

Tipton (F.)

The Negro Problem from a  
Medical Standpoint.

BY  
F. TIPTON, M. D.,  
SELMA, ALA.

REPRINTED FROM  
The New York Medical Journal  
for May 22, 1886.

[with additions]





*Reprinted from the New York Medical Journal  
for May 22, 1886.*

---

## THE NEGRO PROBLEM FROM A MEDICAL STANDPOINT.

BY F. TIPTON, M. D.,

SELMA, ALA.

SINCE his emancipation, no problem has perhaps more vexed the statesmen and philanthropists of our country than that of the negro as a social and political factor in our midst. The columns of the daily press have teemed with the subject, literary journals have been laid under tribute to this vexed question, and political discussion has been pregnant with the negro to the verge of personal violence. On the other hand, the literature of this race, in its purely statistical and vital relations, has been, it seems to the writer, extremely meager and unsatisfactory. I have ventured to address you this article as a simple contribution of this nature. That we of the South have the negro with us as a full-fledged citizen, with all vested privileges, and have him here to stay, is a fact, however distasteful it may be; still there is no possible evasion of the fact, and it behooves us, as wise and public-spirited citizens, to make the best of the inevitable.

That the negro is peculiarly fitted by nature and habits to till our Southern soil, beneath the torrid sun of our summer months, and can not be replaced by any other laborer in our more malarial localities along the sluggish streams of Alabama, Arkansas, Mississippi, and Louisiana, reeking as

they are, like the rice-fields of South Carolina, with the deadliest miasms, is beyond dispute, and, setting aside all questions of philanthropy, we of the South can do nothing wiser or more expedient as a purely business measure than to develop in every way the health and comfort of our laboring classes. Foremost in such measures should be, first, thoroughly accurate and reliable statistics, vital and mortuary, which have been heretofore too much neglected in this section. Secondly, the study of the laws of hygiene should be made obligatory in all colored schools, for it is upon the rock of bad hygiene that this race has heretofore most miserably foundered. No sort of medical skill or charitable aid can prove successful in lessening the frightful mortality of the negro until he realizes the alarming fact that he is dying almost doubly as fast as his white-skinned rival.

All this and more should be made a part of his common-school education, ingrained into his slowly receptive intellect, and so dwelt upon as to make him realize in some degree the enormity of his sanitary sins. The average death-rate of the negro population in this little city of about ten thousand souls is little less than thirty *per mille*, fifty per cent. of which, in my opinion, is due to bad sanitation, gross neglect of the simplest laws of hygiene, and general ignorance of results. No wiser expenditure could be made of the thousands of dollars annually sent South by benevolent persons in the North for the purpose of educating the negro than by exacting the requirement that a portion at least of these sums be spent in teaching him how to maintain the superb physique transmitted to him as the result of the rigid discipline of his slave ancestors. It is not venturing beyond the limits of reasonable prudence to say that, unless some reform of this kind is instituted, the negro race will begin, at no distant day, to rival the Indian race in its rapid extinction in this quarter of the world.

I send you herewith my report as Registrar of Vital Statistics for the city of Selma, Ala., for the year 1885. Excepting the omission of a few births among the colored race, it is a perfect record. You will note that, out of a population of ten thousand nearly, while the white birth-rate far exceeds the death-rate, on the other hand the death-rate among the blacks is exactly as much greater than births as the white births were in excess of deaths. Let us analyze this more specifically. First, the birth-rate is three *per mille* less for the black race, something almost incredible when we consider their well-known characteristics of excessive lechery and utter disregard of all marital pledges. But there are two good reasons for this: First, the births are not invariably reported; secondly, nineteen colored women out of twenty suffer from some form of uterine disease, which lessens their productiveness more or less. This would seem rather a hard nut for the modern gynæcologist to crack, laying as he does so many female diseases at the door of fashion and luxury. Yet this is no overdrawn statement, and any Southern physician will bear me out in saying that it is a rare thing to find a colored woman who does not complain of a "misery in her womb" and a free discharge of the "whites," as they term leucorrhœa. At least two thirds or more of all the colored women who consult physicians at their offices do so to endeavor to get "breeding medicine." A common remark is: "I have had no health since I quit breeding, and I want something to make me breed." Much of this condition is due to too early getting up after confinement, and much to specific elytritis and endometritis, both of which causes are easily preventable, and will no doubt diminish in frequency as the negro becomes better instructed. Labor with them is generally regarded as a trivial affair, many of them getting up within the week and seldom requiring anything more than the

services of a "granny," as the colored midwives are called.

