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## Chimborazo, Pellagra, and Hoodoo Doctors: Health in the Antebellum and Early Modern South

PHILIP C. KOLIN

This special issue on health in the antebellum and early modern South covers a wide range of topics affecting diverse groups of Southerners over many centuries. Contributors explore subjects ranging from Civil War environmental warfare to stereotypes of “Negro medicine” to training doctors and nurses to Southern vs. Northern hospitals and clinics to unconventional healthcare practices. Regardless of contributors’ methodology, though, this issue inexorably acknowledges the connection between healthcare and Southern culture, and how one influenced the other.

In the lead essay, distinguished medical historian Dr. Margaret Humphreys investigates the relationships of Southern landscapes and climate to the health of Civil War combatants. As she observes, “It’s not an exaggeration to say Civil War doctors saw all diseases as due to a malignant environment” and insists that “If doctors [could] manipulate the environment to promote health, they [can] equally use their knowledge to create a killing field.” Humphreys documents various ways the war enabled physicians on both sides to manipulate the environment, whether for good or ill. It was no secret that the antebellum South was plagued by a disease environment that fostered malaria and yellow fever and that Southerners turned this environment to their military advantage to help kill Yankee invaders. As Humphreys shows, though, public health efforts and quinine unquestionably helped the North to neutralize the “South’s deadly ecosystems.”

Historians of nursing care Ann Kutney-Lee and Barbara Mann Wall, along with Kathleen Rogers, compare and contrast Union and Confederate

hospitals, primarily through records of patient outcomes, an area that, unfortunately, has not been sufficiently researched. Interweaving social, medical, nursing, and religious history, Wall, Kutney-Lee, and Rogers focus on selected hospitals in the North and South, primarily Satterlee in Philadelphia and Chimborazo in Richmond, to identify the reasons for such a wide variation in patient outcomes. Among the main causes, they argue, were the locations of hospitals, patient acuity, availability of resources and supplies, and, of course, the role that nurses played in patient recovery. Drawing upon the records of the Daughters of Charity, a Roman Catholic religious community, as their primary group of nurses, Wall, Kutney-Lee, and Rogers find that the sisters worked in both Union and Confederate hospitals, and because of their exceptional training and experience, they were among the most qualified and dedicated nurses in the war, even countermanding inefficient doctors' orders.

The following two essays turn to healthcare and enslavement. Marie Jenkins Schwartz researches the health of slave children by examining documents from slaveholders (plantation records and correspondence) and the slaves themselves (WPA narratives) to understand why children's health was neglected on antebellum plantations. Schwartz points out that high rates of injuries and mortality among enslaved children worried slaveholders because they threatened the Southern way of life. Yet it is crucial to remember, as Schwartz argues, that since the US had ended its participation in the international slave trade in 1808, the only way for slavery to continue was to insure that enough enslaved children survived to replace older slaves who died each year. Unwilling to acknowledge their culpability, slaveholders actually created the conditions that put these children at risk and, falling into stereotyping, blamed parents and other caregivers for making childhood "the least healthy time of a slave's life." Schwartz concludes, "Simply put, the slaveholder's desire to care for children was tempered by a desire for profit." Her study adds to our understanding of why and how the Southern healthcare system led to such dreadful outcomes for enslaved people.

Also shedding light on healthcare and slavery, Stephen Kenny uses the career of a country doctor, Henry Ramsay from Georgia, to interrogate and exemplify the thoroughly racist nature of medical training, research, and practice in the antebellum South. Like the majority of his Southern physician peers, Ramsay took advantage of a growing number of a professional career opportunities presented by so-called "Negro medicine." Even though Ramsay left no personal papers, Kenny maintains that his published essays and short-lived medical periodical, *The Georgia Blister and Critic*, nonetheless constitute a convincing body of evidence about "Negro medicine." In contextualizing Ramsay's life and works, Kenny stresses that slaveholding values were a key force in shaping a physician's professional identity, the

production of scientific knowledge, and the overall care, or lack thereof, patients received. According to Kenny, Ramsay's career thus draws attention to the deeply embedded medical racism manifested in the networking among slaveholders, slave traders, and Southern doctors. Studying Ramsay's medical practice, Kenny convincingly analyzes the spaces, situations, and mechanisms that generated, reproduced, and dissected black bodies.

