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“The White Plague Seems to Love the Black Victim:” The Racialization of Tuberculosis in the Anti-Tuberculosis Campaign and Black Resistance to the “Negro Tuberculosis Problem,” 1870-1930

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Abstract

Tuberculosis was one of the deadliest diseases in late nineteenth and early twentieth century America. Those most impacted by the disease were African Americans living in poverty. White public-health authorities interpreted the Black community's susceptibility to tuberculosis as evidence of their biological inferiority. However, Black physicians, professors, club women, and nurses courageously resisted these racialized notions via academic journals, medical conferences, and periodicals. Black patients being treated in tuberculosis institutions contributed to sanatorium newspapers such as *The Thermometer*, establishing a voice to express their pain in ways similar to their white counterparts. Remarkably, physicians of color also found ways to care for Black tuberculosis patients with dignity in separate healthcare institutions despite inadequate funding and inferior facilities. By examining the tuberculosis epidemic during the years of 1870 to 1930, this thesis presents the success of members of the Black anti-tuberculosis movement in treating Black tuberculosis patients.

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Introduction: "The White Plague Seems to Love the Black Victim"

"The white plague seems to love the black victim," Kelly Miller, a Black professor at Howard University, wrote in an article published in the *Journal of the Outdoor Life* in the Fall of 1910. Miller was compelled to write these words in response to the countless statistics he saw, prepared by white statisticians, that presented the high death rate of Black Americans from tuberculosis as evidence of the race's intellectual, moral, and physical inferiority. Some scientists even claimed that the Black race was headed for extinction. Black Americans indeed were dying from tuberculosis nationally at a rate twice as high as white Americans in 1910. But, as he and others would argue, this was *not* due to any racial degeneracy of African Americans; rather, the poor living and working conditions of many Black communities made Black Americans especially vulnerable to catching tuberculosis. The "objective" statistics touted by white physicians and scientists were not as objective as they claimed. These statistics were deeply flawed by their racial biases and—through the efforts of Black activists such as Miller—eventually proven to be wrong. As the professor would later conclude in his article: "The plague of tuberculosis is hardly worse than the plague of statistics. It has become an ordinary pastime for some of our dismal philosophers to kill off the Negro race with a table of figures."[1]

What is perhaps most surprising is that Miller was not a physician nor a public health worker. He was instead one of the remarkable Black intellectuals of the twentieth century who seemed to do just about everything. Miller was a mathematician, physicist, sociologist, author, columnist, essayist, political activist, and professor who helped to establish Howard University's Sociology department in the 1890s. He also served as the dean of the College of Arts and

[1] Kelly Miller, A.M., "The Negro and Tuberculosis," *Journal of the Outdoor Life* 7, no. 9, 257.

Sciences at Howard from 1907-1918. While teaching at Howard, he engaged in numerous efforts to help African Americans nationwide, publishing many articles in magazines, newspapers, and periodicals across the country. Miller even worked with W.E.B. Du Bois as the assistant editor of the *Crisis*, the official publication of the National Association for the Advancement of Colored People (NAACP) that consistently advocated for the equality of Black Americans.[2]

When he wasn't busy writing or teaching, Professor Miller was involved in the Negro Anti-Tuberculosis Association of Washington D.C. He worked tirelessly in the city to end the tuberculosis epidemic of the nineteenth and early twentieth century that ravaged Black communities and even taught health lessons to Black children in Sunday school. He was one of many activists who worked to better the health of Black citizens of the United States in the face of the white medical establishment who declared there was a national "Negro tuberculosis problem." Indeed, Black communities were viewed as "tuberculosis factories" by white physicians who argued that tubercular Blacks threatened the health of white communities. Other white observers such as Dr. Hugh Lewis Sutherland saw the supposed threat of diseased African American as yet another valid reason for the necessity of segregation in the Jim Crow South.

Miller is representative of the remarkable plurality of the larger Black anti-tuberculosis movement, which included Black physicians, professors, nurses, social workers, women's clubs, and clergy who not only treated the disease but courageously resisted the racist rhetoric of white physicians. This diverse group of ordinary citizens and intellectuals has been previously unrecognized by historians for their contributions to the movement. Yet their stories deserve to be told, for the story of tuberculosis is at its core a profoundly human story. It is rooted in the

[2] Casey Nichols, "Kelly Miller (1863-1939)," Blackpast.org, Published January 19, 2007, Accessed April 24, 2021, https://www.blackpast.org/african-american-history/miller-kelly-1863-1939/.

words and experiences of individuals who suffered from and treated the disease. And the words of Black Americans uniquely illuminate the story of the rise and fall of tuberculosis in the United States because they were the ones most impacted by tuberculosis.

Vivid narratives of the tuberculosis epidemic also remind us that at one time tuberculosis claimed the lives of more people than any other disease in the United States. For most of the nineteenth century, twenty percent of all deaths in America were due to consumption, as tuberculosis was then called.[3] Even when rates of the disease began to decline in the first few decades of the twentieth century, the contagion continued to enact its devastating toll on human life. The disease was the leading cause of disability or death between the ages of fifteen and forty-five in the United States in as late as 1930.[4] While rising standards of living and public health measures contributed to the eventual decline of the scourge by the mid-twentieth century, it would take the discovery of antibiotics such as streptomycin in 1945 to effectively eradicate tuberculosis.[5]

Many questions arose in the nineteenth and early twentieth centuries regarding the "White Plague." Was it contagious, or hereditary? Who was most likely to be afflicted with tuberculosis? How should patients be treated? Physicians, public health officials, and scientists devoted their lives to answering these questions. Newspaper editors and publishers wrote columns and full-length books to deliver new knowledge about the dreaded disease to the masses. Teachers taught new rules of hygiene in school rooms across the country. Architects built houses with open-air

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[3] Sheila Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (New York: BasicBooks, 1994), 2.

[4] Barbara Gutmann Rozenkratz, "Introductory Essay: Dubos and Tuberculosis, Master Teachers," introduction to *The White Plague: Tuberculosis, Man, and Society* by Rene Dubos and Jean Dubos (New Brunswick: Rutgers University Press, 1952), xiv.

[5] Barbara Bates, *Bargaining for Life: A Social History of Tuberculosis, 1876-1938* (Philadelphia: University of Pennsylvania Press, 1992), 339.

porches and constructed sanatoria. Inventors dreamt of new technologies to deliver medication and strengthen weakened lungs. And snake oil salesmen marketed fake remedies to a fearful public willing to buy anything to cure themselves or their loved ones. Tuberculosis truly permeated every level of society, as everyone was forced to grapple with its far-reaching influences.

Tuberculosis has also spanned time and geography. Americans were of course not the first to wrestle with consumption nor to be captured by its mystery. Fossil records suggest that the disease was present among Neolithic peoples some six-thousand years ago, making it one of the oldest maladies known to humankind. Thus, nearly every generation in places around the world encountered the disease. Each culture has subsequently been forced to define and give meaning to the illness. The Greeks and other ancient cultures wrote extensively about pulmonary diseases that fit the description of tuberculosis and framed it within their humoral theory of medicine. Hippocrates identified this ailment as *phthisis*, a term which would become adopted by both ancient and modern languages as a synonym for tuberculosis. In medieval times, tuberculosis-infected glands—a common feature of the disease—was referred to as scrofula, or the "king's evil." People believed that their affliction could be cured by the touch of the French and English monarchs, something even Shakespeare alluded to in *Macbeth.*[6] Others in Europe knew the disease simply as consumption, denoting the way in which tuberculosis literally consumed its victims.[7] Yet all were keenly aware of its devastating nature, so much so that John Bunyan famously dubbed it "the captain of all these men of death." It is perhaps surprising then that consumption did not become a major concern of Americans until the nineteenth century.

[6] Dubos and Dubos, *The White Plague,* 5.
[7] Susan Sontag, *Illness as Metaphor* (New York: Anchor Books, 1978), 9.

However, by the 1830s US citizens were very familiar with the tell-tale signs of consumption—a hollow cough, night sweats, intermittent fevers, and emaciation.[8]

Yet historians were slow to investigate the tuberculosis epidemic of the United States. Rene and Jean Dubos were the first to write a comprehensive history of the epidemic in 1952 after a cure was found. The Dubos' monograph, *The White Plague*, examines the evolution of TB from the nineteenth century to the bacteriological revolution of the early twentieth century. They argue that tuberculosis is a social disease that necessitates an understanding of the social and economic factors that influence people. They also note the larger achievements of the anti-tuberculosis movement as a whole: increased sanitation and better living conditions, the elevation of medical education to the public, and the development of personal responsibility to prevent the spread of infection.[9] However, the Dubos' main focus—as clearly stated in their own preface—surrounds the scientific inquiry of tuberculosis, and the medical progress achieved in the span of over a century.[10]

The next wave of histories would not arrive until the 1990s during a resurgence of TB in America driven by new antibiotic-resistant strains. The focus of these histories reflects the shift in historical approaches from the 1950s, as historians began to write cultural and social histories of tuberculosis. Barbara Bates places patients in the foreground of her history of tuberculosis in *Bargaining for Life* (1992). She traces the understanding and treatment of TB from the 1870s to the 1930s in America, as the once private matter of illness gradually became viewed as a public responsibility. Bates uses the correspondence of Dr. Lawrence Flick, a famous physician of the anti-tuberculosis movement, to tell her story of tuberculosis. She is thus constrained to the state

[8] Rothman, *Living in the Shadow of Death,* 14.
[9] Dubos and Dubos, *The White Plague*, 218-219.
[10] Dubos and Dubos, *The White Plague*, xxxvii-xxxviii.

in which he practiced, Pennsylvania, in her analysis and spends much of her work examining anti-tuberculosis efforts in Philadelphia.[11] One of the strengths of her monograph is the way she documents the transformation in the treatment of tuberculosis, as patients eventually moved from the home into progressive institutions such as sanatoriums.[12]

Sheila Rothman analyzes the influence of gender on tuberculosis treatments and demonstrates, in *Living in the Shadow of Death* (1994), how men were advised more often to travel West or take to the sea to cure their consumption while women were expected to take their cures at home while performing their domestic duties.[13] By investigating "illness narratives" from patients themselves, she illuminates the lived experience of upper-class, white patients through their own words. Georgina Feldberg adopts an opposite lens, focusing on the role of all-powerful physicians who treated tuberculosis-stricken patients during the epidemic. Feldberg also analyzes the economic implications of TB, positing in *Disease and Class* (1995) that the experience of tuberculosis influenced the formation of the American middle class.[14] Katherine Ott adds to our present understanding of the history of tuberculosis in *Fevered Lives* (1996), by analyzing the material culture of tuberculosis—the environmental objects and spaces that gave cultural meaning to tuberculosis. These literal and imaginative spaces are loci through which consumption can be examined in its historical context, a necessary step to fully comprehend a disease which affected so many. She concludes that our understanding of illness is fundamentally filtered through a mesh of cultural influences.[15]

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[11] Bates, *Bargaining for Life*, 4.
[12] Bates, *Bargaining for Life*, 329.
[13] Rothman, *Living in the Shadow of Death*, 7.
[14] Georgina D. Feldberg, *Disease and Class: Tuberculosis and the Shaping of North American Society* (New Brunswick: Rutgers University Press, 1995), 6-7.
[15] Katherine Ott, *Fevered Lives: Tuberculosis in American Culture Since 1870* (Cambridge, MA: Harvard University Press, 1996), 4.

These histories have excellently interrogated the scientific, institutional, social, and cultural aspects of tuberculosis in the nineteenth and twentieth century. Yet few historians have explored African Americans' place within the tuberculosis epidemic; indeed, Black Americans often occupy a marginal space within these larger disease histories. Rothman acknowledges her exclusion of the illness narratives of African Americans but ultimately hopes her work will inspire other historians to explore the social experience of Blacks with TB, though to date none have been written.[16] Bates attempts, in a single chapter dedicated to the topic of African Americans, to see tuberculosis through the eyes of Black patients. She does examine the illness experiences of a few Black patients in Philadelphia who sought care from Dr. Flick and illustrates the challenges Black physicians faced trying to treat TB patients in a white-dominated healthcare system. However, these stories of struggle are ultimately lost in the larger discussions of institutions and workplace politics that dominate her work. Admittedly, this can be explained in part by her sources. In limiting her main body of primary sources to Flick's personal papers, it is not surprising that her monograph presents African Americans within a white worldview.[17] Bates' focus on Flick also undercuts her stated aim to examine tuberculosis through the eyes of patients.

Feldberg similarly fails to significantly consider the experience of Black consumptives in part due to her narrow focus on physicians. She argues that the reason the Black experience of illness was misunderstood by white Americans was because Black Americans did not undertake the rugged, outdoor lifestyle which defined health during the late nineteenth and early twentieth century.[18] But her definition of an "outdoor lifestyle" is exceedingly narrow and appears to

[16] Rothman, *Living in the Shadow of Death*, 9.
[17] Bates, *Bargaining for Life*, 2.
[18] Feldberg, *Disease and Class*, 7.

include only middle-class ideas of vigorous activities, excluding the many Black men and women who worked strenuous jobs in the "outdoors." Thus, the experience of Black laborers is neither acknowledged nor represented in her argument.

One of the few historians to focus exclusively on the tuberculosis experience of Black Americans was Marion Torchia in the 1970s. Drawing on the words of scientists and physicians, he established that white Americans often saw tuberculosis as a different disease among African Americans.[19] White physicians were fascinated by the perceived racial differences observed with consumption. Yet their prejudice ultimately prevented them from providing adequate care for Black TB patients. Torchia contemplates how people of color fit into the larger tuberculosis movement of the early twentieth century. He notes how sanatorium builders often behaved as if Black people were nonexistent and argues that the sanatorium movement largely failed to address the race question.[20] However, he fails to consider the Black physicians who were a part of the movement that built sanatoria and cared for Black tuberculosis patients.

More recently, Andrea Patterson discusses how the microbiological revolution and the germ theory of disease generally improved the health of Black communities in the United States over the course of the tuberculosis epidemic. Her thesis, however, fundamentally neglects the role of individuals in bettering the health of Black communities. The successes of the anti-tuberculosis campaign did not arise because of an abstract ideological revolution but were the result of the combined efforts of individual preachers, philanthropists, doctors, nurses, teachers, members of community organizations, and club women. These individuals proved—in contrast to white

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[19] Marion M. Torchia, "Tuberculosis Among American Negroes: Medical Research on a Racial Disease, 1830-1950," *Journal of the History of Medicine and Allied Sciences* 32, no. 3, 258.

[20] Marion M. Torchia, "The Tuberculosis Movement and the Race Question, 1890-1950," *Bulletin of the History of Medicine* 49, no. 2, 154.

public health officials who believed preventative measures were futile given the inherent poor health of Black Americans—that tuberculosis could be stopped in Black communities.[21]

The agency of African Americans in the anti-tuberculosis campaign has thus traditionally been overlooked by historians. Black members of the anti-tuberculosis movement have been cast as passive victims who were at the will of the powerful white medical community. Yet, as I will demonstrate, Black activists courageously resisted racial medical thinking of the time. Though physicians of color struggled to establish credibility and advocate for their patients, they successfully treated members of their own communities in the face of intense discrimination and with inferior facilities. They established their own sanatoria and petitioned for Black patients to have greater access to state sanatoriums. Nevertheless, Black TB patients in sanatoriums have been neglected by many historians. Rothman has illuminated the stories of white patients in tuberculosis sanatoria, where many patients died separated from their loved ones. White patients themselves have even expressed—in heart wrenching detail—both the tremendous hope and despair present inside the sanatorium; however, the sobs and triumphs of Black patients are largely absent from the historical literature. Little is known about the unique everyday experience of Blacks suffering from tuberculosis, such as why and when they sought treatment, and how they navigated the risks involved in medical care—if at all.

To begin to address these gaps in the larger history of tuberculosis, I will examine tuberculosis institutions such as sanatoria, as well as Black doctors, nurses, women, and other members of the anti-tuberculosis movement. By documenting their very real fears, struggles, and triumphs during much of the movements' most active years from 1870 to 1930, I will show how

[21] Andrea Patterson, "Germs and Jim Crow: The Impact of Microbiology on Public Health Policies in Progressive Era American South," *Journal of the History of Biology* 42, no. 3, 529.

racial ideas of illness have consistently permeated public perception of the disease. This period of time not only provides an ideal window into Black anti-tuberculosis work, but also spans the bacteriological revolution, allowing for an exploration of the change in medical theory over time. Racial medical theories influenced the treatment of African Americans at every level in clinics, almshouses, and sanatoriums.

It is important to note that the anti-tuberculosis movement did not occur spontaneously or in a vacuum; it was a true product of the Progressive Era. Indeed, the movement was born out of larger progressive sensibilities regarding the health of civic society and the public good. It emerged out of increased concern for the plight of tenement-dwellers, the filth of modern cities, and ideas of "scientific hygiene," adopted by much of the middle class by 1903. So too was it shaped by the temperance movement, whose arguments surrounding the evils of alcohol were gradually accepted by the public and the medical establishment in the early twentieth century. The American public's faith that science, statistics, and education could improve the health of the nation during this era additionally fueled the efforts of public health reformers.[22] The Black anti-tuberculosis movement was thus one of a plethora of interest groups that both contributed to and was shaped by the Progressive Era. The existence of the anti-tuberculosis movement itself also confirms what has been argued by Rogers, that the Progressive Era should be viewed as a collection of many different groups attempting to change society, rather than being dominated by a single progressive group with a unified political platform.[23]

Chapter One introduces consumption as a disease embedded in upper-class romanticism for

[22] Rebecca Edwards, *New Spirits: Americans in the "Gilded Age," 1865-1905* (New York: Oxford University Press, 2015), 184-185.

[23] Daniel T. Rogers, "In Search of Progressivism," *Reviews in American History* 10, no. 4, 114.

most of the nineteenth century. I define the symptoms of tuberculosis and explain how physicians of the era diagnosed and treated consumption, and how notions of racial difference influenced conceptions of tuberculosis. I then trace the disease's evolution from consumption—a hereditary malady—to a contagious "white plague" that threatened the health of the United States. This was accompanied by a paradigm shift in the way that Americans thought about tuberculosis, as tuberculosis was not something inherited but able to be spread. Americans began to deem African Americans, who were often among the lower class, as a menace to society. This became known as the "Negro tuberculosis problem," and it fueled the contempt of white physicians who blamed Black tuberculosis patients for their own disease. However, as I also demonstrate, this physiological "othering" of Black consumptives was rooted in a much larger history of medical racism that dates back to the antebellum period.

Chapter Two discusses the important educational work of Black physicians and traveling nurses in dispelling common misconceptions about tuberculosis among African American communities. I also examine two institutions that treated Black tuberculosis patients: the Tewksbury Almshouse—which I define as an early tuberculosis hospital—and the Mississippi State Sanatorium.[24] I investigate and illuminate the experience of Black TB patients within these predominantly white spaces through the words of physicians and patients themselves, revealing the racism they were met with. However, I also demonstrate the relative universality of the sanatorium experience for both Black and white patients who similarly had to grapple with the prospect of death and dehumanizing rules. Yet Black patients always experienced more

[24] Sanatoriums were also referred to as sanitariums during the early twentieth century and these terms were practically interchangeable. For the sake of this thesis, I have used whenever possible the official names of such institutions. However, when describing the tuberculosis institution more broadly, I have chosen to refer to it as a "sanatorium."

discrimination than their white counterparts, which made their time at white-run institutions even more difficult. Nevertheless, they found ways to cope through humor, their Black nurses, and each other.

Chapter Three explores the ways in which Black communities resisted the pervasive racism of the white medical establishment both nationally and locally. Black scholars, physicians, nurses, and women's clubs wrote articles in magazines, journals, and newspapers that were circulated across the country that argued that Black Americans were more susceptible to tuberculosis not because of biological inferiority but because of overcrowding in cities, unsanitary living conditions, and poverty. But they also worked within their own communities to provide medical care to Black Americans stricken with tuberculosis. Black women in particular played a critical role in the anti-tuberculosis movement, raising funds for sanatoriums, establishing their own tuberculosis treatment camps, and petitioning institutions to accept more Black patients. Some Black physicians also founded sanatoriums to treat Black TB patients barred from white sanatoriums as early as in 1897 with the Pickford Sanitarium in North Carolina. Later in 1914, the Edgewood Sanitarium was established to care for the Black consumptives of Delaware. These institutions provided dignified medical care to Black tuberculosis patients and were points of pride in the African American community. While they were still segregated spaces, they represented tangible and real progress towards racial equality.

Chapter One: The White Plague—From Consumption to Tuberculosis

Consumption, as tuberculosis was termed in the nineteenth century, was understood by elite white Americans through a lens of Romanticism. In fact, physicians and wealthy patients alike often came to view consumption in an almost positive light. To some victims of the disease, consumption was a beautifying yet lethal force. Their outward symptoms set the standards of beauty for much of the nineteenth century—thinness, pale skin, and cheeks colored with the natural rouge of fever. Romantic writers such as Henry David Thoreau described their afflictions as beautiful and welcomed the prospect of an untimely death.[25] But this view also influenced the medical field. A popular medical manual published in 1870 noted the "flattering" nature of the disease, pointing out that "the eye itself beams with sparkling animation and luster."[26] Elizabeth Bigelow, a medical student at the Women's Medical College of Pennsylvania, echoed Thoreau's sentiment when she wrote in her senior thesis that "consumption is the most flattering of all diseases, as well as the most insidious and fatal." She remarked in awe at the "unnatural beauty" of the "bright eyes of pearly whiteness," and the "hectic flush" her consumptive patients took on.[27] The eyes of consumptives were especially captivating and frequently remarked upon in patient descriptions.

Physicians interpreted the outward beauty of the physical body of consumptives as proof of inward refinement of the soul. This fit into the commonly-held framework of physiognomy, the idea that physical characteristics were directly related to personality or spiritual characteristics. This notion was first proposed in 1776 by John Caspar Lavater in his famous book *Physiognomy*;

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[25] Sontag, *Illness as Metaphor*, 20.

[26] John C. Gunn, M.D., *Gunn's Domestic Medicine* (New York: Clark & Maynard, 1870), 290-292.

[27] Ott, *Fevered Lives*, 10.

however, the text continued to be read popularly in the 1870s and significantly influenced the way in which laymen and medical doctors thought about disease.[28] This sentiment is reflected in writers' accounts of the disease as well. Charles Dickens' popular account of a consumptive death, for example, describes how "the mortal part [of the body] wastes and withers away, so that the spirit grows light and sanguine with its lightening load."[29]

The propensity of writers to contract consumption even led some to believe that the disease afforded artistic powers to its victims. Indeed, consumptives were thought to be more sensitive to their emotions and ultimately more conscious individuals.[30] Lord Byron suggested that he would actually like to die of consumption because he would look "interesting" as he succumbed to the disease. He viewed consumptives as symbols of vulnerability and the transient nature of life. For such sufferers, death came as a welcomed, everlasting peace.[31] This was particularly true for the upper class, who read the works of the Romantics and internalized their philosophy surrounding life and suffering. However, this attitude was not exclusive to elites. The belief that sickness and death—especially at a young age—made people more noble, conscious individuals was seemingly widespread among even the middle class, and these ideas continued to influence notions of disease into the twentieth century.[32] As late as 1925, physicians still believed that a tuberculosis death may be painless barring any major complications.[33] Indeed, it would take the invention of antibiotics for the power of Romantic myths surrounding consumption to be dispelled.[34]

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[28] Ott, *Fevered Lives*, 12.
[29] Sontag, *Illness as Metaphor*, 16.
[30] Sontag, *Illness as Metaphor*, 32.
[31] Ott, *Fevered Lives*, 14.
[32] Sontag, *Illness as Metaphor*, 30-31.
[33] "Some Things Worth Knowing About Tuberculosis," *The Thermometer* 1, no. 6, 1.
[34] Sontag, *Illness as Metaphor*, 35.

Yet in the midst of the perceived beauty was the horrifying reality of consumption. As the noted American physician Dr. William Sweester put it, the once-heralded complexions were "esteemed handsome, but to the experienced eye, it [was] a beauty fraught with the mournful associations of its transitory nature."[35] The disease was never as beautiful as people may have imagined. Nor was the refining nature of consumption afforded to everyone. To white members of the upper class, consumption was a mark of respectability, spirituality, and beauty. Yet to African Americans and the lower class, consumption was a mark of their poverty. It embodied filth, savagery, and inferiority, not redemption to them or to others. For people of color, consumption broke up families and orphaned children. It resulted in financial ruin and a loss of faith. The poor did not welcome the disease; rather, they were terrified of it.

