

Another Phase Of The Race Problem: What Shall We Do With Our Negro Consumptives?

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ROSEDALE.

There are two phases to the race problem in the south, one of which concerns the negro's status as a political factor and has become a popular subject for our politicians to discuss on the hustings, proposing various plans by which he may be eliminated from participation in the control of our government, but as to whether these plans are practical or are merely pipe dreams to beguile the unwary voter, we are not concerned, as the fact remains, that the negro, like Lazarus, "has been laid at our gate", and will remain there until decimation by disease and absorption by the whites has wiped him out of existence as a race, leaving only a suspicious duskiness of skin, an unwelcome odor and some strong racial characteristics, where once the color line was distinctly drawn.

The other phase of the problem is his health, which we, as guardians of the public health, are expected to solve, and to which we should address ourselves with the earnestness the cause so urgently demands, not alone for the preservation of this peculiar and benighted race of people from the ravages of disease, but also for protection from infection of our own race, through the close personal contact with negroes which necessarily exists by reason of the fact that we are compelled to draw on them for our uses as household servants and other forms of labor.

Any one who is acquainted with the racial characteristics and tendencies of the negro, will realize the magnitude of the

task before us, which has been greatly augmented by several conditions:

1st. Notwithstanding the occasional notes of warning which have been sounded since about 1900, when the race congress met in Montgomery, Ala., no practical steps have been taken to suppress the wide-spread dissemination of tuberculosis in the southern negro, and until within the past five years we did not realize to what an appalling extent the loss of life to the race from this disease had reached, and the concomitant danger to ourselves.

2nd. The rapidity with which the disease runs its course, rendering treatment almost useless and giving abundant opportunity for its dissemination before its presence is known.

3rd. From a strong racial characteristic of the negro, a gregarious habit not yet outgrown, they leave the farms and herd in the low, unsanitary huts in the towns, where they live in squalor, with unwholesome and insufficient food and clothing, creating a very hot-bed for the propagation of disease of all kinds.

4th. With no friends on earth to whom they can appeal for help when sick and in need, other than their white neighbors, yet when well and strong they resent our every effort in their behalf in the way of prophylaxis and sanitation.

5th. Negroes are all fatalists—no matter to what church they belong they are all fatalists—and, as they express it, "will get what is coming to them", no matter what precautions are taken to counteract it.

In order to more clearly understand the problem of averting the sacrifice of this peculiar race of people by a disease which is clearly a preventable one, we must take into consideration some of the leading racial characteristics, tendencies and present environments.

There are only two periods of his history of interest to us, which are, from his importation here to his emancipation from slavery, and the other from his emancipation to the present time.

The first period was devoted to his physical welfare, with such attention to his intellectual and moral growth as was necessary to aid in his physical development and usefulness as a laborer, and make him tolerated in the presence of the white race, yet at the same time he had constantly before his eyes as an example, the civilization of the whites and was in

this way raised far above his primal life, both intellectually and morally. From a dwarf he was bred up to a magnificent physical stature, he was well fed and comfortably clad, his labor was done in the open air and sunshine of the fields, his quarters were kept in good sanitary condition; he was attended in sickness by the physician of his master's family, and his earning capacity made his illness a matter of solicitude to his owner. In other words, their lives then were ordered just as we would have them now, to combat disease.

From an idle, roving vagabond, he was taught regular and systematic work which is an important part of his education.

Admitting the great wrong of holding human beings in bondage, and without any regrets that this institution was abolished, still it cannot be denied that slavery was the greatest and most remunerative industrial school ever devised for the negro, and did more for his civilization and physical culture in two centuries than missionary teaching could have done in twice that length of time. As a writer remarks: "When missionaries endeavor to civilize savages, the difficulties are greatly heightened by the fact that a change in manner of living is demanded, while the environment remains the same." In this case the environments were completely changed.

After emancipation, when all restraint upon their race tendencies were wanting, except only the law of the land intended for government of a civilized and cultured people, the master's authority gone, his influence of no avail in the presence of a horde of adventurers, who flooded the south just after the close of the civil war, the negro's tendency backward became apparent in a few years. Not as to educational progress, however, for it is manifest that illiteracy has markedly decreased under a parrot-like education, but the remarkable part of it is, his education and religion are in no wise a criterion by which his moral character can be judged.

