

The Mutual Conception of Blackness and Medicine

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The emergence of philosophy and science following the Enlightenment era revolutionized how we see the world. European doctors and researchers brought their new scientific perspectives to the developing world, including the United States, where medical practice flourished; however, by the 19th century, researchers and medical professionals began to use scientific reasoning to justify racism and slavery. The creation of Blackness as a racial category and of early American medicine were closely entwined with each other. African Americans were heavily racialized by medical beliefs and were strictly excluded from health services and medical education. On the other hand, there were several African American individuals who found their own ways to study and practice medicine in direct opposition to how they were being racialized by white scientists. Racial disparities in healthcare, education, and myriad other aspects of life still exist, which is why we must consider how racialization came about and was challenged.

The scientific racialization of blackness began with genetic and evolutionary reasonings, which were used by European scientists for centuries to “prove” the superiority of the white race. In the 1810s, the field of phrenology emerged from Franz Joseph Gall and his team in Germany. Its methods were questionable, but it provided a reasonable hypothesis that different parts of the brain may be responsible for different functions; a structure-function relationship. However, its adaptation by American scientists warped into trying to determine one’s personal and biological characteristics based on just the shape of their head, and by extension their race. This was “the perfect science for the preoccupations of the antebellum era,” providing a scientific backdrop to claim differences between white and Black people.¹ Secondly, polygenists at the time had begun separating humans into distinct racial categories with physiological differences. In the American

¹ Susan Branson, “Phrenology and the Science of Race in Antebellum America,” *Early American Studies* 15, no. 1 (2017): 169.

context, this field was morphed into scientifically defining racial categories, with “Caucasians at the summit.”²

These previously-established ideas festered beneath biomedical research, providing grounds to continue science that played off of white supremacy. With this foundation laid, nineteenth century American physicians argued that “the impaired intelligence of African Americans made them incapable of equality with other Americans.”³ This basis was deployed to characterize Blacks as inherently disabled and to justify slavery. According to Dr. Samuel Cartwright’s *New Orleans Medical and Surgical Journal*, Blacks had “‘a deficiency of cerebral matter in the cranium’ and [an] excessive distribution of nervous matter to the senses” which rendered them unable to take care of themselves.⁴ Moreover, it was thought that Blacks defaulted to barbarism and apathy when left alone, which could only be reversed by putting them to work via enslavement. This kind of false justification fell in line with the idea of slavery as a benevolent institution and was utilized to convince the common person that Black people were genetically and biologically inferior to whites.

Not only did these medical perspectives assign negative racialized meanings to Black, but they were also taught to students in medical school. Robley Dunglison was a British-born American physician who published the *Human Physiology* medical textbook in 1841. Along with basic medical information, this influential textbook supported racial inferiority theories and it categorized races based on genetic history. Words such as “mulatto,” “terceroon,” “griffo,” “quarteroon,” and others were spelled out in terms of the person’s “degree of mixture,” all of

² Branson, *Phrenology in Antebellum America*, 167.

³ Douglas Baynton, “Disability and the Justification of Inequality in American History,” in *The New Disability History: American Perspectives*, ed. Paul Longmore and Lauri Umansky (New York: New York University Press, 2001), 37.

⁴ John Haller, “The Negro and the Southern Physician: A Study of Medical and Racial Attitudes 1800-1860,” in *Medical History* (Cambridge: Cambridge University Press, 2012), 248.

which were emphasized as biologically different.⁵ These terms were instilled into the minds of learning physicians to facilitate bias, and would continuously be used throughout U.S. history to keep white supremacy alive, defining Black people solely based on their skin tone and by their relation to slavery. These words perpetuated colorism and racialized a wide range of human beings, not just Black people. To see them in a medical textbook demonstrates an implicit bias integrated deep in medical education, which would be reproduced to future students.

Blacks were openly advertised by medical professionals as having their own distinct biological and behavioral conditions. These differences came to be known as “Negro diseases” or “Negro peculiarities” which required special forms of treatment. Hypochondriasis was “attributed to grief over enslavement,” drapetomania was “the disease causing Negroes to run away,” and cachexia Africana was a dirt-eating disease, for which patients were prescribed to wear a wire mask or iron gag.⁶ These kinds of definitions firmly placed Africans as people only in their relation to slavery, and pathologized the fact that they wanted to fight back against enslavement. It animalized them, made them out to be distinctly different, and contributed to false assumptions about Black health and behavior which would persist for decades. Negro diseases and peculiarities were taught all the way until the late 1900s, severely impacting the healthcare and education that African Americans would receive.