Symptoms of Sickness

Consumption was terrifying to everyday Americans in part because seemingly benign symptoms could mysteriously morph into severe and terminal disease: a mild cough could suddenly bring up blood in one's handkerchief, marking one for the grave. Tuberculosis was categorized by physicians into separate stages based on its symptoms. The first stage, also known as the incipient stage, was very difficult to detect and included seemingly innocuous symptoms often confused with ailments such as bronchitis or rheumatism—a dry cough, a sore throat, and shortness of breath. A person could then enter the second stage of the illness, which included a "hectic fever," a severe productive cough which brought up green mucus, and painful ulcers in the throat. The latter made speaking even above a whisper excruciatingly painful. In the third and final stage, a "frightful emaciation" overtook patients, as remarked by Dr. Sweetser. He

[35] Rothman, *Living in the Shadow of Death*, 16.

described in detail the "hollow cheeks" and "eyes sunken in their sockets" that he witnessed when patients had "gone into a consumption."[36] However, these stages were not concrete, and transition from one into another was difficult to judge.

Physicians particularly struggled to determine whether a patient had an incipient case of tuberculosis or had progressed into the second stage. The terminal stage of the disease, in contrast, was more visibly obvious. Death came in forms ranging from relatively painless to horrifically violent. At the most extreme end of the spectrum, patients died almost instantly by suffocating on the blood that hemorrhaged from their nose and mouth. Diarrhea could also accompany the hemorrhage as tuberculous lesions began to burst inside the intestines, causing uncontrollable agony. One individual generously described his own suffering in the final stages of consumption as "a general discomfort under which I can scarcely regain from such groans and shrieks as a wounded dog gives, crawling off with a broken back and hind-legs dragging."[37] However, other patients passed away slowly in their sleep, their expiration only noticeable by a "death rattle." Too weak to clear their tubercle-filled lungs, the thick material settled in their throat creating a characteristic wheezing sound.

The uncertainty surrounding the timing of the disease merely added to its mysterious and frightening nature. Individuals who contracted consumption often had to live with the chronic illness for life. Some succumbed to consumption rather quickly and died within months. Yet others managed to survive for years, sometimes even decades. The disease could appear to be arrested only to suddenly resurface in a severe attack. Thus, people never knew when consumption could strike, and for how long the attacks might persist.[38] This made planning for

[36] Ott, *Fevered Lives*, 26.
[37] Ott, *Fevered Lives*, 26.
[38] Rothman, *Living in the Shadow of Death*, 15-16.

the future almost impossible, compounding anxieties surrounding the dreaded disease.

Most middle and upper-class individuals in the nineteenth century were treated at home. If a well-off family sought the expertise of a physician to confirm or rule-out a diagnosis of consumption, physicians would come and visit the patient in a sickroom, a room of the house dedicated to nursing the ill back to health. The room was thought to be a "sacred seminary" where the ill could be close to God during their final moments while lying on the sickbed, imagined as a throne of pillows and filled with Bibles.[39] It was there that the physicians began their inspection of the sick patient.

A Troubling Diagnosis

Health historian Robert Keers identifies most of the nineteenth century as belonging to a third period in the history of tuberculosis called the period of physical examination.[40] This nomenclature reflects the ways physicians of the nineteenth century generally focused their diagnosis of consumption on the physical appearance of the patient. An experienced practitioner could, at first glance, quickly recognize the emaciated figure, bright eyes, thin and delicate skin, fine hair, clear complexion, and pale skin of a consumptive.[41] After conversing with the sick, the physician may have also recognized the typical psychological profile of consumptive patients termed *spes phthisca*. This included "heightened creativity, constant hopefulness about recovery and the future, buoyancy, and euphoria."[42]

Physicians were not limited only to using their sense of sight, however. Doctors employed

[39] Ott, *Fevered Lives*, 14-16.
[40] Robert Y. Keers, *Pulmonary Tuberculosis: A Journey Down the Centuries* (London: Bailliere Tindall, 1978), 26.
[41] Ott, *Fevered Lives*, 12.
[42] Ott, *Fevered Lives*, 27.

their hands as tools and to work instruments to better decipher the condition of their patients. Percussion of the chest was a common diagnostic technique first developed in 1761 that adopted widespread usage in the nineteenth century. Drawing on the practice of knocking wine barrels to determine how full of wine they were, practitioners would tap the chest and listen to the pitch of the sounds created to gauge the amount of fluid in a patient's lungs.[43] The invention of the stethoscope in 1816 aided greatly in being able to hear these sounds clearly.[44] Another diagnostic instrument was the spirometer, a medical device which measured lung capacity via the displacement of water. Patients would blow through a tube passed under water into an inverted calibrated cup or barrel. The lung capacity readings allowed for a rudimentary analysis of lung function. Some middle-class families also purchased these devices to check their own lung health from home.[45]

Fever had long been recognized as a symptom of consumption, but before the arrival of the clinical thermometer, physicians could not empirically prove the presence of a fever. Luckily, most physicians by the 1870s instituted self-registered thermometers in their practice. These thermometers were—much like today—placed under the tongue, in the rectum, or under the arm to record body temperature. Like the spirometer, thermometers also entered the home of middle-class families in the 1880s. Families were instructed to scrupulously take the temperatures of the sick. The use of the thermometer was significant in the treatment of tuberculosis because it gave the practitioner valuable data to make therapeutic decisions.[46]

Physicians in the late 1800s also paid attention to the taste, color, smell, texture, and quantity

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[43] Keers, *Pulmonary Tuberculosis*, 37.

[44] Ariel Roguin, M.D., Ph.D., "Rene Theophile Hyacinthe Laënnec (1781-1826): The Man Behind the Stethoscope," *Clinical Medicine & Research* 4, no. 3, 230.

[45] Ott, *Fevered Lives*, 20.

[46] Ott, Fevered Lives*, 23.*

of expectorated sputum. The taste of sputum could prove a diagnostic sign that indicated the severity of infection. Patients often reported noticing a change in the taste of their sputum from sweet or salty to a foul-tasting, thick, green pus as the disease progressed. This taste was also accompanied by a sheer increase in volume of sputum produced. One physician suggested that some patients might cough up their weight in expectorant within a matter of weeks. But blood in the sputum was an especially ominous harbinger of complications. This signaled that consumption had perhaps reached its final stage, enacting irreversible damage to the lungs. However, the presence of tubercle, the thick atrophy of the lungs spit out by consumptives, provided perhaps the most compelling diagnosis of consumption.

Yet even in the final and terminal stage of the disease, physicians continued to search for a definitive answer as to the cause of a patients' condition. To this end, they employed surgical techniques involving probes to explore the chest cavity. Operations to drain fluid accumulation in the chest gave insights into whether the chest pain was due to pus accumulation, pleurisy, or other lung diseases. An aspirator, a needle-and-syringe device attached to a suction pump was a popular tool for this exercise.[47]

Ultimately, the methods of nineteenth century physicians were largely crude and unreliable, yielding mixed results. A myriad of conditions such as bronchitis, pneumonia, typhoid fever, malaria, or lung cancer produced similar symptoms to consumption. Incipient, or asymptomatic, phthisis was also nearly impossible to definitively diagnose. Developing an accurate idea about just how prevalent the disease was in the nineteenth century is therefore difficult. Historical investigations have traditionally been limited by imprecisions in medical diagnoses; nevertheless, past diagnoses of consumption are important as they describe the way physicians

[47] Ott, *Fevered Lives,* 24-27.

and patients interpreted physical symptoms. Diagnoses are also indicative of the severity of patients' condition, as those who were given a diagnosis of consumption or tuberculosis likely were suffering from advanced disease and near death.

The traditional diagnostic signs employed by physicians, however, did not hold true for African Americans. Black patients did not fit the stereotyped consumptive of the nineteenth century with pale skin, bright eyes, and fine hair. White physicians also believed that the illness of Black people produced unique symptoms based on physiological differences inherent in the Black body. For example, some physicians believed that "Negroes invariably run a subnormal temperature," complicating the diagnosis of fever.[48] Other physicians overlooked consumption in the nineteenth century because of the absence of classical pulmonary symptoms. It is now believed that generations of African Americans exhibited signs of "miliary tuberculosis" instead, marked by widespread extra-pulmonary infection. Therefore, pulmonary troubles were initially not the presenting symptom of tuberculosis in Black populations. Many cases of miliary TB were likely misdiagnosed by southern physicians.[49]

Disease Etiology: From Consumption to Tuberculosis

Physicians struggled to identify a concrete cause of consumption for much of the nineteenth century—though they devoted much time to abstract discussion of disease etiology. One reason for this is that doctors of the age generally looked not for a disease-causing entity but rather internal and external factors of a patient's life that may have caused the illness. They considered

[48] "Items of Interest—Newsy and Otherwise," *The Journal of the National Medical Association* 1, no. 4, 245.

[49] Andrea L. Marth, "The Fruits of Jim Crow: the Edgewood Sanatorium and African-American Institution Building in Wilmington, Delaware, 1900-1940," Master's Thesis, University of Delaware, 1994, 14.

things such as gender, climate, immorality, and heredity as responsible for consumption. Yet an important factor consistently mentioned in discussions of the origins of consumption was race, fueled by the founding of anthropology which led scholars to scrupulously tabulate statistics surrounding the different races and disease prevalence. Black people were typified as being biologically different from and inferior to other races, which made them more susceptible to consumption. The Black race was eventually also defined as being less "civilized" than the white races, adding yet another layer of prejudice to the already-stereotyped Black body.

In 1870, one household medical manual attempted to educate families about consumption without the use of scientific jargon. Dr. John Gunn described to readers that exposure to cold air, excessive tobacco and alcohol usage, and hereditary disposition were the causes of the disease.[50] These explanations encapsulated most of the major nineteenth-century theories regarding the origins of consumption. Climate, for example, had long been touted as a prominent cause of the disease. Physicians such as Dr. Henry I. Bowditch of Boston adamantly believed that climate—and changes in climate—caused consumption. Bowditch used statistical methods to conclude that the damp soil of Massachusetts was responsible for the phthisis inflicting so many citizens of the state.[51] He even developed a "Law of Soil Moisture," which argued that damp or wet soil caused consumption, in contrast to other hereditary theories. But Bowditch also believed that healthy habits such as wearing proper clothes, getting fresh air and sunshine, and eating healthy food could prevent people in wet climates from becoming consumptive.[52]

Climatological theories of illness continued into the twentieth century, with one 1906 article

[50] John. C. Gunn, M.D., *Gunn's Domestic Medicine* (New York: Clark & Maynard, 1870), 293.

[51] Bates, *Bargaining for Life,* 28.

[52] Ott, *Fevered Lives*, 38.

in *American Medicine* echoing Bowditch's sentiment. The author argued that each climate was uniquely suitable only for those properly adjusted to it. To those who were not adjusted, a climate could prove harmful or even fatal. Climatic conditions were thus dangerous for people who strayed too far from their homes. This was pertinent to questions of race, as Blacks were argued to eventually perish if they were to venture too far North from their "adjusted" climate of the warm South. Such ideas about suitable climates also had therapeutic implications, as it was proposed that patients be sorted and studied individually to determine a suitable climate for them to recover from their illness.[53]

Scientists based their hereditary theories on the work of influential German physician Rudolf Virchow, who was a staunch supporter of the genetic nature of consumption.[54] At the heart of heredity was the popular notion of a diathesis, defined as a "disposition, constitution, affection of the body, [or] predisposition to certain diseases rather than others."[55] A consumptive diathesis, therefore, was believed to be passed down through generations and cause disease. The idea of a diathesis influenced public understanding of the disease for decades. Members of the public continued to believe that consumption had a hereditary basis well into the twentieth century. This was an idea that was so deeply rooted that it had to constantly be dispelled by physicians. As late as 1925, readers of *The Thermometer* were reminded, "in opposition of a generally held opinion," that "tuberculosis [was] not a truly hereditary disease."[56]

However, discussions regarding immunity or predisposition to tuberculosis were always influenced by racial prejudice and fear. The Irish and the Chinese were thought to have weak

[53] "Fatal Factors of Climate," *Journal of the Outdoor Life* 3, no. 1, 22.
[54] Keers, *Pulmonary Tuberculosis*, 51.
[55] Ott, *Fevered Lives*, 12.
[56] Bernard Fantres, "Heredity in Disease," *The Thermometer* 1, no. 2, 2.

constitutions which left them especially susceptible to consumption. Meanwhile, Jews were recognized as being particularly immune to the disease. The "Negro," however, was a peculiar case for physicians. White physicians often believed that tuberculosis was either a completely different disease in Black Americans or that they were simply unaffected by it. Before emancipation, several southern physicians commented that "negro phthisis" involved a different disease process altogether, involving "not the lungs, stomach, liver, or any organ of the body, but the mind." Physicians argued that mismanagement by white masters or the superstition of Blacks led to the development of "negro consumption."[57] In general, the medical profession stereotyped Black individuals as believing in spiritual forces and patronizing folk doctors. Medical doctors derided such folk practices and remedies.

A popular 1881 medical textbook *The Principles and Practice of Medicine* published by August Flint and William H. Welch, described the causes of tuberculosis as "hereditary disposition, unfavorable climate, sedentary indoor life, defective ventilation, deficiency of light, and depressing emotions."[58] Ironically, their etiologies were proven false the following year when Robert Koch isolated the tuberculosis bacillus and empirically proved the contagiousness of the disease. Koch's discovery drastically changed the thinking of the medical community in regard to consumption. As Dr. Flick would explain in 1896, consumption was no longer thought to be the result of "an angry Providence," but instead by a "vexatious little organism." Scientists then had a definitive entity to target, and physicians became more confident in their ability to treat what was now a real foe.[59] In fact, the existence of the bacillus made consumption a medically obsolete term—though it was still colloquially used—for the disease was no longer

[57] Ott, *Fevered Lives*, 18.
[58] Dubos and Dubos, *The White Plague*, 69.
[59] Bates, *Bargaining for Life*, 31.

marked by its outward physical symptoms but by the internal manifestation of the tuberculosis bacterium. Sputum analysis for the presence of bacilli then became the gold standard for diagnosing tuberculosis, not mere observations or the mapping of family trees.[60]

The general public realized the contagious nature of the disease and quickly began to take steps to combat its spread with the guidance of public health officials and trained physicians. The sputum of tuberculosis patients was targeted as the primary reservoir of infection, particularly dry sputum. It was imagined like dry dust that could be inhaled into fertile lungs—a familiar concept for factory workers and the lower class who were often exposed to dust on a daily basis. The public health community put great emphasis on instructing consumptives on how to properly dispose of their own expectorant when they were at home or in public. When at home, they were advised to never spit on walls, floors, or bedsheets. Instead, the best method of sputum destruction was via spitting into an open fire. If no fire was available, then the second-best option would be spitting into a paper box or paper handkerchief to burn on the stove before it got dry. Spittoons and sputum cups were also used for the purpose of storing tuberculous matter. These were first filled with an antiseptic solution or water to keep the sputum moist until it could be burned or even buried.[61]

The house fly was also imagined as a breeding ground for the bacillus, and educational efforts aimed to "keep out the fly" were undertaken by physicians and the media. Vivid descriptions were used to serve this purpose and evoke fear in the masses. As one article published in the *Journal of the National Medical Association* titled "Beware of the Fly" explained, "[h]e flies… from the spit of the consumptive to the nipple of the baby's bottle, from

[60] Rothman, *Living in the Shadow of Death*, 180.
[61] "The War on Tuberculosis," *Journal of the Outdoor Life* 4, no. 10, 385.

the garbage can to the lips of the sleeping child, and from the dead body to the fresh fruit." Readers were thus advised to cover their dishes and place their garbage into cans with lids. The article also recommended that people screen-in all doors and windows.[62] A movie was even made about the life of the fly in an effort to further disseminate public health information. White citizens of the South viewed the motion picture as an opportunity to instruct their Black workers who were often thought to be ignorant of the "laws of hygiene." As one white woman from the South relayed to the *Journal of the Outdoor Life*: "I repeatedly urged my colored cook to rid her kitchen of flies and keep it so. I explained in detail the danger of the fly as a carrier of filth and disease, but without the slightest effect. One day I took her to see a motion picture depicting the life of the fly, and since then not one has been seen in her kitchen."[63]

The establishment of the tuberculosis bacilli also dramatically shifted the way the American public thought about the disease, as tuberculosis was no longer something inherited but contracted. While consumption was a disease that seemed to affect nearly everyone, tuberculosis became associated with poverty and the lower class—those who lived in crowded tenements with poor nutrition and unsanitary living conditions. Tuberculosis also became linked to its modes of transmission, popularly described as dust and dirt, elements prevalent in slums. Importantly, the infectious nature of tuberculosis fueled arguments regarding the impact of race on the disease. It bred fear in the hearts of Americans, who became afraid of their neighbors spreading infection and led to the adoption of new standards of hygiene. The fear of tuberculosis even became a recognized medical condition: phthisisphobia.[64] White citizens of the South were

[62] "Beware of the Fly," *Journal of the National Medical Association* 1, no. 3, 242-243.
[63] "Value of the Movies as a Teacher," *Journal of the Outdoor Life* 12, no. 7, 239.
[64] Dr. H. E. Griffin, "The Necessity of Accurate Information on Tuberculosis," *The Thermometer* 1, no. 2, 1.

especially afraid of contracting tuberculosis from African American communities who suffered from tuberculosis at alarming rates. Blacks suddenly posed a unique threat to white Americans who realized that "Jim Crow laws do not hold for germs of tuberculosis and won't follow rules of segregation."[65] White elites could assign Blacks to live in neighborhoods surrounded by unsanitary conditions but couldn't escape the inevitable contact between the two races.

"Where does your washerwoman live?" was a question asked of Mississippi citizens by the state Anti-Tuberculosis Campaign Committee. In an evocative pamphlet, a Black washerwoman was pictured ironing a white family's clothes next to a pile of the soiled garments of her tuberculosis-stricken husband. The circular argued that the poor living conditions of the woman and the promiscuous spitting of her family posed a clear and present danger to the health of white families.[66] Though the washerwoman indeed formed a "permanent institution of the South," because she was seen as tuberculosis-stricken, she soon became a "menace to the health of the community." White Southerners grew increasingly hostile to washerwomen. Dr. Howard King, a white New Orleans physician would eventually push for the banishment of Black washerwomen from cities: "in the march of progress and health she [the Black washerwomen] must go."[67]

Sanitary regulations patrolling the health of laundresses were established in cities such as Montgomery to address the health risk allegedly posed by Black women. Montgomery, Alabama, required every washerwoman to register with the city and officials frequently inspected their residences for cleanliness. Yet Dr. King argued that this was not enough to

[65] Patterson, "Germs and Jim Crow," 537.
[66] "What Mississippi Has Done," *Journal of the Outdoor Life* 11, no. 1, 28.
[67] Howard D. King, M.D., "The Frequency of Tuberculosis Among Negro Laundresses," *Journal of the Outdoor Life* 11, no. 9, 275

contain the infection among laundresses, for their intemperance also weakened their resistance to the tuberculosis bacillus. He described the common habit of washerwomen to stop three-to-five times a day to indulge in alcohol. Dr. King concluded that a "beer lunch" was but a custom of the trade itself. The only hope for reducing tuberculosis infections, he posited, involved only one word: "EDUCATION."[68]

The belief in the natural intemperance of Black women reflected the larger idea that African Americans were inherently immoral, and that this immorality led them to fall prey to disease. L. C. Allen, a white physician attending the American Public Health Association conference in 1914 felt that tuberculosis among Black patients was "caused by 'shiftlessness, ignorance, and poverty,'" and recommended that Blacks be subject to a "systematic, *disciplined* [underlined in text] training of [their] physical, mental, and moral powers."[69] H. G. Carter, a Black physician, also believed that the race's moral environment was responsible for infection. He argued that personality traits such as "love of ease" and irresponsibility led directly to the spread of tuberculosis.[70] Anti-tuberculosis workers frequently pointed to the immoral habits of African Americans as a reason for the tuberculosis epidemic among Black communities.

Even after the discovery of the tuberculosis bacillus as the causative agent of tuberculosis, Black citizens at every level received mixed messages as to the diseases' origin. African American children educated in the public-school system in 1915 such as Thelma Harell learned the "Health Alphabet," which outlined basic information about tuberculosis. These recitations included notes about environmental cures while highlighting the tuberculosis bacillus and the contagiousness of the disease. Included in the alphabet was "K is for Koch who discovered the

[68] King, "The Frequency of Tuberculosis Among Negro Laundresses," 275
[69] L.C. Allen, "The Negro health problem," in Torchia, "The Tuberculosis Movement," 161.
[70] Torchia, "Tuberculosis Among American Negroes," 267

germ… Q for the quiet so needful to cure… [and] S is for sunshine, which cures the disease."[71] Yet adult readers of the African American newspaper, *Broad Axe*, were told in 1909 that improper breathing was a frequent cause of consumption. "A large majority of people," the editor explained, "are too lazy or too ignorant to breathe deep and hence the lungs are developed only to part of their capacity and thus afford fertile field for the growth of the tuberculosis germ."[72]

If tuberculosis was caused by laziness and ignorance, as the paper suggested, then it became the victim's own fault for becoming infected. This only compounded the shame that consumptives felt about their illness. Additionally, these varying theories of contagion confused laymen reading the news. For those seeking certainty regarding their diagnosis and looking for a reason as to why they were afflicted, this confusion likely proved frustrating and demoralizing. It also placed responsibility in the hands of everyday people to decipher the overwhelming amount of information presented about TB. But even scientists were confused with the abundance of thoughts being published in academic journals and presented at health conferences. Dr. L.A. Scruggs, one of the most prominent Black physicians in North Carolina, held onto ideas of heredity in 1897 in proposing that "marrying without regard for the family history on either side" was a "probable [cause] of the rapid spread of consumption among negroes." He also continued to believe that sudden changes in the environment could trigger the disease.[73]

In hindsight it is easy to dismiss early ideas regarding the etiology of tuberculosis as unscientific. Yet, as Dubos and Dubos have noted, these ideas were actually backed by some

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[71] "A Health Alphabet," *Journal of the Outdoor Life* 12, no. 2, 74.

[72] "The Fight Against Consumption All Over the World," *Broad Axe*, October 9, 1909.

[73] L.A. Scruggs, M.D., "Some Probable Causes of the Rapid Spread of Consumption Among the Negroes," *The Southern Sanitarium* 1, no. 4, 8-9.

logical reasoning. It has been suggested that the theory of diathesis, for example, was bolstered and perpetuated by the sheer prevalence of consumption. Many individuals became infected at an early age and continued to be exposed to infection by their sick communities. Scientists suspected that almost everyone had at least been exposed to the disease at one point in their lives. The fact that not everyone developed symptoms of consumption thus puzzled scientists. One explanation for the propensity for some to resist developing disease while others suffered greatly from consumption was hereditary disposition. The fact that rates of infection varied by location also suggested to physicians that climate contributed to tuberculosis.[74]

Tuberculosis Among African Americans in the Late Nineteenth and Early Twentieth Century

Ideas about tuberculosis during the time of slavery influenced later notions of the disease among Blacks in the late nineteenth and early twentieth century. During the Antebellum Era, white southern physicians considered consumption a rare occurrence among slaves, as the medical profession looked back on the days of slavery as an idyllic time when Black people were in exceptional health. White physicians such as Dr. McHaton of Macon, Georgia, contended, in retrospect, that slaves lived in clean quarters, ate the most nutritious food, and wore proper clothes suited for their work—which was never excessive. Slaves, the physician claimed, had opportunities twice a week to see doctors and kept in great condition. He explained that this was partly out of necessity, as slaves were viewed as valuable property to plantations. McHaton also believed that slaves routinely engaged in innocent amusements encouraged by their slaveholders and thus experienced little mental stress. He stated, "without fear of contradiction" that "no race

[74] Dubos and Dubos, *The White Plague*, 96.

of human beings ever lived as healthy a life as the plantation negro in the South."[75]

McHaton's claims regarding the physical conditions of slaves were not only grossly exaggerated and wrong, but also dangerous to the health of freed Blacks because his ideas led white physicians to blame the poor health of African Americans on their own mismanagement. In almost all cases, plantations did not provide adequate medical care for slaves, whose bodies were often broken by their agonizing toil—especially in sugar and cotton plantations. Slaves were also consistently malnourished which made them prone to diseases such as tuberculosis. What McHaton did not mention was the poor economic conditions of the post-bellum South that greatly contributed to Black illness.

