffman's studies, but other doctors and scientists were far more direct in portraying disease among African Americans as a dire threat to whites and to the nation as a whole. Florida physician C. E. Terry's "The Negro: A Public Health Problem," a paper read before the annual meeting of the Southern Medical Association in 1913, along with the lively audience discussion that followed, is particularly revealing in that regard. For Terry, the "great problem" of "health conservation" concerned "the unduly high negro mortality and its relation to the white mortality" in the South. Southern physicians faced a difficult task in promoting preventive health measures and sanitary education among the black population, for they found themselves confronted with "an alien," who had been "recently transplanted to conditions of life which are entirely foreign to his nature" and whose "racial difference" hindered communication with health professionals. Furthermore, he added, African Americans' "ignorance" of their surroundings was matched by physicians' ignorance about the race's customs and biology.²⁵ Because the black population lived in dilapidated homes, in crowded, filthy conditions where disease ran rampant, and had little access to adequate health care, their high mortality might be only "partially explained by the claim of racial inferiority."²⁶ He argued, and many in the audience agreed, that southern whites shouldered much of the blame for the problem and that white doctors in particular needed to take the lead in addressing it.

Terry and the audience discussants expressed a deep anxiety about the cross-racial health ramifications of the Jim Crow system that they had supported, and they viewed both the problem and its solution through the lens of scientific paternalism. They praised themselves for driving the black man out of political office and away from the polls but admonished themselves for not taking better care of the “dependents” they represented. R. H. von Ezdorf, a Mobile physician who specialized in malaria, echoed Terry’s assessment of the bleak conditions in which many black southerners were forced to live, including cheaply built homes, improperly drained land, tainted water supplies, and poor sewage, and he largely blamed whites for the problem. But the daily plight of African Americans clearly was not his only, or even his primary, concern. “For the sake of the *general good* we must certainly make better provisions for their living,” von Ezdorf stated, revealing that he was ultimately worried about the potential health impact on whites nearby.²⁷ Dr. R. M. Cunningham of Birmingham, Alabama, citing his own “considerable experience” practicing among “negroes,” declared that the health and well-being of the black race was “part of the white man’s burden.” Similarly, Louisiana physician Fred Mayer, a proud “ex-white leaguer” who did his part “in preventing the Africanization of the ballot box,” maintained that southern whites had a “sacred duty” to better attend to the material conditions and especially the health of the “child race” for whom they were responsible. He admitted, however, that “self-interest” also motivated his call to improve the Negro and his environment, for “as a carrier and transmitter of disease, he is a standing menace to the white race.”²⁸

To be sure, these physicians were not interested in dismantling the hierarchy; they sought to improve the living conditions of African Americans within the existing, unequal, system. White medical scientists such as Terry and his respondents were by no means seeking to raise the social and political status of the black race. Quite the contrary, this push to reduce black mortality rates by improving their living conditions was motivated by a scientific desire to see African Americans live within the station afforded them by “nature,” to prevent large-scale revolt, to lessen the health threat they posed to whites in the region, and to ensure a physically robust laboring class upon whom the economic health of the New South depended. Indeed, it was common for paternalistic scientists to champion the need to address African American disease in economic terms. Because they were a “dependent class,” their chronic illness represented a drain on the state, while good health born of preventive care and better living conditions yielded greater agricultural productivity for the region.²⁹ The scientists argued that, because African American biology was uniquely

adapted for labor in the harsh conditions of the Deep South, investing in the health of black bodies was in *whites'* economic interests.³⁰ More and more often though, white scientists framed the need to control black diseases within the threat of cross-racial contagion.

The spirited discussion at the Southern Medical Association meeting in 1913 represented a subtle shift in medicoscientific discourse on race and disease from the nascent days of Jim Crow in the 1880s when J. Wellington Byers pleaded for more attention to the subject. Whereas Byers and others in the late nineteenth century often characterized African Americans as a degenerating race doomed to die off, by 1913 scientists were facing increasingly unavoidable evidence that the black race was not disappearing as predicted, despite abundant health issues in the community. Many scientists continued to highlight high mortality rates among blacks, but also pointed to even higher rates of reproduction—which in turn raised concerns about “race suicide” among whites, whose average family size was steadily declining while immigrants and African Americans were having greater numbers of children.³¹ At the same time, proponents of germ theory had begun to emphasize the role of casual contact in disease transmission as well as what Nancy Tomes terms a “chain of disease” model whereby rich and poor were linked by contagion.³² However, although Byers and his contemporaries were keenly interested in the “peculiar” diseases to which the black race was especially vulnerable, medical scientists in the early twentieth century began to turn their attention increasingly toward diseases that black people did *not* appear to manifest, but for which they might be carriers.

Terry, like the audience members responding to his 1913 paper, placed considerable emphasis on African Americans as carriers of disease, an invisible but omnipresent threat. One such respondent, Dr. Henry Hanson of Jacksonville, Florida, noted that “relatively few clinical cases of malaria among them does not however mean that the negro cannot be a source of infection to white people with whom he comes into contact.” But direct contact was not the only risk. He explained that blood tests conducted on hundreds of schoolchildren of both races revealed that black children frequently harbored the malarial parasite. Thus, he extrapolated, mosquitoes could bite the residents of “negro hovels,” where no one had “very exalted ideas of hygiene or cleanliness,” and then fly off to infect whites across town.

