

# Charles V. Roman and the Spectre of Polygenism in Progressive Era Public Health Research

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**Summary.** The influence of polygenism over twentieth-century medicine and racial science has been an underdeveloped area of study. During the period referred to by historians as the ‘eclipse of Darwinism’, assumptions about separate human ancestry often structured debates across the USA over whether racial heredity was responsible for ‘innate dispositions’ toward certain diseases. This article explores how polygenist carryovers made their way into early twentieth-century medical and public health studies on the links between race and venereal disease during the American social hygiene movement (1910–40). It also recovers the work of the African-American physician, ethicist, and social hygienist, Dr Charles V. Roman, who stressed during this period that the idea of common human ancestry should push public health researchers to think more creatively and critically about the social and environmental factors shaping health outcomes and black susceptibility to sexual diseases.

**Keywords:** racial science; polygenism; social determinants of health; Charles V. Roman; venereal disease; hereditarianism; American social hygiene movement

## Introduction

Scientists studying public health disparities across racial groups have long debated whether the environment or heredity plays a greater role in shaping dispositions to disease and health outcomes. Quantifying the ‘social and environmental factors’ that influence the health of a population, and most especially the health of specific racial groups, has been and remains a remarkably difficult task.<sup>1</sup> Many epidemiologists have developed new methods and conceptual frameworks for assessing how ‘the social’, ‘the historical’ and ‘the biological’ are embodied, for example, in high rates of hypertension among African-Americans or asthma in Latinos. Yet, the turn to almost exclusively genetic explanations for these kinds of complex diseases remains an attractive and expedient option for public health researchers, the federal and local funding bodies that support their work, and the market-oriented solutions that provide health care in the USA.<sup>2</sup>

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<sup>1</sup>For an excellent discussion of this history, see Nancy Krieger, *Epidemiology and the People's Health: Theory and Context* (Oxford: Oxford University Press, 2011), 42–162.

<sup>2</sup>For new epidemiological work explaining how ‘the social’ is embodied in health outcomes, see Nancy Krieger, ‘The Science and Epidemiology of Racism and Health: Racial/Ethnic Categories, Biological Expressions

of Racism, and the Embodiment of Inequality—an Ecosocial Perspective’, in I. Whitmarsh and D. Jones, eds, *What's The Use of Race? Modern Governance and the Biology of Difference* (Cambridge, MA: MIT Press, 2010), 225–58. For work on the problems with using racialized genetic and/or bio-molecular explanations to understand complex diseases, see Simon M. Outram and George Ellison, ‘Arguments against the Use of

We can find an early articulation of the debate between environmental and hereditary accounts of disease at the turn of the twentieth century. During the Progressive Era, many American public health specialists were convinced that the ancestry of a racial group determined their health, behaviour and life chances. In 1896 the German statistician Frederick Hoffman published his widely influential *Racial Traits and the American Negro*.<sup>3</sup> Drawing upon state and military medical records, Hoffman claimed that African ancestry explained black American's disposition for high infant mortality, tuberculosis, communicable illnesses and heart disease. Hoffman's *Racial Traits* gained attention at the same time that Charles Davenport and his fellow social Darwinists were inspired by Malthusian population theory and a rudimentary understanding of Mendelian heredity to create the eugenics movement. Eugenists believed that biological inheritance shaped the destiny of racial groups, and consequently sterilisation and segregation were the most effective means for improving the racial purity of the nation.

Not only were turn-of-the-century public health researchers debating if 'the environment' was a relevant factor shaping health outcomes, they were doing this while also considering if distinct racial ancestry was a more viable explanation for the disparities in health recorded in the statistical studies of figures like Frederick Hoffman and government institutions such as the Freedman's Bureau and the US Public Health Service (USPHS). The idea that 'blacks', 'Mexicans' or the 'yellow races' were more predisposed to diseases than whites living in the same environment carried with it latent ideas about the irrelevance of shared human ancestry or even a shared biological experience. For some public health researchers polygenism was an explicit problem to be considered, for others it was an unspoken but powerful organising principle that helped structure medical-scientific conclusions about the predispositions and bio-susceptibilities of racial groups. At the heart of the matter were a set of unresolved philosophical problems about the links between points of human divergence, ancestry and the environment, which continues to trouble present-day disputes over the source of health disparities between racial groups.

Within this setting African American thinkers looking to reform and enhance the health, behaviour and life chances of black Americans found themselves in a difficult situation. On the one hand, black thinkers were critical of the racism and pro-segregationist arguments resting behind scientific claims that black biology was inherently different from whites. On the other hand, black reformers understood the value of eugenic ideals for regulating the reproduction of the unfit and encouraging the proliferation of the 'Talented Tenth'. As the historian Michele Mitchell noted, black reformers 'realised that the continued

Racialized Categories as Genetic Variables in Biomedical Research: What Are they, and Why Are They Being Ignored?' in Whitmarsh and Jones *What's The Use of Race?*, 91–124; Jay S. Kaufman, 'Ethical Dilemmas in Statistical Practice: The Problem of Race in Biomedicine', in L. Gomez and N. Lopez, eds, *Mapping 'Race': Critical Approaches to Health Disparities Research* (New Brunswick: Rutgers University Press, 2013), 53–66; Duana Fullinwile, 'The Biological Construction of Race: "Admixture" Technology and the New Genetic Medicine', *Social Studies of Science* 2008, 38, 695–735. For

work on the political and institutional incentives behind the continued use of race within biomedical research and the health care market, see Jonathan Khan, 'The Politics of Framing Health Disparities: Markets and Justice', in Gomez and Lopez, *Mapping 'Race'*, 25–38; Steven Epstein, 'Beyond Inclusion, "Beyond Difference: The Biopolitics of Health"', in Whitmarsh and Jones, *What's The Use of Race?*, 63–87.

<sup>3</sup>Frederick Hoffman, *Race Traits and Tendencies of the American Negro* (New York: Macmillan Company, 1896).

existence of black Americans literally relied upon biological reproduction'.<sup>4</sup> Thus black physicians and social reformers invested in racial uplift drew upon the ideology of eugenics to transform the sexual habits and hygienic practices of black Americans.<sup>5</sup> Black doctors teaching medicine at black institutions were particularly supportive of eugenic reforms as they worked to modernise their academic curriculum while embracing the Progressive era ideals of professionalization and practical empiricism that was shaping mainstream medical training across the nation.<sup>6</sup>

Dr Charles V. Roman (1864–1934) was one of many black physicians caught between the rising tide of Progressive Era racial science and the seemingly positive benefits of eugenics and social hygiene reform.<sup>7</sup> Roman was one of the South's leading black physicians and social hygienists working out of Meharry Medical College in Nashville, Tennessee. Roman was concerned that the attention that white public health experts and social Darwinists placed on black ancestry as the cause of their susceptibility to disease—and ultimately their being unfit for democracy—threatened to undermine the notion that humans share a common biological heritage (monogenism). Roman argued that ethnologists paid lip service to the notion that 'there is but one human family' yet their studies demonstrate that 'nature has favorite children, that she has written the decree of favoritism in the tissues of their bodies'.<sup>8</sup> Roman worked to challenge the idea of so-called 'race specific diseases', arguing that humans belonged to the same species and therefore their traits and dispositions were shared across the colour line. He also affirmed that there were moral, social, economic and political factors that had direct consequences for the health, biology and various 'traits' of a population. Roman reasoned that social and moral injustices of slavery and Jim Crow were inscribed within the bodies of black Americans. Social factors were the cause of present day differences between blacks and whites, which ultimately could be corrected through proper education and socioeconomic reform.

Although a vocal critic of the polygenist and pro-segregationist implications of racial science, Roman would eventually work for the USPHS. As a health officer, Roman, like many black reformers of the period, delivered eugenically loaded lessons about the importance of sexual hygiene, continence and the reproduction of the 'fit' as key for the survival of the race.<sup>9</sup> Roman and other black reformers could not ignore that high infant mortality levels, low birthrates and many diseases were ravaging black communities across the country. For Roman, part of the solution was to encourage black communities to adopt the sexual practices of middle-class white America, discouraging reproduction of the unfit

<sup>4</sup>Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill: University of North Carolina Press, 2004) 12.

<sup>5</sup>*Ibid.*, 12, 76–107.

<sup>6</sup>See Mitchell, *Righteous Propagation*, 12; Gregory Michael Dorr, *Segregation's Science: Eugenics and Society in Virginia* (Charlottesville: University of Virginia Press, 2008), 98–106.

<sup>7</sup>For a discussion of other black physicians and social activists negotiating between racial science and eugenics at this time see Dorr on Thomas Wyatt Turner in

*Segregation's Science*, 98–106. See also, Mia Bay's discussion of Alain Locke and Du Bois in *The White Image in the Black Mind: African American Ideas about White People, 1830–1925* (New York: Oxford University Press, 2000), 187–217; Michele Mitchell also discusses the range of black responses to Progressive Era racial science in *Righteous Propagation*, 76–105.

<sup>8</sup>Charles V. Roman, *American Civilization and the Negro: The Afro-American in Relation to National Progress* (Philadelphia: F.A. Davis Company Publishers, 1921), 321–2.