White physicians did observe a remarkable increase in the mortality of freed Blacks in the post-bellum period. While Blacks suffered from syphilis, pellagra, and pneumonia at rates much higher than the white population, tuberculosis was by far the deadliest scourge that African Americans faced. By the turn of the century, Black communities were decimated by consumption. One physician remarked in 1902 that "the town negro in the South [was] probably the most tubercular being in the United States."[76] Indeed, national TB mortality data in 1909 estimated African American mortality to be two-to-seven times higher than any other ethnic group except for the Irish.[77] From 1904 to 1908 in Chicago, Black residents died from TB at a rate 235.7 percent higher than their white counterparts.[78] Similar statistics were seen in cities across America, where Blacks continued to suffer from tuberculosis in crowded tenements.

The medical profession eagerly sought to explain this explosion of infection among African

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[75] H. McHaton, M.D., "Is Tuberculosis a Disease of Environment Only," 1-2.
[76] McHaton, "Is Tuberculosis a Disease of Environment Only," 2.
[77] Dr. Robert T. Burt, "Tuberculosis: The Negro's Most Cruel Foe," *The Journal of the National Medical Association* 1, no. 3, 150.
[78] "The Negro and Consumption," *Broad Axe*, Feb. 8, 1908.

Americans following emancipation, and largely divided itself into two camps. One group of physicians argued that the tuberculosis epidemic was due to the environment in which Blacks lived, while others suggested that inherent racial characteristics caused consumption.[79] Frederick Hoffman's 1896 work *Race Traits and Tendencies of the American Negro* was the foundation of much of the hereditarian theory. Drawing on morbidity and mortality figures, incarceration trends, physical measurements from the Civil War, and hospital data from Freedmen's Bureau hospitals, Hoffman asserted with statistical certainty that Blacks were inherently diseased because of inferior race traits.[80] One of the diseases that plagued the race, Hoffman explained, was tuberculosis. He argued that susceptibility to the disease could be explained by the smaller chest capacity, increased rate of respiration, and smaller lung weight of Blacks. He also interpreted the decreased lung capacity of African Americans as an indication of national power, predicting the race's demise.[81] Though methodologically flawed, the sheer volume of his work was undoubtedly impressive, and it was the largest compilation of data concerning African Americans of its time.[82] Hoffman's work was incredibly influential and continued to shape racial thought in the early twentieth century. By 1909 there was little doubt in the minds of laymen and physicians alike that "among all races of people, the negro [had] the least power of resistance to disease."[83]

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[79] Burt, "Tuberculosis," 150.

[80] Megan J. Wolff, MPH, "The Myth of the Actuary: Life Insurance and Frederick L. Hoffman's Race Traits and Tendencies of the American Negro," *Public Health Reports* 121, no. 1, 84.

[81] John S. Haller, Jr., *Outcasts From Evolution: Scientific Attitudes of Racial Inferiority, 1859-1900* (Urbana: University of Illinois Press, 1971), 63.

[82] Wolff, "Myth of the Actuary," 85.

[83] W. J. Northern, "Tuberculosis Among Negroes," edited by Vanessa Northington Gamble, M.D., Ph.D, in *Germs Have No Color Line: Blacks and American Medicine, 1900-1940* (New York: Garland Publishing, Inc., 1989), 28-29.

Those who suspected environmental causation drew their inspiration from the past. Dr. F. Tipton returned to the healthy conditions of Blacks under slavery, asking "was there not something in the rigid regime under which the slave lived that rendered his system a barren soil to the germs of tuberculosis?" Indeed, white supremacists interpreted the institution of slavery as a protection against tuberculosis and suggested that the high rates of tuberculosis among free Black populations were the direct result of emancipation and the violation of "natural laws."[84] Extremists such as Dr. J. H. Stanley of Beardstown, Tennessee, even went so far as to suggest in 1907 that slavery be used as a prophylaxis against tuberculosis and reinstated in the South to solve the Black tuberculosis problem.[85] But most observers adopted a milder position, arguing that the moral and physical environment of Blacks weakened their constitutions and made their lungs ripe for infection.

The W. G. Raoul Foundation for the crusade against tuberculosis in Georgia completed a survey in 1914 to investigate how the social conditions of the state were affecting the prevalence of tuberculosis. Researchers reported that housing conditions were terrible across the state, especially in cities. But Black residences were the worst of all. The foundation discovered that "Negro dwellings are often called 'tuberculosis factories,'" for the reason that "every simple law of sanitation is violated [by the Negro population]." The report concluded that the white population of Georgia was contaminated by the Black race "both physically and morally." Suggestions for improving the health of the state included writing articles detailing the symptoms and treatment of tuberculosis and the development of illustrations demonstrating the poor living conditions that led to the spread of the disease. As for Blacks, they were deemed

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[84] Haller, *Outcasts From Evolution*, 45.

[85] "Discussion on the Paper of Dr. Jones," edited by Gamble in *Germs Have No Color Line*, 24.

incapable of helping themselves.[86] Finding a solution instead necessitated the help of white citizens, organizations, and the government.

Findings of the Georgia survey were corroborated by the experience of white physicians practicing in southern cities. Dr. W. F. Brunner, a health officer of Savannah, Georgia, observed in his 1904 annual report that African Americans were plagued by disease due to the unsanitary conditions in which a majority of them lived. Indeed, Black children and adults died at almost three times the rate of whites in Savannah. He acknowledged that overcrowding and the environment of Blacks led to the spread of tuberculosis and urged for policy changes to combat the disease. Brunner even conceded that whites living under the same circumstances would fall prey to tuberculosis as well. However, the physician detested the presence of the Black community in Savannah: "There are 5,000 or more negroes in this city who are parasites, and their removal would lower the death rate and reduce crime; therefore it is recommended that some remedy be applied by enacting building laws preventing the congestion of negroes and the elimination of the depredating class."[87] It is unknown what Brunner meant when he suggested eliminating the "depredating class," but his words highlight the irony of his later claim to be "the negro's best friend."[88]

African American academics also subscribed to environmentalist thought. Professor Kelly Miller, the dean of the College of Arts and Sciences at Howard University, explained that tuberculosis was an economic disease and an outgrowth of the environment. Looking back to the time of slavery, he saw "every Negro [slave] cabin [as] a sanitarium that admitted continuous

[86] "Tuberculosis Survey in Georgia," *Journal of the Outdoor Life* 11., no. 8, 249.
[87] W. F. Brunner, M.D., "The Negro Health Problem in Southern Cities," *Journal of the Outdoor Life* 12, no. 4, 124-125.
[88] Brunner, "The Negro Health Problem," 126.

streams of sunlight and fresh air." It was only when Blacks moved into dark, dirty alleyways in large cities that tuberculosis began to infect the masses. In order to remedy the crisis, he suggested—like some moderate white physicians—that the environment of Blacks be improved through education.[89]

Yet even those who believed that the environment was the primary factor for tuberculosis among Blacks often believed in the biological inferiority of the Black body. Dr. Seale Harris, a white physician, agreed that "the great prevalence of tuberculosis is not so much due to any inherent tendency to the disease as to their habits and environments, which render their tissues less resistant to the tuberculosis bacilli." But he followed this assertion with a lengthy discussion detailing how Blacks possessed underdeveloped lung tissue and weak muscles of respiration which exacerbated the incidence of tuberculosis among African Americans. He also suggested that Black people had smaller sized brains, and as such they lacked the vital nerve force necessary to overcome wasting diseases such as tuberculosis.[90] Such thinking formed the basis of the hereditarian argument for the tuberculosis epidemic among Blacks.

The perceived underdevelopment of African Americans was often explained in terms of civilization, merging the rising field of anthropology with the study of medicine. Anthropologists ranked the different races in an evolutionary hierarchy of civilization with the white Anglo-Saxon race at the top. The Black race, it was argued, was lower in evolution than the white race. This led to a simple explanation of the biological inferiority of Blacks: they were more uncivilized than their white counterparts. While "whites [had] many centuries of enlightenment

[89] Professor Kelly Miller, A.M., "The Negro and Tuberculosis," *Journal of the Outdoor Life* 7, no. 9, 257.

[90] Seale Harris, M.D., "Tuberculosis in the Negro," edited by Gamble in *Germs Have No Color Line*, 2.

and civilization," Dr. Harris declared, "the negro, a century or two ago, was a savage, perhaps a cannibal." Without a need to engage in higher levels of cognition, the brain of the African race did not evolve to the degree of the white race.[91] It was obvious to physicians such as Harris that the physical deformity of Blacks led to tuberculosis.

The intellectual assault on Black lungs by white physicians was grounded in a broader medical tradition that consistently devalued African American personhood and insulted their abilities. In 1868, for example, Van Evrie claimed that "the coarse, blunt, webbed fingers of the negress could not *in any length of time or millions of years* be brought to produce those delicate fabrics or work those exquisite embroideries which constitute the pursuits or make up the amusements of the Caucasian female (emphasis added)."[92] No work produced by Black hands was seen as remotely comparable to the art of white women, the "superior" race on the anthropological scale. Van Evrie's words were no less than a horrible insult on the mental and physical capabilities of Black women. However, such sentiment was widely held by the medical establishment throughout the nineteenth and into the twentieth century.

Belief that Blacks were inherently inferior by nature of their race extended into the 1920s with the rise of the eugenics movement headed by people like Galton, Davenport, and Pearl. They believed in the existence of an inherent constitutional factor that made people either more or less susceptible to diseases such as tuberculosis. Eugenicists argued that the Italians or Jews had a strong constitution that was able to resist infection, while African Americans had a weak constitution that made their lungs fertile soil for the tuberculosis bacillus.[93]

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[91] Harris, "Tuberculosis in the Negro," 3.

[92] Haller, *Outcasts From Evolution*, 103.

[93] Philip P. Jabobs, Ph. D., "Broader Health Aspects of Tuberculosis," *Journal of the Outdoor Life* 18, no. 8, 222.

Historians have retrospectively tried to explain the disparity in mortality rates between the two races and the apparent absence of TB in the antebellum South. Kenneth Kiple and Virginia King have argued that tuberculosis among slaves was common but merely misdiagnosed as other illnesses. By studying the generally corn-and-pork dominant slave diet, they concluded that African slaves were malnourished and that this led to them to be especially susceptible to tuberculosis. The pair also posit that slaves—unlike Europeans who lived with the bacteria for centuries—lacked some level of immunity to TB. Black slaves were only first exposed to the disease upon contact with White colonialists, and thus readily fell prey to the disease. The illicit import of slaves from the Caribbean after 1808 further ensured a fresh supply of Black bodies unprotected from the White Plague, exacerbating the mortality of later infections.[94]

Regardless of the cause of the rapid rise in tuberculosis cases, Blacks with consumption became viewed as a menace to white society in the early twentieth century and an extension of the larger American "Negro problem." In Maryland, the Association for Prevention and Relief of Tuberculosis declared that the disease among Blacks was one of the gravest health problems facing the state in a circulated pamphlet aptly titled, "The Negro Tuberculosis Problem in Maryland: Whose Problem?" Several prominent doctors, health officers, and politicians wrote pieces that appeared in the circular accompanied by images and statistics. Dr. William Woodward, the health officer of Washington D.C., reminded readers: "*wherever you go, you will at one point or another, in some way or another, come into contact every day of your life with the negro race, and the negro race suffers from tuberculosis,* tainting the country."[95] While recognizing that some scientists believed in racial origins of the tuberculosis problem, the

[94] Marth, "The Fruits of Jim Crow," 14-15.

[95] Dr. William C. Woodward, "Tuberculosis Among Negroes," in "The Negro Tuberculosis Problem in Maryland: Whose Problem?," 15.

association largely highlighted the environmental conditions that many African Americans endured. The pamphlet clearly displayed unfamiliar scenes of trash dumps and overcrowded alleyways to white audiences in hopes of rousing support for public health reform.

Many dumping lots of this kind between houses are found in the colored sections of Baltimore. In some the refuse stands nearly halfway up the sides of the houses on either side.

Typical of Baltimore's colored district, where overcrowding, dirt, lack of proper ventilation and plumbing help the spread of tuberculosis.

Rear of row of colored tenements. Drainage runs down through alley except when stopped and held in stagnant pools by uneven paving. Decaying fruit and vegetable matter found everywhere.

[Source of images above: *The Negro Tuberculosis Problem in Maryland: Whose Problem?* (Baltimore: Maryland Association for Prevention and Relief of Tuberculosis, 1915)].

Anti-tuberculosis associations in the South recognized the tuberculosis problem in Black neighborhoods but struggled to find concrete solutions. Instead, many scientists, statisticians, and public health officials laid the blame directly on African Americans themselves. One white physician put it bluntly:

> The Negro as a race is indifferent to the modern laws of hygiene and sanitation, and are so improvident that they care but little what tomorrow may bring forth at once impress the thinking men with the fact that he is a barrier to the success of the crusade now being waged against [tuberculosis]. Poorly fed, lazy, and without ambition, they live in filth and degradation, with little idea as to their future, with constitutions weakened by immoral practices, badly clothed and poorly fed, hiding among themselves any source of infection from the proper authorities, whether it be consumption, smallpox, or any other infection. They are, to say the least, a menace to the health of the people who have made many sacrifices for their comfort and their upbuilding.[96]

This blame served to deflect attention away from the failure to successfully control the spread of tuberculosis in Black neighborhoods. If the environment of Blacks was truly responsible for

[96] "Art Thou in Health, My Brother," *Journal of the National Medical Association* 1 no. 2, 107.

consumption, then solving the problem would necessitate socioeconomic advancement and the establishment of better living conditions. Unfortunately, many white Southerners just resisted this idea—instead arguing that the disease was the fault of African Americans. The racist attitudes of white physicians regarding consumptive Blacks ultimately influenced their treatment in healthcare institutions across the United States.

Chapter Two: Solving the "Negro Tuberculosis Problem"

Anti-tuberculosis crusaders who contended that the "Negro tuberculosis problem" was caused by the unsanitary living conditions of Blacks recognized that institutional treatment was not enough to stop the spread of TB. They championed "preventative medicine," and engaged in public health education aimed at reducing the likelihood of tuberculosis transmission by teaching consumptives how to properly dispose of their sputum and keep their loved ones safe from disease. This information was especially targeted to the lower class who suffered from tuberculosis in large numbers, including Black Americans. Black anti-tuberculosis societies were established alongside largely white societies to join the fight to eradicate consumption within Black communities and help disseminate "fresh air propaganda." This education included illustrated lectures, house to house visits, and the circulation of educational pamphlets explaining practical information on the prevention, treatment, and cure of tuberculosis. Members of the Washington, D.C. chapter of the Negro Anti-Tuberculosis Society were even required to take a "hygienic oath," pledging to "observe at all times and in all places the necessity of fresh air; to regard at all times alcohol as a poison and its use as conducive to consumption; to regard at all times the sputum of the consumptive as the usual and most fruitful source of contagion; and to refrain at all times from spitting in public places."[97]

Those who believed that the tuberculosis problem was the result of the inferior constitutions of African Americans held out little hope for the treatment of the sick. Taking inspiration from Rudyard Kipling's famous poem, white medical authorities proclaimed that the "Negro

[97] Professor Kelly Miller, "The Negro Anti-Tuberculosis Society of Washington: How the Fresh Air Propaganda is Being Disseminated Among Colored People of the Capital by their Own Race," *Journal of the Outdoor Life* 6, no. 5, 130.

tuberculosis problem" was the "White Man's Burden."[98] In contrast to the relative success of anti-tuberculosis education among white communities, Black communities were thought incapable of benefiting from health education. As Dr. Sutherland explained, "any improvement in the negro's condition, based on education methods, is chimerical and will never be realized. The negro does not make practical application of his education… he uses it as he does his Sunday clothes."[99] Indeed, Black TB patients were often seen as ignorant and "unteachable." Ellen La Motte, a tuberculosis nurse graduate of Johns Hopkins, agreed with Dr. Sutherland and held that "the drunken negro belong to a class, which *by reason of the very conditions which constitute it as a class*, is unable to make use of what it learns."[100]

Others saw modern medicine as helpless in aiding the African American consumptive. In a 1909 session of the American Climatological Association, one white doctor stated that he "had never seen a Negro recover from tuberculosis."[101] Dr. John S. Fulton of the Maryland State Department of Health admitted that he did not expect the health laws of 1904 to benefit Black residents of the state. He pointed out that there were no sanatoriums that admitted Black patients and no hospitals for the treatment of advanced cases of consumption. The state provided visiting nurses for African American communities, but it was doubted that many would listen to the professional nurse.[102]

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[98] Dunning S. Wilson, M. D., "Problems of Tuberculosis in the Negro of the South," *Journal of the Outdoor Life* 12, no. 2, 54.

[99] H. L. Sutherland, M.D., "The Destiny of the American Negro," *Memphis Medical Monthly*, December 1905.

[100] Ellen N. La Motte, "The Unteachable Consumptive," *Journal of the Outdoor Life* 6, no. 4, 105.

[101] "Items of Interest—Newsy and Otherwise," *Journal of the National Medical Association* 1, no. 3, 245.

[102] Dr. John S. Fulton, "What the Chief Health Official of the State Says about the Negro Tuberculosis Problem," *The Negro Tuberculosis Problem in Maryland: Whose Problem?* (Baltimore: Maryland Association for Prevention and Relief of Tuberculosis, 1915), 1.

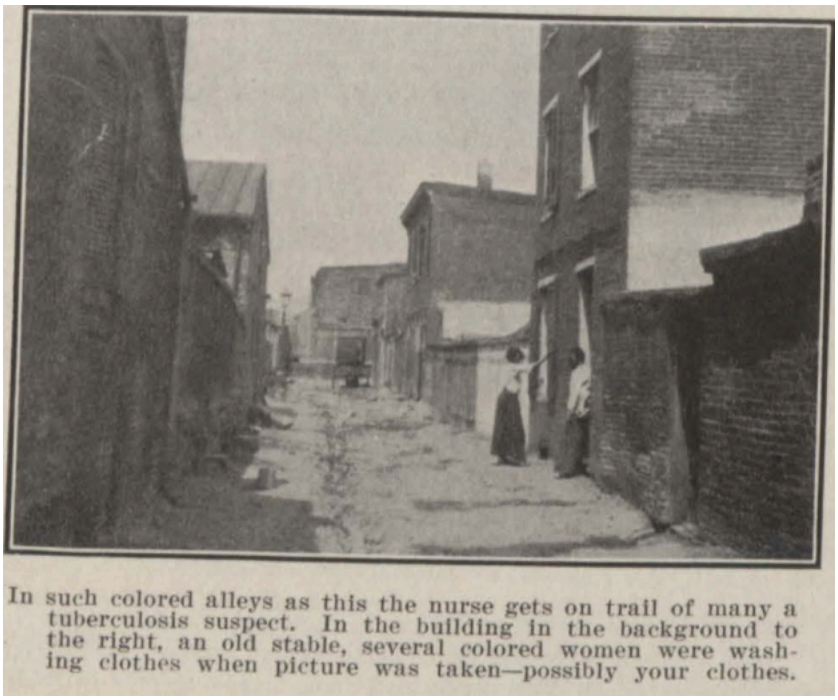
Such ideas about the futility of Black education and improvement stemmed from the notion that the Black race was biologically, intellectually, physically, and morally inferior. These commentators failed to recognize, however, that many African Americans simply did not have access to education. They also disregarded stories of Black TB patients who actually heeded the advice of public health workers. Robert D, a "poor, ignorant negro with far-advanced consumption," for example, was successfully convinced by a traveling nurse to undergo fresh air treatment in a balcony provided by his landlord. He survived for over nine years after his diagnosis and returned to work after sleeping outdoors. Robert even went on to convince his friends to live an outdoor life, furthering the anti-tuberculosis cause.[103]

In contrast to the varying success of white traveling nurses, African American traveling nurses proved instrumental in the Black anti-tuberculosis campaign. Dr. H. R. M Landis of the Phipps Institute in Philadelphia was one of the first white physicians to employ Black nurses in his outreach into poor neighborhoods. Though he believed that work among Blacks was only necessary because of the danger they posed to white communities, Landis acknowledged African Americans' deep distrust of white medical staff and thought that Black nurses would be more welcome in Black communities. The first Black nurse of the institute, Elizabeth W. Tyler, began working in 1914.[104] She performed door-to-door inspections of houses in Black neighborhoods and soon discovered that in many families there was at least one person ill. Her work was a stunning success. In just eight months, she gathered information about 327 families or 1,084 people. Among all of the families, 263 were ill, and 138 of those exhibited symptoms of

[103] Joseph H. Pratt, M.D., "The Tuberculosis Class: An Experiment in Home Treatment," *Journal of the Outdoor Life* 14, no. 3, 80.

[104] Elizabeth Tyler would work less than a year at the Phipps Institute before going to work at the Edgewood Sanitarium in Delaware, a tuberculosis institution exclusively for the care of African American patients.

tuberculosis. The number of Black patients treated at the institute more than doubled in a year.[105] Similar systems of visiting nurses were adopted in cities across America, including Baltimore, Maryland. The program in Baltimore—to the surprise of Maryland public health officials—was also successful and likely contributed to the diminishing numbers of Black TB cases in the state in the first decade of the twentieth century.



In such colored alleys as this the nurse gets on trail of many a tuberculosis suspect. In the building in the background to the right, an old stable, several colored women were washing clothes when picture was taken—possibly your clothes.

[Source: *The Negro Tuberculosis Problem in Maryland: Whose Problem?* (Baltimore: Maryland Association for Prevention and Relief of Tuberculosis, 1915)]

Despite the success of Black traveling nurses, the urgency to solve the "Negro tuberculosis problem" was often presented by the white medical establishment as not for the sake of Blacks but to protect whites from the danger African Americans allegedly posed. In the photograph above portraying a traveling tuberculosis nurse working in a poor Black neighborhood, published in a pamphlet titled *The Negro Tuberculosis Problem*, the white publishers warned of the

[105] Bates, *Bargaining for Life*, 297-298.

possibility of consumptive laundresses washing the white readership's clothes. For this reason, the tuberculosis problem was one of the biggest topics discussed at the first Maryland State Conference of Tuberculosis in 1915.[106]

Some Black doctors believed that TB was caused by what they deemed immoral behavior. Dr. E. P. Roberts, a Black physician, asserted that tuberculosis could, "to a great extent, be prevented by living a moral life." He saw vices of society such as intemperance, sexual promiscuity, and gambling as hot beds for tuberculosis infection, and noted that where immorality was present, the tuberculosis death rate increased. Immoral behavior, he argued, also weakened peoples' constitutions and led them to become easy prey to the White Plague. He stressed the necessity of a "revolution of the human character" in order to effectively cure the disease.[107]

The anti-tuberculosis movement was indeed intimately tied to notions of morality and the Christian faith. This emphasis is seen in the religious language used by public health officials and physicians. They routinely referred to themselves as "crusaders," evoking the moral basis of the movement while simultaneously stressing a militaristic metaphor. The official logo of the national anti-tuberculosis association, the double red cross, also certainly carried with it the symbolic Christian values of caring for the sick. Public health lectures even bordered on religious revivals extolling audiences to repent of their ill ways and adopt new health doctrine. But the ethical framework of the anti-tuberculosis movement was also explicitly stated by its members. Dr. F.A. McKenzie, the president of Fisk University, lectured to the Southern

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[106] Dr. Martin F. Sloan, "The Great Need in Maryland of Hospital Facilities for Negroes with Tuberculosis," *The Negro Tuberculosis Problem in Maryland: Whose Problem?* (Baltimore: Maryland Association for Prevention and Relief of Tuberculosis, 1915), 24.

[107] E. P. Roberts, M.D., "Causes and Prevention of Tuberculosis," *Journal of the National Medical Association* 1, no. 2, 83-84.