Worse still, black people themselves could “carry these inflections over into the kitchens of the white families where they are employed as cooks or as nursemaids.”³³ Nearly all the discussants expressed similar anxiety about the close contact between the races facilitated by the service posi-

tions in which African Americans were often forced to work. As historian Tera Hunter notes, medical scientists projected the bulk of these anxieties onto black women in particular. She argues, “As domestic workers, they transgressed the boundaries of racial segregation in their movement across the color line.” Middle- and upper-class whites increasingly fled to the suburbs in the early twentieth century to avoid the dangers of city life, among which disease loomed especially large, Hunter explains. “Yet the incursions of black domestics who were indispensable to their preferred lifestyles violated the preservation of these exclusive retreats.”³⁴ During the same period, germ theory increasingly influenced the maintenance of the home, emphasizing new standards of cleanliness and a strict regime of constant vigilance to maintain the family’s health. Consequently, household chores became exalted as “domestic science,” which in turn seemed to prompt unease about the “ignorance” of the servant class.³⁵ These common concerns about domestic hygiene intersected with Jim Crow racial politics in the concluding remarks of Terry’s paper. Addressing his approving audience, he declared:

These negro citizens, amongst whom we find such an undue prevalence of diarrheal diseases, tuberculosis and venereal infections, who live under the worst of sanitary conditions, through circumstances, racial inferiority and our neglect, mingle with us in a hundred intimate ways, in our stores and factories, our kitchens and our nurseries. They knead our bread and rock our babies to sleep in their arms, dress them, fondle them and kiss them; can any one doubt that we may not escape this close exposure?³⁶

As exemplified by the 1913 Southern Medical Association meeting, scientists who praised themselves for keeping African Americans in their place—in perpetual servitude to whites—seemed to worry that in so doing they had brought disease and death to their own doorsteps.

Their characterization of African Americans as a broad health threat legitimized the existing restrictions and segregation of Jim Crow and implied that contact between the races should be perhaps even more proscribed. Responding to Terry’s paper, R. M. Cunningham, a Birmingham physician, suggested a less benevolent form of paternalism was needed to address the problem of disease. He praised the extent to which coal companies controlled every aspect of their employees lives, whereby workers immediately complied when the company superintendent or foreman said, “Johnny, this house must be cleaned up or you git,” and proposed a similar model for dealing with all black people. Whites must exert their

authority, for "that is what counts with the negro race." The intimate drama Cunningham imagined—African Americans who failed to meet stringent sanitary standards being driven out of white homes and off the white-owned lands they tended—appeared to be a microcosm for a larger message, namely, that the black race as a whole should be forced to "git" if they did not submit to white authority.³⁷ In this racialized framework of disease carriers and public health, it was not just infirm African Americans who required quarantine; rather, black people in general needed to be kept in subordination and separate from the white population.

The racial logic, paternalism, and cultural politics embodied in Terry's paper and the audience commentary were typical of white medical science during the second decade of the twentieth century. In fact, at the very next annual convention of the Southern Medical Association, Robert Wilson, a Charleston, South Carolina, physician, gave a paper largely reinforcing the claims Terry and his colleagues had made the previous year and articulating similar anxieties about the close contact between the races facilitated by the service work of African Americans. Referencing Terry as well as Frederick Hoffman, Wilson asserted that there was still much work to be done to fully understand the "medical characteristics" of "the negro" and the "magnitude" of the threat he represented to the South. The characterization of the black race as a health threat was not limited to the South, however. New York-born Shufeldt praised the nationwide implications of Wilson's paper and reprinted it in its entirety in his book, *America's Greatest Problem: The Negro* (1915), the title of which further underscored his belief that the "negro problem" transcended regional boundaries.³⁸ For Shufeldt, not only was the economic and sociopolitical stability of the South intertwined with northern interests in the reunified nation; the growing black population in the urban North presented its own set of problems.

Scientists' attention to disease overlapped with another topic that surfaced frequently in racial discourse: miscegenation. Scientists, physicians, and public-health officials commonly claimed that because venereal infection was especially high among African Americans, interracial sex threatened to spread syphilis, gonorrhea, and other diseases across the color line.³⁹ Other scientists also described miscegenation as a process of degeneration that produced a new "stock" increasingly prone to disease. Describing a long-established and relatively prosperous "community of mulattoes" in his native Ohio, physician W.A. Dixon argued that each subsequent generation grew weaker than the previous and that their health contrasted unfavorably with that of their racially "pure" white and black neighbors, who lived under similar conditions. The "fourth union"

between two mulatto parents was “less fertile than the others” and produced a “progeny largely suffering from cutaneous affections, ophthalmia, rickets, dropsy of the head, white swelling of the knee-joints, morbus coxarius [a hip disease associated with tuberculosis], diseased glands, suppurating sores.” “Indeed,” he added, “I can scarcely find any of the fourth generation in good health.”⁴⁰ Miscegenation not only threatened to “taint” the blood of the white race, scientists often professed; it imperiled the health of the black race as well, thereby providing further support for segregationist policies.