On top of teaching and reproducing racist ideals, medical professionals in this time period had a history of participating in the slave trade. W. Michael Byrd claims that 19th century “physicians, sworn to uphold highly ethical and humanitarian professional codes, had been prominent participants in the barbaric Atlantic slave trade.”⁷ Despite having an oath to protect

⁵ W. Michael Byrd and Linda A. Clayton, “Race, Medicine, and Health Care in the United States: A Historical Survey,” *Journal of the National Medical Association* 93, no. 3 (2001): 19S-20S.

⁶ Byrd, *Race, Medicine, and Health Care*, 19S.

⁷ W. Michael Byrd, “Race, Biology, and Health Care: Reassessing a Relationship,” *Journal of Health Care for the Poor and Underserved* 1, no. 3 (1990): 278-296.

human health, they themselves were often taking part in the buying and selling of human beings or working as surgeons on slave ships. Byrd claims that researchers and doctors were encouraged to participate in the evils of slavery because it was a sign of their intelligence and economic savvy. As medicine was defining the Black race as inferior, it was also informing how white doctors should interact with race and slavery. By enforcing teachings that literally created races, and by emphasizing participation in the institution of slavery, medical teachers and practitioners drastically altered paradigmatic views on what was right for the human body and how professionals should treat them.

A combined effect of seeing Blacks as an inferior race was the disenfranchisement of Black students from pursuing an equal medical education. Seen as evolutionarily inferior people who constituted “the ‘missing link’ between apes and man,”⁸ Black people were not allowed to receive the same education as whites. In 1893, Johns Hopkins University “opened with rigidly segregated classes, hospitals, and medical staff.” More and more schools became separated, preventing Blacks from becoming researchers, teachers, or providers, until “virtually all of America’s medical schools remained segregated by race and class.”⁹ In response to this, some Black-led medical facilities were opened, but access to them was still limited. The other major result– which is still playing out in modern day– manifested as severe disparities in medical treatment. Blacks resided in places with much lower access to health care and health education, or were racially excluded from these facilities. The fact that Blacks couldn’t receive quality treatment led to higher incidence of disease and lower life expectancy. Even those fortunate enough to see a doctor would face discrimination and unethical forms of treatment. The father of modern gynecology, Dr. James Marion Sims, had a dark history experimenting on unwilling

⁸ Byrd, *Race, Biology, and Health Care*, 285.

⁹ Byrd, *Race, Medicine, and Health Care*, 19S.

Black women and children. Sims conducted experimental operations on Black slave women without their consent, oftentimes without anesthesia. Although his main goal was to find a cure for vesicovaginal fistula, a gynecological birth defect, he was testing a secondary hypothesis: that Black people did not feel pain.¹⁰ Sims' experiments were unethical, conducted on people forced into enslavement, and they contributed to false racializations of Black people as less human (ie. unable to feel pain). Medical experts were aware of the inequality between treatment given to Blacks and whites, but described such disparate outcomes as “an inherent biological phenomenon” rather than a social consequence.¹¹ In this way, the unfair treatment that Blacks received fed back into negative stereotypes about them as a different race of people, leading to even more inequities in treatment. By way of educational disenfranchisement, negative racializations, and unfair treatment, medicine was institutionally constructed against African Americans, and yet they persisted.

Despite this virulent racism, many Black figures emerged who later became distinguished names in medical history. In becoming medical professionals and leaving their legacy on the medical field, these Black men and women pushed back against the specific racializations that were harbored against them, redefining what Blackness meant. One of the first was Dr. James McCune Smith, the first Black man to earn a medical degree. Later in his life, Dr. Smith also opened what may have been the first Black-owned pharmacy, and he used “medicine and science to refute slavery’s advocates in his writing.”¹² Not only did he show his oppressors that he was capable of pursuing a

¹⁰ L. Lewis Wall, “The medical ethics of Dr J Marion Sims: A Fresh Look at the Historical Record,” *Journal of Medical Ethics* 32, no. 6 (2006): 346-350.