Tuberculosis Conference in 1919 that not only was the movement laying a basis for morality founded in new health commandments, but also that "the heath movement [was] fundamentally an ethical movement—a chief cornerstone for the building of the Kingdom of God on earth." Central to this mission, he proposed, was the health education of Blacks. McKenzie implored white southern public health officials to seriously consider the wellbeing of their Black constituents and advocated for a five-phase health education program aimed at disseminating knowledge through public schools, Black visiting nurses, organizations, and Black physicians.[108]

Many Black physicians heeded the call and took it upon themselves to educate their own communities. Dr. William Harris of Savannah, Georgia, borrowed a lantern and screen loaned to him by the National Association for the Study and Prevention of Tuberculosis to present a series of forty-nine educational slides on tuberculosis, the house fly, and housing conditions. The lantern and glass slides were incredibly delicate and difficult to operate, and onlookers accidentally cracked several slides while he was setting up the screen. Despite these setbacks, hundreds of people attended his health lectures, which he often gave at churches. In some instances, the building was so full that people even gathered outside of the church just to hear his words. Harris also proposed using written literature, such as leaflets pasted in the front and back of Bibles and hymnals, to reach literate members of the community. He suggested that educational note cards on consumption be posted in barber shops, shoe stores, and saloons for patrons to view. However, Dr. Harris' most radical idea to educate the Black community included developing an "object lesson" to demonstrate that tuberculosis could be cured. He proposed establishing a tent in front of a local hospital where a Black TB patient would be

[108] Dr. F. A. McKenzie, "Negro Health Education," *Journal of the Outdoor Life* 16, no. 5, 134.

treated and cared for. The public could then visit the tent and observe for themselves how the disease was cured and assess the efficacy of treatment.[109] Professor Kelly Miller, in addition to writing articles for publication, was also an active member of his local anti-tuberculosis association and gave health talks to Black children during Sunday school, as seen below.[110]

AN AFTERNOON LECTURE TO A NEGRO SUNDAY SCHOOL IN WASHINGTON

[Source: Kelly Miller, "The Negro and Tuberculosis," *Journal of the Outdoor Life* 7, no. 9 (September 1910)]

Despite these efforts, unequal facilities, disparity in TB rates, a lack of institutional care, inadequate education, and poor living conditions were ultimately at the heart of the problem facing Black Americans with consumption in the late nineteenth and early twentieth century. Without access to adequate treatment or basic education about the disease, many African

[109] William A. Harris, M.D., "Education of the Negro on Tuberculosis," *Savannah Tribune*, April 17, 1915.

[110] Professor Kelly Miller, "The Negro and Tuberculosis," 256.

Americans needlessly suffered tuberculosis and infected their caregivers at home. And this was no fault of their own. Living in the midst of poverty, Blacks often fell ill by the very nature of their environment and yet received little sympathy from either white physicians or the public health community at large—especially in the South.

African American Encounters with Physicians

African Americans deeply distrusted mainstream medical professionals, especially when it came to the anti-tuberculosis health movement. As one Black consumptive from Massachusetts recounted in 1911: "my meny Collard Friends come a round after the Nurse had gorn and Beg me not to take that treatment as it would give me more Cold… my Friends told me that [the nurse] was trying to kill me so that I would not be exspence to the City of Camb[ridge] or they was experimenting on me So the[y] would know how to cure the nex[t] fellow."[111] This led many Black Americans to avoid going to see a trained physician when they became sick. Instead, many preferred to have an older loved one care for them at home or pursued treatment by folk doctors to cure them of their illnesses.[112] Others purchased tonics[113] advertised in newspapers to cure various ailments, including tuberculosis. Black newspapers and the medical establishment actively warned against the use of these tonics and urged African Americans to patronize Black physicians instead if they could.[114]

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[111] Joseph H. Pratt, M.D., "The Tuberculosis Class: An Experiment in Home Treatment," *Journal of the Outdoor Life* 14, no. 3, 80.

[112] Sloan, "The Great Need," 23.

[113] Tonics often contained some form of narcotics, which made them addictive for users. According to Dr. Val Do Turner, Blacks were the most common user of patent medicines. While these tonics might have temporarily relieved symptoms, they likely also exacerbated the death toll among tubercular Black Americans.

[114] "The Negro and Consumption," *Broad Axe,* February 8, 1908.

Black physicians therefore initially struggled to attract Black patients in their own communities. Some Black Americans chose to see white physicians instead. This was due in part to the limited availability of medical technology in most Black clinics. African American physicians often did not have the equipment to deal with difficult cases and were forced to refer their patients to hospitals for treatment by white doctors. Therefore, visiting a white doctor to begin with could streamline the process and allow for a more complete examination. In an effort to increase their Black clientele, Black physicians often lowered their prices for services and allowed patients to pay them via flexible payment plans.[115]

Black physicians represented an important pillar of the anti-tuberculosis campaign that provided invaluable advice, treatment, and companionship to their African American patients. Part of their work involved dispelling popular myths surrounding tuberculosis that hampered many Blacks from seeking biomedical treatment. The first myth they confronted was the idea that there existed no cure for tuberculosis at all, likely originating from patients' own personal experiences with the disease. Another commonly-held myth was that the disease was caused by being "tricked" (or cursed) by an adversary. This notion led many Blacks to visit a "conjure doctor" to rid themselves of the "trick" and be made well. Physicians attempted to dispel these false assertions and convince consumptives of the merit of Western biomedicine.

African American physicians believed, unlike white physicians, that tuberculosis among Black Americans could be prevented and cured, if not arrested. Physicians of color worked tirelessly on the ground to provide their patients with simple, concrete instructions to cure tuberculosis based on the same four major principles that white physicians prescribed their patients: plenty of good food, fresh air, rest, and exercise. They additionally operated

[115] Marth, "The Fruits of Jim Crow," 54-57.

tuberculosis clinics in cities to survey Black residents and detect cases of tuberculosis that needed to be treated with an emphasis on identifying incipient cases.[116] In Chicago, for example, there were eight tuberculosis dispensaries—clinics in which doctors examined and consulted with potential TB patients—established in different neighborhoods around the city that provided free tuberculosis screening for Black Chicagoans on weekdays.[117] The Indianapolis Free Tuberculosis Clinic also established a clinic for Blacks at a community center in 1919 run by Dr. H. L. Hummons, a local Black physician. This neighborhood clinic was widely used by the black community and declared a success by the *Journal of the Outdoor Life*.[118] While many initially hesitated to visit such clinics, more people became comfortable with these examinations by the 1920s, as seen in the relatively large numbers of Blacks visiting tuberculosis clinics in Virginia.[119]

White physicians also hosted tuberculosis clinics and treated Blacks with varying degrees of success. The Vanderbilt Clinic Day Camp in Virginia accepted all cases in all stages of tuberculosis. The physician in charge of the operation, Dr. F. Morris Class, expounded on two particular cases of African Americans with tuberculosis that he successfully treated at the Day Camp. One was a thirty-two-year-old Black woman who entered the Camp with a large, pus-filled mass on her neck, swollen lymph nodes, and a completely infected left lung. She also had pus draining from a hole in her left ribs. After 139 days of care, she was discharged from the clinic and declared completely cured. She had gained almost twenty-five pounds. Additionally, Class treated an eleven-year-old Black girl with advanced consumption. Dr. Class was initially

[116] "Colored Americans Fighting Tuberculosis," *Washington Bee*, October 23, 1920.
[117] "Don't Neglect Your Health," *Broad Axe*, November 10, 1917.
[118] "Association Items," *Journal of the Outdoor Life* 16, no. 6, ix.
[119] "Colored Americans Fighting Tuberculosis," *Washington Bee*, October 23, 1920.

pessimistic about her recovery. "Surely, considering her age, race and the probable (almost certain) wretched conditions at home, one would not be willing to lean toward an enthusiastic prognosis," he noted. Yet in a year she gained forty-three pounds, attended the outdoor school at the camp, and was apparently cured.[120] These cases served as proof that even the most advanced and difficult cases could be cured by surgical intervention and outdoor sleeping, in addition to visiting a TB clinic.

Black physicians also used their professional standing to advocate for the betterment of Black health in the face of intense scrutiny and prejudice from their white colleagues. Dr. Val Do Turner, a prominent Black doctor in Minnesota, wrote a letter in 1915 to the State Board of Health of every southern state inquiring what each state was doing for the prevention and cure of tuberculosis for Blacks. Every state responded to his question, and most reported that nothing significant was being done for African American citizens. The superintendent of the State Tuberculosis Sanitarium in West Virginia summed up the content of most of the letters: "the state does not care for the colored tuberculosis patients."[121] However, and perhaps most importantly, Black physicians were able to give their patients support and encouragement in the midst of a frightening diagnosis. Doctors emphasized the need to gain the confidence of their tuberculous patients in addition to informing them of the long period of time necessary to cure consumption.[122] This trust likely soothed patients' anxieties, further increasing their chances of recovery.

It is important to note, however, that access to physicians and hospitals was extremely

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[120] F. Morris Class, M.D., "Some Medical Results of Day Camp Treatment," *Journal of the Outdoor Life* 10, no. 9, 267.

[121] "Union Health Service," *The Appeal*, March 27, 1915.

[122] Dr. J. W. Walker, Asheville, N. C., "The Use of Tuberculin as a Diagnostic," *Journal of the National Medical Association* 5, no. 4, 252.

limited in most Black communities. National statistics in 1930 reveal the disparity: in contrast to the one hospital bed for every 139 white Americans, only one bed was available for every 1,941 African Americans.[123] Earlier, in 1912, the *Journal of the Outdoor Life* estimated that in the entire South, there were not more than 200 beds for Black consumptives, and almost all of these were at public institutions.[124] Three years later, the medical director of a tuberculosis hospital in Louisville, Kentucky, provided similar statistics. "In Louisville and Jefferson county alone there are 40,000 negroes and less than fifty beds to accommodate them. What is true here is even truer farther South."[125] In Mississippi between the years of 1932 and 1942, there was only one Black physician per 18,527 Black residents of the state. Most of these doctors were concentrated in and around urban centers. In seventy percent of Mississippi counties, there existed no Black physician at all.[126]

This lack of appropriate hospital care had real, immediate, and dire consequences for Black Americans. Without a place for medical professionals to isolate and treat advanced TB cases, many Black consumptives died in their homes. From 1903 to 1914, a total of 5,467 people of color died from tuberculosis in Baltimore—and practically all of these deaths occurred at home, likely infecting the entire household. Black representatives of greater Baltimore met in 1911 with Dr. Martin Sloan, the white superintendent of a sanatorium in Towson, to address this problem. During this meeting, "doctors told their experiences, mothers of tuberculous children, with tears

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[123] Peter Marshall Murray, M.D., "Hospital Provision for the Negro Race," edited by Vanessa Northington Gamble, M.D., Ph.D, in *Germs Have No Color Line: Blacks and American Medicine, 1900-1940* (New York: Garland Publishing, Inc., 1989), 109.

[124] "The Negro and Tuberculosis," *Journal of the Outdoor Life* 9, no. 9, 213.

[125] Dunning S. Wilson, M.D., "Problems of Tuberculosis in the Negro of the South," *Journal of the Outdoor Life* 12, no. 2, 54.

[126] Yulonda Eadi Sano, "Health Care for African Americans in Mississippi, 1877-1946." PhD diss., Ohio State University 2010, 92.

in their eyes told what they thought should be done; lawyers, school teachers, and laymen expressed a fervent desire for immediate action by the white people… for hospital care for their tuberculous."[127] Dr. Sloan relayed their message to the Maryland State Conference of Tuberculosis in 1915 and many present at the conference agreed with him, arguing for the establishment of not just one but several tuberculosis hospitals for the treatment of consumptive Blacks in various counties of the state. Collectively, the attendees wrote a resolution calling for the establishment of more tuberculosis hospitals. The governor of Maryland, Phillips Lee Goldsborough, backed this resolution. He urged the state legislature to pass measures to build institutions for the segregation of Blacks suffering from advanced tuberculosis.[128]

Physicians, while an invaluable branch of the anti-tuberculosis campaign, were often unable to provide the level of sustained care necessary to cure advanced TB patients. Tuberculosis institutions such as almshouses and sanatoriums filled this role instead, serving as places where patients could be segregated from society while being cared for. Almshouses were the first institution that treated Black tuberculosis patients who had no permanent residence. It was deemed imperative to segregate these cases, as the advanced and homeless consumptive was dangerous to the health of white citizens.

Almshouses: Early Tuberculosis Hospitals

Prior to the Civil War, many states had few, if any, general hospitals for the treatment of the ill or injured. White Southerners in the Antebellum Era were mostly cared for at home by wives,

[127] Sloan, "The Great Need," 22.

[128] Governor Phillips Lee Goldsborough, "Concluding Remarks," *The Negro Tuberculosis Problem in Maryland: Whose Problem?* (Baltimore: Maryland Association for Prevention and Relief of Tuberculosis, 1915), 33.

mothers, or even slaves. Many upper-class whites in the North preferred home care as well. However, African Americans had few treatment options when they fell ill. While a very small number of plantations erected slave hospitals that provided popular remedies of the age such as tonics, poultices, and rest to enslaved Blacks, they were barred from even the few formal institutions that existed. The Dix Hill Asylum founded in Raleigh, North Carolina, in 1856, for example, only accepted white mentally ill patients.

After the outbreak of the Civil War, military hospitals were erected throughout the South to treat Confederate soldiers suffering from infectious diseases or wounds sustained in battle. But these institutions did not accept African American patients. In Union controlled areas of the South such as coastal North Carolina, however, Union hospitals offered care to both whites and Blacks. Union leadership also quickly demanded the admission of Black soldiers into traditionally white hospitals of the South such as Dix Hospital (formerly the Dix Hill Asylum), which eventually became fully integrated in 1880.[129] But it is important to note that this was the exception. Almost all southern hospitals remained segregated. The brief integration of even the small number of hospitals in the South did not last long. In the 1896 *Plessy v. Ferguson* decision, the Supreme Court upheld the legality of racial segregation in the South provided that Blacks had separate but equal facilities. Healthcare institutions could thus legally ban Blacks from accessing their services—and they did. Most hospitals in the South were then strictly segregated but very unequal, with Black hospitals rarely having the quality of staff, funding, or equipment of white institutions.[130]

Hospitals for most of the nineteenth century existed only for those unable to obtain private

[129] Phoebe Anne Pollitt, *African American Hospitals in North Carolina: 39 Institutional Histories, 1880-1967,* (Jefferson: McFarland & Company, Inc.), 7-8.
[130] Pollitt, *African American Hospitals*, 20.

care at home, which were often the poor and the homeless. The middle class largely avoided seeking hospital care which was considered a desperate last resort. Late-nineteenth century hospitals also only provided rudimentary services like meals and a clean place to sleep.[131] State almshouses were one of the first healthcare institutions that cared for sick patients without a permanent residence. In the North, most almshouses treated both whites and Blacks, such as the Tewksbury Almshouse in Tewksbury, Massachusetts. Here, some of the most destitute consumptives sought relief from their pain and a roof over their heads. Blacks entering the almshouse, however, were met with racism from the white staff physicians in addition to the prospect of a lonely death separated from their loved ones.

Catherine Harris was one such tuberculosis patient. A former spinster and laundress in Boston, she was admitted to the Tewksbury Almshouse at the age of thirty-eight with a fever and diarrhea. She claimed she was born in Boston and had a cousin who lived there, but the examining physician questioned the reliability of her statements. He diagnosed Catherine with phthisis (pulmonary tuberculosis) and noted that she was "stupid." The latter assessment was void of medical meaning. Stupid was not a legitimate diagnosis of the time but rather a judgement of her perceived mental capacity informed by her race.[132] His prognosis for her was just as bleak: "don't look as if would live very long." Catherine was cared for in the almshouse for less than a month before she died on July 6, 1874.[133]

For many other African American consumptives, their time in the almshouse was similarly

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[131] Pollitt, *African American Hospitals*, 10.

[132] The 1874 edition of Dunglison's *Dictionary of Medical Science* does not contain a definition of the word "stupid." I found no white consumptives ever described as "stupid" at the almshouse in the Tewksbury Patient Records. The word appeared to be reserved for Black consumptives, but this is not certain.

[133] Catherine Harris, Tewksbury Almshouse Intake Records, Reg. No. 43738

short-lived. William Nash entered the almshouse in the winter of 1878. He worked as a laborer at a wholesale poultry dealer in Boston before developing a mild cough. Upon first inspection he appeared to merely have a cold. However, the doctors at the almshouse believed he had an incipient form of phthisis. William died just a week and a half after being admitted to the almshouse.[134] He probably died alone in a strange place far away from his family in Williamsburg, Virginia. The unsanitary and crowded conditions of the almshouse likely accelerated his demise.

Into the Sanatorium

Of all the institutions that treated tuberculosis patients, perhaps none were as culturally significant to the anti-tuberculosis movement as the sanatorium. These were distinctly recognizable "total institutions," established with the sole purpose of treating TB patients. Treatment within the institution usually consisted of rest, feeding, and the maintenance of sanitary surroundings, together with surgical interventions if the facility had operating rooms and staff surgeons. The entire lives of patients were controlled by the sanatorium. Strict rules regulated how, where, and when patients could eat, sleep, talk, bathe, read, or even exercise. Some sanatoriums were state-sponsored, while others were privately-owned, for-profit institutions usually reserved for wealthy patients. Most African Americans, if they were able to enter a sanatorium at all, were treated in state institutions—usually in a separate segregated ward or building. But many Blacks were outright barred from these predominantly white spaces altogether either because they didn't have the economic means or were faced with race-based exclusionary policies.

[134] William Nash, Tewksbury Almshouse Intake Records, Reg. No. 54395

The sanatorium movement began in Europe in the mid-nineteenth century with German health resorts. Dr. Hermann Brehmer established a facility at Gorbersdorf in Silesia, Prussia in 1859 to treat lung disturbances such as consumption. The institution was built in the region because of its "diminished atmospheric pressure," which was believed to naturally protect residents from the disease. Brehmer's resort was centered around providing light exercise and rich food for patients. The grounds included well-maintained gardens with walking trails for those deemed well enough to take daily walks. Others with more severe disease were limited to "lung gymnastics," a regimen of deep breathing exercises. Brehmer's German colleagues built upon his ideas and soon founded health resorts of their own, modifying his treatment plan.[135]

News of the success of these European institutions reached Black American audiences by the late nineteenth century and appeared in the *Broad Axe* in 1897. The African American newspaper reported on a Black Forest sanatorium which demonstrated that "feeding and fresh air with carefully regulated exercise [were] the means upon which much of the cure [for consumption] depends." Indeed, eating was one of the main components of this sanatorium's treatment regimen; patients drank plenty of milk and ate large quantities of butter, honey, and meat to fatten themselves up. Physicians then saw weight gain as evidence of the patients' improved physical condition and recovery from tuberculosis. While physicians could not fully provide a scientific theory as to why the feeding and rest treatment worked, they were confident that it built up patients' resistance to the disease germs.[136]

However, sanatoriums also had deep roots in the United States. Dr. Edward Trudeau, taking inspiration from his German colleagues, established a small medical practice in Saranac Lake,

[135] Rothman, *Living in the Shadow of Death*, 195.
[136] "Treatment of Tuberculosis," *Broad Axe*, August 12, 1897.

New York, having been "cured" of his own tuberculosis during his time in the region in 1876. The clinic then grew into the Adirondack Cottage Sanitarium (later renamed the Trudeau Sanatorium in 1915) that would become a mecca for TB patients and the most famous tuberculosis treatment center in the country. Black patients, however, were traditionally barred from the Trudeau Sanatorium. Despite being not welcome there, a number of elite Blacks did travel to Saranac Lake to "take the cure." They were able to navigate the risks involved, benefit from the free dispensary at the sanatorium, and obtain treatment from white physicians while living in a small number of separate boarding cottages run by Black proprietors. Such cottages offered a variety of basic amenities including basic nursing care, meals, and open-air porches for TB patients.[137] However, these resources were typically restricted to only wealthy African Americans who could afford to travel and live near Trudeau's prestigious institution.

Most Black consumptives were not so lucky. Often typified as being "bad" TB patients, many were unable to receive the professional care they desired. One white traveling nurse, Mabel Jacques, summed up the thoughts of the medical establishment while discussing her opinion of Black tuberculosis patients in Philadelphia to the Eighth Annual Convention of the Graduate Nurses Association of Virginia in 1908:

> Negroes are the most difficult people with whom we have to deal. The lower portion of our city is very thickly populated by them, they are packed by hundreds into the small courts and alleys, living, as a general rule, under the most unsanitary conditions, and absolutely refusing to alter their manner of living. The Philadelphia negro is, as a general rule, insolent and overbearing, with a smattering of education to mingle with the superstitions and prejudices of his race, and constantly on the defensive against any suggestion regarding his mode of living that may benefit him. Mention milk, eggs, and fresh air to him and he is ready to almost throw you bodily out of his home. It is for the negro more than for any other race that we need strict legislation for he can seldom be persuaded; he must be forced.[138]

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[137] Sally E. Svenson, *Blacks in the Adirondacks: A History* (Syracuse, New York: Syracuse University Press, 2017), 121-123.

[138] Mabel Jacques, "The Visiting Nurse in Tuberculosis: Her Importance as an Educational Agent," *Journal of the Outdoor Life* 6, no. 5, 136-137.

Legislation regarding tuberculosis was controversial but adopted in several states by the 1910s. These policies were created for the purpose of controlling the lower class, and specifically African American consumptives. Dr. John S. Fulton, discussing the willingness of Blacks to enter tuberculosis hospitals, noted that there should be "a [Maryland] law giving health officers the authority to compel removal when existing conditions render a patient a serious menace to those about him."[139] William H. Baldwin, the treasurer for the National Association for the Study and Prevention of Tuberculosis, agreed with Fulton. "*You need a law that those who will not take care of themselves shall be compelled to by law, and you can keep them by force*," he proposed. Baldwin envisioned this law as being used especially for non-compliant African Americans. He later elaborated: "we need something to force them [Blacks] to go [get institutional treatment] when it is necessary for them to go." Similar laws regarding "ignorant" tuberculosis patients were passed in other states, he observed. However, the threat of the law itself was often sufficient to ensure compliance with public health orders. In San Francisco, such a law was used only twice in three years. And in New York City, the law was only used thirty or forty times for a population of almost four million people over the course of seven years.[140]

White physicians believed that Blacks were ultimately unfit for the sanatorium because they were "bad" patients. They were, in the words of Dr. Landis, "too shiftless and worthless to remain long enough [in a sanatorium] to do anything with [them]." This notion was used as justification for the widespread exclusion of Blacks from tuberculosis institutions. However, Dr.

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[139] Dr. John S. Fulton, "Report of the Hamman Committee," *Our Tuberculous Negro: Where is He Now?* (Baltimore: Maryland Association for the Prevention and Relief of Tuberculosis and the State-Wide Tuberculosis Committee, 1916), 20.

[140] William H. Baldwin, Esq., "Discussion," *The Negro Tuberculosis Problem in Maryland: Whose Problem?* (Baltimore: Maryland Association for Prevention and Relief of Tuberculosis, 1915), 26.

H. G. Carter, a Black physician and superintendent of a sanatorium exclusively for Black patients in Virginia, responded to these claims by telling a story of his own experience with African American patients. When Miss Hamilton, the head nurse of the institution, was leaving for six months to complete a postgraduate course, the Black patients gathered to give speeches praising her work. One of these speeches, prepared by Minnie A. Boone, was published in the *Journal of the Outdoor Life* in 1922. In her address to patients and staff, Minnie highlighted the extraordinary care that Miss Hamilton extended to patients: "No day has been too hot, and no night has been too cold, for her to don her uniform and go quickly to the bedside of the patients and alleviate their suffering." Dr. Carter used this speech as evidence that Black TB patients were sincerely grateful for the care they received, proclaiming that "there are no people who more readily respond to sympathetic treatment and are more appreciative of kind attention than the negroes."[141]

This statement was likely true. Black TB patients were rarely treated with the same dignity and respect as their white counterparts. Blacks were discriminated against at every juncture of the anti-tuberculosis campaign—regardless of their social status or their compliance to medical advice. White public health officials attacked African Americans for being ignorant, dirty, and careless. Professionals begged Blacks to change their ways of living and seek treatment. Yet when Blacks followed their advice and pursued care at hospitals or sanatoriums they were often denied. If Black TB patients were able to gain entrance, they were then typified as a "bad" patient and met with contempt from the white staff of these white-operated institutions.