Turning now to the death-roll, we find the ratio for the blacks almost double that of the whites, deaths from phthisis being four times as numerous among the blacks—this, too, of a disease of which, before the war, a pure negro never died. Let us pause here and speculate a little. Why should the negro die since emancipation of a disease from which as a slave he was wholly exempt? No satisfactory solution has yet been advanced to explain away this singular phenomenon; yet the fact stares us in the face daily that phthisis is now the greatest foe of the colored race. Look over the causes of death in my report and you will find that consumption doubled every cause of death on it, save cerebro-spinal meningitis, which came as an epidemic and should not be counted in this relation. I know of no more puzzling problem in pathology than this sudden apparition of the negro as the rival of the white race in his susceptibility to consumption. To the slave disciplined into perfect obedience through the fear of certain punishment, leading a perfectly orderly life, observing through compulsion the most rigid laws of health, subsisting upon a simple but sufficient diet, many of the diseases of the present "freedmen" were unknown. Does not this point a moral that the white race in their struggle for life might well consider? Surely there must be something more than mere chance in this sudden reversion of settled facts. Was there not something in the rigid *régime* under which the slave lived that rendered his system a barren soil to the germs of tuberculosis? Did not his rugged physical condition bid defiance to disease, much as does that of the lower animals, the germs falling upon his brawny lungs like the arrows of the ancients upon their bull-hide shields? Surely there has been no multiplication of the specific bacilli

of this disease in this climate; the change has been wrought not in the infecting agent, but in the soil, and this change has come, in my opinion, as the result of the violent striking of the shackles from the hands of a people who, for generations, had lived as slaves; the sudden lifting of all restraint, the violent swing of the pendulum from a simple life of toil and bondage to one of liberty, license, and all that inevitable brood of disasters that follows surely and swiftly upon the heels of outraged and violated natural laws. Yet this is not all; there is an undiscovered something still behind all this silently working; for it is among the better class of these people that phthisis finds its richest holocaust, and this is why I opened this paragraph by the remark that no satisfactory reason had yet been offered to explain away this medical mystery of the negro race. Nor is it in phthisis alone that increased susceptibility has come with freedom. A negro with yellow fever prior to emancipation, even in its most widely spread and most virulent epidemics and in its foulest hot-beds, was so phenomenal that many of our oldest "fever doctors" had never seen a well-pronounced case. The fearful sweep of this scourge in 1878 and since had its victims alike among all classes, races, and colors, flaunting its somber livery apparently in defiance of all former and established rules of immunity from its ravages. So great was the mortality of the negro population during the epidemic of 1878 that all pre-existing ideas of their impregnability to this disease were effectually dissipated. It is stated by some anatomists that the vesicular area of the lungs in the negro is smaller in extent than in the white man, and some writers have explained in this way the great mortality of pulmonary affections in this race, pneumonia being *par excellence* the scourge of the cotton plantations, the sugar-farms, and the rice-fields. But there are other agencies at work. The vitality of the negro is low; his vital

force has been ever subordinated to the muscular, his immense physical force has been cultivated and maintained at the expense of that occult essence which predominates so largely in the economy of the white man. His diet is fatty; he revels in fat; every pore of his sleek, contented face reeks with nuctuousness. To him the force-producing quality of the fats has the seductive fascination that opium weaves about the Oriental and hashish dreams possess for the children of the sun. He goes on indulging from day to day his appetite in fats alone; they are sufficient for his cravings; he wishes nothing better; he develops muscular force at the expense of vitality, and, when the strain comes, too often falls into deadly collapse from which no nervous stimulant can arouse him. Again, his courage is subdued by ages of servitude, his mind is the greedy receptacle of the wildest vagaries of superstition, and withal he falls an easy prey to whatever serious ailment may overtake him. The danger of a too exclusively salt and fatty diet was well illustrated in our civil war; effeminate young gentlemen, city born and bred, surrounded by all the luxuries that wealth could purchase, bore with impunity the hardships and privations of the camp, the march, and the battle-field, under which the hard-handed sons of toil (reared upon salt pork of necessity, from the secluded locations of their homes and distance from market) fell the easy victims. My friend, Dr. C. H. Mastin, of Mobile, a surgeon of wide reputation, writes me that much of the lung troubles in the negro is due to pulmonary syphilis, which in his experience (which also corresponds with mine) is the only way in which syphilis ever hurts them. He thinks that syphilis was spread widely among the negroes of the garrisons quartered immediately after the civil war all over the sections most thickly settled with negroes.

