

# The Influence of Environment and Race on Diseases

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I desire most earnestly and sincerely to discuss a question that is of vast and vital importance to us because of the influence and impressions that are made on the minds of people generally; and not only to us as a race is the free, full and frank discussion of this question necessary, but to each and every thinking citizen, as the matter concerns all.

The subject is, "The Influence of Environment and Race on Diseases." There must be no delicacy in the study and investigation of such a subject; the false must be eliminated and the true stand out in its real character. Charges that are made must be refuted, if false; if true every effort must be made to produce a wholesome and effective change. Causes must first be investigated in order that effects may follow that are consistent therewith. We should probe to its greatest depth every accusation that is made and use correctives as far as possible. Unfortunately for us, when we have studied the question in all its bearings; laid bare every weak point or supported every strong one, yet even then we lack the means of disseminating the facts to the country. We have not the same opportunities of reaching the public mind and eye as those have who

make statements that are illogical and sometimes wanting a foundation in fact. We do not desire to cover up a weak spot, and wherever one is made clear to us we rather offer thanks especially if a practical remedy is suggested.

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 a 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 true; point out by the strictest of reasonings, the presentation of strongest of facts to counteract any charge or part of a charge that cannot bear the light of scrutiny.

Let us ask ourselves, Is there a degeneracy of the Negro race going

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on? Is he physically, morally, and socially losing his place in the race of life? Will the Negro race be eliminated, and his place taken by the white man as a survival of the fittest? Surely these are questions of vital importance to us.

To prove the position, our only means would be to institute comparison; to take hold of the statistical tables prepared by those who have specially investigated the subject. Even statistics, we find in some cases absolutely worthless, so colored by race prejudice as to be unreliable. When we find a disposition to be true, to be accurate, to be governed by facts, we gladly accept them, even when against us.

The Board of Health in the following cities furnish a large part of the information desired and the statistics used are deduced from them. Memphis, New Orleans, Augusta, Baltimore, Washington, D. C., and the U. S. Army. In all of these cities there are large colored populations, giving abundant opportunity to study the question.

One of the first things that strikes us in looking over the various tables gathered from these sources, is that we get the same story from each; a large death-rate among Negroes, out of all proportions to that among white people. Take the following tables from the Boards of Health of Washington, D. C.

If the figures given on opposite page are correct, they show an alarming condition of affairs. In every case, they show a percentage of death among the colored people greater

than among the whites, and as would be expected the proportion is greater in the Southern cities where we have a large, congested, poor colored population. In the Northern cities, where we are few and far between the same condition does not obtain in the same ratio.

I have taken a few of the larger cities and picked out the diseases which are most common to both races and have compared the mortality. The tables given on page 248 will show the result.

From these figures certain conclusions can be deduced. It is apparent that the proportion of deaths from tuberculosis, pneumonia and kindred diseases among the Negro race is appalling. Now, how shall we account for this terrible death-rate? Is it a deteriorating physical condition? I cannot bring myself to the point of wholly assuming it to be this cause. It is well known to us as physicians, and a large number of laymen are beginning to realize the fact, that tuberculosis is largely a disease of poverty. I do not mean that persons of affluence are exempt, but it is more prevalent among the poor. Take the combination of ignorance and poverty and we have a fertile soil; poor food, poor housing, poor water, and a total lack of knowledge or disregard for the fundamental laws of hygiene will make a high death-rate among any people. Dr. Guiteras lecturing before a class at the University of Pennsylvania gave as his opinion, that all things being equal the death-rate among Negroes and whites would be about the same.