Few Black Americans were spared from these exclusionary policies, even those who served

[141] H. G. Carter, "The Negro as a Sanatorium Patient," *Journal of the Outdoor Life* 19, no. 1, 9.

their country in World War I. Tuberculosis hospitals shamefully rejected Black veterans of the Great War when they tried to gain admission. For example, after being gassed on the battlefield in France, Thomas Albert White of the 351st Field Artillery Regiment developed tuberculosis from his wartime injuries. He was sent by the Veterans' Bureau of Pittsburgh to get treatment at a government hospital in Dawson Springs, Kentucky. Though he was accompanied by a white nurse, upon entering the state he was forced to separate from his caregiver and ride in the "Jim Crow" car. After reaching Dawson Springs, the veteran was told that the hospital did not accept Black patients and promptly sent back to Pittsburgh.[142]

White then contacted Congressman Clyde Kelly of the state of Pennsylvania to request admission to a government hospital in Beacon, New York, only to be told that this hospital also did not accept Black veterans. The NAACP wrote to the medical director of the Veteran's Bureau in Washington D.C. in response to White's case. The Bureau responded that he would be promptly admitted to the National Sanatorium in Ohio. It is unknown whether White successfully entered the sanatorium or even survived to do so, as his disease had already progressed rapidly.[143] The exclusion of Blacks from sanatoriums was not limited to regions where the color line was so clear. Dr. R. L. Williams, the superintendent of the Wisconsin State Tuberculosis sanatorium, explained that the reason Black patients were excluded from his sanatorium was because "colored people have an offensive body odor which makes their treatment with white patients inadvisable."[144] This was an exceptionally offensive justification. But it was not uncommon for the times.

The White Haven sanatorium in White Haven, Pennsylvania began as an integrated

[142] "Our Sick Soldiers Insulted, Humiliated!," *Cleveland Gazette*, February 21, 1925.
[143] "Our Sick Soldiers Insulted, Humiliated!," *Cleveland Gazette*, February 21, 1925.
[144] "Williams Should be Removed!" *Cleveland Gazette*, May 30, 1918.

institution under the leadership of Dr. Lawrence Flick. However, white patients soon began to object to the close proximity of Blacks at the sanatorium. They didn't want to wash the dishes of Black patients nor clean the bathrooms that Black patients used, despite these being required chores. The father of one white patient, having learned Blacks were allowed in White Haven, wrote to Dr. Flick telling him how disturbed he was that his son had to sleep near a "dying Negro." By 1914, tensions between Black and white patients grew to a head. A group of white patients protested and demanded segregation. "We think it is an injustice to live in daily contact with them. We have no personal enmity against Negroes, we merely desire there [sic] segregation, as we do not think it desirable for the Black and White Races to mix," they declared. Black patients objected to the imposed segregation, to no avail. The board of directors of White Haven refused to reinforce their integration policy and let the white patients self-segregate.[145]

Some white physicians made a conscious effort to ensure Black access to sanatoriums, while others saw the sanatorium as a place for whites only. The notion of institutionalizing African Americans—who were often imagined as the poor class who refused to follow medical advice and proved a "menace to society"—by force was attractive to some white physicians. Institutional care, they believed, would provide the supervision necessary to ensure compliance and a cure.[146] However, others disagreed and viewed institutionalization as futile to treat Black consumptives. In Maryland, the idea of sanatorium care for Blacks was promptly dismissed at the 1915 Maryland State Tuberculosis Conference. "Since Negroes possess a much lower resistance to the advance of the disease than the white population, it would be futile to emphasize [sanatorium care] as the permanent feature of a plan to eradicate tuberculosis from amongst

[145] Bates, *Bargaining for Life*, 292-294.
[146] Rothman, *Living in the Shadow of Death*, 206.

them," Dr. Fulton argued.[147]

Yet even when Blacks were allowed into sanatoriums, beds for Blacks patients often went unused. Despite having eighty beds for Black TB patients in the Pennsylvania State Sanatorium at Mont Alto, the waiting list in 1916 varied from zero to two patients. The beds were simply not in high demand, in contrast to the coveted beds of white patients at the sanatorium.[148] In an attempt to convince more Black people to enter sanatoriums, public health professionals encouraged African American patients or staff to write to their communities and speak positively of the institution. One anonymous "colored patient" at the Kansas State Sanatorium wrote in a letter published in *The Topeka Plaindealer*, an African American newspaper, lamenting the general absence of Black patients at the institution: "Kansas has… erected a fine pavilion with facilities to accommodate twelve colored patients. Today it is almost empty. The room is here and no colored applicants." The writer explained that if there were no further applicants, the pavilion would be opened up to other races on the long waiting list. Describing the recovery of African American patients at the institution, the patient noted, "we have several patients (colored) who have left the sanatorium in good shape. And at present, we have four colored patients who are on their way to health."[149]

Similarly, Reverend Julius Buchanan—a janitor who was also a local preacher—at the Mississippi State Sanatorium wrote a letter in *The Thermometer*, the sanatorium newspaper, arguing why Black patients should feel comfortable coming to the white-run institution:

> [I] want to let the people of my race no [know] what is going on. [I]n south Mississippi there is a great institution that the collord has never read of and [I] will say that it is for you for me and for every colored man and woman that is suffering with that ofel de zease [disease]. [O]ur white friends of the state has lont [lent] us a helping hand without our asking them so

[147] Dr. John S. Fulton, "Report of the Hamman Committee," 16.
[148] Fulton, "Report of the Hamman Committee," 20.
[149] "A Patient Writes," *The Topeka Plaindealer*, September 9, 1921.

> get our shoulders to the wheel and shuve him over be cause this is not his work but our[s]… and if you will come with the right thing in your minds we will be glad to have you come… come to get well and to in joy [enjoy] thease cool breaths…. [A]nd let me say that you don't find men nor women—[I] mean white—of dr. bos well's [the superintendent] strike [stripe?] often. [H]e has stood in the presence of us negros [sic] for an hour at the time trying to teach us the way and instruct us the way and telling us to be men and women of our race and stay in our place an[d] make gentlemen and ladies so as to be reckernised in the mids of white and black…. if we will take dr. bos well's exzample for a lesson and be rooled and governed by what he say we will come out more than con ker [conquered?] (Punctuation added for clarity).[150]

The preacher was clearly urging Black citizens of Mississippi to join the anti-tuberculosis movement and develop a sense of ownership and pride in their own public health work when he suggested to "get our shoulders to the wheel and shuve [our white friends] over be cause this is not his work but our[s]." But Buchanan's words regarding Dr. Boswell's orders for Black patients to "stay in [their] place" and become "gentlemen and ladies" undercut the rosy image of the Mississippi Sanatorium he presented in the beginning of his appeal. Rather, Buchanan demonstrated the paternalism exhibited by Dr. Boswell, the superintendent of the sanatorium, and his beliefs that Black patients were neither gentlemen nor ladies. These comments reflect the disrespect afforded to many African American sanatorium patients. In reality, Buchanan's letter might have deterred Black patients who did not want to be "ruled and governed by what [Dr. Boswell] say [sic]," instead of enticing them to come to the institution. Nevertheless, many Black patients did come to the sanatorium and some of them seemed to enjoy their time there, in spite of the racist attitudes of the head physician.

There were also other reasons for the lack of Black representation in state sanatoriums. There were simply not as many beds available for African Americans as white patients. In the Kansas State sanatorium, there were only twelve beds available for Black patients. The situation was

[150] "By Way of Local Color," *The Thermometer* 1, no. 2, 4.

similar in the Mont Alto sanatorium in Pennsylvania, where there were eighty beds provided for African American patients, compared with the 1,120 beds for white patients.[151] As previously mentioned, Blacks were also often wary of Western, white-dominated healthcare. They were well aware of the mistreatment routinely experienced in white healthcare institutions. Many African Americans simply avoided patronizing white doctors altogether, instead opting for folk remedies to cure their conditions. Indeed, the distrust of mainstream medical facilities such as sanatoriums often set the scene for a clash of different medical and cultural ideas about the body.

Andrea Marth has noted how the sanatorium represented a "confrontation between scientific medicine and traditional spiritual and [folk] healing." Tuberculosis was especially seen as tied to spiritual causes, as some Black Americans believed that all pneumonia—a disease closely related to tuberculosis—was caused by spiritual forces. This belief had significant consequences for institutional tuberculosis care of Blacks, or rather the lack thereof. One study conducted in Pittsburgh in 1934 found that over 17% of Black men and women with tuberculosis stated they would refuse to see a professional physician. These respondents explained that they did not trust the diagnosis of physicians and were instead cared for by herb doctors or other unqualified professionals. Established folk remedies for tuberculosis that these practitioners might prescribe included "drinking hot blood from the heart of young heifer, eating gravy stewed from a black cat or the back leg of a black dog, [and] smearing 'grease from a buzzard' on the chest."[152] However, Black TB patients were also capable of merging the biomedical and spiritual folk therapies together, easily attributing their recovery, as Marth suggests, to "both a good nurse *and* good magic."[153] But the use of herbal remedies, patent medicine, and folk doctors was ultimately

[151] Fulton, "Report of the Hamman Committee," 20.
[152] Marth, "The Fruits of Jim Crow," 114-115.
[153] Marth, "The Fruits of Jim Crow," 20.

seen in the eyes of white physicians as further evidence of African American inferiority. For how could Black patients follow the strict treatment regimen of the sanatorium if they didn't even believe that tuberculosis was caused by infectious bacteria?

Nevertheless, the number of state sanatoriums that accepted Black TB patients in the South grew during the first few decades of the twentieth century as the demand for these institutions increased. By 1924, Virginia, Maryland, West Virginia, North Carolina, South Carolina, Oklahoma, and Mississippi all had state institutions that cared for Black consumptives, either in separate wards or through separate institutions.[154] The Mississippi State sanatorium operated a separate ward for Black patients within the larger complex. This ward was also relatively large. Rad Reed, the editor of the inaugural edition of *The Thermometer*, reported that the new sanatorium complex contained a 260-bed ward for Black consumptives.[155]

Narratives from sanatorium patients have demonstrated the thoughts of the white patients who "cured" in various institutions. They often viewed entrance into a sanatorium as incarceration. As Frank Burgess recalled, "I arrived at the door of my 'prison.' I saw it swing open on great hinges like the mouth of some devouring monster… Above that engulfing portal I seemed to read from the infernal gates: 'Leave hope behind, all ye who enter here.'"[156] Once inside, sanatorium patients—white and Black—were presented with the overwhelming list of rules they must obey in a contract they were forced to sign: "Patients must not read. Patients must not write. Patients must not talk. Patients must not laugh." Then, patients were subjected to the humiliating ritual of the first bath. All patients were required to be meticulously scrubbed. Betty MacDonald tried explaining to the staff nurse that she had just gone to a beauty parlor to

[154] "Maryland Provides for Colored Patients," *Journal of the Outdoor Life* 21, no. 6, 366.
[155] "By Way of Local Color," *The Thermometer* 1, no. 2, 4.
[156] Rothman, *Living in the Shadow of Death*," 229.

get a perm and had taken a bath mere hours before her arrival at the sanatorium. "Makes no difference," the nurse responded, and she washed out MacDonald's newly-permed hair with green soap.[157]

Sadie Fuller Seagrave noted the omnipresence of sickness and death that she observed during her stay at a sanatorium. In her semi-autobiographical work based on her own experience in a sanatorium, *Saints' Rest*, she included a poignant letter describing her initial impression of the institution. It captured the everyday suffering of patients and her desperation to escape her prison. "Little Nat died last night," she wrote. "The girls on the porch where I have been put say they are going to stay awake tonight to hear the wagon come to take him away. Somebody on the porch above is coughing and choking, and I want to get away from all this gloom. I won't stay. I *won't*."[158] But she did stay, and eventually left the sanatorium with her disease arrested.

One can only imagine how much more so the sanatorium felt like a prison to African American patients and how much more humiliating these rituals seemed. They were separated from their friends and family, segregated from white patients within the sanatorium, and treated by prejudiced physicians. The facilities afforded to them were second-class. They did not have the luxurious cure chairs, the cheerful parades, or the frequent parties that white patients had. White nurses even refused to treat them in accordance with some states' laws.[159] Perhaps the only solace they had was in their Black nurses who understood what it meant to be Black in the early twentieth century. They also were uplifted by each other and the shared experience of being both ill and incarcerated in a sanatorium.

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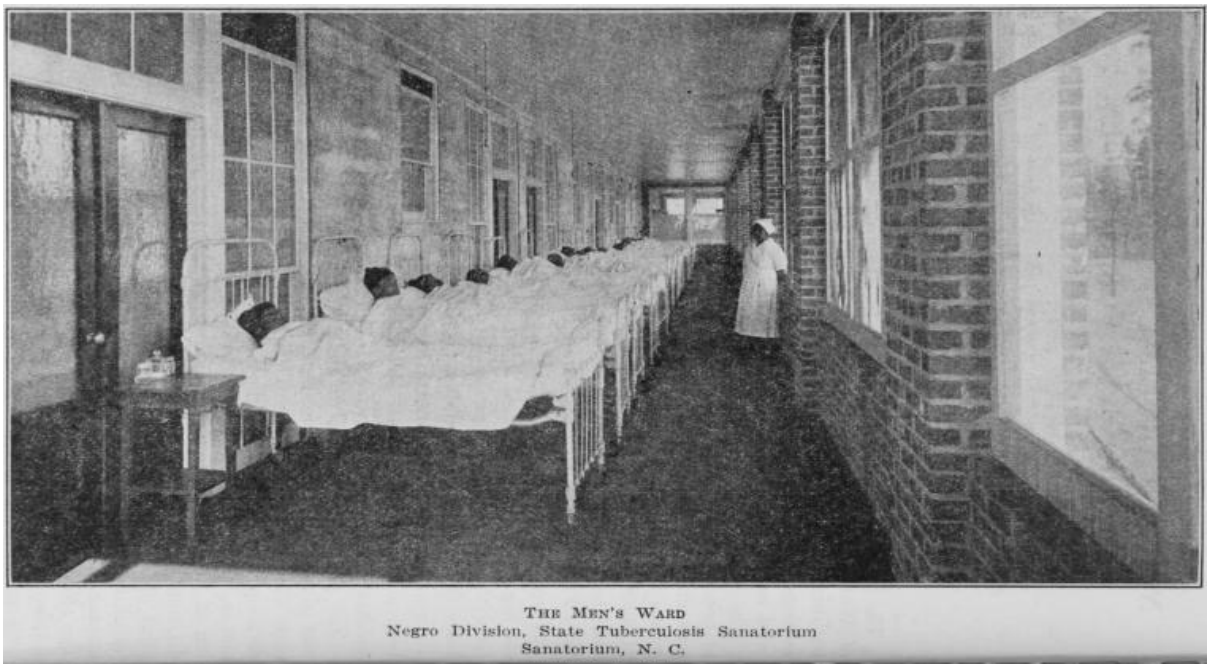
[157] Rothman, *Living in the Shadow of Death*, 232.

[158] Sadie Fuller Seagrave, *Saints' Rest* (St. Louis: C.V. Mosby Company, 1918), 47.

[159] Yulonda Eadi Sano, "Health Care for African Americans in Mississippi, 1877-1946." PhD diss., Ohio State University 2010, 96.



THE MEN'S WARD
Negro Division, State Tuberculosis Sanatorium
Sanatorium, N. C.

[Source: Schomburg Center for Research in Black Culture, Jean Blackwell Hutson Research and Reference Division, The New York Public Library. New York Public Library Digital Collections.]

White patients used sanatorium newspapers or newsletters as a method to cope with the sadness and isolation of the sanatorium. These publications intended to lift the spirits of patients while educating the public about tuberculosis. They included gossip columns, jokes, funny stories, cartoons, scientific discoveries, advice, and poems. These newspapers also provided a creative outlet for patients and served to assuage the monotony and boredom of rest treatment. Often, patients funded the paper themselves through donations or advertisements and served as reporters, writers, and editors. The Mississippi State Sanatorium's newspaper *The Thermometer* was an entirely patient-run endeavor. And it was very popular, selling over 8,000 copies in 1921, perhaps more than any other sanatorium paper at the time.[160]

The newspaper helped to further cultivate an environment where every inmate was expected

[160] "Tuberculocals," *The Thermometer* 1, no. 3, 2.

to be happy and not worry about their failing health, as seen in the overwhelming amount of jokes in each edition. Yet there were brief moments where the patients' despair shined through the veil of cheer. The poems of white patients were a special medium that put into words the raw emotions they so often felt but were unable to visibly or vocally express. Mrs. Susye Hackler's poem summed up the anguish of probably every patient at the sanatorium. It also illuminated the constant question of "why me?" that patients routinely asked themselves.

> Why did I get T.B. I could almost cry.
> I am nervous skinny, rundown and blue.
> If my tempt did that what will my coughing do?
> Doctor said I am wreck—I'll admit she is right—
> Nurse said I lost a speck—now I can't sleep at night.
> I'm upset because my lungs ain't what they use to was.
> Why did I get T.B. Why, oh why?[161]

Yet these poems of sadness were countered with poems of encouragement. In a poem titled "Forget It" originally published in *The Beacon*, the writer urged patients to just "forget it" if things were tough. "Don't begin to cry and sob If the T.B.s on the job, But just laugh and fool the mob. And 'forget it'," the poet extolled his audience.[162] Crying was not only seen as a sign of weakness but also as a sign that a patient did not have the right mindset to cure themselves. An effective cure required, it was argued, a mental state free of all worries.

Black patients at the Mississippi Sanatorium, however, were not afforded the luxury of an artistic outlet to express their grief in an acceptable setting and cast their worries aside. Instead, they must have felt degraded as they gazed upon the racist cartoons published in *The Thermometer* intended to make white people laugh.

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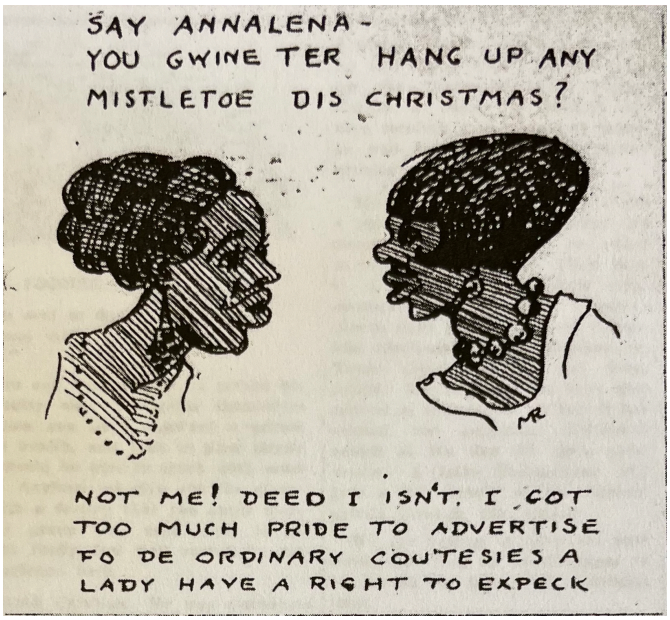
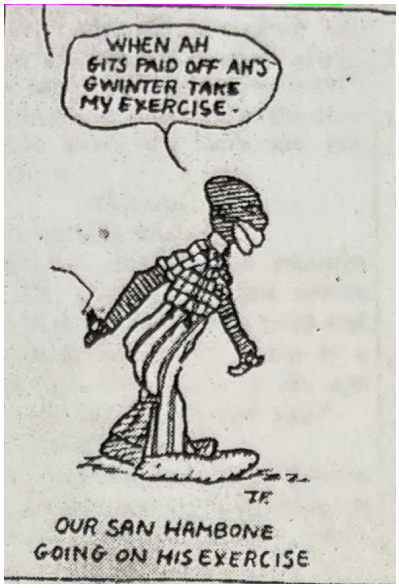
[161] *The Thermometer* 1, no. 3, 3.
[162] "Forget It," *The Thermometer* 1, no. 6, 1.



[Source: *The Thermometer* 2, no. 9.]



[Source: *The Thermometer* 2, no. 2.]

While white patients had poems, Black patients had baseball. The sanatorium boasted its own baseball team composed of Black employees and patients whose games were well attended by

the rest of the staff and even patients during their exercise periods.[163] The team of Black players was a source of pride for the Black patients of the sanatorium. Easter Myers, one of the Black nurses, claimed that the team "[played] really good ball" in 1925. Isiah, presumably a member of the Black ward, was the champion home run hitter for the team. But even his efforts could not stop them from losing to the Cohay baseball team in a close game that year. "Errors caused [the team's] downfall," Easter Myers concluded.[164]

Baseball provided patients a way to have fun and gave them something to look forward to, as well as to practice for. It was also a great way for them to spend their exercise time if they had any. Dr. Boswell used these ball games as a tool for outreach to the Black community. In an annual picnic "for and by the colored people," the sanatorium team played against baseball teams from Cohay, D'Lo, and Mount Olive in a tournament with a cash prize of 10 dollars going to the winning team. The team also lost in the 1922 picnic, in front of a large crowd of about 800 people, including 100 white people who showed up to watch them play. Dr. Boswell presented a health talk about tuberculosis to the crowd of Black spectators after the game.[165]

However, Black patients and staff members of the Mississippi sanatorium also participated in the production of *The Thermometer* and eventually carved out a space for themselves in the newspaper, despite being left out of the early editions of the periodical. They used the platform as white patients did—as an outlet to cope with the crippling despair of sanatorium life. Like other wards, African Americans had their own column that was filled with patient contributions. The "colored infirmary" column was almost exclusively written by Black authors. The first writer was Rev. Julius Buchanan, the janitor and preacher, followed by Easter Myers, a nurse of

[163] "General Notes," *The Thermometer* 1, no. 12, 2.
[164] Easter Myers, "Colored Infirmary," *The Thermometer* 1, no. 3, 8.
[165] "Simpson Negroes Picnic," *Jackson Daily News*, June 15, 1922.

the ward. But by December of 1926 one of the patients, Bessie Turner, began writing the columns. She had entered the sanatorium at least a year prior in 1925, where she was listed in the September edition as one of the "babies" who had recently been "weaned from the [milk] bottle," and now on a regular (solid) diet. She had been improving from her treatment, weighing 154 pounds.[166] Her authorship of the Black ward was unique in 1926, as the other columns were written by white "reporters" who interviewed patients in each ward to write the columns. She probably adopted a similar role for the Black infirmary but was not identified as a reporter in the paper.[167] Perhaps the other newspaper editorial staff didn't want to visit the "colored ward," and so they enlisted the help of a Black patient to do the writing.

The publication reveals, on some level, the shared experience of both Black and white tuberculosis patients at the state sanatorium. Patients of both races seem immersed in a similar subculture as evidenced by the fact they spoke the same slang, speaking in their own "slanguage." This distinctive lexicon served to demystify the scary, painful moments in the sanatorium they all faced. For example, when referring to hemorrhages—one of the most dreaded events—patients would use euphemisms such as "spitting rubies" or "seeing red" to describe the tragedy. They even jokingly changed the abbreviation for tuberculosis, T.B., to mean "The Bugs," a more light-hearted alternative.[168]

Like white patients, Black patients at the sanatorium engaged in fun pastimes and built community in the midst of pain and death. They found joy in the mundane and saw hope in one another. Patients of the ward listened to music together on a phonograph lent by Frank Hale, one

[166] Katherine Holtzclaw, "Colored Infirmary," *The Thermometer* 1, no. 6, 8.
[167] Bessie L. Turner, "Colored Infirmary Notes," *The Thermometer* 2, no. 9, 3.
[168] "Encyclopedia of the Mississippi Tuberculosis Sanatorium," *The Thermometer* 1, no. 3, 3-4.

of the editors of *The Thermometer*. With the help of two of the staff nurses, Nurse Weatherspoon and Nurse Randolph, patients of the ward threw a surprise party for Mrs. Jackson, a patient, on her birthday. And they gave her gifts to mark the occasion.[169] Black patients enjoyed visits with their children and grandchildren.[170] Patients and staff passionately cheered on their baseball team and were very upset when they lost. The head waiter, Bill, was "so disgusted" after one loss that he was reported to have "gone away and no one knows where to locate him."[171] While this was probably humorous hyperbole, it demonstrates the commitment of the Black staff and patients to their team. Ultimately, Black writers deemed all of these events worthy to be published in *The Thermometer* because they signified the brief moments of escape from the death surrounding them. And they represented escape—however fleeting—from their prison, their beds, the rules, the discrimination, and the hatred of white physicians.

Black patient contributions to *The Thermometer* proved to white readers that they were also capable of cracking witty jokes, telling funny stories, and expressing themselves in ways similar to their white counterparts. The jokes were usually set up as a conversation between two people in the ward, with the second speaker delivering a witty "one-liner" response to the first speakers' comment or question. Whether or not these conversations actually took place is uncertain, but they certainly solicited many laughs.

