

TROPICAL DISEASES AND PUBLIC HEALTH

THE NEGRO A MENACE TO THE HEALTH OF THE WHITE RACE.*

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The morbidity and mortality of disease are important indices of the intelligence and education of a people. It was Gladstone who said that the health of the people was the first concern of statesmen. Recognition of responsibility for public health as a supreme constituent of public welfare is manifested by every civilized government on earth. Variations in the health and disease of different nations bear a certain definite relationship to their educational progress.

It is perhaps impossible to secure absolutely accurate statistics of disease conditions and results in most of the commonwealths of the world, but many of them have sufficiently advanced in the collection of correct records that dependence may be placed in them and definite conclusions drawn therefrom. Unfortunately, in the United States we have no reliable national statistics concerning the prevalence of disease and the causes of death. Our country established its census in 1880, and with all its imperfections showed a death rate of 19.8 for every 1,000 of the population. This census has been extended until, in 1912, it covered about two-thirds of the population of the United States, composed largely of the Eastern and Central states. In 1912, the last year of completed census figures, there was a mortality of 13.9% throughout the registration area. These figures show a gratifying decrease of about six points in a third of a century. This diminution of the death rate is well nigh universal among civilized nations, several of them equaling, if not surpassing the United States, and inasmuch as their figures cover the entire nation, and our fig-

ures do not cover the South, where the mortality is greater, the comparison really looks more favorable to the United States than the actual facts warrant.

Chili showed a decline from 35.6 per 1,000 of the population to 31 from 1900 to 1911.

England declined from 18.2 to 14.6.

Austria from 25.4 to 21.9.

While Germany with her usual efficiency, reduced her death record from 22.1 to 17.3.

During this period our reduction was from 17.6 to 14.2.

Australia and New Zealand show, respectively, a very low death rate, being 10.7 and 9.3. It is impossible to tell exactly the responsibility for this low death rate, but two factors are perhaps important. The first of these is the smaller population of inferior and mixed races and the second may perhaps be reasonably ascribed to the practices of a government, particularly like those of Australia and Germany, which look so carefully after the welfare of the masses.

In the United States the total number of deaths in the registration area for 1912 was 838,251 whites and 56,050 negroes; but, it must be remembered that only four Southern states are included in this tabulation, and they only partially, since they include only statistics from municipalities of over 1,000 in population. Of these four states, Kentucky had an average mortality of 12.9; Maryland, 15.5; Missouri, 12.6, and North Carolina, 17.3. Mortality statistics in the cities of the South, such as New Orleans, Richmond, Birmingham and Atlanta, show conclusively high death rates as compared with similar cities of the North and East and Central states. About one-third of the total deaths from tuberculosis in Kentucky in 1912 were negroes, while the proportion of population for negroes was but 11.4% as compared with 88.6% for the whites. Maryland shows a typhoid death rate of almost one-half of the whites, while the population proportion of negroes is 17.9%. North Carolina shows a

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death rate approximately equal between the races for all causes, being 3,606 whites against 3,066 negroes, but the negro population is only 31.6% of the whole.

It must be evident, therefore, that the negro race is responsible not only for its own high rate of mortality, but must also bear some burden of responsibility for the dissemination of disease and death among the whites.

It is true that certain contact diseases, notably the exanthemata, and others less understood, particularly pellagra, show a small mortality and morbidity among negroes, but this is offset by the greater prevalence and fatality of tuberculosis, typhoid and pneumonia among the negroes.

Coming more directly to the discussion of the negro problem, it is interesting to consider the figures collected by the United States government for the census of 1910, which shows that there are 9,827,763 negroes in the United States. This number constitutes 10.7% of the total population. Of these 7,777,077 are black and 2,050,686 are mulattoes. The latter have been increasing steadily since 1850 and showed the largest percentage of increase during the last decennial period, viz: 20.9% as compared with 13.2% in the decennium ending in 1860. These facts would indicate that adultery and miscegenation are still actually on the increase, and that post-bellum immorality is considerably greater with freedom than antebellum immorality with servitude. It is true that the relative increase of the white population during the past ten years is twice as great as that of the negroes, though it must be remembered that immigration is a large factor in the increase of the white population, and is of little or no importance in the increase of the negro population.