## Comparative Annual Death Rates Per 1,000 Inhabitants of White and Colored Races and Total in Certain American Cities for the Year 1907

STATE AND CITY	WHITE	COLORED	RATIO OF WHITE DEATH RATE TO		STATE AND CITY	WHITE	COLORED	RATIO OF WHITE DEATH RATE TO	
			COLORED	COLORED				COLORED	COLORED
Alabama, Mobile . . .	19.0	31.1	1.64		New Jersey, Long Branch . . . . .	22.0	27.0	1.23	
California, Fresno . . . .	24.4	25.0	1.02		North Carolina, Raleigh	27.3	37.6	1.38	
Delaware, Wilmington District of Columbia,	19.4	25.6	1.32		North Carolina, W'il- mington . . . . .	19.8	32.6	1.65	
Washington . . . . .	16.9	27.8	1.65		Oregon, Portland . . . . .	17.6	7.6	0.43	
Florida, Jacksonville . . .	25.9	29.7	1.15		Pennsylvania, Carlisle	14.2	25.8	1.82	
Florida, Key West . . . .	20.5	25.2	1.25		Pennsylvania, Chester	13.4	27.4	2.04	
Georgia, Savannah . . . .	17.9	30.0	1.68		Pennsylvania, Steelton	18.4	20.3	1.11	
Georgia, Atlanta . . . . .	21.2	29.9	1.41		Pennsylvania, West Chester . . . . .	19.9	38.9	1.95	
Indiana, Evansville . . . .	12.3	16.0	1.30		South Carolina, Char- leston . . . . .	18.8	33.7	1.79	
Indiana, Jeffersonville . . .	15.9	18.5	1.16		Tennessee, Memphis . . .	15.8	22.4	1.42	
Kansas, Leavenworth . . .	13.4	20.8	1.55		Tennessee, Nashville . . .	17.1	25.1	1.47	
Kentucky, Louisville . . . .	15.6	28.3	1.81		Texas, Galveston . . . . .	19.2	26.7	1.39	
Kentucky, Paducah . . . .	11.4	29.9	2.62		Texas, San Antonio . . . .	30.1	20.9	0.69	
Louisiana, New Orleans . . .	20.1	37.4	1.71		Virginia, Alexandria . . . .	23.9	27.3	1.14	
Louisiana, Annapolis . . . .	14.8	34.3	2.52		Virginia, Lynchburg . . . .	17.6	26.0	1.48	
Maryland, Baltimore . . . .	17.7	31.8	1.80		Virginia, Norfolk . . . . .	18.7	31.8	1.70	
Maryland, Cumberland . . .	18.5	32.3	1.75		Virginia, Petersburg . . . .	23.4	36.2	1.55	
Maryland, Frederick . . . .	21.9	39.1	1.79		Virginia, Richmond . . . .	19.6	33.8	1.72	
Maryland, Hagerstown . . .	18.3	21.2	1.16						
Missouri, Kansas City . . .	16.7	28.3	1.69						
New Jersey, Atlantic City . . . . .	16.9	16.5	0.98						

That the large death-rate among Negroes was almost wholly a matter of environment.

Often you will see the statement, and 'tis probably true, that prior to the Civil War tuberculosis was almost unknown among Negroes. The cause is not hard to find. The owners insisted on hygienic manner of living as a purely business matter. The slave was so much property that had to be hedged by every possible protection. From a financial point of view it was necessary that he be kept in the best marketable, physical condition. It was purely a matter of dollars and cents. But take the same uneducated, inexperienced, ignorant people, throw them, without preparation, on their own resources, and it is the expected that has happened. But while the former slave owner or his descendants are making all the charges, they are not willing to assume their responsibility for a condition that came most naturally; primarily the burden is upon them and ultimately they feel the result. Bear in mind that I am now speaking of places that have a large former slave population and where they are yet employed largely as servants.

You will find that the tenements and other places of residence of the colored people are owned largely by the white man. With him it is only a question of getting his rent. The condition of the place matters not at all. The poor by reason of their poverty must rent from him and he knows it. Tell him of rendering a house comfortable or of disinfecting

a home or a room that had been occupied by tubercular patients and he will dismiss at once the request. That same man will employ as his cook, nurse or washer an occupant of such a home; and he forms a medium of infection to him and his family. Surely if a man is fettered he cannot use his strength as one that is not encumbered. The Negro is largely fettered by his environments. Far be it from me to charge the whole Southern people with a purpose to do the Negro injustice or to be inhuman, because I recognize the fact that among the white people of the southland, we have some of the kindest hearts, the warmest friends that can be found in the world. But there are also those who never stop to consider the poor and lowly.