<sup>9</sup>Mitchell, *Righteous Propagation*, 105.

and locating sexual reproduction more firmly within the realm of marriage and the heterosexual family.<sup>10</sup>

Historians have argued that the eugenics movement and the pro-segregationist politics of the American south largely drove the racial science of the early twentieth century.<sup>11</sup> This conventional reading, although accurate in many respects, has largely believed that turn-of-the-century thinkers widely assumed the races shared a common ancestor (monogenism). This article, however, interrogates the racial logic of Progressive Era scientists and arrives at a different set of conclusions regarding the assumed pervasiveness of monogenism in medical thought at the turn of the century. I argue that a polygenist view of human ancestry was implicit in the minds of public health specialists studying venereal disease and other communicable illnesses in black communities during the Progressive Era. This is to say that they believed races possessed a distinct ancestral heritage that predisposed them to behaviours and immune deficiencies. This ancestral disposition was the true cause of blacks' high risk for disease. This modern form of polygenism was detached from the explicit theological debates of the previous centuries over the unity of races. Instead, the neo-polygenism that surfaced in the Progressive Era functioned as an implicit organising principle for scientists who viewed heredity as more significant than the environment in explaining disease outcomes between the races.

Moreover, the article shows that black medical thinkers, like Dr Charles V. Roman, were acutely aware of the polygenist implications of Progressive Era studies of communicable diseases. For this reason Roman stressed shared human susceptibilities across the colour line, as well as the social and environmental factors determining health outcomes.

In what follows I first describe how the nineteenth-century debate over human origins carried over into the early twentieth century. Following the work of George Stocking, I explain how polygenism would effectively become a free-floating conceptual tool for Progressive Era scientists studying race.<sup>12</sup> Within this intellectual climate I then show how the study of venereal diseases (VD) became entangled within medical-scientific ideas about distinct racial dispositions. By tracing the research efforts of social scientists and medical practitioners at the start of the new century, I demonstrate how medical men drew upon the discourse of 'modern polygenism' to argue that the tendency of blacks to contract VD was a racial disposition that stemmed from their unique African ancestry. In effect early twentieth-century medical men and social scientists helped transform venereal disease into a racialised disorder.<sup>13</sup> Finally, I detail Charles V. Roman's work as a critic of polygenist discourse in medical science and an advocate for social hygiene reform while working with

<sup>10</sup>*Ibid*, 106.

<sup>11</sup>Donald K. Pickens, *Eugenics and The Progressives* (Nashville, TN: Vanderbilt University Press, 1968), 163–81; Dorr, *Segregation's Science*, 1–19; John P. Jackson and Nadine Weidman, *Race, Racism, and Science: Social Impact and Interaction* (New Brunswick: Rutgers University Press, 2006), 97–127.

<sup>12</sup>George Stocking, 'The Persistence of Polygenist Thought in Post Darwinian Anthropology', in Stocking, *Race, Culture and Evolution: Essays in the History of Anthropology* (Chicago: Chicago University Press, 1982).

<sup>13</sup>Tuberculosis, breast cancer, and later in the 1970s schizophrenia were also illnesses that underwent a similar transformation into a racial disorder connected to the heritable dispositions of African Americans. See Keith Wailoo, *How Cancer Crossed the Color Line* (Oxford: Oxford University Press, 2011); Jonathan Metz, *The Protest Psychosis* (Boston, MA: Beacon Hill Press, 2011); Samuel K. Roberts Jr., *Infectious Fear: Politics, Disease and the Health Effects of Segregation* (Chapel Hill: The University of North Carolina Press, 2009).

the USPHS. Roman's work offers a powerful lesson for contemporary debates in public health and epigenetic research over the source of health disparities across racial groups, reminding us of the requisite framing concepts about shared human ancestry and the associated value commitments needed to eliminate health inequalities.

### Polygenism in Progressive Era Racial Science

Near the end of the nineteenth-century naturalists on both sides of the Atlantic debated if and how scientists were to reconcile the idea of shared human ancestry with contemporary human differences. When Charles Darwin weighed in on this dispute he acknowledged that, 'the existing races of man differ in many respects, as in colour, hair, shape of the skull, proportions of the body ...' however, when 'their whole structure [is] taken into consideration they are found to resemble each other closely in a multitude of points'.<sup>14</sup> By stressing the 'whole structure' of the human form Darwin looked to draw attention to the overwhelming physical and behavioural traits shared between European and non-European populations. This rather obvious convergence, he argued, suggested shared ancestry. Darwin believed that:

When naturalists observe a close agreement in numerous small details of habits, tastes, and dispositions between two or more domestic races, or between nearly-allied natural forms, they use this fact as an argument that they are descended from a common progenitor who was thus endowed; and consequently that all should be classed under the same species. The same argument may be applied with much force to the races of man.<sup>15</sup>

Darwin would go further, adding that many of the differences attributed to each racial group:

are so unimportant or of so singular a nature, that it is extremely improbable that they should have been independently acquired by aboriginally distinct species or races. The same remark holds good with equal or greater force with respect to the numerous points of mental similarity between the most distinct races of man.<sup>16</sup>

It would appear then that Darwin closed the door on the theory of separate human origins (polygenism) with the argument that the 'habits, tastes, and dispositions' shared across the races was evidence of their sharing a common ancestor.

The door to polygenism, however, would remain open. The idea of race continued to have analytic value for Darwin's evolutionary account of human development, which in turn allowed facets of polygenism to remain plausible—even if these elements crept through the back door of scientific ruminations about human difference. Although Darwin expressed doubt 'whether any character can be named which is distinctive of a race and is constant', he never explicitly tackled the question of whether 'races' were merely a figment of the naturalist's imagination, or if racial categories did in fact capture something constant, fixed and

<sup>14</sup>Charles Darwin, *The Descent of Man, and Selection in Relation to Sex* (London: Penguin Books, 2004 [1871]), 207.

<sup>15</sup>*Ibid.*, 208.

<sup>16</sup>*Ibid.*, 207.

ancestral.<sup>17</sup> This unresolved conceptual problem kept open the possibility for naturalists and future scientists to lose sight of the very philosophical intervention Darwin hoped to make on the debate over human origins: attention to the *whole structure* of the human form was key to appreciating the common ancestry of the species and therefore also the habits, behaviours and dispositions shared across populations. If the composite parts that make up this whole structure were merely singled out (i.e. mental ability, physical attributes or disposition to disease) and coloured as population specific, not only could biologists reaffirm the validity of the race concept, they could also give new life to polygenic assumptions about distinct ancestry as the true cause of human differences in behaviour and disease outcomes.

Between the end of the nineteenth and the start of the twentieth century, anthropologists in the USA and across Europe were increasingly invested in studying differences between the races, even at the peril of losing sight of common human ancestry. This point, all but forgotten in recent scholarship on the history of science, was made by George Stocking who argued that 'the European physical anthropology that developed in the last forty years of the nineteenth century may appropriately be regarded as a continuation of the naturalistic current of pre-Darwinian polygenism'.<sup>18</sup> Stocking noted that the racial theories developed by Paul Broca, Karl Vogt and Paul Topinard provided turn-of-the-century scientists on both sides of the Atlantic a new language for recovering polygenist styles of reasoning about human difference.<sup>19</sup> Stocking explained that 'freed from the specific context of the earlier debate, many polygenist positions became part of a free-floating body of racial assumption that was often incorporated into the argument of those who were Darwinian and in that sense monogenist on the issue of ultimate human unity'.<sup>20</sup> Drawing on this free-floating discourse, scientists were able to refashion pre-Darwinian polygenism into three widely pervasive assumptions held by many American, British and German scientists by the end of the nineteenth century: modern racial groups descended from biologically distinct types, racial traits were inherited and the environment had little to no effect on the shape of the human form.<sup>21</sup> These three polygenist assumptions were not limited to the field of physical anthropology. They also influenced medical scientific reasoning about disease expression in black communities; especially venereal diseases.

### The Racial Ideology of Progressive Era Public Health

The United States first devoted federal resources to the task of fighting the spread of venereal disease in 1918, when President Woodrow Wilson made the USPHS a part of the military just three days before America entered the First World War.<sup>22</sup> In 1912 Congress voted to transform the Marine Hospital Service—which was previously responsible for caring for sick and disabled servicemen, conducting medical inspections of immigrants and helping state and local governments enforce quarantine regulations—into the USPHS.<sup>23</sup> The USPHS

<sup>17</sup>*Ibid.*, 203; see also Nancy Stepan's discussion of Darwin's ambiguous stance on race in *The Idea of Race in Science* (Hamden: Archon Books, 1982), 47–82.

<sup>18</sup>George Stocking, 'The Turn-of-the-Century Concept of Race', *Modernism/Modernity* 1994, 1, 11.

<sup>19</sup>George Stocking, 'The Persistence of Polygenist Thought'.

<sup>20</sup>Stocking, 'The Turn-of-the-Century Concept of Race', 12.

<sup>21</sup>Stocking, 'The Persistence of Polygenist Thought', 72–76.

<sup>22</sup>Ronald Hamowy, *Government and Public Health in America* (Northampton: Edward Elgar Press, 2007), 28–9.