¹¹ Evelyn M. Reverby and Susan M. Reverby, “Toward a Historically Informed Analysis of Racial Health Disparities Since 1619,” *American Journal of Public Health* 109, no. 10 (2019): 1348. doi:10.2105/AJPH.2019.305262

¹² “11 African Americans Who Made Medical History,” American University of Antigua, October 13, 2023. <https://www.auamed.org/blog/african-american-doctors/>.

rigorous medical education, but he utilized that education to fight for the rights of all Black people. Perhaps equally as notable was Dr. Daniel Hale Williams, the first physician to ever complete a successful open heart surgery. Many doctors and researchers at the time– not just in the U.S., but around the world– were working towards successful open heart surgery. For Dr. Williams to be the first was a profound statement of the value of Black doctors in American medicine. Like Dr. Smith, Dr. Williams’ achievements strengthened his advocacy for the integration of Blacks and whites in medical education. He was a determined proponent of educational equality who utilized his scientific knowledge to open two institutions that would expand educational opportunities for all Americans. Dr. Williams founded Provident Hospital and Training School for Nurses in 1891, which has been training Black physicians and treating all groups of people ever since. Moreover, he founded the National Medical Association in 1895, the largest organization of Black doctors and medical researchers, which is still around today. This organization has impacted thousands of African Americans, connecting and empowering them in the face of oppression and educational discrepancies.

Another story that is particularly interesting is that of Dr. William Augustus Hinton, who was the first African American to publish a medical textbook: *Syphilis and Its Treatment*. Dr. Hinton stands out because during the 19th and 20th century, Blacks were commonly characterized by medical professionals as a “a debauched, ‘syphilis soaked,’ unfit race.”¹² Dr. Hinton researched the disease and published a text so that it could be better understood and treated for all people, in order to fight directly against false beliefs that dominated at the time. Dr. Hinton went on to develop the Hinton test, still used today for detecting syphilis.¹³ It did not end here, though, and his story became

part of a larger conversation that would continue through the 1930s. Dr. Hinton's work opened the door for an unbiased discussion of syphilis and pathological research without the intervention of racism, but the opportunity was suppressed by the Tuskegee experiment. During this infamous experiment, hundreds of poor Black patients were observed in order to understand the prognosis of syphilis. As many of them progressed into severity, blindness, and death, researchers simply watched and did nothing. No treatment was provided to these men, despite the fact that their bodies were being used for scientific treatment. The Tuskegee study was one of the most publicized examples of historical racial malpractice against Blacks in the United States, leading to nationwide discussion of how scientific research should ethically be conducted and how we must be critical of the ways in which science can be exclusive.¹³

Leading up to and during the 19th century, it wasn't just African American men who contributed to the legacy of Black medicine. There were also key women who sought to become medical professionals, thus blazing the trail for many more to follow. Even before they had the ability to pursue an official medical education, enslaved and free Black women took on nurse-like caretaker roles for enslavers and their own families. In her exploration of hidden Black figures in medicine around the world, Diana-Lyn Baptiste points out the existence of Black women's healing, caretaking, and doctoring in the United States and throughout the Caribbean, which existed long before Blacks had the opportunity to formally become practitioners. Baptiste claims that the medical knowledge of Black women in the early 19th century advanced more quickly than that of white professionals because Black women were not blinded justifying their own racial superiority.¹⁴ This claim identifies that race was a prominent issue affecting medical

¹³ Byrd, *Race, Biology, and Health Care*, 288-289.

advancements, and that it was detrimental to the medical field as a whole. Two well-known Black women during this time, Sojourner Truth and Harriet Tubman nursed soldiers during and after the American Civil War. Both women used their passion for abolition to support other women in their pursuit to become nurses as well. In addition to them were many unnamed enslaved women who have unfortunately been lost in history—whether unintentional or intentional. It may have been “white Americans’ imposition of colonialism and slavery [that] dispossessed and subjugated Black medical knowledge”¹⁴ and obscured them from historical preservation.