The distribution of the races makes it plain that there is no practical problem of health in the negro race outside of the South, since the North has 98% of its population white and the West 95.9%, while the South has 69.9% of white population and 31.1% of negro population. There is no geographical division in the United States, outside of the South, that has as many as 3% of negroes in its population. Only five Northern states—Kansas, Pennsylvania, Ohio, Indiana and New Jersey—

exceed 2% of negroes in the total population. From the same source I learn that the largest negro population in any state in 1910 is that of Georgia with 1,176,987; Mississippi is second with 1,047,000, and Alabama third with 908,282. Two of the Southern states—Mississippi and South Carolina—have a negro population of more than 50% of the total population, namely, 56.2% and 55.2%, respectively; while Georgia follows with 45.1%, Louisiana 43.1%, Alabama 42.5%, Florida 41%, Virginia, 32.6%, North Carolina 31.6%, and Texas 17.7% only. In each of fifty-three counties scattered throughout the states of Mississippi, Louisiana, Alabama, South Carolina, Georgia, Arkansas, Florida and Tennessee, at least 75% of the total population was negro in 1910. West Virginia had the smallest percentage of negroes, namely, 5.3%. Some counties in Texas, however, have a negro population far in excess of the whites, as in Fort Bend county, with 6,746 whites and 11,422 negroes. The seventeen states which may be classed as Southern in geographical distribution, according to the census, show 8,749,427 negroes in their population.

The percentage of increase in the negro population in the last decennium is a little less than in the preceding one, though the total number of negroes is considerably increased. The percentage of increase in the last ten years was 10.4% as against 24.4% for the whites. It is further interesting to note that of the 9,827,163 negroes in the United States, 7,138,534 live in the country and are classed as rural, while 2,689,229 live in the cities and are classed as urban; and these facts must be remembered in suggesting efforts for improving their hygienic condition.

Among the cities of the South, Washington, D. C., leads with a total negro population of 94,446, while New Orleans is a close second with 89,262. Very few of the other Southern cities reach the 50,000 mark in the negro population. It is interesting to note that the negro population in the seat of the American government, during the decennium of 1900-1910, showed a percentage increase of only 8.9, where political favoritism would naturally be at its height; while Birmingham, Ala., showed a percentage increase of 215.6 during the same period. New York and Philadelphia were the largest cities of the

North in the rate of increase of negro population, showing a percentage of 51.2 and 34.9, respectively. In Texas our six largest cities present the following instructive figures:

Dallas, 18,024 negroes out of a total population of 92,104, or 20%.

Fort Worth, 13,280 negroes out of a total population of 73,312, or 18%.

Galveston, 8,036 negroes out of a total population of 36,981, or 23%.

Houston, 23,929 negroes out of a total population of 78,800, or 30%.

San Antonio, 10,716 negroes out of a total population of 96,614, or 11%.

Waco, 6,067 negroes out of a total population of 26,245, or 23%.

The percentage of mulattoes in these cities runs from 13% to 41%.

ILLITERACY.

The highest percentage of school attendance among negroes from six to twenty years of age, for any state, was found in Connecticut, being 67.1%, and the lowest, 28.9%, in Louisiana. Illiteracy among the negroes ten years of age and over was 30.4% for the United States as a whole as compared with 3.7% for the native whites. This is an additional reason and explanation of the high mortality and morbidity of infectious diseases among the negroes of the South. The lowest percentage of illiteracy among the negroes above ten years of age, in any state, was 3.4% in Minnesota and Oregon as against 48.4% for Louisiana. A comparative study of the incidence of the most important infectious diseases, and some of those producing the highest mortality among whites and negroes, give us some illuminating facts.