<sup>23</sup>*Ibid.*, 28.

was given the power to disseminate public health information, conduct research into the cause and spread of disease and also to regulate the pollution of the nation's lakes and waterways.<sup>24</sup> Physicians associated with the USPHS also conducted medical inspections of Asians and Jews, along with southern and eastern European immigrants in order to determine who was healthy and who might harbour visible or hidden disease.<sup>25</sup> The growth of its purview eventually included the Service's transformation into the National Institutes of Health in 1930.<sup>26</sup> Physicians and public health experts from across the country were summoned to join the USPHS in its effort to prevent the spread of infectious diseases.

President Wilson was concerned that poor sanitation conditions within military camps and major industrial centres supporting military production could contribute to the spread of disease and compromise the health of US forces.<sup>27</sup> Working with the military, the USPHS became responsible for supervising local sewerage and water supplies, as well as vaccinating the public against typhoid and smallpox—particularly in areas surrounding military camps.<sup>28</sup> Of its many tasks, the Service spent considerable effort educating military men about the hazards of sexually transmitted diseases.<sup>29</sup> Between 1917 and 1919 military officials reported substantial economic losses due to the number of servicemen taken off active duty after contracting venereal diseases.<sup>30</sup> Thus controlling sexually transmitted diseases was as much about the health of servicemen as it was the economic ramifications of the illness, along with the health and defence of the nation more generally. Getting at the source of the problem was crucial. The USPHS understood prostitution as a social vice largely responsible for the contraction and spread of venereal disease and therefore lobbied state legislatures to prohibit the sex trade.<sup>31</sup> As a result of this pressure, 40 states eventually passed 96 laws attempting to limit prostitution and regulate the prevalence of venereal disease.<sup>32</sup> Then in 1918, Congress provided even more authority to the USPHS with the Chamberlain–Kahn Act that established an Interdepartmental Social Hygiene Board to research the cause and spread of venereal disease.<sup>33</sup> Under the Act all instances of venereal disease both within and outside of the service had to be reported to the local health authorities with criminal consequences for physicians who failed to do so. Moreover, the Chamberlain–Kahn Act gave State Boards of Health the power to control the travel and mobility of victims of venereal infections in order to prevent the spread of the disease. The Chamberlain–Khan Act also provided the USPHS the resources to establish clinics to diagnose and treat the infected. Lastly, the Act gave the USPHS the authority to administer grants-in-aid to states to help subsidize their efforts to control the spread of venereal diseases.<sup>34</sup> This was the first use of federal aid to the states for health purposes.<sup>35</sup>

By the start of the First World War social scientific surveys were giving credibility to the idea that African-Americans were biologically predisposed to sexually transmitted diseases and suffered from illnesses such as syphilis at rates significantly higher than those of whites. In its campaign against venereal disease, the USPHS took a particular

<sup>24</sup>*Ibid.*, 28.

<sup>25</sup>Susan M. Reverby, *Examining Tuskegee: The Infamous Syphilis Study and Its Legacy* (Chapel Hill: The University of North Carolina Press, 2009), 22.

<sup>26</sup>Hamowy, *Government and Public Health in America*, 364–5.

<sup>27</sup>Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (Oxford: Oxford University Press, 1987), 57.

<sup>28</sup>*Ibid.*, 29.

<sup>29</sup>*Ibid.*, 29.

<sup>30</sup>Brandt, *No Magic Bullet*, 115.

<sup>31</sup>Hamowy, *Government and Public Health in America*, 29.

<sup>32</sup>*Ibid.*, 29.

<sup>33</sup>*Ibid.*, 29.

<sup>34</sup>*Ibid.*, 29.

<sup>35</sup>*Ibid.*, 29.

interest in African-American military men because they appeared to suffer from the disease at higher rates than white soldiers. In this effort the USPHS partnered with the American Social Hygiene Association as the USA entered the First World War.<sup>36</sup> African-American soldiers formed one-tenth of the military forces and with the start of the war there were growing concerns by military officials that the contributions of black soldiers would be diminished by their high rates of venereal disease.<sup>37</sup>

Eugenic ideology no doubt played a role in how public health officials involved with the USPHS thought of race and venereal disease during the First World War period. According to historians Paul Lombardo and Gregory Dorr, there was very little distinction between public health and eugenics during the first half of the twentieth-century.<sup>38</sup> They argue that eugenic ideology shaped the way physicians, particularly in the South, theorised black susceptibility to syphilis and other communicable illnesses. Lombardo and Dorr also note that the intellectual leadership of the USPHS was trained at the University of Virginia Medical School where students:

learned a brand of 'racial medicine' that had evolved beyond medical folklore, finding 'scientific' validation in eugenic theory. That theory provided a scientific overlay that legitimated long-standing medical and cultural prejudices toward African Americans. It confirmed beliefs that hereditary differences separated the black and white 'races,' particularly with regard to responses to disease—and especially to syphilis. Eugenics thus reinforced and updated the 'racial medicine' of the nineteenth century, establishing it on firmly modern, scientific grounds.<sup>39</sup>

According to Dorr and Lombardo, eugenics helped to modernise racial science and allowed cultural prejudices to thrive under the guise of public health.

However, in their attempt to show that public health and eugenics were united during the Progressive Era, Dorr and Lombardo overstate the significance of eugenics as a theoretical source for conceptualising racial ancestry. Dorr and Lombardo write:

According to eugenic theory, people of different races inherited not only differences in appearance, moral character, and sexual behavior, but also differential susceptibility to disease. Doctors schooled in eugenic theory included these 'racial' distinctions as part of their diagnostic expectation, understanding disease susceptibility and medical outcomes differently for black and white patients. Between approximately 1900 and 1950, this perspective was built into the curriculum at Virginia; to perceive medical therapeutics in eugenic terms would not have seemed strange to doctors trained there.<sup>40</sup>

Elsewhere Dorr writes that 'eugenic ideology influenced medical theorizing and practice, and ultimately the definition of disability in the Progressive Era South'.<sup>41</sup>

<sup>36</sup>Christina Simmons, 'African Americans and Sexual Victorianism in the Social Hygiene Movement, 1910–40', *Journal of the History of Sexuality*, July 1993, 58.

<sup>37</sup>*Ibid.*, 57.

<sup>38</sup>Paul Lombardo and Gregory Dorr, 'Eugenics, Medical Education, and the Public Health Service: Another

Perspective on the Tuskegee Syphilis Experiment', *Bulletin of the History of Medicine*, 2006, 80, 291–316.

<sup>39</sup>*Ibid.*, 292.

<sup>40</sup>*Ibid.*, 294.

<sup>41</sup>Dorr, 'Defective or Disabled?' 360.



Taken together, Dorr and Lombardo, create the impression that the theory of differential susceptibility to disease and the inheritance of racial traits originated within the eugenics movement. Such an impression, however, wrongly identifies eugenicists as the authors of racial theories. Eugenics was the pragmatic application of pre-existing racial ideas, not an actual account of ancestry or race *per se*.

Francis Galton himself defined eugenics not as a theory of ancestry or even race, but ‘the science which deals with all influences that improve the inborn qualities of a race; also with those that develop them to the utmost advantage’.<sup>42</sup> Likewise, Madison Grant understood eugenics to be an applied science where ‘under existing conditions the most practical and hopeful method of race improvement is through the elimination of the least desirable elements in the nation by depriving them of the power to contribute to future generations’.<sup>43</sup>

Where we do find eugenicists theorising about race their ideas are largely derivative of other intellectual sources. According to the historian Nancy Stepan, Galton’s ideas about race were poorly defined and built largely on anecdotal evidence ‘because he took the reality of racial types and the inferiority of certain races to be self-evident, or else well established in anthropology’.<sup>44</sup> Charles Davenport’s views of race were equally derivative. Following in the footsteps of contemporary biologists, Davenport wrote:

the modern geneticists’ definition differs from that of the systematists or old fashion breeder. A race is a more or less pure bred ‘group’ of individuals that differs from other groups by at least one character, or, strictly, a genetically connected group whose germ plasm is characterized by a difference, in one or more genes, from other groups.<sup>45</sup>

Davenport would go on to argue that mixing the distinct traits of two racial groups—defined in the terms above—would result in ‘racial hybrids’ that were maladapted for their immediate environment.

The American polygenist Josiah Nott had defined ‘race’ in nearly the same terms as Davenport. In 1844 Nott wrote in his widely influential *Two Lectures on the Natural History of the Caucasian and Negro Races* that, ‘two races are considered specifically different if they are distinguished from each other by some peculiarities which one cannot be supposed to have acquired, or the other lost, through any known operation of physical causes’.<sup>46</sup> According to this polygenist view, the traits that distinguished the races were the result of biological differences and not environmental influences. Nott then used this definition of race to argue that racial crossing between blacks and whites had disastrous consequences as these individuals were ‘the shortest lived of any class of the human race’, were ‘more liable to be diseased and are less capable of endurance than either whites or blacks of the same rank and condition’.<sup>47</sup> Foreshadowing Davenport’s stance against dysgenic mixing of the races and his rejection of environmentalist accounts of human difference, Nott used his polygenist

<sup>42</sup>Francis Galton, ‘Eugenics: Its Definition, Scope, and Aims’, *The American Journal of Sociology*, 1904, 10, 1–25.

<sup>43</sup>Madison Grant, *The Passing of the Great Race, or the Racial Basis of European History* (New York: Charles Scribner’s Sons, 1916), 29.