It is scarcely credible to a physician familiar with the

treatment of the Caucasian alone to observe the marked difference necessary in the treatment of precisely similar diseases in the black man. With him the reign of lowering treatment was short-lived; the lancet and the drastic purge numbered more victims than did the disease when left to its natural career. I remember, when a mere youth, hearing my father, who owned a large number of slaves, say that he dismissed the doctor after losing five of his most valuable servants with pneumonia, one after the other, and directed the overseer to do nothing but give them plenty of butter-milk and pepper-tea, and thereby saved himself many thousands of dollars. Pneumonia was then a new disease with them, and the doctors treated it with calomel and the lancet. We treat it now with carbonate of ammonium, milk-punch, and quinine, with Dover's powder at night to procure rest. We never purge them after the first day, and rarely use any depressant to lower the deceptive masquerade of sthenic symptoms, for the full, bounding pulse of to-day, feeling under the finger like the flow of moving mercury, may tomorrow be a feeble thread, and the brawny cheek and lusty eye be changed, in less time than I can write it, into the pinched and shrunken physiognomy of death.

While the writer was acting in the capacity of chief of clinic to the lamented Hawthorne, of New Orleans, at the great Charity Hospital of that city, he had opportunities of observing the comparative results of treatment in the two races in the same building and under the same conditions as to food, nursing, etc., which are unsurpassed anywhere on this continent or in Europe. While there, the ideas embodied in this article were first formed and the peculiarities of the negro first studied. He is little susceptible to malarial infection, and when so poisoned needs but little quinine, a thorough mercurial purgative doing the work by eliminating the poison through the liver and bowels, disgorging the

portal circle and relieving him as much as twenty grains of quinine would a white man. When they are sick, they invariably beg to be "worked" with "*sarching*" medicine, as they call purging, and a box of purgative pills is one of their household necessities. The reckless manner in which they purge their sick is often fatal in its consequences, as they do not bear purging well when seriously ill. They bear veratrum badly, both because it is too depressing, also because they are wholly irresponsible as nurses, frequently giving at one dose enough medicine to kill.

They confound the size of spoons most lamentably—so much so that I always direct a *tablespoonful* as the dose, when giving strong remedies, lest they forget the directions and give a tablespoonful when a teaspoonful has been ordered.

They are still victims of superstition and "voodooism" to the last degree, and this often seriously interferes with the proper administration of remedies in sickness. No sort of coercion will make a negress drink sweet milk during the puerperal period; it is "bad luck," and will be followed by certain death. When any of them are "*conjured*" or "*kungered*," as they term being bewitched, no kind of treatment will benefit them till the charm is broken. This conjuring is done in this way: A negro has a grudge to satisfy; he gets some hair and finger-nail parings, a lizard, and a foot of a grave-yard rabbit, and buries them where the victim must pass over them. As soon as he does this he falls sick, lizards get into his legs and his stomach, and his sleep is broken; the "conjure-bag" must be found or he will die.

So firm is this belief that no sort of reason will shake it, and I have actually given them medicine to run the lizards out. Another fancy of theirs is to tie up a tuft of hair just over the perpendicular of the uvula, to draw up the palate, which has "fallen"; this is when the uvula is too long

from sore throat. Another plan of treatment is rubbing the cheeks in neuralgia with a cow's jaw-bone. Still another fancy is to wash the eyes with urine when sore—a habit that I have known to convey the gonorrhœal poison to the eye with fatal results. They suffer very little with any eye trouble, save phlyctenular conjunctivitis, which is quite common. I have never seen a case of granular lids among them, and I do an extensive eye practice. They suffer but little from the various forms of refractive trouble, due, I suppose, to the non-use of the eyes in near work. I had all the eyes of the colored school-children in this city tested two years ago, several hundred in all, and I did not find a single case of myopia—showing this defect to be pre-eminently a disease of cultivation. I have operated a number of times for cataract in colored people, and they all do well, notwithstanding their unfavorable sanitary condition and surroundings—in fact, the negro bears surgery remarkably well, healing up readily by primary union, and seldom having any surgical fever or septic trouble. Syphilis in the negro is generally mild, in many cases running through its course without any treatment, and no case ever receiving the treatment considered essential for the white man. I don't think I exaggerate when I say that at least one half of all the negro men have syphilis in some form, and that it is rare to see any of them seriously hurt by it.

They rarely take more than a few doses of medicine during the whole course of the disease. Gonorrhœa is readily cured in them by the simplest measures, and does its worst damage in infecting the females, producing chronic endometritis and consequent barrenness. The negroes are particularly prone to fibroid tumors of the uterus, but I have never seen an ovarian tumor in a pure negress. The grannies, as their midwives are called, generally perform their functions without help, and they recover under the most adverse

circumstances in childbirth. In one case that I was called in to assist in, twins were extracted by turning; both placentaë were peeled off by the fingers in the uterus, the woman having convulsions during the whole performance, yet she was up in ten days without the slightest rise in temperature. When the placenta is adherent, the wise old granny never attempts to pull it out, but safely moors it by tying a string around the leg below the knee "to keep it from crawling back," and sends for the doctor. I mention these trivial facts, thinking they may prove amusing to your Northern readers who have no familiarity with this simple-minded and superstitious race of people.