Such a thing as race pride does not exist, and family pride even is rarely found among them. Chastity among their women is rarely considered even probable. They herd together, more than one family in the same room, and exhibitions of their partially nude bodies, by women as well as men, is not considered a lack of modesty or deference.

Promiscuous co-habitation is the rule rather than the married state, and is growing worse annually. From the census of 1900, Bolivar County had over thirty-five thousand negroes, and

notwithstanding the great influx of negroes since that time, our circuit clerk tells me that the number of marriage licenses issued annually has steadily decreased until the number has fallen to less than half of what it was ten years ago.

These facts, well known to us who are on the ground, are recalled to show to what depth of depravity the masses of the southern negro have fallen, and what obstacles are to be contended with in rescuing him from disease.

Vice, filth and disease follow each other as naturally as water runs down-hill. By these, fecundity is checked, and mortality increased. Negro mortality is double or more than double the white, wherever records are kept. Our only records are in the cities and the apparent increase in population there is due to the constant drain upon the rural districts for recruits for the slums.

The death rate of the negro in the northern cities makes but little better showing than our own. Ray Stannard Baker, in a recent magazine article, gives Dr. Furniss, a prominent negro physician of Indianapolis, as authority for the statement that half of the deaths from tuberculosis in that city are of the negroes, whereas in proportion to the population they should constitute only one-eighth.

In the annual report of the city of Charleston, S. C., for the year 1906, I find that the white deaths from consumption were a fraction under six per thousand.

"According to the seventh annual report of the government on statistics of mortality for the year 1906, for cities containing as much as ten per cent. or over of colored people, the death rate of the white population was 17.2 per thousand, and that of the negro race 28.1, or more than sixty per cent. higher.

"In the state of Maryland the mortality rate for the colored race was 321.6, as compared with 146.1 for the white, and similar high rates of death in the negro race are shown for all cities with a large colored population. For instance, in Mobile, Ala., the rate for the colored was 625.2, and for the white 226.2.

"Here is a statistical study. Ever since the negroes were set free the death rate has been increasing, and this increase has been made the basis for a claim that extermination by disease would ultimately solve the race problem."

From whatever source we can gain reliable records, and from general opinion of physicians, more especially in the

delta of Mississippi, the negro death rate from tuberculosis is more than three times that of the whites and rapidly increasing. Dr. Cunningham, at one time governor of Alabama, in a paper "The Negro As A Convict" said: "I will submit that the race problem will be largely settled in the event of public works being established throughout the south; which means ready money for the negro; which means profitable practice of prostitution; which means venereal disease and consequent sterility", and, he should have added, a much higher mortality.

Dr. Matas of New Orleans in a paper "The Surgical Peculiarities Of The Negro" makes this statement: "Tuberculosis has been called 'the great white plague', but if we look at this matter statistically, and through the eyes of all experienced observers, we would with greater propriety call it the black plague, as it is unquestionably the dominant cause of the increasing death rate of the negro in this country."

Dr. Barringer of the University of Virginia in a paper read before the race congress in 1900, gave this warning: "If for no other reason than that of self-protection, it is high time that the whites of the south, on whom must fall all the cares and responsibilities of managing the affairs of state for the public good, should take steps to prevent the continual spread of tuberculosis among the negro. If our cooks and nurses and other servants have the disease, there is danger of our families becoming infected."

This is the "race problem" for our solution and here is the greatest opportunity ever yet offered to the would-be philanthropist to this people.

Our state has acted magnanimously in the education of the negro. It has given him all that is best for his needs, yet northern negrophilists have endowed several schools for higher education, taught by white teachers, hoping to elevate the race politically and socially; but if these schools were converted into sanatoria for tuberculous negro children, they would accomplish more as life-savers than they have ever done as citizen-makers. But northern philanthropists cannot be relied upon to give aid in the future betterment of health conditions, for they are gradually coming into the light as to the true character of the negro. As the writer just quoted, Baker, expresses it: "The north feels we have helped the negro to liberty; we have helped to educate him; we have encouraged

him to stand on his own feet. Now let us see what he can do for himself. After all he must survive or perish by his own efforts. In short 'they have cast the bantling on the rocks.'