“The Great Health Problem” and American Sociology

Concern with disease among African Americans bridged the political spectrum and ultimately reached beyond the medical profession itself. In particular, sociology was professionalizing as an academic discipline at the turn of the century and in the United States, race featured prominently in the nascent field.⁴¹ A number of early sociologists shared medical scientists’ interest in the implications of disease for American race relations, and their work overlapped in both practical and rhetorical ways. For example, Richmond physician and public-health lecturer Thomas Murrell subtitled a medical journal article on syphilis among African Americans “A Medico-Sociological Study,” and Alabama sociologist Charles H. McCord, expressing pessimism that the black and white races could live together in the South without conflict, promised nonetheless to “assume the attitude of the faithful physician who hopes till the last and gives the best possible treatment under the circumstances.”⁴² In his influential and widely cited 1910 text, *Social and Mental Traits of the Negro*, southern-bred and Columbia University-educated sociologist Howard W. Odum included a chapter on “The Home Life, Diseases and Morals,” which echoed the linkages between disease and moral, personal, and domestic hygiene typical of work by medical and public-health professionals.⁴³ Informed by medico-scientific theories of race as well as his own sociological observations of black communities in the South, his scholarship blended cultural explanations for African Americans’ socioeconomic status with claims about the innate inferiority of the race.⁴⁴ In many ways, sociologists seemed to be answering the call of physicians themselves in investigating race and disease. Notably, C. E. Terry concluded his paper before the Southern Medical Association in 1913 by intoning that the “great health problem” presented by the black race “must devolve finally upon the Southern sanitarian and sociologists.”⁴⁵

The crusade against tuberculosis in particular enlisted the participation of a range of social scientists, politicians, educators, community leaders, reformers, and medical professionals.⁴⁶ In 1906, Thomas Jesse Jones read a paper on "Tuberculosis among the Negroes" at a meeting of the National Association for the Study and Prevention of Tuberculosis, and though he held a Ph.D. in sociology, his paper was published in a major medical journal later that year—further evidence that medical and social scientists were directly in dialogue around the issue of race and disease.⁴⁷ The director of an influential philanthropic foundation, Welsh-born Jones was an outspoken proponent of industrial education for African Americans modeled after the Tuskegee and Hampton Institutes.⁴⁸ To this campaign Jones brought the same paternalism and accommodationist beliefs that characterized his discussion of disease. Jones's public reputation among many whites was as a "friend" to "the negro," but his attention to tuberculosis within the black community was not driven solely by benevolent concern for African Americans. "The seriousness of the problem" depended in large part on "the proximity of the race to other races." Tuberculosis was even more prevalent among African Americans than most people realized, he maintained, and even fewer realized "the serious effect of this prevalence upon the vitality of the nation."⁴⁹ Historians have argued that through their philanthropic endeavors, Jones and other white supporters of the Tuskegee model of black education sought to reinforce Jim Crow segregation rather than challenge it. And the same could easily be said of Jones's approach to public health.⁵⁰ For him, curtailing the proximity of the races to each other was crucial to disease control; thus, he implied, segregation served the health interests of the white and black races alike.

Jones found in fellow sociologist W. E. B. Du Bois a lifelong opponent of his educational policies, and the two also diverged widely in their understandings of health as it pertained to issues of race.⁵¹ The same year that Jones's article on tuberculosis appeared in the *American Journal of Medical Sciences*, Atlanta University published a report edited by Du Bois entitled *The Health and Physique of the Negro American*. Like other black leaders, Du Bois read high disease and mortality rates among African Americans not as an indicator of biological inferiority, but as a product of the impoverished conditions in which so many of them lived under America's racial caste system. He too highlighted black workers and servants but, in contrast to white scientists like Terry, focused on the health ramifications of harsh labor for African Americans themselves instead of the potential risk they posed to their white employers.⁵² In the report and other writings, Du Bois denounced the racial logic of Frederick Hoffman's work. He also cited Byers and Shufeldt, along with Hoffman, in the exten-

sive bibliography that accompanied his report, noting that “a large part of the matter here entered is either unscientific or superseded by later and more careful work.” Still, “such matter,” he maintained, was of “historic interest” in tracing the racist underpinnings in medicoscientific studies of disease over time.⁵³ Although he contested the white scientists’ conclusions and often found their data flawed, Du Bois nonetheless raised concerns about the health of African Americans. For Du Bois and a range of African American reformers, scientists’ bleak portrait served as a call to arms to provide immediate medical care, health education, and economic assistance in black communities, as well as to attack the Jim Crow system that perpetuated the cycle of poverty and disease.⁵⁴

“The virus of equality”: Disease as Racial Metaphor

While Du Bois evoked studies of disease and mortality to indict racial inequality, these same studies also provided both political ammunition and a rhetorical framework for white supremacists in local and national government. Regardless of a given scientist’s stated intent or conclusions, any contrast he demonstrated in disease or mortality rates could be harnessed by others as evidence of pervasive biological difference between the races, the physical and moral superiority of the white race, or the health threat posed by the black race—and often all three—to defend segregation. Moreover, at a time when the issue of disease dominated many considerations of race among medical and social scientists, white supremacists outside the scientific establishment often characterized US race relations in general in terms of contagion or sickness requiring a political “cure” and the black race as a germ or cancer that threatened the social body if not removed.