Among the rare diseases of the negroes is cancer of the uterus, a most astonishing fact when we consider the amount of rough usage to which this organ is subjected, being in a constant state of either erotic excitement or disease from puberty to old age. On the other hand, I have several times removed pedunculated fibroids from the interior of the womb.

Lacerations of the cervix are quite common—more common than in the white race; and, if Dr. Emmet's theory of this being a factor in producing cancer is correct, it shows how feebly susceptible the negro is to this disease. Contrary to one's expectation of this hardy race, hysteria is quite common among them, due largely to their superstitious natures. Some of the most stubborn and vexatious cases of hysteria I have ever met have been in colored women. With them the cold affusion to the head acts charmingly, often to the intense delight of the indignant and disgruntled husband.

Diphtheria is a rare disease in negroes; so also is croup. Deafness is rare, insanity is also rare, the opium habit is rare, while whisky is the negro's greatest enemy, slaughtering even more than consumption.

Nearly all old negroes suffer with rheumatism, rheumatoid arthritis, and kindred joint affections, due to exposure to the vicissitudes of the weather, to which, save very cold weather, they are utterly indifferent. A negro bears cold very badly, and in cold seasons nothing but the fear of starvation will urge him away from his handful of burning wood or coal.

He is specially susceptible to epidemic meningitis and to small-pox, both of which prove fatal in the large majority of cases. Some epidemics affect the negro population exclusively, due, I think, to the excessive filth in which the poorer classes live. Their houses are filthy, their bedding is filthy, there is no ventilation, and there are no windows. Often when I practiced in the country I had to pull the rough boards from the cracks to give me enough light to examine the patient. The chimneys are almost invariably smoky, and you enter the sick-chamber often to find a pneumonia patient breathing an atmosphere so thickly laden with smoke that you are stifled. They sleep invariably with their heads deeply covered with thick bedding, breathing the foulest odors, and encouraging thereby all forms of disease fostered by foul and unwholesome atmosphere.

Epidemics are rapidly spread by their insatiable curiosity to see the sick, from which the fear of contagion never deters them. Scarlet fever, measles, and other diseases transmitted by fomites are carried about by washerwomen in their weekly wash.

I remember once seeing a basket filled with clothing, ready to be sent home to a white family, lying on the bed in which were two patients with scarlet fever, the colored mother unconscious of the terrible risk she was causing, and the white patron equally ignorant of the fact that her washerwoman had any infectious disease at home. Much of the future solution of this problem depends upon the colored

doctors, who are fast filling up the gaps left by the sudden withdrawal of the master's pocket-book, and the equally sudden disappearance of the sedulous medical care which the relation of property demanded. So far as I have seen, they are generally very useful members of society, doing their work industriously and with fair skill, and admirably filling in Southern cities a long-felt want among the colored people. I might go on thus indefinitely illustrating the peculiarities of this race, but I fear I have already written more than you will care to publish. If it proves of any value as a contribution to the study of the negro in his purely medical relation, then I shall feel that I have made some advance in a field in which at present there are few footprints.



REASONS WHY

Physicians should Subscribe

- FOR -

# The New York Medical Journal,

EDITED BY FRANK P. FOSTER, M. D.,

Published by D. APPLETON & CO., 1, 3, & 5 Bond St.

1. **BECAUSE :** It is the *LEADING JOURNAL* of America, and contains more reading-matter than any other journal of its class.
2. **BECAUSE :** It is the exponent of the most advanced scientific medical thought.
3. **BECAUSE :** Its contributors are among the most learned medical men of this country.
4. **BECAUSE :** Its "Original Articles" are the results of scientific observation and research, and are of infinite practical value to the general practitioner.
5. **BECAUSE :** The "Reports on the Progress of Medicine," which are published from time to time, contain the most recent discoveries in the various departments of medicine, and are written by practitioners especially qualified for the purpose.
6. **BECAUSE :** The column devoted in each number to "Therapeutical Notes" contains a *résumé* of the practical application of the most recent therapeutic novelties.
7. **BECAUSE :** The Society Proceedings, of which each number contains one or more, are reports of the practical experience of prominent physicians who thus give to the profession the results of certain modes of treatment in given cases.
8. **BECAUSE :** The Editorial Columns are controlled only by the desire to promote the welfare, honor, and advancement of the science of medicine, as viewed from a standpoint looking to the best interests of the profession.
9. **BECAUSE :** Nothing is admitted to its columns that has not some bearing on medicine, or is not possessed of some practical value.
10. **BECAUSE :** It is published solely in the interests of medicine, and for the upholding of the elevated position occupied by the profession of America.

Subscription Price, \$5.00 per Annum. Volumes begin in January and July.