<sup>44</sup>Stepan, *The Idea of Race in Science*, 128–9.

<sup>45</sup>Charles Davenport, ‘Effects of Race Intermingling’, *Proceedings of the American Philosophical Society*, 1917, 130, 364.

<sup>46</sup>Josiah Nott, *Two Lectures on the Natural History of the Caucasian and Negro Races* (Mobile, AL: Dade & Thompson, 1844), 17.

<sup>47</sup>Nott, *Two Lectures*, 34.

view of human ancestry to argue against providing aid and education to newly emancipated blacks by the Freedman's Bureau. Nott, much like eugenicists in the next century, believed charity and other resources would not change the innate 'physical' limitations of the black race.<sup>48</sup>

How are we to explain this continuity between polygenist and eugenic reasoning on the question of innate racial ancestry and its social consequences? According to Stepan, eugenicists were not innovators of racial theories but instead were skilful at applying pre-existing assumptions about race to solve social problems. Stepan explains that, 'apart from the new emphasis given by eugenics to heredity and intelligence, eugenicists' views of race were clearly variations on existing racial themes, not new compositions. Their views gave support to, but did not fundamentally alter, the racial paradigm in science'.<sup>49</sup> Thus, American eugenicists did not offer physicians in the USPHS a theory of race or ancestry, but instead provided a theory of social planning that would instantiate pre-existing racial theories into law and social practice. Dorr and Lombardo are correct in their claim that eugenics modernised racial science. The key, however, is to recognise that this modernisation was achieved by applying established racial ideas to address social concerns. Eugenicists inherited, rather than invented *ex nihilo*, ideas about race-specific disease susceptibility and other inherited traits.

Polygenism was surely part of the intellectual inheritance of American eugenicists who believed biological heredity trumped environmental influences. This should not come as a surprise. According to Stepan, there is a long history of polygenism being used by racial theorists to contest and correct confusions created by environmental accounts of human difference.<sup>50</sup> Eugenicists in the USA were generally opposed to the idea that racial differences were the result of environmental factors and therefore rejected the idea that the condition of each race could be improved with adjustments to social and political structures.<sup>51</sup> A polygenist view of racial ancestry favoured this understanding of race. Eugenically minded scientists and physicians could simply reference the ancestral traits of blacks and other groups as the true cause of the differences between the races.

Of course this would imply that races were stable units, an assumption that was philosophically at odds with Darwin's deconstruction of racial fixity articulated in *The Descent of Man*.<sup>52</sup> According to the historian of biology, Peter Bowler, the turn of the twentieth century was a period when fundamentally non-evolutionary ideas about species traits and heredity came to eclipse Darwinism. Darwin's theory that the selection of favourable traits within a species or organism occurred through an open-ended and random process was met with great suspicion by biologists who endorsed evolution but believed there was a natural order to change.<sup>53</sup> Darwin suggested that the structures within an organism functioned autonomously—that is, without the guiding influence of God or some other teleological force in Nature—in relation to the selection pressures of the environment. Bowler writes that non-Darwinian alternatives:

<sup>48</sup>Josiah C. Nott, 'The Problem of the Black Races', *De Bow's Review*, 1866, 1, March 266–83.

<sup>49</sup>Stepan, *The Idea of Race in Science*, 134.

<sup>50</sup>*Ibid.*, 35–46.

<sup>51</sup>Stephan Jay Gould, *The Mismeasure of Man* (New York: W.W. Norton & Company, 1996), 177–263; Daniel Kevles, *In the Name of Eugenics:*

*Genetics and the Uses of Human Heredity* (Cambridge, MA: Harvard University Press, 1998); Jackson and Weidman, *Race, Racism, and Science*, 110.

<sup>52</sup>Darwin, *The Descent of Man*, 203.

<sup>53</sup>Peter Bowler, *Evolution: The History of an Idea* (Berkeley: University of California Press, 1989), 246.

[W]ere clearly supported, in part, because they seemed to preserve an element of teleology that would counteract the apparent materialism of neo-Darwinism. Naturalists who were reluctant to concede that evolution is a haphazard, trail-and-error process argued that living development is constrained to advance in a purposeful or orderly manner by forces affecting the production of new variations. They suggested that variation is guided by the intelligent activity of individual organisms, or by forces inherent to the process of individual growth.<sup>54</sup>

With random natural selection in doubt, biologists turned to other theories to explain how organisms attained their traits and developed overtime.

The rejection of random natural selection also influenced medical-scientific reasoning about human traits under Jim Crow. As we will see, physicians at the turn of the twentieth century made use of Lamarckianism, Mendelianism and polygenist frameworks to explain how racial groups attained and inherited their dispositions. These non-Darwinian theories allowed medical scientific thinkers to assume that there was a natural order that explained why some racial groups had greater dispositions to disease and were destined to perish. Ideas about innate ancestral traits would cast a shadow over the common ancestry of the so-called races, rendering monogenesis virtually meaningless in medical scientific discourse about changing rates of disease between racial groups.

### The Transformation of Venereal Disease into a Racial Disposition

As Darwinism started to be 'eclipsed' by non-evolutionary theories about race and heredity, the German born insurance statistician Frederick L. Hoffman published arguably one of the most influential statistical studies on African American health in American history. His 1896 publication, *Race Traits and the American Negro*, was nothing short of a social-scientific treatise demonstrating that subsequent to emancipation blacks throughout the nation were degenerating as a race. They were thought to experience high rates of infant mortality, suffer from greater levels of illness than other races, and have the shortest life expectancy in the country. Hoffman made his case by researching and quantifying state and military medical records on the health of African Americans since the time of the Civil War. Of the many afflictions African Americans faced Hoffman seemed particularly interested in what appeared to be the extraordinary number of black men and women, as well as 'mulatto' children, suffering from the effects of venereal diseases. Hoffman reported that out of a total of 22,053 white patients in treatment at the hospitals of the Freedman's Bureau, VD affected only 379 whites. By comparison, 10,887 'colored' patients were treated for venereal conditions out of a total of 430,466.<sup>55</sup> Hoffman also reported that the number of deaths from scrofula and venereal diseases in Alabama between the years of 1890 and 1894 sat at 66 for whites compared to 249 for blacks.<sup>56</sup> According to Hoffman, the disparity between the number of whites and blacks that contracted venereal disease also held true in the north. In Baltimore and Washington, DC, Hoffman found that between 1885 and 1890 six whites died from venereal diseases compared to 24 blacks for every 100,000 persons.<sup>57</sup> Hoffman concluded that comparable disparity in black-white deaths from

<sup>54</sup>Bowler, *Evolution*, 246.

<sup>55</sup>Hoffmann, *Race Traits and Tendencies of the American Negro*, 94.

<sup>56</sup>*Ibid.*, 93.

<sup>57</sup>*Ibid.*, 94.

venereal disease in Baltimore, Washington, DC, Charleston and Alabama made 'plain the fact that the prevalence of these two diseases and the consequent mortality have greatly increased since the war'.<sup>58</sup> Despite the low number of deaths from venereal disease, Hoffman insisted upon the statistical significance of these figures. He postulated that since:

The disease is closely related to other diseases, principally consumption, and an excessive infant mortality, that the rapid increase of scrofula and venereal disease among the freed people becomes a matter of the greatest social and economical importance.<sup>59</sup>

In other words, venereal diseases were often associated with other common illnesses and collectively they had devastating implications for entire generations of African-Americans. This, according to Hoffman, warranted national consideration. At base he believed that the increasingly poor health of African-Americans would shift race relations in favour of whites who, on the whole, appeared to be more robust and resistant to communicable diseases as African-Americans were 'dying out.'

Hoffman's 'scientific' explanation for the excessive incidence of death from venereal disease among blacks reflects a tripartite conflation of biological determinism, disease and morality. Hoffman reasoned that:

The root of the evil [of black decline] lies in the fact of an immense amount of immorality, which is a race trait, and of which scrofula, syphilis, and even consumption are the inevitable consequences. ... It is not in the *conditions of life*, but in the *race traits and tendencies* that we find the causes of the excessive mortality. So long as these tendencies are persisted in, so long as immorality and vice are a habit of life of the vast majority of the colored population, the effect will be to increase the mortality by hereditary transmission of weak constitutions, and to lower still further the rate of natural increase, until the births fall below the deaths, and gradual extinction results.<sup>60</sup>

Hoffman rejected the idea that the environment could account for the differences in the death rates between blacks and whites from venereal disease. Rather, innate black dispositions and heredity were seen as the cause of the differences between individuals with African and European ancestry. This line of reasoning was caught in a reinforcing tautology that made any notion of common human ancestry irrelevant for understanding the source of this health disparity. In this post-Darwinian polygenist framework, the biological constitution of the American Negro was dependent upon innate moral dispositions, which in turn were an expression of the racial traits thought to be unique to his/her African ancestry. These traits were inherited and the diseases they manifested were believed to have occurred independently of environmental influences. Thus the conclusion was obvious: blacks were destined to perish under the weight of their own unique ancestral tendencies and inferior biological constitutions as free citizens in North America.