> Pat: "I sure do feel bad."
> Lucas: "Do you feel as bad as you look?"
> Pat: "I feel worse than I look."
> Lucas: "Goodness, I don't see how you live then."[172]

A number of Black patients did indeed "feel bad" while they "cured" at the sanatorium. Most

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[169] Bessie L. Turner, "Colored Infirmary Notes," *The Thermometer* 3, no. 9, 8.
[170] Katherine Holtzclaw, "Colored Infirmary Notes," *The Thermometer* 1, no. 6, 8.
[171] Easter Myers, "Colored Infirmary," *The Thermometer* 1, no. 3, 8.
[172] Katherine Holtzclaw, "Colored Infirmary," *The Thermometer* 1, no. 6, 7-8.

probably became even sicker during their stay due to the dairy-heavy diet imposed upon them. Unbeknownst to white physicians at the time, a large percentage of African Americans were and are actually lactose intolerant—unable to digest the lactose in milk. Even one glass of milk could illicit agonizing symptoms of painful abdominal cramping, bloating, and excessive gas.[173] One can only imagine what it was like for Black patients forced to drink the large quantities of milk recommended by the institution. It is thus not surprising that a large number of Black patients left the sanatorium AMA (against medical advice). But even in these instances, the sanatorium presented them as lacking the willpower to get well. As Bessie Turner reported in *The Thermometer*, "some got tired of chasing the cure with us, and have departed for their homes. Here's hoping to their success."[174] Those who left the sanatorium were seen as "tired" of curing at the sanatorium. They were portrayed as lacking the strength and resolve to stick it out to the end. Strikingly absent from this description was the painful struggle of the sanatorium therapeutic regimen.

Black patient writers demonstrated to the white readership of the sanatorium newspaper that they were capable writers themselves who were able to tell jokes and speak for their own wards with skill and distinction. But they were far from the only ones who were actively resisting the stereotypes of Black consumptives. African American scientists contributed to the intellectual backlash against the medical racism being espoused by major medical journals. Black club women organized to demand sanatorium care for their communities. And Black physicians established or managed their own institutions to ensure that their Black TB patients were treated with dignity and respect unheard of in white-run institutions.

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[173] Bates, *Bargaining for Life*, 293.
[174] Bessie L. Turner, "Colored Infirmary notes," *The Thermometer* 2, no. 9, 3.

Chapter Three: African American Resistance to the "Negro Tuberculosis Problem"

Black physicians and scientists did not passively receive the relentless assault on their race from the white medical community. Rather, they courageously resisted the scapegoating and racist claims using the means at their disposal: scientific journals, academic conferences, magazines, and newspapers. In spite of strict segregation laws, they managed to attend white southern medical conferences, and Black physicians regularly educated their patients about the most up-to-date knowledge of tuberculosis. Physicians of color even established a separate medical association to address problems specific to their African American patients. Yet they also listened to the damning words of white doctors with awe-inspiring, undeserved patience. These physicians truly represented some of the most educated, eloquent, and professional Black Americans of their time. But they were joined by Black nurses, community organizations, and women's clubs who were integral to the anti-tuberculosis movement and remarkably effective at making their viewpoints known and defending their communities on the national stage.

Black physicians formed the National Medical Association (NMA) in 1895 after being barred from admission to the white-only American Medical Association (AMA). By 1912, the Black professional association reached more than 500 members. The primary purpose of the NMA was to promote the advancement of Black physicians while focusing on preventative health.[175] However, the association was also a powerful voice that confronted the medical racism being espoused by white doctors in white-operated medical journals. African American doctors used the *Journal of the National Medical Association* as a vehicle to address the racist rhetoric of the white medical community. Some physicians took a direct approach to this task, addressing white physicians' arguments point-by-point, while others subtly criticized their writing, providing a

[175] Marth, "The Fruits of Jim Crow," 31.

more general critique of the deeply flawed pieces of medical literature.

In the Spring of 1909, one physician of color attended a lecture from Dr. Stile in Nashville, Tennessee, during a health conference. In his address to attendees, Dr. Stile asserted that Black TB patients contracted consumption due to their racial inferiority. He placed the fundamental weight of the problem on the backs of Black Americans, proclaiming that "the negro is to blame for his own susceptibility to tuberculosis." The unnamed Black physician in attendance wrote to the *Journal of the National Medical Association* after the conference criticizing the white physicians' paper presentation. The anonymous author pointed out that the speaker made the false impression to his audience that poor Blacks posed a greater threat to public health than poor ignorant whites. The African American physician also recognized that Dr. Stile completely ignored the efforts of learned members of the Black community such as lawyers, teachers, and doctors who worked tirelessly to better the health of their neighbors. To end his brief contribution to the journal, the writer concluded that "the address in the manner and matter smacked more of the cheap politician seeking notoriety and office by playing to passion and prejudice than a doctor discussing, philosophically, a scientific subject for the diffusion of knowledge." His closing statement summed up the efforts of many white southern doctors, who appealed to the prejudice of their audiences to justify their racist conduct. However, as he notes, such a shallow thesis was also an insult to educated medical doctors who based their knowledge on scientific fact, not speculative prejudice.[176]

White physicians also read the *Journal of the National Medical Association* and found it enlightening, noting the journal's rigorous scientific basis. While the true number of white doctors who subscribed or regularly read the journal is unknown, the Director of the American

[176] "Secrecy," *Journal of the National Medical Association* 2, no. 1, 193.

Tuberculosis Exhibition, E. G. Routzahn, received at least one 1909 issue of the publication. He wrote to the editors of the journal, applauding their "carefulness of statement and appeal to reason, and the recognition of actual facts." But Dr. Routzahn also defended white physicians as a whole, suggesting that the statements of "the one prominent physician, while they may be echoed by many others all over the South, do not necessarily represent the thought of every man of rank in the profession."[177] Northern physicians were indeed less likely to be explicitly racist towards their patients and operated less-segregated institutions than their southern counterparts, but those such as Dr. Routzhan did not actively speak out against the problematic racial rhetoric of southern physicians—even if they did recognize its fallacies. Instead, physicians of color were the ones predominately resisting the southern medical conferences where doctors gathered to scapegoat African Americans, using them to explain away the disease that was so prevalent in their states.

And white southern physicians were indeed the most likely to be outspoken regarding their views of Black health, regularly attending medical conferences or publishing in southern medical journals to make their opinions known. This gave the *Journal of the National Medical Association* sufficient reason to respond to their relentless accusations. Dr. Kenney, the editor of the journal, wrote a piece responding to a paper published in the Southern Medical Journal. The author of this particular paper posited the often-heard argument that African American consumptives were a dangerous menace to white southern society because of their disease. Dr. Kenney, however, dispelled this accusation by suggesting that vices of society were applicable to more people than just Blacks. As he explained: "The Negro [is not] the sole or even the chief

[177] E. G. Routzahn, "Comment on the Journal," *Journal of the National Medical Association* 2, no. 1, 172.

obstacle to the white man's attaining perfection, either physical, intellectual or moral. Poverty, idleness, injustice, immorality, ignorance and disease are problems that vex society everywhere." Indeed, the bigoted statements of the white South made "frailties that are human and universal appear as hideous Negro vices."[178]

A Black Chicago physician, A. Wilberforce Williams agreed with the substance of Kenney's argument and noted the apathy of white physicians who often failed to present helpful solutions to the "Negro Tuberculosis Problem." He admitted that tuberculosis was a massive problem for the Black community, but claimed that "if the same conditions under which these negroes are forced to live, viz.: ignorance, poverty, bad housing, bad sanitation, bad working conditions, low wages, long hours, high rent, poor food and alcoholism—or if the environments or disadvantages of any other race… were the same, then they would be just as susceptible… as the negro." And these problems were not the fault of Black people but were often forced upon them by their white neighbors. Dr. Williams thus proposed a radical solution to the problem: the betterment of the living conditions of Black homes. But he also emphasized the fact that "those who have written or published anything concerning [tuberculosis and] the negro have not flavored their productions with the ear-marks of earnest, sympathetic study, nor with a desire to get at the real facts and present them without any coloring, either for or against, the negro." For many white observers continued to believe that tuberculosis was due to some inborn trait of the Black race which explained the large mortality rate among the African American population.[179]

Black physicians continuously stressed the need to focus on the evidence and pursue the truth

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[178] "Art Thou in Health, My Brother?," *Journal of the National Medical Association* 1, no. 2, 108.

[179] A. Wilberforce Williams, M.D., "Tuberculosis and the Negro," *Journal of the Outdoor Life* 12, no. 2, 55.

instead of letting racial biases color medical conclusions. They did so in the face of a cultural war decrying African Americans and without many of the same access to avenues to reach public consciousness afforded to white physicians could. Dr. C. W. Birnie, of Sumter, South Carolina, spoke of the situation as he saw it at a meeting of the National Medical Association on August 24, 1910:

> Almost daily, we find newspapers, and magazines teeming with articles endeavoring to prove that the Negro race stands as a menace to the white men socially, morally, and physically. We are held up in scorn before the world as lepers. The results of such criticisms are extremely pernicious and damaging. Public sentiment is being educated against us. The unthinking take the argument without the power or capacity to investigate and accept it as the truth. Now, we owe it to ourselves, to our race, to our profession, that we should come before the public and say if these things are true, and if they are, frankly and honestly admit them; and bend every possible effort; use every knowledge that we possess to remedy the evil. If they are not; point out by the strictest of reasonings, the presentation of strongest of facts to counteract any charge or any part of a charge that cannot bear the light of scrutiny.[180]

Dr. Birnie, answering his own call, declared in his paper that the claims of these newspapers, magazines, and journals were wrong. The physician used statistical data to empirically analyze whether the Black race was indeed headed for extinction or as physically, morally, and socially depraved as purported by white scientists. He acknowledged that the death rate among African Americans in 1910 was truly appalling, especially from diseases such as tuberculosis. Yet he also drew attention to the fact that statistics, while often being touted as objective, could actually be so tainted by racial prejudice as to be rendered useless. The rates of tuberculosis, he argued, ultimately could be explained by the overwhelming poverty of many Blacks, not by inherent racial inferiority. White physicians were already well aware of the link between poverty and tuberculosis, but consciously chose to attribute the high mortality rate of Blacks to their race. They were wrong to do so. As Dr. Birdie lectured, the true causes of the high mortality rate

[180] C. W. Birnie, M. D., "The Influence of Environment and Race on Diseases," *Journal of the National Medical Association* 2, no. 1, 243.

among Blacks included their "poor houses; underfed people, [and the] inability to provide by reason of the smallest of wages, comfortable clothing, etc."[181]

In fact, it is surprising that, given the circumstances, more African Americans did not die from tuberculosis or other ailments. Many Black American children under the age of two did not receive the care and attention they needed. Black mothers were often forced to return to work shortly after giving birth, leaving either an elderly grandparent to take care of their newborn or an older sibling untrained on how to properly care for a baby. A Black newborn infant, in the words of Dr. Birnie, thus generally received its only scant "natural food from its mother after a hard day's work [or] early in the morning."[182] African Americans often lived in deplorable conditions in the early twentieth century. Yet many found ways to cope with their poverty and with great strength and resolve pressed on in life, paving a way for their children to receive an education and strive for a life better than their own.

Dr. Birnie received considerable press from his able criticism of the statistical data gathered by white physicians and their outrageous claims. Birnie's paper was published in white medical journals and newspapers, but it is unknown how many white doctors reading his work were significantly swayed by his arguments. Nevertheless, his critique of the objectivity of statistical methods generated significant discussion among Black physicians who were impressed by Birnie's eloquent thesis. Dr. M. O. Dumas, a physician of color practicing in Washington D.C., was one physician in attendance who agreed with the substance of Dr. Birnie's paper. He, too, attributed the high death rate among African Americans as largely due to their poor living conditions. Dr. Dumas also emphasized the fundamental equality of Black people and white

[181] Birnie, "The Influence of Environment," 244-246.
[182] Birnie, "The Influence of Environment." 247.

people. He observed, "there is no inherent quality in the Negro that makes him die faster than the other races. He was born into this world with the same amount of vitality and the same amount of resisting power that other races are endowed with."[183]

Physicians of the NMA also organized gatherings to communicate their message to the public that tuberculosis bacilli did not distinguish between white or Black victims. They began by hosting the National Negro Congress on Tuberculosis at the Tuskegee Institute in 1909. Among those in attendance were physicians, ministers, teachers, and laypersons. Indeed, the event included group meetings of women's clubs, business leagues, and societies in which members discussed how to preach the "Gospel of Good Health and Right Living" to their respective communities. Perhaps one of the most shocking revelations to come out of the meeting was a paper presented by Dr. W. E. Sterrs of Decatur, Alabama, who claimed—in contrast to the many white physicians who argued that Blacks were more susceptible to tuberculosis—that Blacks were actually *less* susceptible to the disease. And he even further contended that the "darker the victim the greater chance for his recovery."[184] While his paper was enthusiastically received at the meeting, his work did not influence the wider scientific community. It certainly did not dispel the widely held belief among white physicians that African Americans were much more prone to consumption.

To conclude the conference, attendees adopted a resolution that specifically addressed the claims of racial susceptibility to tuberculosis. The doctors proclaimed, with political acumen, that "the alarming mortality of Tuberculosis to the Negro is due to acquired conditions partly forced upon the race from the exterior and partly from his own personal neglect and

[183] "Discussion," *Journal of the National Medical Association* 2, no. 1, 249.
[184] "Salutatory," *Journal of the National Medical Association* 1, no. 1, 38.

ignorance."[185] In doing so, they rebutted the notion that Blacks were inherently diseased and that they had some inherent genetic predisposition to consumption. These physicians conceded that Blacks were somewhat responsible for their condition but stated plainly that external forces—the unjust treatment of Blacks by white society that drove many into poverty—were an important part of the "Negro tuberculosis problem."

Perhaps one of the most successful NMA conferences was held in 1914, also at the Tuskegee Institute, where physicians met with 700 Black farm families who came from the surrounding rural areas to hear a health talk and seek free medical care for their various ailments. They came whichever way they could—on horseback, in wagons, buggies, carts, and many on foot. A large number traveled to Tuskegee days before the convention to get a spot in line, carrying their sick to be treated. "Men with face tumors, others with hare lips, women suffering from abdominal tumors, [and] mothers with deformed children" all came to be healed. In the span of the weekend doctors treated 500 members of the crowd.[186] With little money and little access to Black physicians in Alabama, this conference was likely one of the few opportunities these poor farmers and their families had to be treated, especially free of cost. The fact that many of them took advantage of the opportunity is therefore not surprising. However, the large group also came to attend the health talk given by Black physicians of the National Medical Association to learn how they could prevent the sicknesses which often ravaged their families.

By the time the lecture began, the assembly room of Douglass Hall was so full of farm families that people began crowding outside around the doors and windows just to listen to the words of these prominent physicians. Members of the crowd learned how to prevent and treat

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[185] "Salutatory," 38.

[186] "Operations Were Most Successful," *Journal of the National Medical Association* 5, no. 1, 53.

diseases such as tuberculosis and typhoid fever so that they could protect their own from these scourges. But one man in particular came to the conference with a burning question. Having lost several members of his family to consumption, he "wanted to know in all seriousness if the plague could be stopped." Indeed, "he was interested in no far-sounding theories. The fact stared him in the face with all the heartaches of the bereaved and distressed."[187] The pain and desperation embodied by this man was unfortunately all too common to many African Americans who lost loved ones to this terrible disease. But the man's inquiry also expressed a deep yearning for hope, not only for a cure but also hope for methods to prevent others from having to suffer from consumption. He was understandably relieved to hear that tuberculosis could be prevented and cured and how.[188] These facts, however, likely did nothing to assuage the grief of his loss, knowing that the death of his family could have been prevented.

The *Journal of the National Medical Association* was only one of many Black publications that resisted the medical racism pervasive in the profession at-large. Dr. Lawson Andrew Scruggs of North Carolina published his own periodical, *The Southern Sanitarium*, in 1897 which railed against the white gaze of physicians, in addition to promoting his own sanitarium. In the very first edition of his publication, he commented on Dr. J. F. Miller's famous paper "The Effects of Emancipation Upon the Mental and Physical Health of the Negro in the South," which was printed in pamphlet form and circulated after being originally read before the Southern Medico-Psychological Association in 1896.[189]

Dr. Miller made a multitude of racial judgements concerning the health conditions of Black

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[187] "Sick and Maimed are Treated Without Charge," *Journal of the National Medical Association* 5, no. 1, 54.

[188] "Sick and Maimed," 54.

[189] "The Effects of Emancipation Upon the Mental and Physical Health the Negro of the South," *The Southern Sanitarium* 1, no. 4, 3.

people in his paper, but he broadly commented on the increased incidence of insanity and tuberculosis among African Americans after emancipation, suggesting that the two conditions were potentially linked based on anecdotal evidence from southern hospitals.[190] He was certain, however, that both ailments were ultimately caused by the physical and moral degeneracy of Blacks, who he deemed "mentally inferior." Miller joined other white southern physicians in espousing false narratives of the pleasantries of slave life. Indeed, he claimed that the cognitive strain of freedom left Blacks uniquely susceptible to wasting diseases like consumption and insanity:

> In his ignorance of the laws of his being, the functions of citizenship and the responsibilities and duties which freedom imposed, demands were made upon the negro which his intellectual parts were unable to discharge. In his former condition none of these things disturbed his mind…. In the wholesale violation of these laws after the war…was laid the foundation of the degeneration of the physical and mental constitutions of the negro. Licentiousness left its slimy trail of sometimes ineradicable disease upon his physical being, and neglected bronchitis, pneumonia and pleurisy lent their helping hand toward lung degeneration.[191]

Dr. Miller firmly believed and unashamedly declared that the Black race's innate inferiority permeated all aspects of Black life. African Americans, he argued, were genetically handicapped, mentally incapable, and emotionally unstable. But to Dr. Miller, the clearest and most visible sign of Black people's depravity was the color of their skin, or in his words their "mark of inferiority… not the result of climatic influence."[192]

In his scathing review of Miller's paper, Dr. Scruggs remarked that "[he could not] even surmise… how, in the name of common reason a man, who claims to be learned in the science and medicine and reading daily, as we suppose, the current literature of the profession, can jump

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[190] J. F. Miller, M.D., "The Effects of Emancipation Upon the Mental and Physical Health of the Negro of the South," 3.

[191] Miller, "The Effects of Emancipation," 5-6.

[192] Miller, "The Effects of Emancipation," 8-9.

to such conclusions, in the face of all the facts to the contrary." He then offered compelling statistical and qualitative evidence to refute the claims of the white physicians who argued that "as a class, [the Black race's] mental calibre [was] small; the convolutions of their brain [were] few and superficial; their cranial measurement small, and other anatomical facts demonstrate his inferiority." However, Dr. Scruggs was keenly aware of and perhaps most concerned about the implications of this paper being read by a large number of physicians. He knew that Miller's arguments appealed to the prejudices of white doctors in ways that would ultimately hamper the care of Black tuberculosis patients.[193]

Dr. Scruggs, however, went beyond merely engaging in the intellectual critique of white medical racism by actively working in his community to care for Black consumptives. To this end, he established the Pickford Sanitarium in 1897, the first sanatorium to exclusively treat Black tuberculosis patients in the United States.[194] In an era when Black TB patients were barred from all tuberculosis institutions in the South, Dr. Scruggs' sanitarium was truly a place of refuge where the afflicted could go to be treated with dignity and respect. The institution was also a visible sign of the progress made by Black physicians in treating Black tuberculosis patients. Dr. Scruggs' brainchild represented the beginning of a wave of Black sanatoriums which were to be established in the United States.

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[193] "The Effects of Emancipation Upon the Mental and Physical Health the Negro of the South," *The Southern Sanitarium* 1, no. 4, 3-5.

[194] Andrea Marth claims in her master's thesis that the Edgewood Sanatorium erected in Wilmington, Delaware in 1914 was the first African American sanatorium (p. 67). However, the Pickford Sanatorium was established by Dr. L. A. Scruggs in 1897, seventeen years before the Edgewood Sanatorium. Therefore, to my knowledge, the Pickford Sanatorium was the first sanatorium established for African Americans in the US.

The Pickford Sanitarium

Dr. Scruggs' sanitarium offered Black Americans stricken with consumption hope for a cure at a modern tuberculosis institution and freedom from the discriminatory and humiliating treatment of southern white physicians. The sanitarium was originally made possible by the philanthropy of Charles Pickford, a real estate mogul from Massachusetts whose name the institution bore during its sixteen years of existence.[195] In spite of Pickford's generous donations, the institution struggled from an overall lack of funding and modern medical technology during its tenure. Dr. Scruggs thus took on the responsibility of not only treating his patients but also fundraising for their care. As a part of this effort, he sold a book he authored titled, *Women of Distinction: The History of Negro Women in Africa and America*, with all profits going to the sanitarium.[196] Scruggs served as the editor of and was the chief contributor to *The Southern Sanitarium*, a quarterly periodical published in Raleigh that largely targeted white donors and philanthropists in the North. In this journal, the physician outlined his reasons for starting the institution while highlighting the sanitarium's specific needs in hopes of soliciting charitable donations. The periodical would eventually gain a wide readership, with readers as far north as Nova Scotia, Canada, coming to Southern Pines to visit the institution.[197]

Scruggs explained that he chose Southern Pines, North Carolina, as the place to build his sanitarium because of the region's favorable climate. Though the state as a whole was deemed to have a suitable climate for the restoration of health, Dr. R. H. Lewis, the Secretary of the North Carolina Board of Health, claimed that the exceptionally dry soil of Southern Pines was

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[195] Opal Winchester Hawkins, *Pickford Sanitarium and R. C. Lawson Institute: Two Former Institutions of Southern Pines, NC* (self-pub., 2008), 37.

[196] "Notes and Clippings," *The Southern Sanitarium* 4, no. 11, 15.

[197] "Visitors Who Called to See Us During the Winter of 1900-1901," *The Southern Sanitarium* 4, no. 11, 20.

beneficial for TB patients. Indeed, it was touted by the secretary as a "healing balm" for consumptives, where patients could breathe in the pine-scented air and be lulled to sleep by the patter of the "blessed rain from heaven" on the roof of their cottages.[198] This rationale was in-line with the climatic theories of the late nineteenth century, which the Scruggs still valued despite the discovery of the tuberculosis bacillus. But he was not alone in doing so. In 1898, fully sixteen years after Koch's isolation of the bacillus, *The Medical Brief* published an article that attempted to merge the previous climate theories with the germ theory. The writer argued that climate was perhaps the most important factor in determining infection—even more important than bacillus. The author ultimately contended that tuberculosis was not caused by infected food and air, but rather arose from within. It was the result of "an abnormally sensitive nervous organization, unfavorable environment, poor sanitation, and [bad] hygiene and anemia." Only after the "vitality" of a patient was depleted could the bacilli invade tissues.[199]

Regardless of the exact cause of consumption, Scruggs recognized the significance of his sanitarium for southern Black consumptives. "It is a well-known fact," Scruggs observed, "that all of the hotels (many of which are but sanitary institutions) here in the South as well as the special sanitary institutions for consumptives, are, by long-standing customs and laws, closed against the Negro…. [H]e is, therefore, doomed to an early death in almost every case."[200] Trapped in destitute poverty, the need for institutional care was immense yet unmet prior to the Pickford Sanitarium. As the first institution to care solely for tubercular African Americans in the United States, it filled a massive void in the country's healthcare system.