Among the diseases producing the highest total of deaths and percentage of mortality throughout the United States, the following are cited:

1. Tuberculosis of the lungs.
2. Pneumonia.
3. Organic diseases of the heart.
4. Nephritis.
5. Typhoid fever.
6. Malaria.
7. Puerperal fever.
8. Whooping cough.
9. Enteric diseases.

These are not arranged exactly in order of their relative morbidity or mortality, but for the purpose of illustrating my argument.

Inasmuch as only about two-thirds of the population of the United States is covered in the registration area, from which reliable statistics can be gathered, it will be understood that in the non-registration area throughout the South the relative proportion of morbidity and mortality of these infections among the negroes must be much greater than among the white population. Let me illustrate by the reports of these diseases from those Southern states reported in the census, namely:

1. Kentucky.

Deaths per 100,000 of the population from the following diseases:

	White	Colored
Tuberculosis	170.6%	432.2%
Pneumonia	85.5%	202.6%
Organic heart disease	74.5%	179.5%
Bright's disease	61.3%	102.1%
Typhoid fever	43.7%	66.8%
Malaria	8.9%	20.9%
Whooping cough	17.2%	32.6%
Puerperal fever	6.4%	16.3%

The suicide rate is three times as great among the whites as among the negroes.

2. North Carolina.

	White	Colored
Tuberculosis	163.3%	351.2%
Pneumonia	84.5%	272.3%
Organic heart disease	96.1%	209.4%
Bright's disease	74.6%	123.6%
Typhoid fever	67.2%	75.1%
Malaria	16.1%	36.4%
Whooping cough	21.9%	91.0%
Enteric diseases	137.0%	185.8%

3. Alabama.

	White	Colored
Tuberculosis	122.2%	404.1%
Pneumonia	86.3%	210.3%
Organic heart disease	101.6%	219.6%
Bright's disease	144.4%	225.9%
Typhoid fever	67.2%	87.0%
Malaria	19.1%	80.8%
Whooping cough	21.4%	16.6%
Enteric diseases	119.9%	110.9%

4. Florida.

	White	Colored
Tuberculosis	156.3%	339.2%

Pneumonia	112.8%	153.7%
Bright's disease	125.5%	243.8%
Typhoid fever	83.7%	47.7%
Malaria	13.2%	84.8%
Whooping cough	19.8%	45.0%
Enteric diseases	207.0%	201.0%

5. Georgia.

	White	Colored
Tuberculosis	111.9%	309.2%
Pneumonia	132.1%	434.1%
Organic heart disease	94.6%	150.0%
Bright's disease	179.0%	248.5%
Typhoid fever	58.5%	67.0%
Malaria	8.7%	59.6%
Whooping cough	22.4%	52.7%
Enteric diseases	22.0%	56.1%

With very few unimportant exceptions, these figures all tell the same tale, namely, that among the ignorant, illiterate and, to a large extent, defenseless negro population, the death rate, from infectious and other important diseases, some of which are largely preventable by modern sanitation, is from three to four times greater than that among the corresponding white population. The same is true of Maryland, Louisiana, Missouri and all the other Southern states.

Only three cities of Texas are covered in this report as registration cities, and only two of these, namely, Galveston and San Antonio, show a separation of the mortality rate between the white and colored races. Their exhibit is as follows:

Galveston.

	White	Colored
Tuberculosis	104.6%	337.6%
Pneumonia	148.5%	156.7%
Organic heart disease	124.8%	229.1%
Bright's disease	246.3%	385.8%
Typhoid fever	18.5%	20.3%
Malaria	16.9%	36.2%
Enteric diseases	77.6%	72.3%

San Antonio.

(A Resort City for Tuberculosis.)