Hoffman claimed that his study had the backing of statistical science and his German-born status also helped to guarantee that his perceptions of the 'Negro problem' were objective and free from the racial prejudice that compromised the work of other American researchers on this question.<sup>61</sup> This claim to objectivity was typical of turn of the century social scientists

<sup>58</sup>*Ibid.*

<sup>59</sup>*Ibid.*, 94–5.

<sup>60</sup>*Ibid.*, 95.

<sup>61</sup>*Ibid.*, v.

who increasingly relied upon statistical analysis as a resource for gaining insight into the causes of the nation's most pressing social problems. Almost overnight, *Race Traits* made Hoffman one of the country's premier experts on the health and life expectancy of the American Negro. His studies were widely cited by physicians, social scientists, politicians and pro-slavery apologists. Hoffman's *Race Traits* received the prestigious backing of the American Economic Association.<sup>62</sup> Perhaps most importantly, his ideas were comprehensible to the general public and were on the minds of laymen well into the twentieth century.<sup>63</sup>

The impact of Hoffman's *Race Traits* upon medical scientists, physicians and social scientists in the USA was tantamount to the cultural and political impact of *Uncle Tom's Cabin* before the Civil War.<sup>64</sup> Hoffman's tripartite conflation of biology, disease and morality had the effect of dividing American physicians on whether or not the poor health of the Negro was tied to the unique biological ancestry of blacks or was a consequence of deprived social and environmental conditions that could be changed through sanitary and moral education. Some public health researchers understood the deteriorating conditions of black health to be an expression of their poor biological constitutions and African origins. In fact, by the early twentieth century it was not uncommon for white medical societies, particularly in the South, to openly claim that the African ancestry of black Americans was the direct cause of their poor health, low intelligence and immoral behaviour. All three of these racial traits were thought to pose a threat to white Americans as the plight of blacks at the start of the twentieth century had been famously coined 'The Negro Problem'.

Addressing the problem of the blacks' seemingly high susceptibility to communicable diseases was a concern of many medical societies across the country at the start of the new century, and especially in the South. For example, on 20 February 1900 in Charleston, South Carolina, Dr Paul Barringer, President of the Medical Faculty of the University of Virginia, delivered an address before the Tri-State Medical Association of Virginia and the Carolinas, entitled 'The American Negro, His Past and Future'.<sup>65</sup> Barringer was a physician and widely influential leader of the University of Virginia. He was also a vocal advocate of using eugenic measures to eliminate racially inferior populations.<sup>66</sup> Barringer's influence on Southern medicine was enormous. As president he restored the University of Virginia to prominence as the elite medical institution of the South. Influenced by the Progressive ideals of scientific professionalism and practical empiricism, Barringer helped establish clinical training of medical students at Virginia, and reformed the medical school curriculum to include courses on eugenics.<sup>67</sup> Barringer's ideas influenced generations of Virginians and with his progressive reforms, the University of Virginia established a pipeline of eugenically trained talent for the USPHS.<sup>68</sup>

<sup>62</sup>George M. Frederickson, *The Black Image in the White Mind: The Debate on Afro-American Character and Destiny, 1817–1914* (Middletown, OH: Wesleyan University Press, 1987), 249.

<sup>63</sup>Frederickson, *The Black Image in the White Mind*, 249–50; Lee Baker, *From Savage to Negro: Anthropology and the Construction of Race* (Berkeley: University of California Press, 1989), 79.

<sup>64</sup>Frederickson, *The Black Image in the White Mind*, 249.

<sup>65</sup>Paul Barringer, *The American Negro: His Past and Future* (Raleigh, NC: Edwards and Broughton, 1900), 3.

<sup>66</sup>Dorr, *Segregation's Science*, 41.

<sup>67</sup>*Ibid.*, 42.

<sup>68</sup>Dorr, *Segregation's Science* 42; Lombardo and Dorr, 'Eugenics, Medical Education, and the Public Health Service', 294.

Barringer had been asked by the Secretary of the Tri-State Medical Society to offer reflections on what the *raison d'être* for this new Southern medical society should be. Barringer's response was that the Tri-State Medical Society, which was a consortium of physicians, dentists and other medical practitioners, should hold a series of meetings on the 'Negro Problem' facing the South as this would prove to be the most important issue for the nation heading into the twentieth century.<sup>69</sup> His suggestion was well received and Barringer's address spearheaded a debate on the influence of heredity as the cause of the Negro problem among medical practitioners within the Society. Although several papers were delivered throughout the course of the 20 February meeting, Barringer's address was only one of two essays that gained the unanimous vote of the Tri-State Medical Association that it should be printed and sent to all medical societies in the South.<sup>70</sup>

Much of Barringer's essay reflected the rhetoric of pro-segregation apologists and Southern paternalism typical of writers who championed the 'Negro Degeneracy' myth.<sup>71</sup> Like Hoffman and other social Darwinists, Barringer insisted that the underlying causes behind the degenerate health and behaviour of Southern blacks were the racial traits unique to their African origins. Barringer drew from the adage coined by the social Darwinist, Ernst Haeckel that, 'sociological problems are in most cases biological problems' and the Negro problem is best summarized by the 'short, crisp biological axiom, which reads 'the ontogeny is the repetition of the phylogeny'.<sup>72</sup> According to this axiom, a living organism advanced through the same stages of development as all other previous members of the same species. In Barringer's terms this could be 'freely interpreted [as] the life history of any individual, of any type, unless modified by forces of an exceptional character, will tend to conform to the lines of ancestral traits'.<sup>73</sup> According to this line of reasoning, the descendants of Africa who inherited the racial traits of their ancestors were inevitably doomed to relive and act out the dispositions, behaviours and health problems that were a permanent part of the phylogenetic history of the race—unless they happened to be spared by the gift of 'exceptional character.' This meant that the prospect of improving the Negro's situation was truly a matter of chance, as social forces could not easily alter the biological forces responsible for poor health of blacks—if at all. As Barringer addressed his audience he made it clear that:

The question for us to-day then, and the question of questions for the South, is, 'What is the cause of the change and what can be done to remedy the evil?' The first thing is to seek out the truth, however unpalatable it may be, and in my opinion it is very simple. The young negro of the South, except where descended from parents of exceptional character and worth, is reverting through heredity forces to savagery. Fifty centuries of savagery in the blood can not be held down by two centuries of forced good behavior if the controlling influences which held down his savagery are withdrawn as they have been in this case. The language and forms of civilization may be maintained, but the savage nature remains.<sup>74</sup>

<sup>69</sup>Barringer, *The American Negro*, 2.

<sup>70</sup>*Ibid.*, 2.

<sup>71</sup>Frederickson, *The Black Image in the White Mind*, 256–8.

<sup>72</sup>Both quotes can be found at Barringer, *The American Negro*, 3.

<sup>73</sup>*Ibid.*, 3.

<sup>74</sup>*Ibid.*, 15.

And what were the racial traits that marked 'the Negro's' regression? Barringer cited increased tendencies toward crime, preference for squalid social conditions, 'no self-control', 'absence of sustained will-power', complete inability to 'resist his impulses', 'cruelty' and proclivity for the raping of white women unheard of during the time of slavery.<sup>75</sup> Concerning the question of rape, Barringer believed that the 'degenerating Negro' possessed 'a sexual development, both anatomical and physiological, unapproached except among the lower animals'.<sup>76</sup> Like Hoffman, Barringer singled out the sexuality of black males as a unique threat to the overall health and safety of the nation.

However, not all white medical men were of the opinion that the health and sanitary conditions of blacks were hopelessly lost causes. In 1915 the *American Journal of Public Health* dedicated a special issue to the health of the Negro.<sup>77</sup> The physicians who authored opinions in this special issue argued that inferior sanitary conditions, overcrowding and a general ignorance about social hygiene caused the blacks' poor health.<sup>78</sup> These were social, not simply biological, conditions that could be changed if whites marshalled the appropriate political will. Unlike the hard hereditarianism championed by eugenicists, these physicians believed that an environmentalist account of race better explained the differences in disease susceptibility between whites and blacks.

In the face of disagreement over the cause of communicable diseases among white medical men, ideas about venereal diseases being a natural racial trait of the American 'Negro' nonetheless gained more power among American medical scientists and laypeople when the US Surgeon General's report for 1918 claimed that black soldiers suffered from venereal disease at a rate that was 2.8 times higher than white soldiers.<sup>79</sup> Given the highly subjective nature of diagnosing venereal diseases at the time of the First World War, it is unclear whether these statistics were accurate.<sup>80</sup> What is clear, however, is that unlike whites, black men with venereal disease were accepted into military service because military doctors assumed that all blacks had a biological predisposition for sexually transmitted diseases.<sup>81</sup> This assumption and corresponding recruitment practice likely increased the proportion of black soldiers with venereal illnesses compared to whites. In other words, assumptions about black biology directly contributed to the over-reporting of black men with venereal disease.

Thus we can identify three major factors that contributed to the transformation of venereal disease into a racial trait: social scientific studies that harboured polygenist assumptions and claimed that heredity rather than the environment was the source of black dispositions to venereal disease; faulty assumptions about the role venereal disease played in other common illnesses blacks suffered from more frequently than whites; and finally racist views about the moral fortitude of blacks and their inability to resist dangerous

<sup>75</sup>*Ibid.*, 8, 16.

<sup>76</sup>*Ibid.*, 8.