North Carolina native Hinton Rowan Helper was an early case in point. Born to yeomen farmers in 1829, Helper attacked slavery on economic rather than moral grounds in his hotly contested 1857 book, *The Impending Crisis of the South: How to Meet It*, which focused primarily on the deleterious effects of the institution on non-slaveholding whites in the South. After the Civil War the southern-bred abolitionist turned his antipathy toward the former slaves themselves in two virulently antiblack books, *Nojoque: A Question for a Continent and the Negroes in Negroland*, published 1867 and 1868 respectively. Rather than economics, these later works often used ethnology and medicine to interrogate the “negro problem.” Foreshadowing Byers’s words two decades later, he stressed that disease among African Americans was “a subject that deserves far

greater attention and treatment." But even a cursory glance at the table of contents for *Nojoque* reveals the tenor of Helper's work and the ends toward which he would employ medicoscientific literature: chapter 2 was titled "Black; A Thing of Ugliness, Disease, and Death," followed by chapter 3, "White; A Thing of Life, Health, and Beauty." Disease and health were not just metaphorical juxtapositions for Helper, however. He blamed the "epidemic diseases" that retarded the industrial development of southern port cities, for example, on the "peculiarly obnoxious filth engendered by the black population," adding that yellow fever ought to be renamed "African fever." For this reason, he "advocat[ed] the removal of the negroes from the cities and towns." After all, he wrote, "Only from the base-colored races is it, as a rule, that we are overwhelmed and prostrated by wide spread contagions and epidemics."⁵⁵ In Helper's estimation, the black race literally brought death, as well as social and political upheaval, to America. Thus the great question confronting the nation was, "What is the best and only true remedy for the present and prospective troubles now brewing in the United States, between the White people and the Negroes?"—to which he answered, "An absolute and eternal separation of the two races."⁵⁶

Similar rhetoric about the deteriorating health of the black race and the necessity of segregation could be heard in the halls of Congress. Like Helper, Benjamin "Pitchfork Ben" Tillman positioned himself as a friend and advocate of the average white farmer while also sharing Helper's vitriolic sentiments about the black race. But as the governor of South Carolina from 1890–1894 and as its senator from 1895 until his death in 1918, the grandstanding Democrat was in a position to codify those sentiments into law. In a 1903 Senate speech on "the race problem," Tillman drew attention to claims Booker T. Washington made in a recent address before the Academy of Arts and Sciences that African Americans were not dying off as many predicted but instead were advancing in number, education, industry, and character. While praising Washington for "warn[ing] his people against the folly of political office," Tillman argued that his assessment of the race's physical and social well-being could not "stand against the facts as set out by [Frederick] Hoffman."⁵⁷ Clearly familiar with scientific literature on race, Tillman then turned to ethnology to naturalize racial antipathy, separation, and hierarchy. Moreover, medicoscientific language informed his oratory more generally as well. He complained that African Americans had been "inoculated with the virus of equality" during Reconstruction, which had precipitated the nation's present racial antagonisms and imperiled its future.⁵⁸ Not all black people were bad, he maintained, just those "pestiferous creatures" who attempted to organize,

agitate for political equality, and aspired to raise the race above the position nature had intended.⁵⁹

Tillman's provocative rhetoric was not unique. At a time when contagion was a particularly salient concept for the general populace, other politicians employed similar medical language and disease metaphors to describe the relationship between the races. In a 1904 congressional speech, Tennessee Representative Malcolm R. Patterson maintained, "It was not the war that kept sectional antagonism alive so long"; rather, "it was universal negro suffrage which provoked a misguided northern feeling and ate its way like a corroding canker to the very heart of the southern people." Black suffrage, according to Patterson, had been "a plague on both the houses, North and South."⁶⁰ Similarly, in an 1890 article in *The Arena*, a reform-minded newsmagazine, Democratic senator John T. Morgan of Alabama admonished the North for fueling racial antagonism by forcing the Negro into a position of political equality for which he was unprepared and ill suited during Reconstruction: "That unwise and unnecessary decree has caused the aversion between the races to *infuse its virus* into the social and political affairs of the country, where it will be, forever, a rankling poison."⁶¹ Morgan maintained that the only "cure for this flagrant evil"—black political participation that begat hostility between the races unknown during slavery—was "the separation of the races under separate governments."⁶²

W. Cabel Bruce, a Baltimore lawyer and, later in life, Democratic senator, defended the South's Jim Crow laws from northern critique using comparable medical metaphors. Bruce contended that whites in the North shared the same racial prejudice but did not codify that antipathy into law because the numbers of black residents there had not yet necessitated it. If the largest concentration of African Americans shifted across the Mason-Dixon Line and whites there faced the daily threat of miscegenation, the North would prove no less willing to "swallow down its black infusion like a dose of nauseous medicine at a single gulp," he predicted. "It is not until diseases of the body politic are felt or apprehended throughout its entire sensitive area that the *vis medicatrix legum* is invoked," Bruce wrote, characterizing segregation laws as medically mandated and white society as an vulnerable patient in need of protection. For Bruce, the situation in the South called for a "political physician."⁶³