The large death-rate among the Negro from pneumonia is another lamentable evidence of neglect to furnish comfortable homes by those who rent them. The contributing causes are so similar to tuberculosis that they can hardly be separated; poor houses; underfed people, inability to provide by reason of the smallest of wages, comfortable clothing, etc.; these make the high mark of mortality.

We have now come to two diseases: syphilis and gonorrhoea which of all in the list have been used most to the Negro's detriment by both medical and lay writers; newspapers and magazines have been made to circulate the idea that its prevalence should be laid at the door of the Negro race. The extreme delicacy of the case, the possible offence that

a free statement controverting some of the baseless accusations made has caused me to almost conclude to withhold any statement. No other diseases have given the same opportunity to make of the Negro a scape goat as the ones mentioned. If these diseases are freely and fairly discussed it would not require much argument to prove that to turn aside blame, both medical and lay writers have set at defiance every known principle of right. Comparisons made from statistics of Northern hospitals and physicians, put the blame on other shoulders than the Negro. I am afraid that too many physicians of both races have been prone to pronounce patients syphilitic when if the case had been patiently and properly investigated a very different conclusion would have been reached. Every skin disease appearing on a Negro is at once charged to the province of syphilis.

The death-rate among Negroes is increased alarmingly by the number of children under 2 years of age. Such is due to neglect and privations that parents generally are powerless to prevent. It does not stand to reason that the Negro children are less healthy than the whites—by no means. Take the condition under which the average Negro child is born and reared, and the wonder is indeed that the death-rate is not much higher. Their mothers are compelled by necessity to go to work within a month or two after confinement, leaving the young one in charge of an older brother or sister, who is little beyond babyhood,

or possibly some feeble old woman, superannuated, almost unable to take care of herself. Thus at a time of the child's life when it needs the greatest care and attention, it receives none. Fed almost anything during the day, having its natural food from its mother after a hard day's work and early in the morning, the only surprise is that more of them do not die. And even in cases when conditions are a little better, ignorance, want of proper food, lack of knowledge that 'tis better to employ a skilled physician rather than to trust to untrained and uneducated nurses. Such things as these swell the death-rate of Negro children.

In studying and investigating this subject we find some facts and figures that we cannot account for, and some notions and beliefs handed down from generations shattered.

It has long been thought and published that the Negro is less prone to malaria than the Caucasian. The idea obtained that there was some hereditary immunity obtained from his African ancestors, that by repeated infection some anti-toxin has been developed that in a degree rendered him less susceptible. But neither reports from private practice nor statements furnished by boards of health bear out this supposition. The fact is that comparative tables would lead me to suppose that if there is any immunity, the white man possesses it. My own opinion is that neither race is less susceptible. As is well known to all present it has been conclusively shown that