The struggles of many Black families dealing with the disease are best exemplified in the

[198] Dr. R. H. Lewis, "Health," *The Southern Sanitarium* 1, no. 4, 18-19.
[199] "Origin of Tuberculosis," *The Southern Sanitarium* 1, no. 6, 19-20.
[200] "Will You Believe It?," *The Southern Sanitarium* 1, no. 4, 9.

story of one patient that Scruggs recounted treating. He described this encounter in the January 1897 issue of *The Southern Sanitarium*:

> [A] girl who I saw some time ago was in a crowded, unclean room, on an unclean bed, and dressed in unclean night clothing. The sputa from gangrenous lungs had, for several weeks, been deposited on a bank of sand placed by the bed for that purpose. The odor in the room was simply awful, and the flies swarmed around this sufferer as disturbed bees do around their hive. Here she lay for months, day after day, apparently friendless, and certainly helpless, without the friendly hand of a nurse, or even the comforting words of many of her former friends, who did what they could for a while, but soon gave up in despair, and rather than be annoyed by her loathsome surroundings they had left her to do the best she could.[201]

This experience strengthened his resolve to erect a sanatorium for Black TB patients. If the institution could not provide a cure for advanced patients, it could at least provide a sanitary and comfortable place for the afflicted to die. Even if the care was crude and rudimentary, it was still far more than what was generally available to the estimated fifteen thousand Black TB patients in the South who would die from the disease in 1898. Many of them "[had] not the comforts nor the kindly care while sick of this disease that a pet dog received in the North."[202]

The sanitarium gained commendations and support from the government of North Carolina despite the government's deep entrenchment in white supremacy at the time. Just months before the Wilmington insurrection of 1898, the state Chamber of Commerce and Industry declared in a unanimously adopted resolution that "the demands for such an institution as the Pickford Sanitarium are imperative, and that the self-sacrificing and untiring efforts of Dr. L. A. Scruggs are very deserving of commendation and encouragement, and that through which he is a public contributor to the general health of our city and State." Over thirty prominent white businessmen of Raleigh, North Carolina, also signed in support of the resolution, including cotton dealers,

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[201] "Will You Believe It?," 11.

[202] L. A. Scruggs, M. D., "Some Interesting Reflections Upon the Physical Life of the Negro," *The Southern Sanitarium* 4, no. 11, 7.

merchants, bank officials, and the mayor of Raleigh.[203]

Col. Julian S. Carr, the President of the Blackwell Durham Tobacco Company, did not sign the legislature's resolution but was a Trustee of the Pickford Sanitarium.[204] He pledged his support to Dr. Scruggs in a letter on June 15, 1898:

> My Dear Sir:—I am very much in sympathy with you in your work down in Southern Pines, and am disposed to help you. I feel you deserve encouragement. I had hoped to give you a cottage before this, and nothing but the unsettled conditions of the time has prevented my doing so. I feel you deserve at least that much encouragement in the effort you are making. The cause is backed with a great deal of merit, and I have every confidence in your judgement, ability, and integrity, and would like to do all you ask in this matter, and possibly more, and just as soon as the condition of the times will warrant I am going to do so. I am in great sympathy with you in your work [on] behalf of the colored people whom you are so nobly serving, and I want to thank you. It is a very honorable effort you are making [on] their behalf. With assurances of my sympathy, and my very best wishes, I remain.
>
> Yours, very truly.
>
> J. S. Carr[205]

Dr. Scruggs followed the publication of this letter with praise for Carr. He applauded Carr for his continual support of Black Americans, commenting on how the colonel routinely funded Black schools, colleges, and churches. Scruggs ultimately concluded that Carr could always be relied upon by Black men and women. However, the *Southern Sanitarium* contained no donation records for the southern businessman. The Black physician also approvingly noted Carr's 1897 Boston speech, in which the orator told his audience that a "friendly feeling" existed between white and Black people in North Carolina.[206] The "friendly feeling" between the two races, if it existed at all, would certainly end by the century's conclusion with the Wilmington insurrection.

Ironically, Carr was also an active and vocal member of the original Ku Klux Klan in the

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[203] "The Chamber of Commerce and Industry Said So," *The Southern Sanitarium* 1, no. 6, 7.
[204] "Some Facts About Our Trustees," *The Southern Sanitarium* 1, no. 4, 12.
[205] "What Our Friends Say of Us," *The Southern Sanitarium* 1, no. 6, 12-13.
[206] "What Our Friends Say of Us," 13.

1870s.[207] Carr supported the systematic disenfranchisement of Black voters, celebrated acts of physical violence against African Americans, and ultimately believed that Black people deserved to be enslaved. In fact, Carr was a key individual who funded Josephus Daniels' ascension to the editor of the *News & Observer*, the Raleigh newspaper central to encouraging the violence of the Wilmington insurrection of 1898 which left hundreds of Black citizens dead. Carr applauded the massacre of Black lives that day and would later describe the coup as a "grand and glorious event."[208] Carr's support for the southern sanitarium and Scruggs' kind remarks about the businessman therefore appear puzzling.

Viewed in light of Carr's applause of white supremacy, Dr. Scruggs' words of praise appear likely intended to gain the financial backing of Carr, who was a very rich man in 1898. However, Carr's specific endorsement of the institution, much like the Legislature of North Carolina, may have been in the interest of self-preservation. The state House of Representatives passed a resolution in 1899 supporting the Pickford Sanitarium largely because they recognized the critical role that the sanitarium played in isolating and segregating advanced cases of tuberculosis, and not because they were particularly distraught at the loss of Black life. The contagion of tuberculosis threatened "public health and happiness," the body suggested, and they ultimately feared that "diseased" Blacks could spread their consumption to white Southerners.[209] Scruggs' sanitarium kept the white elite, at least in theory, safe from at least some tubercular African Americans. It also further codified the color line, ensuring that Black patients were not treated by white medical staff nor were anywhere near white TB patients.

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[207] "General Jule Carr on the Ku Klux Klan," *The Independent*, November 4, 1921.

[208] William Sturkey, "Carr Was Indeed Much More than Silent Sam," *The Herald Sun*, October 31, 2017.

[209] "What the Legislature of North Carolina Said," *The Southern Sanitarium* 3, no. 9, 4.

For many whites, the institution thus functioned as a place for them to cast out Black consumptives from their sight. But for Blacks with tuberculosis, the institution represented hope in the midst of a painful disease. As evidenced by the fairly long waiting list, they were thrilled with the three-building sanitarium despite its relatively small size—only enough for twenty-four people.[210] In 1898, Pickford had to turn away fifty-six patients.[211] By 1901, 131 people had applied for admission into the sanitarium.[212] A picture of the sanitarium grounds including all three buildings is shown below.

From left to right: "In His Name" Pavilion for men,[213] Central Building, Hubbard Cottage for women[214]

[Source: Winchester Hawkins, Opal. *Pickford Sanitarium and R. C. Lawson Institute: Two Former Institutions of Southern Pines, NC*. self-pub., 2008.]

[210] L.A. Scruggs, M. D., *The Southern Sanitarium* 3, no. 9, 1.
[211] "Our Immediate Needs," *The Southern Sanitarium* 1, no. 6, 15.
[212] Scruggs, "Some Interesting Reflections," 6.
[213] "Notes and Clippings," *The Southern Sanitarium* 3, no. 9, 25.
[214] Hawkins, *Pickford Sanitarium and R. C. Lawson Institute*, 40-41.

The buildings of the sanitarium included similar architectural features present in northern sanatoria: numerous windows, large sleeping porches, verandas, and sun parlors. Several of these can be seen in a clearer image of the Hubbard Cottage for women below.

[Source: "Hubbard Cottage," *The Southern Sanitarium* 3, no. 9.]

The external appearance of the Hubbard Cottage was striking, and it was described as "one of the most attractive buildings in the growing city of Southern Pines." On the inside, the building consisted of a reception room, two wards with sun parlors, and a storage room. The furnishing of the interior was ample but plain. The reception room was fitted with a bookcase, rocking chairs, a fireplace, and a table to receive visitors. Each ward contained six white iron bedsteads with two

red blankets per bed, towel racks, chairs, and washstands.[215] No information was given about the furnishing or amenities of the men's ward. But both cottages had access to the sanitarium physicians and nurses. By 1900, a total of seven Black physicians worked at Pickford.[216] This provided patients with unusually personalized care and medical attention. Such a talented team of medical providers no doubt contributed to the sanitariums' success in treating Black tuberculosis patients.

Patients "taking the cure" at the sanitarium were not without hardships. Indeed, Black patients at the Pickford Sanitarium did not receive the same care as white patients who stayed in private or state-sponsored sanatoriums largely because Pickford lacked the necessary funds. When the sanitarium was first established, it did not have enough furniture or silverware for the dining room, bedding and towels for the wards, disinfectants, or foods such as meat, oat meal, rice, coffee, tea, or fish. The patients did not even have fresh water to drink as there was initially no well on the property.[217] To make up for the lack of foodstuffs, patients who were healthy enough to do so cultivated their own garden. Their garden work also fulfilled the moderate exercise included in Scruggs' treatment plan. The doctor's long-term goal for the institution was to have, in addition to the garden, a farm and workshop where patients could make industrial products to sell for profit. This work-while-curing plan would allow the Pickford Sanitarium to be self-sustaining and drastically cut the cost of care. However, Dr. Scruggs' vision for his "industrial department" never fully materialized.[218]

A general lack of equipment and material supplies plagued the Pickford Sanitarium for

[215] "Hubbard Cottage," *The Southern Sanitarium* 3, no. 9, 9.
[216] L. A. Scruggs, A. M. M. D., "Our Consumptives," *Free Press*, April 28, 1900.
[217] "Immediate Wants," *The Southern Sanitarium* 1, no. 4, 16.
[218] "Industry," *The Southern Sanitarium* 1, no. 4, 13.

all its years of existence. Without a typewriter, Dr. Scruggs was forced to write up to 100 letters a week by hand to fundraise for his work. Without canvas tents, patients could not sleep outside. Without a microscope, the Black physician also could not analyze the sputum of his patients to empirically evaluate their condition. Nor could he accurately diagnose tuberculosis without this medical instrument.[219] In spite of all of the setbacks, Dr. Scruggs found creative ways to continue his work at the sanitarium and provide his patients with the best possible healthcare. He closed his private clinic in Raleigh and devoted all of his time to the work of the institution in 1899. He then traveled to "Northern and Western hospitals and sanitaire laboratories" to use their microscopes. Both the doctor and the nurse in chief also spent time in New York and Massachusetts learning the latest treatment methods and techniques.[220] Dr. Scruggs appealed to the state government of North Carolina to help fund his work. However, the Legislative Committee on Health rejected the bill requesting $2,500 a year in 1899.[221]

Patients of the sanitarium did have access to some leisurely reading materials to read in their free time through a one-year subscription to *The Ladies' Home Journal, The Saturday Evening Post, The Cosmopolitan,* and *The Black Cat*, donated by Mrs. Wm. W. Abbot of New Haven, Connecticut, in 1901.[222] While it is unknown if patients of the sanitarium read the *Southern Sanitarium*, the content of the journal's later editions suggest that Black readers enjoyed the periodical. Advertisements in the journal intentionally targeted a Black audience, such as one for the Capital City Pharmacy—the only Black pharmacy in Raleigh—which was accompanied with a note: "now come and patronize your Drug Store which reflects credit on us

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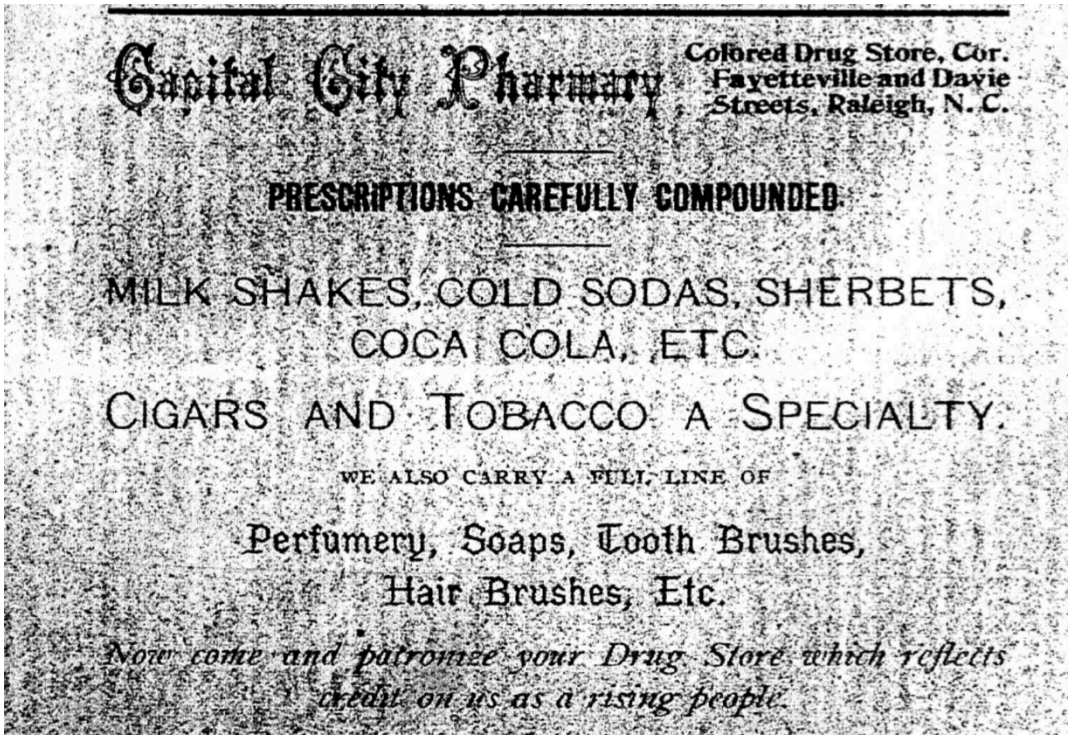
[219] "Our Immediate Needs," *The Southern Sanitarium* 1, no. 6, 16.
[220] "Notes and Clippings," *The Southern Sanitarium* 1, no. 6, 18-19.
[221] "No Appropriation for Negro Sanitarium*," Virginian Pilot*, February 2, 1899.
[222] "Our Thanks for Donations From October, 1900, to May, 1901," *The Southern Sanitarium* 4, no. 11, 10.

as a rising people."[223]



[Source: "Capital City Pharmacy" *The Southern Sanitarium* 1, no. 6]

The journal also expanded its scope to become a medical journal *and* a literary journal in 1900. This shift was accompanied by more poetry, jokes, wise sayings, newspaper clippings, and Bible verses being incorporated into the publication for readers to enjoy.

Significantly, *The Southern Sanitarium* may have even been the first sanatorium periodical in the United States, having been published seven years prior to the Adirondack Cottage Sanatorium's *The Outdoor Life*.[224] Scruggs' journal was thus the first to accomplish what other later sanatorium newsletters did: educate the masses, cheer up the invalid, and inform others of the work of the institution. Like the Mississippi State Sanatorium's newspaper, *The*

[223] "Capital City Pharmacy" *The Southern Sanitarium* 1, no. 6, n.p.
[224] *The Outdoor Life* 1, no. 1, 1.

Thermometer, years later, the *Southern Sanitarium* published works intended to lift the spirits of its readers. For example, the journal published an article from *Wellspring* titled, "The Gospel of Happiness," which extolled readers to "[smile] in the face of every misfortune… [for] if you must fall in life's battle, you can at least fall with a smile on your face."[225] Jokes were also published in the same call-and-response structure of *The Thermometer*:

> "Doctor: 'Do you take a bath regularly? Once a week, I suppose?"
> "Ancient Patient: 'Lor' bless you, no, sir! I hain't so dirty as all that!"
>
> "Deep in Love: "What is the best day in the week to get married on, old chap?"
> Hadder Knuff: "Friday, my boy; then you'll have something to blame it on afterward."—*Boston Traveler*[226]

In addition to re-publishing the work of other newspapers, the sanitarium's newsletter also included original contributions from Black writers. S. E. J. Shankle, the nurse in charge of the Pickford Sanitarium, wrote a brief line of poetry which was published in 1900: "Sacrifice is to the human soul as is the rose to the garden; its ornament and pride."[227] This very short but meaningful piece encouraged patients to endure their illness with a sense of pride despite their sacrifices, of which there were many. But these sacrifices were also accompanied by healing.

Dr. Scruggs claimed to have either improved or arrested the disease in about sixty-six percent of the patients who entered the Pickford Sanitarium as of March 1900.[228] By the year's end, thirty-three out of the thirty-four patients of Pickford improved under Scruggs' care.[229] This was a much higher cure rate than the Edgewood Sanitarium—another institution that treated only Black TB patients—in Delaware, where almost half of the patients died in 1917.[230] This

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[225] "The Gospel of Happiness," *The Southern Sanitarium* 3, no. 9, 6.
[226] "Notes and Clippings," *The Southern Sanitarium* 3, no. 9, 24.
[227] *"Notes and Clippings," The Southern Sanitarium* 3, no. 9, 27.
[228] *"Notes and Clippings," The Southern Sanitarium* 3, no. 9, 25.
[229] L. A. Scruggs, A. M. M. D., "Our Consumptives," *Free Press*, April 28, 1900, 8.
[230] "Year's Work of the Edgewood Sanitarium," *Evening Journal*, August 21, 1918, 12.

exceptional cure rate was supported by the many testimonials of Black patients who benefited from the care of the African American physician. Mr. John O. Young, for example, wrote to *The Southern Sanitarium* from his home in Littleton, North Carolina, describing his personal experience with the sanitarium:

> I was taken sick in 1900 with chills and malaria. I contracted bronchitis with a cough. I lost considerable flesh, and grew very week [sic]. I entered Pickford Sanitarium for treatment November 7, 1900. At that time I was still weak, and had a very poor appetite, weighing 105 pounds. I remained there under treatment until some time in April, 1901. When I left the Sanitarium I was feeling much better, having good appetite, my cough had improved, and I was holding my weight well. On March 17th I weighted 111 [and a half] pounds.[231]

Like many of the testimonials, Young's letter begins with the provision of a diagnosis other than tuberculosis—in this instance malaria or bronchitis. Such diagnoses were euphemisms intended to shield victims from the stigma surrounding tuberculosis; many attributed their sickness to more socially acceptable causes rather than face the discrimination of being labeled a "consumptive." This may be an attempt at what Rothman terms an "apology," which was not unique for Black patients but a common archetype in nearly all TB narratives.[232] However, Young reveals in the following sentence the true cause of his infirmity when he speaks of losing weight and becoming emaciated, a clear diagnostic sign of tuberculosis. Nevertheless, he clearly benefited from his time at the Pickford Sanitarium and represented one of the scores of patients who improved under the care of Dr. Scruggs.

Not all patients were as lucky or as appreciative of the physicians' work. Scruggs still had to deal with the reluctance of Black TB patients to Western biomedical treatments. One female patient in 1900 initially improved, but eventually refused medication "believing that God would

[231] "Testimonials," *The Southern Sanitarium* 4, no. 11, 16-17.
[232] Rothman, *Living in the Shadow of Death*, 228.

not be pleased unless He was fully trusted and medicine suspended."[233] The decision to cease treatment led to the woman's quick demise, but this was the only fatality of the year. All of the other patients improved.

The institution as a whole was a visible sign of the progress attained by Black physicians who cared for their Black tuberculosis patients with dignity. The success of the Pickford Sanitarium was followed by the establishment of other healthcare institutions for African Americans in North Carolina. Dr. Scruggs reported in 1901 that funds had been raised for a general hospital for Blacks in both Durham and Winston.[234] Other states also soon established their own sanatoria for Black patients. In 1914, the Edgewood Sanatorium was established for Black tubercular patients in Delaware. This institution would also prove instrumental in the larger African-American led anti-tuberculosis movement.

Edgewood Sanitarium

The Edgewood Sanitarium was the "separate but equal" counterpart to the Hope Farm Sanitarium (later renamed the Brandywine Sanitarium), a state-funded institution which serviced the white TB patients of Delaware. Edgewood was founded and managed by Dr. Conwell Banton, a Black physician from Wilmington.[235] From its inception, the Edgewood Sanitarium received far less funding from the state than Brandywine. While Brandywine received an annual sum of $65,000 in the 1920s, Edgewood only received $12,000 from the state—a minor increase from the original $10,000 promised from the legislature.[236] Nevertheless, the segregated facility

[233] L. A. Scruggs, A. M. M. D, "Our Consumptives," *Free Press*, April 28, 1900.
[234] "Notes and Clippings," *The Southern Sanitarium* 4, no. 11, 15.
[235] Marth, "The Fruits of Jim Crow," 80.
[236] Marth, "The Fruits of Jim Crow," 99.

still represented a mark of progress toward access to a wider system of medical care for Black Americans. African American physicians generally supported segregated facilities in the early twentieth century because they not only provided much needed healthcare for Black patients but were also places where Black physicians could obtain medical training. As such, segregated facilities have been described as "at once a setback and a vehicle for advancement," as Andrea Marth suggests. Integration of the state healthcare system would not begin until 1951.[237]

Traveling nurses were an integral part of the outreach efforts of the Edgewood Sanitarium. The group of women were led by Elizabeth Tyler, the African American traveling nurse from the Phipps Institute in Philadelphia, who joined the staff of the institution in its inaugural year in 1914.[238] She brought her experience at Phipps with her and helped train the nurses at Edgewood for their work as "missionaries for the medical profession." The nurses of the sanitarium had a significant amount of autonomy, performing prenatal examinations and treating venereal diseases during their in-home visits in order to gain the trust of patients.[239] While many Black patients still remained wary of biomedicine and medical doctors, the work of traveling nurses was successful at convincing reluctant patients to visit the institution or join the lengthening waiting list.

However, nursing the sick at the Edgewood Sanitarium came with its own unique dangers and difficulties. For the first twenty years, nurses had to live in the patient wards, constantly exposing themselves to tuberculosis. Several nurses even contracted tuberculosis from their work at the institution if they had not previously suffered from the disease themselves. Such dangers certainly contributed to the frequent nursing shortages that plagued the sanitarium from its

[237] Marth, "The Fruits of Jim Crow," 62.
[238] Marth, "The Fruits of Jim Crow," 138.
[239] Marth, "The Fruits of Jim Crow," 128.

inception. So too did the meager pay, which was less than half as much as their white counterparts at the Brandywine Sanitarium. They also felt socially isolated from the rest of the Black Wilmington community. Edgewood was miles away from Wilmington and limited transportation hampered travel into the city.[240]

The initial number of beds for Black patients at Edgewood was deemed inadequate in 1916 by Phillip P. Jacobs, the assistant secretary of the National Association for the Study and Prevention of Tuberculosis who was called in as an expert to assess the state's sanitarium. Jacobs recommended that the Black sanitarium be expanded to include beds for fifteen patients. He also suggested that more educational work be done in Black communities. But the state was slow to implement the proposals of Jacobs. Indeed, the *Evening Journal* reported that "no formal action was taken on the suggestions made by Mr. Jacobs" following his discussion. An informal decision, however, was made to request additional funding from the state legislature to expand Edgewood.[241]

Health officials did follow through with their informal commitment and listened to the recommendations of Jacobs, as demonstrated in the annual report three years later. For in 1919, the educational work of the institution was greatly expanded. Many homes were visited by a team of five nurses who distributed large quantities of literature. A total of seventy-four patients were treated at the Edgewood sanatorium that year, with the average stay being approximately two months. However, only five of these patients were discharged with arrested disease. Nearly half of the patients treated at Edgewood died in the sanitarium from their illness.[242] Among those who would perish in the institution was Jennie Tillman, who was just eighteen years old when

[240] Marth, "The Fruits of Jim Crow," 155-157.
[241] "Offers Advice in Tuberculosis Fight," *Evening Journal*, September 29, 1916.
[242] "Year's Work of the Edgewood Sanitarium," *Evening Journal*, August 21, 1918.

she died.[243]

No sanitarium newsletter was ever published out of the Edgewood Sanitarium. Nevertheless, patients still had opportunities to engage in pastimes. Games, books, newspapers, and magazines were donated for the amusement of Edgewood patients. The sanitarium also had annual subscriptions to the *Saturday Evening Post*, three Wilmington *Journal* newspapers, and the *Washington Eagle*, a Black newspaper based in Wilmington. Patients on a strict rest schedule played cards or worked on crafts. If patients were allowed moderate exercise, they were permitted to play basketball, go sledding, or play croquet.[244] These activities were warmly welcomed by patients, but the small budget for recreation barred them from experiences available at other sanatoriums like motion pictures. Patients instead had to rely on the donations of others to break the monotony of recovery.

Much like the Pickford Sanitarium, Edgewood's lack of funding additionally had serious implications for patients. Throughout its existence, the roof of the building leaked, the elevator broke, and the institution suffered from overcrowding for want of more beds. Patients often sacrificed their comfort for a chance to get well at the institution. Applicants also frequently spent a year or more on the waiting list. Thus, many entered Edgewood with already advanced disease or on their deathbeds.[245] The lack of funding was mitigated, however, by efforts of African American men and women who rallied behind their institution which became a source of pride in the community.