	White	Colored
Tuberculosis	387.8%	341.9%
Pneumonia	87.3%	140.3%
Organic heart disease	105.0%	96.4%
Bright's disease	134.0%	254.3%
Typhoid fever	47.5%	96.4%
Malaria	15.5%	36.1%
Enteric diseases	233.1%	114.0%

Curiously enough, in the inaccurate statistics of these two cities the enteric diseases show a reversal of form, inasmuch as the whites seem to suffer more than the colored.

The average death rate among negroes in thirty-five Northern cities, each having a negro population of at least 2,500, in 1910 was 25.1 per 1,000 as compared with 15.7 for the whites, being a decrease of 2% for the negroes and 2.5% for the whites. A similar comparison for twenty-four Southern cities shows a rate of 29.6% for negroes, a decrease of 4%, and 16.9% for whites, a decrease of 2.9% in 1910 as compared with 1900.

The death rate of the colored population throughout the registration area of the United States during the year 1911 was 23.7 per 1,000 for colored people as against 13.7 per 1,000 for the white population. The high mortality of the negroes is practically shown in deaths occurring in children under five years of age. If both sexes are considered, the census report shows 49.1 per 1,000 of the population among the whites, and 106.4 per 1,000 among the negro population. Southern cities containing large negro populations illustrate the high mortality of children under five years of age among the negro population, as compared with the white, in a still more striking manner.

INFANT MORTALITY.

Such cities as Washington, D. C., present an exhibit which is highly instructive on this point. Washington showed a mortality of 643 under five years of age out of a total of 2,648 deaths among the negroes, as compared with only 537 deaths under five years of age out of a total mortality of 3,611 among the whites, and more striking still 310.3 deaths among the negroes to 119.3 among the whites under one year of age per 1,000 of the population.

New Orleans, La., shows a white death rate, under five years of age, of 37.8 as against a negro death rate of 75.1 per 1,000 of the population. Under one year of age, 123.3 per 1,000 for the whites and 247.7 for the negroes.

Baltimore, Md., for the same purpose, shows white 43.2 against 111.2 for negroes, under five years of age; and under

one year of age, 159.3 per 1,000 against 386.4 for negroes.

It will thus be seen that the infant and child mortality, under one and under five years of age, for all the registration area, shows a very great preponderance among the negroes. It is perhaps true that economic and social causes of various kinds are partly responsible for this high death rate, as well as the more prolific character of the negro population; but, it is certain that while ignorance, poverty and other economic forces and causes are responsible for much of this, the very prevalence of so great a mortality in a race so closely associated with the whites of the South must be responsible for an increased mortality and morbidity of disease in the superior race.

From the *Negro Year Book of 1913*, issued at the Tuskegee Institute and edited by Monroe N. Work, I learn that the death rate among negroes in the South is 24 to 1,000, and the average duration of life about 35 years. He stated that 450,000 negroes in the South are seriously ill all the time and lose 18 days per year from work for every individual, entailing an estimated economic loss of \$75,000,000 annually. Of these constantly sick ones 112,000 are workers and 225,000 of the sick die annually, with an aggregate funeral expense of \$15,000,000. He believes that 45% of these deaths may be readily prevented. This interesting pamphlet also asserts that \$300,000,000 is the economic loss to the South from sickness and death among its negroes alone, and that it would pay the South to expend \$100,000,000 annually in improving the health conditions of the race.

It is not necessary to multiply these figures; substantially all of them show the same deplorable condition. The negroes are the greatest sufferers from practically all the important diseases and the mortality, morbidity and economic loss thereby sustained is a charge directly and inevitably upon the white citizenship. Their responsibility is as clear as the noonday sun; it can no longer be evaded nor disregarded.

While the moral responsibility of the white race can neither be denied nor evaded, because of its superior educational and financial resources, it must not be forgotten that undeniable figures indicate

that our health problems are greatly intensified by our negro population, and it becomes a most important duty to determine how far the ignorance and superstition and insanitation of the negro race are responsible for disease and death occurring among the whites.