Nevertheless, the number of enslaved women who acted as nurses and caretakers during the 19th century undoubtedly has contributed to knowledge of medicine and treatment in ways that we can never know, which Baptiste alludes to.¹⁴ Of those who are known, Dr. Rebecca Lee Crumpler became the first African American woman to earn a medical degree in 1864. Not long after Dr. Crumpler earned her degree, Mary Eliza Mahoney became the first African American professional nurse in the United States in 1879. These two figures validated all of the work of their predecessors, taking a big step towards equality for Black people as a whole, and also for Black women especially. Over time, more and more Black men and women have been given the opportunity to become medical professionals, further contributing to global health efforts.

The work of medical professionals had a profound impact on the idea of “blackness” in the 19th century. White physicians took part in the slave trade, exploited Black individuals for research, taught and perpetuated racist ideals, and treated Black people as a distinct race deserving lower-quality treatment. By the same token though, Black men and Black women alike fought back against racialization, using their own

knowledge to influence what the medical field would look like. They were innovators for others to follow in the face of prejudice and systemic inequality, and they used scientific knowledge to denounce slavery and racism. Their work should be brought to light in medical education and their contributions should be celebrated. Even in modern day, it is vital that we tell their stories so that we may understand where medicine has come from, and so that we may recognize the underrepresented impact that Black people have had on the medical field. Furthermore, the fight for equality in medical care is ongoing; people of color in the United States continue to exhibit higher mortality rates, lower life expectancies, and worse health status overall as compared to white Americans.¹⁴ During the COVID-19 pandemic, this was especially evident, where the U.S. saw that racial minority groups were disproportionately affected. The problem still exists, and people still face disparities in access and treatment based on race. Long after the 19th century, millions of lives are at stake, demonstrating why conversation around the combined history of medicine and blackness requires revisiting.

¹⁴ Ndugga Nambi and Samantha Artiga, “Disparities in Health and Health Care: 5 Key Questions and Answers,” KFF, April 21, 2023. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>.

Bibliography

- Baptiste, Diana-Lyn et al. "Hidden figures of nursing: The historical contributions of Black nurses and a narrative for those who are unnamed, undocumented and underrepresented." *Journal of Advanced Nursing* 77, no. 4 (2021): 1627-1632. doi:10.1111/jan.14791
- Baynton, Douglas. "Disability and the Justification of Inequality in American History." In *The New Disability History: American Perspectives*, edited by Paul Longmore and Lauri Umansky, 33-57. New York: New York University Press, 2001.
- "Black History Month: A Medical Perspective." Duke University Medical Center Library & Archives. Last modified October 20, 2022. <https://guides.mclibrary.duke.edu/blackhistorymonth>.
- Branson, Susan. "Phrenology and the Science of Race in Antebellum America." *Early American Studies* 15, no. 1 (2017): 164–93. <https://www.jstor.org/stable/90000339>.
- Byrd, W. Michael and Clayton, Linda A. "Race, Medicine, and Health Care in the United States: A Historical Survey." *Journal of the National Medical Association* 93, no. 3 (2001): 115-345.
- Byrd, W. Michael. "Race, Biology, and Health Care: Reassessing a Relationship." *Journal of Health Care for the Poor and Underserved* 1, no. 3 (1990): 278-296.
- "11 African Americans Who Made Medical History." American University of Antigua. October 13, 2023. <https://www.auamed.org/blog/african-american-doctors/>.
- Haller, John. "The Negro and the Southern Physician: A Study of Medical and Racial Attitudes 1800-1860." In *Medical History*, 238-253. Cambridge University Press, 2012.
- Hammonds, Evelyn M, and Reverby, Susan M. "Toward a Historically Informed Analysis of Racial Health Disparities Since 1619." *American Journal of Public Health* 109, no. 10 (2019): 1348-1349. doi:10.2105/AJPH.2019.305262
- Hansen, Axel C. "African Americans in medicine." *Journal of the National Medical Association* 94, no. 4 (2002): 266-71.
- Nambi, Ndugga, and Artiga, Samantha. "Disparities in Health and Health Care: 5 Key Questions and Answers." KFF. April 21, 2023. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>.
- Wall, L L. "The medical ethics of Dr J Marion Sims: A Fresh Look at the Historical Record." *Journal of Medical Ethics* 32, no. 6 (2006): 346-350.