The educational plan of approaching this subject, as has been carried on by this Association and its component societies within the past two or three years, no doubt resulted in some good, by blazing the way for others to follow, but these efforts have been spasmodic, and there has been too little work done to reach the masses of the whites, and I would say in this connection, it would be useless to try to reach the negroes on account of their fatalistic religious belief.

I think it devolves upon our State Board of Health to take up this work and pursue it systematically and persistently. It is a function of this board. In other states, notably Indiana, this board has done most efficient work, and its methods should be studied by our board. This in turn will require money, and if in the next two years we can bring our whites to a realizing sense of their great danger from contact with consumptive negroes, we may prevail upon a heretofore parsimonious legislature to make an appropriation more consonant with the needs of the work.

Dr. Curtis of New York, in speaking on this subject, recently struck the key-note of the situation in saying: "The medical profession is inclined to forget its obligation to the public. The public is indifferent to sanitation; indeed it seems to come in the category of moral issues generally, which need a pulpit and a preacher to lead the way."

The people are more apt to obstruct the work for their salvation than to help it. The same failure to estimate the importance of safe-guarding health is found in legislators and public custodians of affairs of state. The health department is pushed aside for others that protect the wealth and bring money into the treasury, or even concern the well-being of domestic animals, unmindful that sanitation, not counting human distress relieved by it, is the greatest conservator of material values in the world to-day.

To influence legislation we must have others than medical men to join in the crusade against this disease, as has been done in other states; lawyers, bankers, merchants, farmers and other monied men, for they can do more to influence legislation than we can.

If we can arouse that horror of tuberculosis, and our great danger from it, which prevails the world over for leprosy, we will have accomplished a great deal towards the central idea of this warfare, which is segregation of the sick.

To this end legislation should be had, to counteract present conditions which favor the dissemination of disease.

If under conditions existing before emancipation, tuberculosis was so rare that negroes were held to be immune to a great degree, it is apparent that we should, as nearly as possible, considering the changes brought about by their freedom, induce them or force them to return to that mode. This is essential to their salvation, and an economic measure of great importance to the state, since the sick are dependent for treatment and sustenance on private benefactions or on the public, or county or state eleemosynary institutions, spreading the infection to others and receiving no treatment looking to the care of the disease. As an instance—but prompted by entirely different motives—our present vagrancy law can be invoked to clean out our towns of a large part of their negro population and drive them to the farms. Towns should be encouraged to prevent over-crowding in the cheap tenement houses, which the cupidity of our own people have built without a thought for the health and comfort of their tenants, or the danger to their fellow-citizens.

Until the white people have been thoroughly aroused to the importance of repressive measures, it is hardly worth the time to ask our legislature to do more than enact a few laws or perhaps give a few thousand dollars towards the enlightenment of the people on this subject. Our state rarely takes the initiative in matters concerning the health of its people, such as would be the building of sanatoria for consumptives, but by constant presentation of the subject by our Board of Health, composed as it is of thirteen physicians, selected for their honored and responsible position from over the state for their well-known ability and fitness as medical and business men, and the example set by other states, we may accomplish this later on. The message of Gov. Noel to our legislature on March 13th. of this year, recommending that it give our State Board of Health the authority to employ a lecturer to go over the state enlightening the people on infectious diseases and how to prevent their spread, classes him high as a humanitarian and conservator of the state's productive energy, and

encourages us to hope that, in two years, a new era in sanitary legislation will be inaugurated in Mississippi.

In his message to the legislature of 1904, Governor Smith of Maryland said in conclusion: "If we could rid the subject of all the finer humanitarian considerations, and consider it carefully from the hardest, coldest, pecuniary standpoint, we would be forced to the conclusion that it is a paying business investment to grapple with this problem and solve it." As a result, the state of Maryland is completing this year a sanatorium for consumptives which will cost three hundred thousand dollars.