It was also common for white politicians and scientists alike to characterize African Americans broadly as a "diseased race," a phrase with both medical and moral implications. In 1906, for example, lawyer and former Congressman William H. Fleming penned an open letter "To the White People of Georgia" in the *Macon Weekly Telegraph* in which he endeav-

ored to “diagnose” both the alleged “rape spirit” of black men and the “mob spirit” of whites. Like many contemporary medical scientists, Fleming saw black men as suffering from inborn sexual degeneracy that drove them to acts of aggression, a race-specific sickness that posed a moral and *mortal* threat to whites, especially white women.⁶⁴ At the same time, though, he also characterized mob violence as a societal disease. Describing the alarming number of lynchings in the state, he implored, “Only by making a correct diagnosis of those maladies can we succeed in prescribing effective remedies.”⁶⁵ In addition to the often-invoked black-rape trope, itself pathologized as a sexual disease, others insisted that venereal disease was nearly universal among African Americans, further indicting the character of the race and underscoring its status as a health threat. In 1910, Murrell characterized “the negro” as “a sorry specimen” and his freedom from slavery as the freedom to contract to disease. Upon emancipation he “was free, not to live but to die,” Murrell stated bluntly, because he was “absolutely free to gratify his every sexual impulse, to be infected with every loathsome disease and to infect his ready and willing companions—and he did it—he did it all.”⁶⁶ Like Shufeldt, he warned that the South’s “negro problem” was quickly becoming a national one, adding ominously, “If the healthy negro is a political menace, then the diseased one is doubly a social menace, and the invasion of the South by the North forty years ago has brought about an invasion of the North, and that by the man they freed.”⁶⁷

Even medical scientists like Murrell often abandoned their clinical tone for more figurative (and openly vitriolic) language, embodying America’s “race problem” in terms of illness and death, for which they prescribed segregation. Addressing a southern medical convention in 1905, H. L. Sutherland maintained that only when the black and white races were completely separate and the latter no longer depended on the labor of the former “would we have our ‘New South,’ and for this we should ever pray ‘*Who shall deliver us from the body of this death?*’”⁶⁸ Similarly, in *America’s Greatest Problem*, R. W. Shufeldt characterized African American population growth, migration, and “intermingling” with whites as a “pestiferous contagion.” Elsewhere in the text he referred to the black race as a “parasite” that needed to be expelled from America’s body politic. Leprosy—and its standard treatment—served as a provocative metaphor for him as well. Any respectable American doctor who discovered cases of leprosy would take immediate action to “prevent the spread of the disease,” he pointed out. “To insure the protection of the community,” he stated matter-of-factly, “segregation of the patients and, if possible, deportation to some island where many more of their kind are located, is the

only safe and proper thing to do.” For him, “leprosy is no worse a disease than what the presence of the negro stands for in this country today,” but the US government was a “bad physician” that long had failed to provide the necessary treatment—complete segregation or deportation.⁶⁹

“Socially Quarantined”: Concluding Remarks

Scientists’ sustained attention to race and disease represented a nexus of late-nineteenth- and early-twentieth-century anxiety about contagion, race suicide, evolution and degeneration. For these scientists, variations in disease susceptibility and mortality indicated pervasive biological difference between the races and thus naturalized a racial hierarchy premised on such differences. At the same time, their frequent focus on African Americans specifically reflected fears about the physical—and by extension, social—proximity of the black and white races outside the confines of chattel slavery, and the possibility of cross-racial contagion engendered by a system in which white households relied on domestic labor from a morally and physically deteriorating race. As Baltimore physician William Lee Howard wrote in 1903, “There is every prospect of checking and reducing these diseases in the white race, if the race is socially—in every aspect of the term—quarantined from the African.”⁷⁰ In response to mounting criticism from the North as well as from black activists, the turn toward paternalism among white southern scientists during the early twentieth century represented an effort to reform Jim Crow from within in order to preserve the system itself. The health of African Americans as a laboring class was crucial to the economic health of the South, some scientists argued, but many also raised the specter of disease and contagion to underscore the looming danger the black race represented within the body politic, a danger that required constant vigilance from white authorities. At stake in these medico-scientific discussions of disease, then, was nothing less than the future of white supremacy in America. Influential participants in the project of consolidating and maintaining a racial caste system, scientists insisted segregation was not just a political necessity; it was a biological imperative upon which the fate of the South, and the nation as a whole, depended.

Notes

1. R. W. Shufeldt, *The Negro: A Menace to American Civilization* (Boston: Richard G. Badger/Gorham Press, 1907), 9, 120–121, 153, 107, 12.

2. See, for example, Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, Mass.: Harvard University Press, 1998); Howard Markel, *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892* (Baltimore: Johns Hopkins University Press, 1997); Alison Bashford, *Medicine at the Border: Disease, Globalization and Security, 1850 to the Present* (New York: Palgrave Macmillan, 2006); Natalia Molina, *Fit to Be Citizens? Public Health and Race in Los Angeles, 1879–1939* (Berkeley: University of California Press, 2006); Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001); and Alan Kraut, *Silent Travelers: Germs, Genes, and the "Immigrant Menace"* (New York: Basic Books, 1994).

3. Tomes, *The Gospel of Germs*, 135–82.

4. W. T. English, "The Negro Problem from the Physician's Point of View," *Atlanta Journal-Record of Medicine* 5 (1903), 459–60.