<sup>77</sup>The articles referenced above were read before the General Sessions of the American Public Health Association meeting that took place in Jacksonville, FL, 30 November–4 December 1914. They were subsequently published in the March 1915 issue of the *American Journal of Public Health*.

<sup>78</sup>From this journal, see William F. Brunner, 'The Negro Health Problem in Southern Cities', *American Journal*

of *Public Health*, March 1915, 5, 183–5; L. C. Allen, 'The Negro Health Problem', *American Journal of Public Health*, March 1915, 5, 194–200; Lawrence Lee, 'The Negro as a Problem in Public Health Charity', March 1915, 5, 207.

<sup>79</sup>Simmons, 'African Americans and Sexual Victorianism', 57.

<sup>80</sup>Brandt, *No Magic Bullet*, 13.

<sup>81</sup>*Ibid.*, 116.

sexual activity. The convergence of these three ideas about black public health helped to turn venereal disease into a racial trait that reinforced whites' concerns that blacks were a conduit of disease and posed a threat to the nation.

Although some white physicians challenged the racist connections between black ancestry and disease, black doctors were acutely aware of how this negative association threatened to eclipse the idea of shared human ancestry and with it the notion of shared human traits and equal claims to participating in democratic life. Dr Charles Roman was one of several prominent Progressive Era black thinkers whose critique of race-specific dispositions to disease centred on the idea of shared human ancestry.<sup>82</sup>

### Charles V. Roman the Physician

Dr Charles Victor Roman was a remarkably influential but less well-known African-American medical practitioner, public health reformer, and ethicist during the early twentieth century. Roman was born on 4 July 1864 in Williamsport, Pennsylvania. At the age of ten, Roman and his family moved to Ontario, Canada where he was educated at the all-white Hamilton Collegiate Institution.<sup>83</sup> Roman was the first African-American to graduate from Hamilton and excelled in his studies, completing a four-year study course a year early.<sup>84</sup> When Roman first returned to the USA in February 1889 he worked as an office assistant to Robert F. Boyd, a physician and professor at Meharry Medical College in Nashville, Tennessee and founder of Mercy Hospital, Nashville.<sup>85</sup> At this time Mercy was the largest hospital in the South to be owned and managed by African-Americans.<sup>86</sup> In 1887 Roman enrolled onto a three-year medical programme at Meharry Medical College.<sup>87</sup> After completing his degree in 1890 he pursued additional studies at the Post-Graduate Medical School and Hospital of Chicago, then attended the Royal Ophthalmic Hospital and Central London Ear, Nose and Throat Hospital in England.<sup>88</sup> Returning to the USA from his post-doctorate studies, Roman opened his first medical practice in Dallas, Texas.<sup>89</sup> In October 1904 Roman returned to Nashville where he helped to found and chair the Department of Ophthalmology and Otolaryngology at Meharry Medical College. Roman went on to serve as professor of medical history and ethics from 1904 to 1931.<sup>90</sup>

At the beginning of his term as chair of the Department of Ophthalmology and Otolaryngology at Meharry, Roman was appointed president of the National Medical Association (NMA) in 1903.<sup>91</sup> Originally called the National Association of Colored Physicians, Dentists, and Pharmacists, the NMA was founded in 1895 by a consortium of the country's leading African-American physicians and medical students after they were denied entry into the

<sup>82</sup>For a discussion of other black leaders who also opposed the racial science of the Progressive Era, see Dorr, *Segregation's Science*, 98–106; Michele Mitchell, *Righteous Propagation*, 76–108; Bay, *The White Image in the Black Mind*, 187–218.

<sup>83</sup>Linda C. Chandler, 'C.V. Roman, Leader Worthy of His Namesake', *Dallas Medical Journal*, December 1994, 499.

<sup>84</sup>Charles V. Roman, *Meharry Medical College: A History* (Nashville: Sunday School Publishing Board of the National Baptist Convention, Inc., 1934).

<sup>85</sup>Roman, *Meharry Medical College: A History*, 51; Sheena M. Morrison and Elizabeth Fee, 'Charles

V. Roman: Physician, Writer, Educator', *American Journal of Public Health*, 2010, 100, S1, S69.

<sup>86</sup>Morrison and Fee, 'Charles V. Roman', S69.

<sup>87</sup>Roman, *Meharry Medical College: A History*, 45.

<sup>88</sup>Morrison and Fee, 'Charles V. Roman', S69.

<sup>89</sup>*Ibid.*, S69.

<sup>90</sup>Charles V. Roman, 'Constitution and By-Laws of the National Medical Association', *Journal of the National Medical Association*, 1953., 45, 301.

<sup>91</sup>Chandler 'C.V. Roman, Leader Worthy of His Namesake', 499.



American Medical Association (est. 1847). The NMA was established to promote the professional development and national collaborations of African-American physicians and other medical practitioners, while also addressing the larger health issues facing African-Americans more broadly. The NMA made it a mandate to tackle illnesses such as hookworm, tuberculosis and pellagra.<sup>92</sup> It was also the leading African-American professional association lobbying for universal health care beginning at the turn of the twentieth century.<sup>93</sup> Roman, who was a member of the NMA while studying at Meharry as a medical student, was given the task of writing its mission statement, declaring the association was:

Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of the American environment, the National Medical Association has for its object the banding together for mutual cooperation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of medicine, surgery, pharmacy and dentistry.<sup>94</sup>

Indeed Roman took seriously the important social obligations that African-American physicians bore when he claimed in a 1908 address on medical ethics to the Rock City Academy of Medicine and Surgery that:

The real mission of medicine is to benefit mankind by healing the sick and preventing disease, not the enrichment of its votaries. The true physician gathers his emoluments because he deserves them, not because he seeks them. His rewards follow as a consequence of duty done. His right thereto is based upon the highest ideal of civilization—the triple extract of ethics, religion and common-sense.<sup>95</sup>

Roman and the members of the NMA were strong advocates of viewing the delivery of health care as the moral application of scientific knowledge and the fullest expression of one's duty as a democratic citizen. Following his tenure as president of the NMA, in 1908 Roman became the first editor of the *Journal of the National Medical Association (JNMA)*—a post he held for a decade.

### Roman's Environmental Account of Race and Disease

In 1919, the year after he stepped down as editor of the *JNMA*, Roman was recruited by the USPHS to discuss social hygiene in African American communities.<sup>96</sup> This was not the first time Roman expressed an interest in public hygiene and preventive social medicine. As a medical student at Meharry Medical College, Roman wrote his graduating thesis on preventative medicine.<sup>97</sup> Roman also wrote regularly about the benefits of proper social hygiene in the fight against communicable disease as the editor of the *JNMA*. Roman honed his skills as an orator, Christian ethicist and critic of racial prejudice while leading a

<sup>92</sup>Karen Morris, 'The Founding of the National Medical Association' (Unpublished PhD thesis, Yale University School of Medicine, 2007), 75.

<sup>93</sup>History of the NMA, <[http://www.nmanet.org/index.php/nma\\_sub/history](http://www.nmanet.org/index.php/nma_sub/history)>; accessed 12 April 2012.

<sup>94</sup>*Ibid.*

<sup>95</sup>Charles V. Roman, 'The Deontological Orientation of its Membership and the Chief Function of a Medical Society', *Journal of the National Medical Association*, 1909, 1, 20.

<sup>96</sup>Simmons, 'African Americans and Sexual Victorianism', 58.

<sup>97</sup>Roman, *Meharry Medical College*, 45.

layman's bible class at St Paul AME Church in Nashville beginning in 1904.<sup>98</sup> Roman's 'layman discourses' were widely popular among Nashville residents, and were regularly attended by the faculty and student body of Meharry Medical College.<sup>99</sup> Roman's sermons discussed the moral and political challenges facing African Americans and the importance of fostering cultural and social awareness among blacks—referred to at the time as 'race psychology'—in the struggle for equity. In fact Roman's 'discourses' were so well received that they occasionally replaced the Sunday sermon.<sup>100</sup> As early as 1917, Roman was lecturing to students at historically black colleges about how improved public sanitation and advancements in medical science were tools for young physicians and medical practitioners in the fight to advance the health of African-Americans.<sup>101</sup>

Throughout his large body of writings and public lectures on race and social hygiene, Roman articulated a vision of medical science and its relationship to race and social reform that would likely appear unorthodox to many present-day readers given the secular approach of contemporary medical practitioners. Even though the early twentieth century was a period when medical science underwent a process of secularisation—developing professional, institutional and conceptual autonomy from other areas of society—medical practitioners and social hygienists such as Charles V. Roman and others involved in the ASHA continued to disseminate knowledge about disease, sexuality and race to lay audiences while making explicit appeals to Christian concepts and values.<sup>102</sup>

Key to Roman's understanding of race and disease was his insistence that theories of innate biological dispositions ultimately overshadowed the relevance of common racial ancestry for thinking about humans' shared biological susceptibility to all diseases. Roman's clearest articulation of why the idea of common human descent mattered for medical science appeared in his major work, *American Civilization and the Negro: The Afro-American in Relation to National Progress*.<sup>103</sup> Therein, Roman provided a systematic critique of scientific racism and the politics of racial discrimination in the USA, both of which he saw as clear obstacles to improving the life chances of African-Americans and their contribution to American democracy. Published in 1921 and over 400 pages long, this work offers a view of the breadth and complexity of Roman's thinking on medical and scientific racism, the living legacy of slavery within the USA, the importance of morality for the progress of civilisation, and the promise of American democracy. Roman wrote *American Civilization and the Negro* while working with the USPHS and thus this work offers a deeper understanding of the philosophical assumptions he held when confronting disease in black communities.