Medical science has discovered many microscopic causes of disease; preventive medicine has evolved successful methods of dealing with some of these infections. Perhaps the most important factor in the propagation of the infections today is the human carrier of disease. It is not so difficult to recognize the responsibility of dogs, cats, cows, horses, rats, cock-roaches, fleas, flies, lice, ticks and mosquitoes, and to an appreciable extent abolish or mitigate these causes. Human carriers are more difficult. Personal contacts may now reduce the danger of the contraction of many of the infections when controlled by intelligence and a responsible sense of duty; but, when ignorance and appetite combine to lure their victims on, little can be done to mitigate the horrors of death-dealing infections. This is illustrated in the venereal problem, and in the consideration of these universally prevailing diseases the negro must bear the largest share of responsibility. It is appalling when one contemplates the prevalence of the venereal infections among the nurses of our children, the cooks in our homes, the servants who drive our automobiles, wash our clothes and have daily ingress into our homes, where personal contact greatly enhances the danger.

I wish here to record my deliberate judgment that we have never yet awakened to the significance of venereal infections, innocently acquired. Many and repeated examinations over a period of years have shown me conclusively the not infrequent occurrence of specific infection among those who have had no opportunity to contract sexual diseases. I have found it present in children of both sexes, in young men and young women of immature years, and in those whose lives are sheltered in such a way that infection would seem to be impossible. When we remember that the negroes of the South, our servants in intimate association with our families from the cradle to the grave, are widely infected, we can begin to understand how innocent infections may be

widespread. I append here the report of Dr. H. L. McNeil, Instructor in Clinical Medicine in the University of Texas, who has now completed 600 careful examinations of colored patients in the John Sealy Hospital, with the following results:

Four plus and triple plus reactions 78, or 13%.
Double plus reactions 105, or 17½%.
One plus 85, or 14%.
Plus minus reactions 70, or 12%.
Negative reactions 262, or 44%.
Negative reactions giving positive luetins 62, or 10%.

These examinations were made on all negroes admitted, regardless of disease or service on which admitted, and represent, therefore, surgical, medical, gynecological and obstetrical cases.

If my conclusions, supported by an increasing volume of undeniable evidence, are correct, the menace to the white health produced by the ignorant and unsanitary negro of the South is a problem all too lightly regarded, and one which must arouse the self-interest of our people and demand a full investigation of the subject and the inauguration of suitable remedies for these unfortunate conditions.

It seems a most difficult and often impossible proposition to designate cures for our political, social and sanitary ills, but it would seem that the most important asset of our nation, namely, the public health, requires that the best intelligence be devoted to this all-important problem. Undoubtedly, suggestions may be made looking to improvement, but many of them are chimerical or impracticable. We must have some suggestion that will appeal to the common sense of intelligent and informed men. Without claim for any or all of these as a panacea for existing ills, I beg to suggest that marked improvement may result if our people could be united in the enforcement of the following:

1. The enactment of proper housing laws, ordinances and regulations governing buildings, sewerage, drainage, water supply, ventilation and sanitation. The cities of Texas and of the South are increasing constantly in population. Our people are not yet awake to the necessity of the most stringent sanitary regulations in a climate characterized by so much

heat and moisture. Many of our Southern towns and cities are dotted with negro cabins in the swampy places along the banks of the creeks, near the trash piles and dumping grounds for city refuse. These houses are unfinished and unkempt and have no efficient or sufficient drainage or sewerage. Our negro population crowds into them and thus disease conditions are favored by the greed or the ignorance and carelessness of white landlords. Housing ordinances should be demanded by our people, so that no high-brow or low-brow capitalist can continue conditions of this kind either in our cities or in the country districts.