To supplement the "meagre allowance" from the State Legislature, the Black community formed the Edgewood Sanitarium Auxiliary that raised money for patients. One fundraiser was

[243] "Tillman," *Evening Journal*, May 17, 1922.
[244] Marth, "The Fruits of Jim Crow," 172.
[245] Marth, "The Fruits of Jim Crow," 100.

held at the New Century Club in Wilmington, a white women's club building, in 1917 where a recital was given by Mrs. Alice Dunbar-Nelson, the famous poet, and Roland W. Hayeson, a prominent Black tenor, titled "quant phases of the life of the Negro, told by himself, in song and story." All proceeds of the events went to the care of Black patients at the Edgewood Sanitarium. Other area clubs donated items such as clocks, scales, furniture, linens, and money to the institution to support patients.[246] The Beavers basketball team, the "colored champions" of the State, even raised $55 dollars in a benefit game that they gave to their ex-star guard "Jim" Crawford who was sent to the Edgewood Sanitarium with consumption. Members of the basketball team then went and visited Jim in the institution with the help of the Young Men's Progressive League.[247]

The Edgewood Sanitarium Auxiliary grew to 300 members by 1921 when the organization hosted a carnival in the gymnasium of St. Joseph's Home for the benefit of the sanitarium. This event reflected the truly statewide efforts of the Auxiliary, with several branches in Delaware City and smaller towns throughout Delaware raising funds for the carnival. From their work selling things such as dolls and aluminum ware, and providing music for dancing, the organization was able to donate clothing, blankets, wheelchairs, shades, and "a Christmas treat" each year.[248]

Yet some of the most vulnerable patients at Edgewood still lacked fundamental necessities despite the organization's best efforts. At least six or seven children in the sanatorium did not have shoes in the winter of 1921. This led the *Evening Journal* to solicit shoe and clothing donations for the children aged eight to ten on behalf of the institution for the winter season. The

[246] "Century Club Recital," *Evening Journal*, February 21, 1917.
[247] "Beavers Remember Their Sick Friend," *Evening Journal*, April 24, 1922.
[248] "Auxiliary is Holding Bazaar," *Evening Journal*, November 10, 1921.

newspaper explained to its audience who may have been unfamiliar with the treatment of TB that "an outdoor life is necessary for those suffering from tuberculosis." This form of treatment made exposure to the elements inevitable, and had serious consequences for sanitarium patients, for the children walking barefoot in the snow were catching pneumonia and dying at the Edgewood Sanitarium.[249]

Children of the institution also did not have access to hot lunches that winter season. One of the staff members of the sanitarium and a prominent white philanthropist, Mrs. H. Fletcher Brown, elaborated on the condition of one such child who lived at Edgewood: "We have one small boy from down State who is one of eleven children and his family seems to have quite forgotten him, or thrown him into the discard. He is humped back, club footed, cross eyed, and has running tubercular glands. He is, to put it mildly, not very bright. A more pitiful little figure cannot be imagined." Brown advocated for the establishment of a dedicated children's pavilion to house tubercular children.[250] However, a separate ward for children was never established.

Black women and women's clubs played a pivotal role in the funding and care of Black tuberculosis patients in sanatoriums. They contributed greatly to the anti-tuberculosis movement, but their efforts have traditionally been neglected by historians of the movement. Without the support and advocacy of women, Black patients in sanatoriums would not have received the amenities so cherished by all. But Black women also led efforts to ensure Black patients had access to tuberculosis care at white-dominated institutions. They succeeded in obtaining more care for Blacks in multiple sanatoria, including the Sunnyside Sanatorium in Indianapolis, Indiana.

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[249] "Ill Children Without Shoes," *Evening Journal*, December 6, 1921.
[250] "Asks Aid for Negro Sick," *Evening Journal*, December 7, 1921.

The Work of Black Women and Black Women's Clubs in the Anti-Tuberculosis Campaign

The Auxiliary of the Edgewood Sanitarium was representative of the larger involvement of women's clubs in the anti-tuberculosis campaign. Countless Black women's clubs around the country also invested in sanatorium care and the education of their communities in basic public health practices. From the late 1890s, the Pickford Sanitarium relied on the work of Black women and women's clubs to fund its work. Later in the twentieth-century Midwest, the Woman's Improvement Club (WIC) fought for the health of tubercular Black residents of Indianapolis who were excluded from the white-dominated healthcare system of the state.

Mrs. S. E. J. Shankle, the head nurse of the Pickford Sanitarium, played an integral role in fundraising for the sanitarium. She embarked on a tour to solicit donations as early as in 1898. On this particular fundraising trip, she visited Cambridge, Massachusetts, to speak at a garden party hosted at the residence of Mrs. C. G. Foster to support the Pickford Sanitarium. Guests bought refreshments and various items for sale to benefit Shankle's work. Sixteen little girls even helped to host the reception.[251] Later that same year, Shankle and Dr. Scruggs participated in the Mechanics' Exhibition in Boston to publicize the Pickford Sanitarium. Dr. Scruggs spoke on southern sanatoriums to fairgoers, while Shankle contributed to the Domestic Science exhibit which showcased authentic southern food. She showed her audience how the Pickford Sanitarium prepared the nutritious southern food given to consumptives.[252] Commenting on the quality of southern food served during the fair, Boston housekeepers claimed that "the southern beans [were] a dangerous rival of the famous Boston baked-bean."[253]

Nurse Shankle also used *The Southern Sanitarium* to write a special appeal "in His name" to

[251] "For A Worthy Object," *Boston Herald*, July 30, 1898.
[252] "Big Fair Grows in Interest," *The Sunday Herald*, October 23, 1898.
[253] "The Great Mechanics' Fair," *The Sunday Herald*, October 30, 1898.

Christian women, whose monetary and material donations were acknowledged as vital to the success of the institution. Shankle particularly targeted upper-class women who presumably had possessions to spare: "You, doubtless, have many pieces of clothing, etc., in your wardrobe or closet, or somewhere in your home, that are comparatively useless to you, and yet could be of much use to us here at this *Winter Home for Consumptive Negroes*." Such articles of clothing would be invaluable for the "almost naked" patients of the Pickford Sanitarium. Additionally, Shankle asked for donations of the many "small things that are needed in a home," such as kitchenware, bedding, and tablecloths.[254] In making such requests, she effectively appealed to the Christian sensibilities of homemakers and the charitable nature of club women.

The head nurse's emotional and spiritual plea to women was successful, evident in the many letters she received from women following the publishing of her appeal. Women pledged future help, expressed interest in the Sanitarium's work, and donated "substantial aid" to the Pickford Sanitarium in 1898. For their charity, women readers earned the warm "thanks of a Black woman."[255] Shankle was revered by Dr. Scruggs for her tireless work on behalf of the sanitarium. "She has stood side by side with me and Mrs. Scruggs. Upon the shoulders of these three have rested much of the responsibility and burden," he remarked to the Neuse River *Herald*.[256]

The head nurse, however, was just one of the multitude of women who contributed to Pickford's success. For example, the major donor responsible for the "Hubbard Cottage" for the "care and treatment of Negro women suffering from any throat, bronchial, or lung troubles," was

[254] S. E. J. Shankle, "A Black Woman Appealing to Women 'In His Name,'" *The Southern Sanitarium* 1, no. 6, 3-4.
[255] S. E. J. Shankle, "Thanks of a Black Woman," *The Southern Sanitarium* 1, no. 6, 20.
[256] L. A. Scruggs, A. M. M. D, "Our Consumptives," *Free Press*, April 28, 1900.

Mrs. S. H. Tingley, a white woman from Rhode Island. Her generous support was representative of the philanthropy of white women. Black women, in contrast, appeared to give less money to the Pickford Sanitarium. The lack of donations by—albeit far fewer—wealthy Black women led Scruggs to ask Black women readers of *The Southern Sanitarium*, "are you grateful for this noble benefaction [of the Hubbard Cottage]? If so, will you show it?….To do nothing would seem to show ingratitude." Scruggs implored Black women to become more involved in Pickford's efforts, and even offered to help organize their fundraising efforts.[257]

While perhaps not as active in supporting the Pickford Sanitarium in North Carolina, Black women's organizations such as the Woman's Improvement Club in the North took a leading role in caring for Black patients in Indianapolis just years later in 1905. While WIC membership was small—twenty in total—and exclusive to socially prominent women, including Beulah Wright Porter, the first Black female physician to practice in Indianapolis, the organization was successful at gathering support for their anti-tuberculosis efforts.[258] In addition to focusing on the tuberculosis problem, the organization also took up issues relevant to white women's clubs as well, such as suffrage, settlement housing, and public health.

Though state anti-tuberculosis work would begin at the turn of the century, it was not until 1919 that Black TB patients in Indiana benefited from state aid when the Flanner House Free Tuberculosis Clinic was founded to treat Black consumptives. This clinic was born out of concern for the health of white residents of Indianapolis who were allegedly endangered by the diseased Black community. African Americans, the *Monthly Bulletin of the Indiana State Board*

[257] "Gratitude," *The Southern Sanitarium*, vol. 3, no. 9, 17-18.

[258] Earline Rae Ferguson, "The Woman's Improvement Club of Indianapolis: Black Women Pioneers in Tuberculosis Work, 1903-1938," *Indiana Magazine of History*, September 1988, Vol. 84, No. 3, 240-242.

of Health noted, did "not observe sanitary laws to the same degree as the white… [and] shut out the air in winter time and huddle[d] together around stoves."[259] But even before the state of Indiana offered Black consumptives care out of self-interest, the WIC was committed to helping members of their own community with tuberculosis. Their efforts became more critical as approximately 13,000 Blacks migrated to Indianapolis between 1910-1920, worsening the poor living conditions by overcrowding Black neighborhoods.

The Flanner House Tuberculosis Clinic, 1919

[Source: Earline Rae Ferguson, "The Woman's Improvement Club of Indianapolis: Black

[259] Ferguson, "The Woman's Improvement Club," 248-249.

Women Pioneers in Tuberculosis Work, 1903-1938," *Indiana Magazine of History* 84, no. 3 (September 1988)]

In 1903 the Flower Mission Society, a white women's club, established a small unit in the Indianapolis City Hospital for the care of white tuberculosis patients. Two years later, the Flanner Guild, a settlement house in Indianapolis pledged to provide care for Black consumptives. The Woman's Improvement Club quickly became involved in this effort and secured a space to establish an outdoor tuberculosis camp at Oak Hill. To staff the camp, the Club organized a nurses' training class where Black nurses were taught by the head nurse at City Hospital. The Oak Hill Camp may have been the first outdoor tuberculosis camp in the country and was certainly the first in Indiana, having been established three years prior to the first outdoor tuberculosis camp for white patients at Evansville.[260] A picture of the Oak Hill Camp is below.

[260] Ferguson, "The Woman's Improvement Club," 250.

[Source: Earline Rae Ferguson, "The Woman's Improvement Club of Indianapolis: Black Women Pioneers in Tuberculosis Work, 1903-1938," *Indiana Magazine of History* 84, no. 3 (September 1988)]

The WIC operated their camp without any state aid and on a very low budget. The average yearly operating budget of the Oak Hill Camp was merely 80 dollars for the years 1909 to 1911. The camp was thus forced to rely on volunteer work to supplement their meager donations. Remarkably, a large number of Black volunteers answered the Club's call for help and assisted in setting up tents while donating supplies. Black physicians even visited the camp to give free examinations to TB patients.[261] By 1911, the WIC formed a working alliance with the Metropolitan Life Insurance Company, whose traveling nurses tracked local infections and referred Black patients to the Oak Hill Camp. However, this partnership did nothing for the camps' lack of adequate funding and supplies, and the WIC was forced to abandon their work with the camp in 1916.[262]

The Woman's Improvement Club then shifted its focus to include more educational efforts, as well as attempting to establish alternative places for Black TB patients to cure. To this end, the club petitioned for the Flower Mission Hospital to accept Black patients. While the petition was initially successful at attaining an agreement from the hospital to admit a few Black consumptives, the institution later rescinded their offer. Undeterred, the WIC continued their anti-tuberculosis efforts by opening Indianapolis' first open-air school for Black children to prevent vulnerable children from developing tuberculosis.[263]

In contrast to the Flower Mission Hospital, the state-funded Sunnyside Sanatorium in

[261] Ferguson, "The Woman's Improvement Club," 251-252
[262] Ferguson, "The Woman's Improvement Club," 254-255.
[263] Ferguson, "The Woman's Improvement Club," 256.

Indianapolis did accept a few Black TB patients into their care. But the sanatorium afforded a meager eight beds to the thousands of Blacks in the community who suffered from the disease. The WIC pressured the county commissioners to admit more Black patients into Sunnyside in 1919 when they delivered a petition to the commission asking that more funds be appropriated for Black beds in the institution. Their appeal was marginally successful, as the Sanatorium committed to allocating an additional fifty beds for Black patients but failed to act accordingly. Almost a decade later the number of beds for Blacks in the institution increased from eight but was less than the fifty promised by the county.[264]

The tireless efforts of Black women and women's clubs was integral to the success of the anti-tuberculosis campaign's goal of providing institutional care for African American tuberculosis patients. Black women were pioneers in public health work, serving not only as nurses but also establishing and managing their own outdoor sanatoriums like the Oak Hill Camp in an era where Black consumptives had nowhere to turn in their discomfort. Their invaluable service made a significant difference in their communities.

[264] Ferguson, "The Woman's Improvement Club," 259.

Conclusion: The Impact of the White Plague and the Anti-Tuberculosis Movement

The anti-tuberculosis movement in the United States was fraught with more questions than answers: What exactly was tuberculosis? How was it spread? Who was most affected? Why were some more inclined to develop TB than others? What could be done to treat the afflicted? The answers to such questions changed over time. As theories of heredity were gradually replaced with contagion, physicians and the public began to search for sources of infection and targeted African Americans in their hygienic crusade. White public health reformers often came to view Blacks as racially inferior and a menace to society. This was especially true in the South, where medical practitioners placed the onus of the epidemic on the backs of Black Americans. But the obsession with racial difference extended to the North as well. Northern public health officials, like their southern counterparts, also marked Black citizens as a threat to society. Collectively, the "Negro Tuberculosis Problem" was defined as one of the most pressing public health issues of the early twentieth century and accompanied the northern migration of Blacks away from the oppression of the Jim Crow South. Indeed, Black community members were typified as disease-ridden menaces to the health of the white populace.

These ideas held by white physicians had real consequences for Black communities and were not mere rhetoric. Black TB patients were denied hospital beds, space in sanatoriums, and the sophisticated medical care afforded to white consumptives. Yet in the face of medical racism and segregation, Black communities remarkably organized to combat tuberculosis. Indeed, the Black anti-tuberculosis movement arose alongside the white anti-tuberculosis campaign and provided invaluable services to the Black community. The need to reach African Americans was widely recognized by public health officials and Black physicians, but it was ultimately Blacks themselves who found the most success in solving the "Negro Tuberculosis Problem," not white

professionals. The success of the larger movement thus perhaps even hinged on the work of Black participants. Black physicians not only were successful at treating members of their communities but also courageously resisted the racist rhetoric of white physicians through many different channels such as national medical conferences, journals, magazines, and newspapers.

The success of the anti-tuberculosis movement and the efficacy of institutionalization have been questioned in retrospect by scholars such as Bates who argue that the decrease in tuberculosis infections by the mid-twentieth century was the result of a broader decline that began in the 1870s due to a general increase in standards of living and increased sanitation. Bates asserts that institutional care was only marginally effective at treating the disease, and that it served the psychological need to isolate advanced cases and segregate them from healthy society.[265] The present thesis does not address the efficacy of institutionalization or the success of the movement as a whole but acknowledges the success of the Black anti-tuberculosis movement in reaching Black communities much more effectively than the white anti-tuberculosis campaign. White communities always benefited most from sanitary reforms and the work of tuberculosis institutions than Blacks communities. White communities also received more funding for institutional care and more respect from white public health officials. The mainstream white anti-tuberculosis movement ultimately failed to address the needs of Black communities. However, the Black anti-tuberculosis movement fundraised for patient care and aided Black TB patients independent of white-dominated public health programs in remarkable ways.

Black women formed an integral part of the anti-tuberculosis campaign, organizing and providing funding for Black sanatoriums as well as acting as traveling and sanatorium nurses. Up

[265] Bates, *Bargaining for Life*, 318.

against the threat of infection and the disrespect of their white colleagues, Black women nonetheless courageously treated Black consumptives. The anti-tuberculosis campaign ultimately contributed to the decline of tuberculosis by the mid-twentieth century. Yet it was only possible through the untiring efforts of not only Black American physicians and nurses but ordinary members of church congregations, women's clubs, business owners, and volunteer organizations. The success of the movement was not due to advancements in abstract theories of infection, but due to specific individuals who worked every day on the ground to isolate, treat, and educate people. These remarkable individuals included Dr. Lawson Scruggs who established the Pickford Sanitarium, Mrs. S. E. J. Shankle who cared for patients there, Professor Kelly Miller who taught children about the "laws of hygiene" during Sunday school classes, Dr. Kenney who published articles combatting medical racism in the *Journal of the National Medical Association*, Beulah Wright Porter who petitioned the Sunnyside Sanatorium to allocate more beds for Black patients, and Elizabeth Tyler, the traveling nurse who brought hundreds of Black families to seek dignified care by a Black physician at the Edgewood Sanitarium. These stories, however, only represent a fraction of those that have gone unrecorded and untold—about the many everyday Black Americans who participated in the anti-tuberculosis movement. We may never know who these individuals were, but can see the impact of their legacy, as the white plague no longer seems to love the Black victim.

Black TB patients within sanatoriums showed great courage and, perhaps for the first time in my thesis, appear as agents in the story of tuberculosis, writing their own story. African American patients published pieces in *The Thermometer* and demonstrated to white readers that they too were capable of telling jokes, and astutely reporting on sanatorium life. Their writing reveals the shared cultural experience of "lungers" irrespective of race. Yet there is still much to

discover about the unique experiences of Black patients within tuberculosis institutions. While the three main sanatoriums examined in this study—Pickford, Edgewood, and the Oak Hill Camp—offer a broad, representative picture of Black sanatorium care in the US spanning several regions, the picture is nevertheless incomplete. Other sanatoriums also existed for Black patients during the early twentieth century, including the Piedmont Sanatorium in Virginia and the Thomas McRae Sanatorium in Arkansas.[266] South Carolina also provided a state-funded tuberculosis hospital for Black patients, the Palmetto Sanatorium.[267] The unique Black culture within tuberculosis sanatoria, as well as the different everyday experiences of Black patients have yet to be elucidated, though the present thesis offers a meager start to the process. The eventual creation of more institutions for Black consumptives speaks to the long-term success of the Black anti-tuberculosis movement and the work of collective organizations like the National Medical Association.

The NMA continues to act as a force for health equity today, though Black doctors are no longer barred from the American Medical Association. The AMA itself has begun to reckon with its legacy and role in perpetuating the medical racism of the twentieth century. In 2008, the immediate past president of the AMA, Dr. Ronald M. Davis, publicly apologized to the NMA in the National Medical Association's Annual Meeting held in Atlanta, Georgia, for the organization's past discriminatory practices against Black physicians. In his address to the Black physicians gathered there, Davis pledged that the AMA would "do everything in our power to right the wrongs that were done by our organization to African-American physicians and their

[266] For more on the Thomas McRae Sanatorium, see Shauna Gibbons, "Creating the Thomas McRae Sanatorium for Negroes," *The Ozark Historical Review* 41 (Fayetteville: University of Arkansas, 2012).

[267] "Concerning Work of South Carolina Sanatorium," *Edgefield Advertiser*, January 4, 1922.

families and their patients."[268] This apology is, according to the AMA, only "a modest first step toward healing and reconciliation," and work to dismantle medical racism is ongoing. The current vice president of the AMA, Dr. James Madara, has since then stressed that the association "must acknowledge that decisions by AMA leaders contributed to a health care system plagued by inequities and injustices that harmed patients and systematically excluded many from our physician ranks."[269] While the words of the AMA are but a small step towards significant reconciliation, they are a promising sign that the organization has begun to reflect on their own history and how it has impacted people of color.

Tuberculosis still remains a threat to national and international public health today. In the United States the bacillus still rears its ugly head from time to time, particularly among those who are immunocompromised like HIV/AIDS patients. As a whole, however, tuberculosis infection remains rare among the general population. But the disease does continue to enact a devastating toll on countries around the world. In 2019, a total of 1.4 million people died from tuberculosis. The disease, according to the World Health Organization (WHO), is currently the number one cause of death worldwide from a single infectious agent, above even HIV/AIDS. And today it is estimated that about a quarter of the world's population currently has either latent or active TB in some form.[270] Therefore, the lessons and methods of the anti-tuberculosis campaign are still very relevant, particularly in underdeveloped countries. The emphasis on early detection and treatment, as well as patient education as to the proper disposal of sputum and the reduction of community spread are pillars still stressed by public health officials and the WHO.

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[268] Ronald M. Davis, "Address to the National Medical Association," July 30, 2008.

[269] James L. Madara, M.D., "Reckoning with Medicine's History of Racism," Published February 17, 2021, Accessed April 19, 2021, https://www.ama-assn.org/about/leadership/reckoning-medicine-s-history-racism.

[270] Global Tuberculosis Report 2020 (Geneva: World Health Organization, 2020), 42.

Fortunately, there is now a cure to the disease: antibiotics. However, the treatment regimen is long—six months on four antimicrobial drugs—and compliance can be difficult to maintain.[271]

The COVID-19 pandemic has sadly hampered many of the current anti-tuberculosis efforts, particularly among marginalized groups. The setback is projected to be deadly and will likely lead to the deaths of over half a million people worldwide who were unable to seek medical care and be diagnosed with TB. The pandemic has also exacerbated the disparity in living conditions, driven people into poverty, and denied the poor access to medical services. As tuberculosis has consistently impacted those most vulnerable in society, these consequences of the pandemic will lead to more infections and deaths.[272]

In the US, Black Americans have suffered greatly from COVID-19 in ways striking similar to the tuberculosis epidemic of the late nineteenth and early twentieth century. African Americans are almost three times more likely to be hospitalized with COVID-19, and roughly two times more likely to die from the disease than their white counterparts.[273] This is due in part to the disproportionately poor and crowded living conditions of Black Americans. But these grim statistics are also due to the fact that many Black Americans work in low-paying jobs where they are more exposed to the virus. Sadly, far too many people of color still do not have access to

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[271] World Health Organization, "Tuberculosis," Last Modified October 14, 2020, Accessed April 19, 2021, https://www.who.int/news-room/fact-sheets/detail/tuberculosis#:~:text=A%20total%20of%201.4%20million,with%20tuberculosis(TB)%20worldwide.

[272] World Health Organization, "COVID-19 Highlights Urgent Need to Reboot Global Effort to End Tuberculosis," Published 22 March, 2021, Accessed April 19, 2021, https://www.who.int/news/item/22-03-2021-covid-19-highlights-urgent-need-to-reboot-global-effort-to-end-tuberculosis.

[273] Centers for Disease Control and Prevention, "Hospitalization and Death by Race/Ethnicity," Last Modified April 16, 2021, Accessed April 20, 2021, https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html.

adequate health care in America nor do they utilize healthcare to the same degree as whites.[274] As the United States begins to emerge from the pandemic, vaccinate its population, and engage in self-reflection, it must not be forgotten that overcoming epidemics necessitates reaching the most marginalized in society. Nor should the importance of Black physicians and community members be underestimated in the garnering support for public health efforts.

Ultimately, it is a national shame that white physicians, in the North and South, who were tasked to preserve and uphold the life of their patients, so often ignored the plight of Black TB patients because of racial prejudice. The failure of white physicians to care for the most vulnerable was a blatant violation of the Hippocratic Oath and amounts to a lasting stain on the profession. Countless lives were lost due to the apathy of physicians who deemed public health efforts among African American populations futile and either refused to treat Black patients or offered them sub-standard medical care. White physicians further degraded and insulted Black in unimaginably perverse ways. The story of tuberculosis thus adds a chapter to the larger legacy of medical racism that contributes to the present, justifiable hesitancy that many Black Americans have with physicians and western biomedicine. It is up to the medical profession to work constructively with Black healthcare providers to write a new chapter for African Americans. Only then can trust be built so that all people have equitable access to dignified medical care.

[274] Centers for Disease Control and Prevention, "Health Equity Considerations & Racial & Ethnic Minority Groups," Last Modified February 12, 2021, Accessed April 20. 2021, https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html.

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