Table showing Ratio of Mortality of Ordinary Diseases between White and Colored

	MEMPHIS, TENN.		NASHVILLE, TENN.		New Orleans <sup>1</sup> LA.		BALTO. MD.		WASH., D. C.		U. S. A.	
	WHITE	COLORED	WHITE	COLORED	W. C.	W. C.	WHITE	COLORED	WHITE	COLORED	WHITE	COLORED
Scarlatina.....	0.004	0.0007					0.009	0.187				
Whooping Cough.....	0.0009	0.0142					0.064	0.052				
Malaria.....	0.0367	0.0706					0.107	0.073				
Diphtheria.....	0.0141	0.007	0.005	0.008			0.099	0.073	0.08			
La Grippe.....	0.007	0.019	0.006	0.003			0.368	0.582	0.02			
Tuberculosis.....	0.092	0.141	0.078	0.133			1.371	4.450	0.44			2.52
Locomotor Ataxia.....	0.0009	0.0007	0.002	0.0009			0.026	0.010				
Syphilis.....	0.0009	0.003	0.003	0.005			0.009	0.042	0.08			
Atheroma.....	0.003	0.0007	0.002	0.001			0.313	0.114				
Pneumonia.....	0.062	0.092	0.057	0.029			0.784	2.402	0.34			0.63
Pleurisy.....	0.001	0.006	0.002	0.004			0.025	0.104				
Diarrhoea and Enteritis..	0.049	0.044	0.042	0.041			0.161	0.514	0.02			0.63
Cancer.....	0.049	0.015	0.049	0.021					0.12			
Diabetes.....	0.001	0.0007	0.004	0.021				0.021				
Nephritis, Acute-Chronic.	0.096	0.049	0.055	0.035			0.206	0.021	0.08 & 0.09			+ 0 †† 0.63
Septicæmia.....	0.003	0.010	0.003	0.002			+0.107 ††1.118	†0.270 ††1.580				
Typhoid Fever.....	0.016	0.017	0.026	0.030			0.051	0.073	0.33			0.31
Cerebral Congestion.....	0.017	0.019					0.33	0.38				
Appendicitis.....	0.013	0.002					0.129	0.094	0.09			0.31
Apoplexy.....							0.801	0.988				
Heart Disease.....	0.061	0.052	0.080	0.106			0.21	0.20	0.19			0.94
							1.23	2.49				

NOTE—References || Under 2 years. † Acute. †† Chronic.

the mosquito is the agent that carries malaria. And that it breeds in damp low places, especially when there is stagnant water, and those are the conditions under which the bulk of the colored population live in our larger cities. They are the last to get sewers, water or any conveniences or necessities conducive to health.

Why diabetes should be so extremely rare among the Negroes, is impossible to say, except as is suggested by Dr. J. A. Robinson, it bears out the nervous theory of the origin of this disease. And a reference to any table will show that nervous diseases form a very small part of the death-rate. But almost any physician either in private or hospital practice can count on the end of his fingers the number of cases of diabetes he has noted within the Negro race. On the other hand nephritic troubles are much more common though there does not seem to be any marked disproportion between the races in these cases. Among the Caucasian we will find that cancer is much more common. Both cancer and ulcer of the stomach being extremely rare among Negroes; which can probably be accounted for by the simple diet and manner of living. We will find diphtheria, scarlet fever, appendicitis, and cerebral congestion all more frequent among Caucasians.

The question that concerns us most now is, Is there a remedy for these things, and what is it? One of the remedies I would suggest is the establishment of day nurseries where

the working mother may leave her little ones. another that I would suggest is that the Negro children in every school be thoroughly educated in the fundamental principles of physiology and hygiene. To this end every teacher should be required to study these subjects and to teach them not in a perfunctory way, but to impress upon the minds an understanding of the pupils in order that a radical change might be brought to the lives of the children, and through and by them carried into the homes. The physician's duty does not end with a diagnosis of the case, he too should be a teacher to lead his patients up to a better living, a clear observance of the laws of health.

#### DISCUSSION

The discussion of the paper was opened by Dr. S. S. Thompson, of Washington, D. C., who said, "We are compelled to take into consideration, in the selecting of statistics, the method employed in obtaining them, and secondly, the inclination of the individual taking the statistics. Dr. Birnie has ably set forth that it is refuted that the Negro is a menace to the city. This has been written in medical journals of the opposite race and in newspapers. The statement that the Negro is a menace to the city is false; that the Negro is a carrier of disease. If the Negro was a carrier of disease and a menace to the city, there would be a complete annihilation of the whites in the South, because it is in the South and among Southern whites that the largest proportion of our race lives; consequently the Negro is eliminated from that accusation. In Alabama the ratio of disease between the races is

10 to 64, that would be in numbers about 19 white and 31 colored. In the District of Columbia, the ratio is 1 to 65, or 16.9 white and 27.8 colored; nearly 50 per cent. Taking Atlantic City, New Jersey, the ratio of disease is 16.1 to 16.5, only a difference of .4. I want to say this in defence of the Negro—they claim the Negro is fast dying out. From statistics today it shows that the Negro is not dying out, and fading before this civilization as the American Indian is. Take tuberculosis. Statistics show that the alien is dying twice as fast as the Negro. Some of this is true, but there are some statistics which ought to be compared to see whether we are getting a square deal. The statistics of the District of Columbia show that the colored population die faster than the white population, which is due to the large number housed in alleys. So there must be some way to improve these alley conditions."