Opposing the tenets of Dr. Ramsay's "Negro medicine," Charles Chesnutt's *Conjure Woman's Tales*, *House Behind the Cedars*, and his "overtly political" *Marrow of Tradition* dispelled prejudiced medical images of African Americans and the exclusive prerogatives of white physicians. Providing a close reading of Chesnutt's fiction, historian Gretchen Long declares that "Through [his] characters, and settings, Chesnutt critiques contemporary medical culture, moving well beyond a straightforward condemnation of scientific racism and a segregated medical profession." According to Long, Chesnutt, the novelist and intellectual, offered a "changing definition and perception of black healers" and a sincere appreciation of "folk medicine" in his fiction. Basing one of his fictional doctors on the life and practice of the celebrated African American physician Dr. Alexander Augusta, Chesnutt, Long claims, "destabilizes the color line" that had been inviolate in Southern medicine.

Focusing on a pernicious Southern malady, archivist Michael Flannery surveys the history of research on pellagra that threatened both impoverished whites and African Americans. Flannery points out that while the first American pellagra epidemic was identified by George Searcy near Mobile in the summer of 1906, it was Joseph Goldberger (1874-1929) and his US Public Health Service team that conclusively linked the distinctive Southern 3-M diet of meat, meal, and molasses to the 4-Ds of pellagra—dermatitis, diarrhea, dementia, and, sometimes, death. But, as Flannery stresses, the Thompson-McFadden Commission thought otherwise, and insisted that pellagra was an infectious disease—a disease of filth. On the contrary, Alabama public health official Carl Grote "confirmed Goldberger's nutritional disease theory by witnessing its prevalence first-hand among miners whose diets were tied to poorly resourced and stocked company commissaries in Walker County." As a result, Flannery maintains, the nutritional basis of pellagra exposed an impoverished South exploited by Northern industrial interests eager for cheap labor, giving way to an unholy alliance of physicians, civic leaders, and local politicians opposed to what they denigrated as "Goldberger's propaganda." Thus pellagra, as Flannery demonstrates, became "less a question of medical science and more a war of socioeconomic and political interests" where "local power elites often argued against federal and regional public health officials."

As the next two essays reveal, the antebellum and early modern South witnessed numerous unconventional ways to maintain or improve health. Deanne Stephens Nuwer studies *geophagy*, or dirt eating, in the South, a practice steeped in hundreds of years of history and one whose cultural roots run deep—from indigenous peoples to contemporary Southerners. Nuwer holds that dirt eating was almost exclusively associated with the enslaved and poor white populations, the socially, politically, and economically disadvantaged. Accordingly, the habit was viewed negatively and any medical uses claimed for it were questioned or ridiculed. Fearing it harmed their slaves' health, masters resorted to horrific measures, including fitting slaves with barbaric mechanisms and masks to prevent them from ingesting soil. Dirt-eating whites paid a price, too; they were openly condemned as immoral and shiftless. Lingering for centuries, dirt eating, as Nuwer emphasizes, was not easily eradicated. In spite of its pejorative history and lack of health benefits, though, the practice persists today. Nuwer's essay, then, illustrates how race, food, nutrition, and politics were interconnected in both the antebellum and modern South.