5. On the development and influence of ethnology in the nineteenth century, see William Stanton, *The Leopard's Spots: Scientific Attitudes toward Race in America, 1815–59* (Chicago: University of Chicago Press, 1960); George Fredrickson, *The Black Image in the White Mind: The Debate on Afro-American Character and Destiny, 1817–1914* (New York: Harper and Row, 1971), 71–96; and Joseph Graves Jr., *The Emperor's New Clothes: Biological Theories of Race at the Millennium* (New Brunswick, N.J.: Rutgers University Press, 2003), 23–52.

6. On the growing specialization and authority of medicine in the late nineteenth century, see 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, 1984).

7. There is an enormous body of literature on Civil War medicine. Among the useful overviews are George Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War* (New York: Henry Schuman, 1952); Ira Rutkow, *Bleeding in Blue and Gray: Civil War Surgery and the Evolution of American Medicine* (New York: Random House, 2005); Alfred Jay Bollet, *Civil War Medicine: Challenges and Triumphs* (Ghent, N.Y.: Galen Press, 2002); and Glenna Schroeder-Lein, *The Encyclopedia of Civil War Medicine* (Amonk, N.Y.: M.E. Sharpe, 2008). See also Vincent Cirillo, *Bullets and Bacilli: The Spanish-American War and Military Medicine* (New Brunswick, N.J.: Rutgers University Press, 2004).

8. Arlington National Cemetery Website, <http://www.arlingtoncemetery.net/rwshufeldt-usa.htm>, accessed 9/16/2008.

9. John Duffy, *The Sanitarians: A History of American Public Health* (Urbana: University of Illinois Press, 1992), 126–255. On regional specificities in public health during this period, see John H. Ellis, *Yellow Fever and Public Health in the New South* (Lexington: The University Press of Kentucky, 1992) and R. Alton Lee, *From Snake Oil to Medicine: Pioneering Public Health* (Westport, Conn.: Praeger Publishers, 2007).

10. Tomes, *The Gospel of Germs*, 18, 11.

11. On race, degeneration, and evolutionary theory, see Fredrickson, *The Black Image in the White Mind*, 228–82; Graves, *The Emperor's New Clothes*, 53–127; and John Haller Jr., *Outcasts from Evolution: Scientific Attitudes of Racial Inferiority, 1859–1900* (Carbondale: Southern Illinois University Press, 1996).

12. Seale Harris, “The Future of the Negro from the Standpoint of the Southern Physician,” *The Alabama Medical Journal* 14 (January 1902), 67.

13. Fredrickson, *The Black Image in the White Mind*, 258.

14. In addition to his article in the *Medical and Surgical Reporter*, Byers wrote a chapter on “The Influence of Race and Nationality upon Disease” for the *Cyclopedia of the Diseases of Children, Medical and Surgical*, ed. John M. Keating (Philadelphia: J. B. Lippincott Co., 1893) and served as an associate editor for *The Climatologist: A Monthly Journal of Medicine Devoted to the Relation of Climate, Mineral Springs, Diet, Preventative Medicine, Race, Occupation, Life Insurance and Sanitary Science to Disease*.

15. Edward McCrady et al, *Cyclopedia of Eminent and Representative Men of the Carolinas of the Nineteenth Century* (Madison, Wis.: Brant and Fuller, 1892): 254.

16. J. Wellington Byers, “Diseases of the Southern Negro,” *Medical and Surgical Reporter* 43 (June 9, 1888), 734.

17. Byers, “Diseases of the Southern Negro,” 735.

18. Byers, “Diseases of the Southern Negro,” 736. On the loaded meanings of personal hygiene at the turn of the century, see Virginia Smith, *Clean: A History of Personal Hygiene and Purity* (New York: Oxford University Press, 2007), 264–352; Katherine Ashenburg, *The Dirt on Clean: An Unsanitized History* (New York: North Point Press, 2007), 199–262; and Shah, *Contagious Divides*, 105–119.

19. Byers, “Diseases of the Southern Negro,” 735.

20. These data are based on separate keyword searches for each decade between 1850 and 1920 of the *Index-Catalogue* of the National Library of Medicine (NLM). Each reference was examined to determine, by its title and, when necessary, its subject heading, the primary focus of the text in terms of both theme and race or races. It is worth noting that I excluded from my count texts focused explicitly on Native Americans. Scientists paid considerable attention to disease and mortality rates among Native Americans, but the cultural concerns behind such work and its political implications differed from those of similar studies of African Americans during the same period and thus are outside the scope of this project. Of the remaining texts on race and disease, the majority focused on African Americans. I chose to use the NLM catalog rather than a broader repository, such as the Library of Congress. Because its stated purpose was to be a repository for medicoscientific publications specifically, its *Index-Catalogue*, begun in 1880, reflected turn-of-the-century understandings of what was considered legitimate medical science. To label Shufeldt a “pseudoscientist” might be tempting,

but the inclusion of his work (and that of other physicians discussed here) in the *Index-Catalogue* suggests that his contemporaries thought otherwise. To be sure, my methodology is not an exact measure of scientists' racial concerns—discussions of health and disease likely appeared at least briefly in many other texts as well—but it does sketch a useful outline of change over time in scientific thought about race. See *IndexCat*, National Library of Medicine, <http://www.nlm.nih.gov/hmd/indexcat/ichome.html>.