Dr. Leroy of the State Board of Health of Tennessee, after a most pessimistic statement as to the use of treatment of consumption in the negro, says: "I fear nothing short of military surveillance would make it practicable to run a colony for them. The sanatorium is only of value as a place for them to die comfortably and to prevent spreading the infection, and to that end is greatly to be desired. One of the greatest needs at present is a refuge of some sort for the tuberculous black as a safeguard to the whites, as we will never know how great a proportion of our white cases have been given to us by our colored neighbors."

In conclusion, let me repeat that our State Board of Health should take up this work and prosecute it with all the means at its command. Let them reach by literature, first the more intelligent and prominent citizens of the state, and impress upon them the importance of the movement. Let our board meet more frequently and urge the county health officers to report on the ravages of this disease upon the negro race, and to call the attention of their influential men and women to it, and the danger to the whites from it. If every physician in the state would impress upon his clientele the care which should be used in selecting household servants, and to those who live in rented houses the danger of infection by previous occupants, we would accomplish much towards education on this subject. I would commend to our State Board of Health the pamphlet issued by the State Board of Health of Indiana on consumption, which supplies all the information necessary on this subject. If our board will take charge of this matter at once and prosecute it vigorously, in a few years its functions will come to be regarded as of greater importance as a part of our state government than the extirpation of crop pests and diseases of domestic animals.

DISCUSSION.

T. M. Dye, of Sherard, had enjoyed Dr. Sutherland's paper greatly but was of the opinion that no solution of the problem was offered. It was an able discussion of a recognized evil but the remedy was omitted.

A. G. Payne, of Greenville, thought the education of the negro is very much like prohibition—we just can't do it. In his town are six negro physicians. Their ignorance is simply appalling. How they passed the examination is more than he can understand. They don't know small-pox from tuberculosis.

M. J. Alexander, of Tunica, said that the opportunities for diagnosis in the negro were very limited. What we shall do with the negro depends upon the white race. A sick negro is useless to the planter, but the planter can be taught to isolate the case. This will take time, but it can be done.

F. E. Rehfeldt, of Moss Point, thought a town should be provided with tuberculosis quarters. He spoke of inability to induce aldermanic boards to comply with recommendations.

Dr. Sutherland, closing the discussion, said that this is a question of very grave importance to us and we are just beginning to take hold of the problem. He believes that all states will ultimately quarantine against tuberculosis patients unless the patients can show that they have means of taking care of themselves.

The Calomel And Podophyllin Habit.

DRS. RICE & KLOTZ,

SUMMIT.

At best, materia medica is a dull branch; therefore we have ventured a little beyond the beaten path, and have attempted to describe what we term "The Calomel and Podophyllin Habit."

It is a plea for the doctor; for those of us who have become addicted to the habitual use of these drugs to the exclusion of all other remedies; who, with or without a diagnosis, prescribe them indiscriminately and continuously, and who introduce every treatment with a large dose of calomel and podophyllin.

If we seem to exaggerate to the point of absurdity, it is only to make the truth more apparent, and it is too much of a confession to be read with malicious intent towards anyone; therefore, it cannot offend or be misunderstood.

In calomel, we have a powerful cholagogue and, in large doses, a drastic purgative. Combined with podophyllin, we have a brown mixture which is at once the delight of a doctor and a holy terror to a patient.

Back in the days before Pasteur, that dark age when the liver received the almost universal condemnation from the profession, and was thought by many to be a villainous organ, perhaps in cahoot with the east winds, and which showed a tendency to hibernate during the spring and fall months, calomel reigned supreme. It was king of the materia medica and the powerful ally of the doctor. The liver might hibernate and ooze its stagnant humors into the blood, but the doctor feared it not. Armed with calomel, he boldly marched through the lane of protruding tongues, reading upon these bulletin boards of the liver all the deep laid plans of hepatic deviltry.

Then began the battle royal. The doctor opened hostilities with a round of calomel; the liver responded with a flood of