<sup>98</sup>*Ibid.*, 204–6.

<sup>99</sup>*Ibid.*, 205.

<sup>100</sup>*Ibid.*, 205.

<sup>101</sup>Charles V. Roman, 'Fifty Years' Progress of the American Negro in Health and Sanitation: Delivered at Semi-Centennial at Howard University', *Journal of the National Medical Association*, 1917, 9.

<sup>102</sup>On the secularization of medical and scientific knowledge see Nancy Leys Stepan and Sander Gilman, 'Appropriating the Idioms of Science: The Rejection of Scientific Racism', in S. Harding, ed., *The 'Racial' Economy of Science: Toward a Democratic Future*

(Bloomington: Indiana University Press, 1993), 171–2. For more on the shared religious discourse between black and white advocates of social hygiene see Christian Simmons, 'African Americans and Sexual Victorianism' and Amy Laura Hall, *Conceiving Parenthood: American Protestantism and the Spirit of Reproduction* (Cambridge: Eerdmans Publishing Company, 2008).

<sup>103</sup>Charles V. Roman, *American Civilization and the Negro: The Afro-American in Relation to National Progress* (Philadelphia: F.A. Davis Company Publishers, 1921).

Roman demonstrated in *American Civilization* an impressive command of the history of natural philosophy and ethnology, drawing from the work of Linnaeus, Blumenbach, Cuvier, Haeckel, Huxley, Quatrefages and Boas.<sup>104</sup> For Roman this literature made it clear that, 'a careful scrutiny of the data of anthropology ... will show that nature has not separated her human children by impenetrable walls. Racial differences are not innate and permanent; but are superficial, environmental, and transitory'.<sup>105</sup> Racial differences in Roman's mind were fleeting and human varieties were not distinct but blended into one another. Roman wrote that:

Humanity passes with facility from one variety to another, as it does from one class to another. From whatever angle we approach, scientific investigation forces us to the conclusion that the only just way to measure men, either physically, mentally or morally, is to measure them individually. Society is measured by the individual; the development of the individual man is the model of social progress.<sup>106</sup>

On this point Roman offers a more precise articulation of Darwin's rather ambiguous argument in the *Descent of Man* that so-called racial traits can be understood as attributes of an individual rather than an entire population.<sup>107</sup> In the spirit of Progressive Era individualism, Roman saw that the way out of America's fixation with race was to measure the character and biology of each citizen individually. Moreover, Roman acknowledged his critique of distinct human groups stood within the long tradition of monogenist conceptions of race as modelled, for example, in the work of the eighteenth-century German naturalist Johann Friedrich Blumenbach. Roman wrote:

Blumenbach, true founder of scientific anthropology, has summed up the whole question from the physical standpoint in words that have lost nothing of their force since they were penned a hundred years ago. He asks whether everywhere in time or place mankind has constituted one and the same, or clearly distinct species; and he concludes: 'Although between distant people the difference may seem so great that one may easily take the inhabitants of the Cape of Good Hope, the Greenlanders, and Circassians for peoples of so many different distinct species, nevertheless we shall find, on due reflection, that all, as it were, so merge into the other, the human varieties passing gradually from one another, that we shall scarcely if at all be able to determine any limits between them.'<sup>108</sup>

From this Roman drew the conclusion that, 'there is black blood in the whites as assuredly as there is white blood in the blacks'.<sup>109</sup> It was also equally clear to Roman that, 'there is but one species of man. These propositions are so established that no one with any just pretense to a scientific education would attempt to dispute them.'<sup>110</sup>

Of course Roman was well aware that there were early twentieth-century men of science who, in denying the common origins of mankind and the effect that the environment had on the human form, 'sought assiduously for scientific justification of the tenets of racial

<sup>104</sup> *Ibid.*, 9–21.

<sup>105</sup> *Ibid.*, 322.

<sup>106</sup> *Ibid.*, 321.

<sup>107</sup> Darwin, *The Decent of Man*, 207.

<sup>108</sup> Roman, *American Civilization and the Negro*, 323–4.

<sup>109</sup> *Ibid.*, 324.

<sup>110</sup> *Ibid.*, 321.

inequality'.<sup>111</sup> Roman explained 'we have reached a stage of scientific knowledge when evolution is accepted as an elementary truth at the foundation of a rational conception of the universe. Yet wild theories of emotional ethnology still persist among us'.<sup>112</sup> Roman thought that those who continued to champion pre-Darwinian theories of racial distinction 'lack[ed] neither ingenuity nor industry' but that these persistent theories of 'emotional ethnology' continued to thrive because of practitioners' cultural beliefs in racial hierarchy. Roman explained:

They now admit all ... propositions [of common descent], claiming however, that while there is but one human family, nature has favorite children, that she has written the decree of favoritism in the tissues of their bodies. In other words, they concede the Negro's theoretical rights as a man, but deny his capabilities as a citizen. They claim the artifice of man is built upon the necessity of nature.<sup>113</sup>

Roman here was spelling out the logic of post-Darwinian polygenism: there are behavioural and health consequences to inferior racial heredity that overshadow any notion of common human ancestry and insofar as politics ought to mirror the intentions of Nature, not all populations ought to be treated equally under the law.

For Roman it was precisely the fact of our shared human ancestry, however, that the 'permanent characteristics of mankind are common to all varieties; and the differences that characterize the varieties are transitory'.<sup>114</sup> If the traits that distinguish the races were shared across the colour line and proven to be ephemeral, then there were no grounds to treat racial differences as though they were fixed or claim these differences had behavioural and health implications. There was also no biological evidence to deny the citizenship of certain populations on the basis of their ancestry. For Roman, belief in common descent and that all humans share the same range of physical and behavioural traits had direct health implications for the entire nation: all races are equally disposed to the same diseases and illness. Roman wrote:

The most insidious and destructive diseases of civilized life show no racial predilection. Gonorrhoea, and syphilis, opium, alcohol and cocaine, respect no racial lines. The high and increasing mortality of middle life from Bright's disease, apoplexy and heart disease is a national not a race problem.<sup>115</sup>

There were no race specific dispositions, just equally vulnerable biology shared across the colour line.

With this as a guiding premise, Roman accounted for the apparent differences in the races using an environmentalist argument, claiming that species change was driven by the effect of external forces on the human form, rather than an innate essence that was impervious to the environment. Roman expressed this environmental account of race in a lecture delivered at Howard University on 2 March 1917. He claimed that:

Health problems begin with the souls and not with the bodies of men. Sanitation is but a reflex of cerebration, and hygiene is a matter of appetite and instinct, impulse and

<sup>111</sup> *Ibid.*, 322.

<sup>112</sup> *Ibid.*, 321.

<sup>113</sup> *Ibid.*, 321–2.

<sup>114</sup> *Ibid.*, 327.

<sup>115</sup> Roman, 'Fifty Years' Progress of the American Negro', 67.

conduct. Health is to be measured in terms of psychology rather than in terms of physiology. What a man thinks is more fateful than what he eats. ... A man has a body, but is a soul. Physical condition is made or marred by psychical and social conditions. The key to the mortality table is to be found in the educational, economical and political situation. Progress in sanitation and health is a reciprocal factor of progress in liberty, virtue and intelligence. No modern discovery has abrogated [this] moral law.<sup>116</sup>

Roman's intentions were to give an account of the improvements and continued obstacles to positive African-American health conditions while also refuting longstanding myths about the inferiority of black biology represented in the statistical studies of Frederick Hoffman at the turn of the twentieth century.<sup>117</sup> Roman believed that 'an impartial examination of vital statistics does not warrant, in fact, flatly contradicts, many of the deductions and prophecies of Hoffman, whose "Race Traits and Tendencies of the American Negro" has been such a solace to Negrophobiana'.<sup>118</sup> Roman argued that Hoffman's work fomented the politics of racial prejudice and distorted perceptions of black health within American medicine. As Roman saw it:

Race prejudice has cast its baneful shadow athwart the pathway of medical science and chromotopsia has characterized the vision of medical men. The responsiveness of medicine to outside influences has materially enhanced the Negro death-rate. Vital statistics are interpreted in terms of ethnography and mortality returns are taken as a measure of racial fitness; pathology has become the handmaid of prejudice and the laboratory a weapon of civic oppression.<sup>119</sup>

According to Roman, racial prejudice in medicine made it difficult to see how health and hygiene were determined not by innate biological or physical dispositions but by the souls, psychological well-being and moral fortitude of human beings. These factors, he argued, shape the habits, instincts and impulses that lead to good health and when poorly managed are also responsible for high mortality.