21. Frederick L. Hoffman, *Race Traits and Tendencies of the American Negro* (New York: Macmillan Company, 1896), v–vi.

22. Hoffman, *Race Traits and Tendencies of the American Negro*, v.

23. Hoffman, *Race Traits and Tendencies of the American Negro*, viii. The italics are mine.

24. See R. W. Shufeldt, *America's Greatest Problem: The Negro* (Philadelphia: F. A. Davis, 1915), 195, 239–40. Hoffman is frequently discussed in historical scholarship on American racial thought and race relations. See, for example, Fredrickson, *The Black Image in the White Mind*, 249–52; Thomas Gossett, *Race: The History of an Idea in America* (New York: Oxford University Press, 1997), 281–82; and Sandra Harding, *The "Racial" Economy of Science: Toward a Democratic Future* (Bloomington: Indiana University Press, 1993), 183–84.

25. C. E. Terry, "The Negro, a Public Health Problem," *Southern Medical Journal* 7 (1914), 459. One audience member, Dr. R. M. Cunningham of Birmingham, Alabama, offered an almost comically condescending—but all too typical—suggestion for the problem of communication: African Americans should be gathered in mass meetings and shown simple drawings to convey medical and sanitary information (464).

26. Terry, "The Negro, a Public Health Problem," 459.

27. Terry, "The Negro, a Public Health Problem," 466. The italics are mine.

28. Terry, "The Negro, a Public Health Problem," 464, 462.

29. See for example, Harris, "The Future of the Negro from the Standpoint of the Southern Physician," 67 and Thomas Murrell, "Syphilis and the American Negro: A Medico-Sociological Study," *Journal of the American Medical Association* 54 (March 1910), 848–49.

30. See, for example, F. Tipton, "The Negro Problem from a Medical Standpoint," *New York Medical Journal* 43 (1886), 570.

31. For a detailed analysis of the concept of "race suicide" and its place in turn-of-the-century scientific and cultural discourse, see Gail Bederman, *Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880–1917* (Chicago: University of Chicago Press, 1995), 199–215, and Louise Michele Newman, *White Women's Rights: The Racial Origins of Feminism in the United States* (New York: Oxford University Press, 1999), 144–49. On "race suicide" in black thought, see Michele Mitchell, *Righteous Propagation: African*

Americans and the Politics of Racial Destiny after Reconstruction (Chapel Hill: University of North Carolina Press, 2004).

32. On the increasing emphasis on casual contact in the transmission of disease, see Tomes, *The Gospel of Germs*, 8–9 and 104–106; on the “chain of disease” concept used to stigmatize African Americans, immigrants, and the poor, as well as to lobby on their behalf, see 183–233.

33. Terry, “The Negro, a Public Health Problem,” 465.

34. Tera W. Hunter, *To ‘Joy My Freedom: Southern Black Women’s Lives and Labors after the Civil War* (Cambridge, Mass.: Harvard University Press, 1997), 188.

35. Tomes, *The Gospel of Germs*, 9–10, 35–154, 182–188.

36. Terry, “The Negro, a Public Health Problem,” 463.

37. Terry, “The Negro, a Public Health Problem,” 464. On America’s increasing obsession with cleanliness—at home, in the workplace, and in public—in the twentieth century, see also Suellen Hoy, *Chasing Dirt: The American Pursuit of Cleanliness* (New York: Oxford University Press, 1996).

38. R. W. Shufeldt, *America’s Greatest Problem: The Negro* (Philadelphia: F. A. Davis, 1915), 238–49.

39. Examples are Shufeldt, *The Negro*, 13, 65; Shufeldt, *America’s Greatest Problem*, 7, 97, 237, 250–52; Hoffman, *Race Traits and Tendencies of the American Negro*, 86–95; Frank Jones, “Syphilis in the Negro,” *Journal of the American Medical Association* 42 (1904), 32; G. Frank Lydston, *The Surgical Diseases of the Genito-Urinary Tract* (Philadelphia: F. A. Davis, 1906), 124–25; H. H. Hazen, “Syphilis in the American Negro,” *Journal of the American Medical Association* 63 (August 8, 1914), 463; William Lee Howard, *Plain Facts on Sex Hygiene* (New York: E. G. Clode, 1910), 124; and Daniel David Quillian, “Racial Peculiarities as a Cause of the Prevalence of Syphilis in Negroes,” *American Journal of Dermatology and Genito-Urinary Diseases* 10 (1906), 277.

40. W. A. Dixon, “The Morbid Proclivities and Retrogressive Tendencies in the Offspring of Mulattoes,” *Medical News* 61 (August 13, 1892), 180.

41. On race and early sociology, see especially the work of Vernon Williams Jr., including *The Social Sciences and Theories of Race* (Urbana: University of Illinois Press, 2006); *Rethinking Race: Franz Boas and His Contemporaries* (Lexington: University of Kentucky Press, 1996); and *From Caste to a Minority: Changing Attitudes of American Sociologists towards Afro-Americans, 1896–1945* (Westport, Conn.: Greenwood Press, 1989).

42. Murrell, “Syphilis and the American Negro,” 846, and Charles H. McCord, *The American Negro as a Dependent, Defective, and Delinquent* (Nashville: Benson Printing Co, 1914), 19.