Dr. M. O. Dumas, of Washington, D. C., said:

"Mr. President: 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. The high death-rate of the Negro resolves itself into a very large measure into the matter of environment, which has been emphasized by Dr. Thompson. When you take into account the poor housing facilities that we are obliged to put up with, the nature of the Negro's occupa-

tion, which takes him out into the most foreboding weather; when we note the poorly clad man on the coal cart; I am persuaded to believe that these are some of the elements which enter into the high death-rate of the Negro. Now, Mr. Chairman, another thing which accounts for the high death-rate is the Negro's inclination in many instances to the vicious habit of drinking—excessive use of alcohol will certainly lower his vitality and make him a rich prey for any disease that comes along. In proportion as we are helping to abate the alcoholic traffic about us, which is lowering the vitality of the race, just in that proportion will we be able to ward off the inroads which disease is making upon our people. We ought not forget that while the death-rate is high on account of tuberculosis, that it is not due to any inherent quality of the race. I hope that those of us who are interested in this matter will take up the matter with our people and show them the proper way to live and teach them what the inevitable result will be if they do not heed the advice we give them."

Dr. John B. Hall, of Boston, Mass., said: "Perhaps we are more concerned with every-day life in a sense. We do not spend enough time giving consideration to the manner of living about us. I think it devolves upon the physician more than any other set of professional men. We have got to defend ourselves. We have heard read the statistics of death-rate in different cities. The Northern cities seem to



be better. I had occasion to look up the death-rate in Boston. In one section colored people lived almost entirely; in another section known as South Boston, Irish people lived. The death-rate from tuberculosis among the Irish people and among the colored people differed but very little, which made me think environment had a great deal to do with it. I had occasion to look up the death-rate of children under one and under five years old. The death-rate of the white was 16 per thousand; among the black 18 per thousand. We ought to give more consideration to the manner of living of our people. Look after them when they are well."

Dr. S. Leroy Morris of Atlantic City, New Jersey said:

"The condition and environment with which our people are compelled to put up, are principally the cause of the high death-rate. I do not take much stock in the death-rate stated by some white men. If you will notice when you go back to your homes the conditions surrounding

our people, especially the lower classes, you can readily see why these conditions exist and why the death-rate is so high. I have seen robust and healthy children come into this world and die soon after, not because they did not have the vitality, but because of improper environment, which makes them more susceptible to disease. I lived among colored people and we had no street and our back yards were not cleaned out. I took it upon myself and went to the Board of Health and made complaint and the result was that all that square has asphalt pavement and the back yards have been cleaned out. The thing is, we must go to the front when we want anything. We must impress upon the Board of Health that they are maintaining a nuisance. Gentlemen, if you want a healthy city, you must show an interest in it by helping to improve its surroundings."

On motion by Dr. Sterrs, the discussion was closed.

On motion the meeting adjourned until 2:30 p. m.

## Germ Carriers

Germ carriers are now being carefully watched for in Europe (they have always been so in Germany). A case was recently discovered in the town of Qusoe in southern Norway; in the last seven years there have been many typhoid cases in that region. Five persons sickened simultaneously of that disease in one house; here the cause was traced to the milk which had come from a certain dairy farm. But no one at the farm was suffering from

typhoid. Many years ago the farmer suffered a slight attack, but he was now quite free from the disease. But his aged mother was found to be a hotbed of typhoid although she had, in apparent good health, done her daily work about the farm, including the milking of cows, for years. The doctors are positive this old peasant woman has unwittingly infected hundreds. She is now isolated.—The New York Medical Times.