Researching another unconventional, even taboo, healthcare practice in the late nineteenth and early twentieth centuries, albeit far different from dirt eating, Billy Middleton argues why and how Voodoo and Hoodoo were part of a longstanding ethnomedical and ethnopharmacological tradition. Relying in part on novelist Zora Neale Hurston's iconic fieldwork about Voodoo/Hoodoo in New Orleans in the 1920s and 1930s, Middleton acknowledges that Voodoo derived from Haitian Vodou which in turn emerged from a West African spiritual and medicinal tradition. It was particularly important among slaves denied stewardship over their bodies and lacking medical care. In the postbellum South, Middleton shows, Voodoo and Hoodoo continued to assist emancipated black and other poor communities for whom medical care remained unavailable and unaffordable. Surveying a wide pharmacopeia of herbal and root remedies prescribed by Voodoo/Hoodoo doctors, Middleton claims that because of prejudices, Voodoo and Hoodoo practices remained illegal throughout the nineteenth and into the twentieth century. But Voodoo/Hoodoo practitioners continued to treat their patients in secret, however. Versed in current research on roots and herbs, Middleton concludes that several Hoodoo pharmacologies have undeniably influenced mainstream medicine and claims it is wrong "to defy attempts that dismiss them as superstition."

Despite the notorious neglect of their health by the white establishment, impoverished African Americans did have access to black clinics and hospitals, circa 1900. It is estimated that by 1919 more than eighty such medical facilities were available in the South (African American Registry). Jianqing

Zheng offers a brief but useful history of several of these black healthcare agencies in the Mississippi Delta in the first part of the twentieth century, along with photographs giving us a glimpse of their past lives and/or current metamorphosis. Although these facilities have been abandoned, transformed, or demolished, the pages of their history, Zheng declares, “remind us that they once played an inerasable role providing health care, comfort, and dignity to African American communities in the Delta.”

The following two articles introduce archival documents (texts and images) that further advance our knowledge about the history of Southern healthcare. Jennifer Ford locates an unpublished letter dated 1898 from James Edmonds, an Ole Miss graduate who became a highly respected New Orleans journalist, to his parents in Ohio about an outbreak of typhoid at the Union Female College in Oxford. Typhoid remained one of the most feared scourges in the antebellum and postbellum South. More than a just chatty message to his parents, Edmonds’s letter describes the harsh ways these stricken female students were quarantined and then sent back home. As Ford points out, Edmonds’s letter “gives [us] a sense of how hysteria is engendered by this disease and how it endangered the physical health of the community [and] its mental health as well.” Turning to nurses’ training in the 1940s, David Tisdale shares an archival photograph showing nurses making sponges at Hattiesburg’s Methodist Hospital. To give us a sense of healthcare procedures used decades ago, Tisdale also draws upon an interview he conducted with Margaret Gilmore Wakeland, RN, now in her late 80s, who with her sister trained at Methodist Hospital.

This issue also includes original poetry about health and medical/nursing in the nineteenth- and twentieth-century South. The five poets here write about a variety of topics ranging from teaching girls to “set a bone, pull a tooth” and then “smoke tobacco with the men” (Bickham) to nuns who nursed the wounded on Civil War battlefields to the horrific Atlanta train yard scene in *Gone with the Wind* to the spread of the Spanish Influenza to the value of homemade remedies.

In addition to three book reviews, this issue carries Mark Burrows’s review essay examining the historical contexts of the one hundred or so poems in *Down to the Dark River: Contemporary Poems about the Mississippi River*, many inspired by the Lower Mississippi. According to Burrows, these poems tell the story not simply of the river, but of the South and the nation whose history took shape alongside it—in commerce, travel, mythology, and politics. Burrows eloquently concludes that the collection “could be read as a manifesto on how place—this flowing, shifting river that gathers half a continent in its arms—evok[ing] a response [about] how it is discovered, imagined, voiced, and passed on through the tradition of its witnesses.”

Sadly, this special issue closes with an obituary of Dr. Glenn T. Harper who for many decades was the highly respected dean of the former College of Liberal Arts (today the College of Arts and Letters at The University of Southern Mississippi) and a longtime supporter of *The Southern Quarterly*. Terry will be greatly missed.

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