43. Howard Odum, *Social and Mental Traits of the Negro* (New York: Columbia University, 1910), 150–81.

44. For a discussion of the complexity of—and frequent contradictions in—Odum's work, as well as his later shift toward Southern liberalism, see Williams, *The Social Sciences and Theories of Race*, 43–45.

45. Terry, "The Negro, a Public Health Problem," 462.

46. On the antituberculosis movement, see Tomes, *The Gospel of Germs*, 112–36, 219–33, and Hunter, *To 'Joy My Freedom*, 187–218.

47. Thomas Jesse Jones, "Tuberculosis among the Negroes," *American Journal of the Medical Sciences* (October 1906), 592–99.

48. Adam Fairclough, *Teaching Equality: Black Schools in the Age of Jim Crow* (Athens: University of Georgia Press, 2001), 22–26.

49. Jones, "Tuberculosis among the Negroes," 592.

50. Adam Fairclough, *A Class of Their Own: Black Teachers in the Segregated South* (Cambridge, Mass.: Harvard University Press, 2007), 327, and David Levering Lewis, *W. E. B. Du Bois: The Fight for Equality and the American Century, 1919–1963* (New York: Macmillan, 2007), 140.

51. On DuBois and Jones, see Fairclough, *Teaching Equality*, 22–26; Fairclough, *A Class of Their Own*, 326–30; Lewis, *W. E. B. DuBois*, 70, 139–42; and Donald Johnson, "W. E. B. DuBois, Thomas Jesse Jones and the Struggle for Social Education, 1900–1930" *Journal of Negro History* 85 (Summer 2000), 71–95.

52. W. E. B. DuBois, *The Health and Physique of the Negro American* (Atlanta: The Atlanta University Press, 1906), 81.

53. DuBois, *The Health and Physique of the Negro American*, 6.

54. For more on African American public-health and hygiene campaigns during this period, see Tomes, *The Gospel of Germs*, 205–233.

55. Hinton Rowan Helper, *Nojoque: A Question for a Continent* (New York: Carleton and Co., 1867), 67–68.

56. Helper, *Nojoque*, 14.

57. Benjamin R. Tillman, "The Race Problem: Speech of Hon. Benjamin R. Tillman of South Carolina: in the Senate of the United States: February 23–24, 1903" (Washington, D.C.: Allied Printing, 1903), 23–24; *African American Perspectives: Pamphlets from the Daniel A. P. Murray Collection, 1818–1907*, Library of Congress (Digital ID: lcrbmrp.t2419), <http://lcweb2.loc.gov/ammem/aap/aaphome.html>.

58. Tillman, "The Race Problem," 28.

59. Tillman, "The Race Problem," 32.

60. "A Review of Southern History and a Plea for the Political Independence of the South: Speech of Hon. Malcolm R. Patterson, of Tennessee, in the House of Representatives, Monday, March 14, 1904" (Washington, D.C.: Gov-

ernment Printing Office, 1904), 6; African American Perspectives: Pamphlets from the Daniel A. P. Murray Collection, 1818–1907, Library of Congress (Digital ID: lcrbmrp t2007), <http://lcweb2.loc.gov/ammem/aap/aaphome.html>.

61. John T. Morgan, “The Race Question in the United States,” *Arena* 10 (September 1890), 390.

62. Morgan, “The Race Question in the United States,” 398.

63. W. Cabell Bruce, *The Negro Problem* (Baltimore: John Murphy & Co, 1891), 16–17.

64. See for example, James Kiernan, “Sexual Perversion and the Whitechapel Murders,” *Medical Standard*, 4 (November 1888); Hunter McGuire and G. Frank Lydston, *Sexual Crimes among the Southern Negroes* (Louisville: Renz and Henry, 1893); P. C. Remondino, “Questions of the Day: Negro Rapes and Their Social Problems,” *National Popular Review: A Journal of Preventative Medicine and Applied Sociology* 4 (January 1894); F. E. Daniel, “The Cause and Prevention of Rape” *Texas Medical Journal* 19 (May 1904); and F. E. Daniel, “Castration of Sexual Perverts,” *Texas Medical Journal* 27 (April 1912).

65. William H. Fleming, “Race Problem Reviewed, Its Evils and Its Curses: A Diagnosis of the Rape Spirit and the Mob Spirit,” *Macon Weekly Telegraph/Macon Daily Telegraph*, October 12, 1906, 4.

66. Murrell, “Syphilis and the American Negro,” 847. On medicoscientific discourse on African Americans and syphilis in the late nineteenth and early twentieth centuries, see James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: The Free Press, 1993), 16–29.

67. Murrell, “Syphilis and the American Negro,” 848.

68. H. L. Sutherland, “The Destiny of the American Negro,” *Memphis Medical Monthly* 25 (December 1905), 10, African American Perspectives: Pamphlets from the Daniel A. P. Murray Collection, 1818–1907, Library of Congress (Digital ID: lcrbmrp t2426), <http://lcweb2.loc.gov/ammem/aap/aaphome.html>. The italics are Sutherland’s.

69. Shufeldt, *America’s Greatest Problem*, 51, 238, 249.

70. William Lee Howard, “The Negro as a Distinct Ethnic Factor in Civilization,” *Medicine* (May 1903), quoted in Fredrickson, *The Black Image in the White Mind*, 268.