According to Roman, improvements in public health involved changes to the inner life of the human being, his or her moral dispositions, and to their socioeconomic conditions. Roman explained how the inner life of a population is tied to sound health:

Health problems, I repeat, begin with the souls and not with the bodies of men. ... Freedom and health are intimately and inseparably related. Segregation is the partner of disease and the enemy of sanitation. Honor and long life are companions. The key to infant mortality is to be found in adult *morality*.<sup>120</sup>

Roman believed that the immoral economic and political conditions of Jim Crow were directly responsible for the denigrated well-being of African-Americans—not their innate biological constitutions. Roman went further:

American mortuary returns reveal no lethal diseases peculiar to the colored people. Tuberculosis of the lungs, the various forms of pneumonia, organic heart disease

<sup>116</sup>*Ibid.*, 61.

<sup>117</sup>*Ibid.*, 65.

<sup>118</sup>*Ibid.*

<sup>119</sup>*Ibid.*, 66.

<sup>120</sup>*Ibid.*, 62.

and infant mortality constitute the major part of our excessive death-rate. These are all diseases of crowd and stress. Intemperance and late hours, insufficient food and rest, bad housing and immorality are powerful factors in their production and deadlines. Many of these factors are measurably within our control.<sup>121</sup>

There was no such thing as race-specific afflictions derived from inferior biology, only social problems that could be changed through improvements within public hygiene and the socioeconomic setting of a population. With this logic, Roman reasoned that at the root of venereal disease were social problems not ancestral traits. The elimination of venereal disease, therefore, required changes in the socioeconomic situation of black Americans, as well as a transformation in their sexual practices.

This is precisely what Roman argued when in 1918 the USPHS assigned him to deliver a series of lectures to African-American military men stationed in Camp Grant, located in Rockford, Illinois, and Camp Stewart near Savannah, Georgia.<sup>122</sup> In these lectures Roman tried to persuade black soldiers that continence, moral integrity and proper medical diagnosis and treatment were the three most effective means of preventing the spread of venereal disease. To make his case, Roman likened the contraction of venereal disease to 'Nature's' punishment for immoral sexual acts. Roman explained:

Nature gives us the privilege of choosing our course but reserves the right to pay or punish according to our conduct. Nature has set her stand of disapproval on sexual promiscuity by fixing venereal diseases as a penalty for prostitution. A thing is good or bad according to the way it is used. The sexual impulse is one of the greatest influences that ever came into a man's life. Rule it and it will bless you, let it rule you and it will curse you, and the generations to follow you. The sexual act has but two purposes or places in an honorable life. It is a generative act and an expression of love. Sexual congress is the creator's high seal of approval upon the marriage vow. Sexual congress between people who do not love each other is brutal passion degrading human reason. Nature has made no provision for prostitution. Gonorrhoea and syphilis are but expressions of her disgust.<sup>123</sup>

Weaving together an image of Nature as a retributive force and appealing to the inherent value of Christian marriage, Roman presented the aetiology of venereal disease not simply in medical-scientific terms but also within an explicitly moral framework. The message was clear: black men are to harmonise their sexual practices with the moral laws embedded in Nature or else there will be consequences for both the individual transgressor and his offspring. Roman warned:

A man that would willfully put out the eye of an innocent baby is the meanest of criminals. Yet that is what a man does who takes clap to the marriage bed. If there is any Hell, I think the hottest place in it ought to be reserved for the man who willfully spreads venereal disease. A man with no respect for a pure woman is not fit to live. I believe I am

<sup>121</sup>*Ibid.*, 66.

<sup>122</sup>Charles V. Roman, 'Syllabus of Lecture to Colored Soldiers at Camps Grant, Stewart, Hill and Humphreys',

*Journal of the National Medical Association*, 1918, 10, 104.

<sup>123</sup>*Ibid.*, 106.

right when I think you want to be good soldiers and good men, that you want to defend your country and protect your mothers, wives, sweethearts and children.<sup>124</sup>

Roman's emphasis on having 'respect for a pure woman' and the duty of the black soldier to be 'good men' who protect their 'country', 'mothers', 'wives' and 'children', is an example of how eugenicists and social hygienists conveyed similar messages to black and white audiences on the importance of well-informed sexual choices for improving the 'fitness' of a race and the nation.<sup>125</sup> In this framework the love of one's country meant more than a willingness to take up arms in its defence; it also meant the defence of good sexual hygiene. Thus, at stake in the sexual practices of these black soldiers in particular, and black men in general, was the 'fitness' of the race as a whole and ultimately the contributions of blacks to 'American civilization'.

Roman's understanding of the social determinants of health and the fallacy of race-specific illnesses, particularly venereal disease, reflected a historical and environmentalist account of human difference shared by many other advocates of social hygiene during this period. Indeed, an environmentalist account of race reverberated among leading social hygienists in the 1920s such as Dr Roscoe C. Brown, who was also recruited by the USPHS, Franklin O. Nichols, director of the Southern Regional Office of the National Urban League and hired by the ASHA, as well as Arthur B. Spingarn, the Jewish director of the NAACP hired by the US Army to work with African-Americans.<sup>126</sup> As the historian Christina Simmons noted, all three of these social hygienists claimed that high rates of venereal disease and other illnesses among African-Americans could be explained as the effects of history, the environment and class.<sup>127</sup> They argued that the legacy of slavery wreaked havoc on the communal support structures of black family life leaving African-Americans more exposed to sexual and communicable diseases. This vulnerability was exacerbated by the politics of racial prejudice as prostitution was allowed to flourish by local police in parts of US cities populated by African-Americans. Poor funding and lack of resources for public schools effectively robbed blacks of the institutional support structures capable of facilitating moral values and other important social skills. Roman, along with Brown, Nichols and Spingarn argued that these social, political and economic factors greatly shaped the health and hygiene of African-Americans.<sup>128</sup> They were adamant that the contraction and spread of venereal disease could not be understood without giving attention to these marked effects of slavery and racism.

According to Roman, these social and moral determinants of health could easily be eclipsed by medical men, anthropologists and politicians who bought stock in theories of biological determinism that attributed high rates of infant mortality and disease among blacks to their African ancestry. Roman wrote:

The greatest difficulties confronting us from a sanitary and hygienic stand point arise not from the physiological weakness of the colored man but from the psychological

<sup>124</sup>*Ibid.*

<sup>125</sup>Simmons, 'African Americans and Sexual Victorianism', 58.

<sup>126</sup>*Ibid.*, 63.

<sup>127</sup>*Ibid.*, 63–7.

<sup>128</sup>*Ibid.*, 63.

strength of the white man. The white man's immunity to fact is a more destructive force than the colored man's susceptibility to disease.<sup>129</sup>

Roman understood how the links made between racial ancestry and illness was a major factor in the misrepresentation of blacks as a biologically unfit population where social conditions were occluded from considerations about blacks' vulnerability to disease and hopes for health. In other words, a high rate of disease in black Americans was a conceptual and political problem, not a genetic one.

### Conclusion

At the beginning of the twentieth century, American social scientists and medical practitioners believed that each race possessed different susceptibilities to venereal disease. This assumption became part of a medical-scientific discourse that associated unique racial ancestry with higher rates of illness. American public health researchers effectively brought back to life the logic of nineteenth-century polygenism, drawing connections between distinct biological pedigree and inherited racial dispositions. The shared heredity of the races (monogenesis) was virtually irrelevant for early twentieth-century public health researchers—such as Frederick Hoffman and Paul Barringer—who were convinced blacks possessed an innate disposition to contract venereal disease. In effect, a common illness was transformed into a racialised disorder.

But from the perspective of physicians more attentive to the significance of shared human ancestry and the environmental factors shaping health outcomes, the links between ancestry and venereal disease were rife with contradictions. For the social hygienist, Charles V. Roman, monogenism provided a conceptual anchor for his critique of scientific racism, allowing him to decouple false correlations between black ancestry and communicable disease. By taking seriously the common descent of all racial groups, he turned to the environment to explain the disparities in health that existed across the colour line. Social hygienists committed to this progressive view of race understood that human health and behaviour changed in relation to the cultural, political and economic history of a population. With this logic, the living legacy of slavery and the immediate effects of Jim Crow directly shaped the health of African-Americans. In other words, corrigible socio-political institutions were the cause of high rates of disease among blacks, not innate biological dispositions stemming from unique racial ancestry. With common descent in full view, an ever-broadening understanding of the environment became the key to explaining perceived differences between so-called racial groups. Diseases such as syphilis could be framed as a race-specific trait only when medical thinkers lost sight of the shared biological experience that links all racial groups. This was precisely the point Darwin attempted to make near the end of the nineteenth century when he argued in the *Descent of Man* that attention to the dispositions and traits shared across racial groups was key to reinforcing the significance of common human ancestry.

Roman's vision of the social determinants of health provides a window onto the ethical implications that were carried along by the idea of common human descent. Monogenism

<sup>129</sup>Roman, 'Fifty Years' Progress of the American Negro', 62.



was an ethical concept by virtue of its ties to Christian thought which, according to Roman, kept alive the physicians' sense of responsibility for the care of all racial groups. Yet for Roman, the notion of common human ancestry was also a scientific idea that compelled thinkers to develop more sophisticated accounts of why humans varied while sharing a set of biological experiences—be it from the ancient past or the more recent present. Roman's marriage of Christian values with public health reform was a precursor to Civil Rights era activists who saw that medicine and morality were necessary counterparts in the struggle for equal life chances for all racial groups in the United States.

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