2. *Education for Both Whites and Blacks.*—(a) The inauguration of public health and preventive medicine courses in every medical college of importance throughout the country, so that an educated and trained body of sanitarians may be supplied to states and counties and cities for their health officers. Until such a system exists neither the white nor the negro races will receive a tithe of the protective value of government control of the health to which they are entitled. The efforts of the American Medical Association, the American Public Health Association, the Southern Medical Association and of the state societies and health boards to educate the public and to put lecturers in the field is a step in the right direction; but few of these persons are trained to speak with authority on public health matters, and they can neither arouse the interest nor secure the active support of the public. Men must know what to say and what to do, and when this trained service is rendered to the public and results become apparent, then the heaven will begin to leaven the whole lump of our citizenry.

The negro race is well nigh wholly deficient in a knowledge of the elementary rules of hygiene and sanitation, and properly conducted educational efforts on ventilation, sewerage, drainage, water supply, bathing, the care of milk and other foods and the simplest methods of the conveyance of communicable disease, would meet with intelligent reception when presented in this way.

- (b) The organization of efficient state, county and municipal health departments, with every modern laboratory equipment

and with well trained, well paid and full-time health officers in charge of same, not subject to political removal.

(c) The enlargement and encouragement of the educational efforts of the institutions of the colored people throughout the country, such as Tuskegee, Hampton, Wilburforce, Paul Quinn, Straight and Southern Universities, etc. Each of these institutions is doing a valuable work among its people and co-operation of bodies like these with suggestions and practical help would no doubt be gratefully received. No more inspiring spectacle of social welfare work obtains in this country than that illustrated at Tuskegee, Ala., under the direction of Booker T. Washington, who spent his time in teaching the negroes of the South to acquire homes, to till the land, to learn useful trades and become self-supporting and independent, so that no dream of social equality or political position may turn them from the straight and narrow path of success and happiness.

(d) The public schools, with the active assistance and direction of the school physicians and the teachers, may be made a most useful agent in the dissemination of health education. Booker T. Washington advised me that "In recent years there had been a great awakening on the part of colored teachers, preachers and physicians with reference to improving the health of the negroes, and there would be no difficulty in securing their co-operation." Public health lectures illustrated by lantern slides and moving pictures may be made to draw large audiences in our colored churches and schools and educational propaganda of the greatest importance undertaken and carried to a successful conclusion.

(e) Collaboration with churches and social welfare workers everywhere in the newer movements looking to the welfare of the race. The churches are ready and anxious to join in this service; their pulpits, their pastors, and their congregations may be utilized fully. They must, however, be furnished with simple, scientific and useful information.

3. *Certain social and legal restrictions* which have a political bearing, and which may become subjects of heated discussion, must be mentioned, although they may arouse divergent views among high-mind-

ed and well disposed individuals. The prohibition or restriction of the sale and use of alcoholic liquors is a necessity to the welfare of both races. How it can best be accomplished is a question men may disagree upon, but I venture to assert that there will be few to deny the injurious effects of alcoholic liquors upon a race so untrained in self-discipline as the negroes of the South. Any man who has walked the wards of a public hospital and treated negro patients, and witnessed their early death or destruction of health from disease produced by alcoholics and other poisons, will be a sincere advocate of some method to abate these fearful ills. Again, negroes with unbridled libido, with untrained minds, and without moral discipline, wander throughout the country, and, inflamed by appetite and alcohol, are the perpetrators of nameless crimes that stain our states with the acts of lawless mobs. The vagrant negro, in the city and in the country, is a menace to white health and white security. He is nearly always a criminal degenerate of high or low degree. I believe that he should be emasculated. No single factor duly advertised among the race would be so productive of restraint of the wanton, criminal lawlessness of this class of vagrant negroes as a thoroughly enforced statute of this character.

4. And finally, public clinics should be provided in all our municipalities large enough to bear the expense for medical, surgical and dental service to the poor and ignorant. Much has been accomplished by school physicians, nurses and inspectors; much more can be accomplished if our social welfare workers and all the other agencies for the public good, professional and otherwise, be organized and utilized for the public welfare.

A PLEA FOR A NATIONAL COMMITTEE ON THE ERADICATION OF MALARIA.

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Foremost among the public health questions demanding more adequate and extended consideration are malarial dis-