The Black body and the Jewish body: a comparison of medical images
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ABSTRACT Hödl attempts to show how deeply the medical views of Blacks and Jews were embedded in racial theories in the nineteenth and early twentieth centuries. Concepts of racial distinctiveness formed the framework that purportedly explained a specific liability of African Americans and Jews to various ailments. In particular, he compares the prevailing perception of the susceptibility of Jews and Blacks to tuberculosis in the United States from the 1840s to the early twentieth century, and shows that physicians advanced widely differing explanations for the proclivity to this disease, explanations that fall into three distinct periods. Within the same time span, however, there is continuity in the concepts of the 'sick Negro' and the 'healthy Jew'. The aetiologies were largely dependent on stereotypes of the bodily constructs of Jews and Blacks. Hödl thereby demonstrates the interdependence of racism and medicine.

KEYWORDS Blacks, eugenics, history of medicine, Jews, monogenesis, polygenesis, racism, stereotype, tuberculosis

Nowadays, the notion of a specific susceptibility to disease of African Americans seems to be widely accepted. Richard Williams’s phrase ‘black-related disease’, which refers not only to diseases to which Blacks are specifically prone but also those to which they show atypical reactions, has hardly aroused controversy. The notion of African Americans’ physical distinctiveness, and consequently their nosological distinctiveness, seems to have had too long a tradition in popular as well as medical thought to be questioned. Since the early nineteenth century Blacks have revealed an intriguing disease pattern. They have been shown to exhibit an astounding immunity to malaria and yellow fever, and, on the other hand, to have suffered from syphilis, insanity and other diseases more than Caucasians. The view that the nosological behaviour of African Americans is different from the disease liability of Whites has survived many other conceptualizations of ‘blackness’ and still occupies a prominent place in our reasoning.
Among the ailments to which Blacks have been reported to be specifically prone from the nineteenth century to the present, and which attest to a continuity in (biased) thinking, sickle cell anaemia is an illustrative example. In 1910 James B. Herrick reported on a black patient from the West Indies, studying in Chicago, who suffered from a weakness and whose red blood cells were ‘peculiar and elongated’.

This observation came to be known as the first reference to sickle cell anaemia, a disease caused by a mutated gene inherited from both parents. Within the next decade, more cases were identified in Blacks. Due to the lack of white patients diagnosed with this disease, Verne Mason claimed in 1922 that sickle cell anaemia was peculiar to the ‘negro race’. Although it did not take long before it was found in Whites as well, physicians were reluctant to revise their conception of sickle cell anaemia as characteristic of Blacks. Thus, ‘sickling’ and the ‘black race’ remained inseparable. Being white and suffering from this disease resulted rather in a redefinition of the patient’s ‘racial adherence’ than in a new understanding of the disease. With the discovery of ‘sickling’ as an inheritable disease that followed Mendelian laws, the intersection of the notions of Blacks and sickle cell anaemia exerted a still greater impact on social and political life. Among Whites it excited a feeling of anxiety that the sickle cell trait could be transmitted to them through sexual contact with Blacks. This led to their demand for strict barriers between themselves and ‘Negroes’ in order to prevent intermarriage. At the same time the American Red Cross also wished to avoid the risk of ‘polluting’ Caucasian blood, and therefore segregated the blood of African Americans from that of others. Blacks were thus considered to be diseased, and it was expedient to shun any intimate contact with them.

Sickle cell anaemia was only one of several diseases that conveyed a notion of Blacks’ nosological—and concomitantly racial—distinctiveness. With respect to other diseases, the same holds true for Jews, who were also considered to have a different disease susceptibility. Diabetes, nervous disorders, insanity and other conditions were all thought to be characteristic of the Jews. As was the case with sickle cell anaemia and Blacks, ‘infantile amaurotic family idiocy’, which came to be known as Tay-Sachs disease, was for some time exclusively linked to Jews. It was first discovered in 1881 by Warren Tay, an

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6 Ibid., 23ff.
8 Ibid., 147ff.
English oculist. Bernard Sachs, who happened to do an autopsy on a case some years later, was convinced that it occurred only among the ‘Hebrews’.10 For quite some time, this remained the prevailing medical view, although the disease was found in non-Jews as well.11

Against this historical background, it comes as no surprise that both Jews and African Americans are still perceived as nosologically distinctive. The images of their medical peculiarities are too deeply entrenched in the culture to be revised by new scientific theories. ‘Discoveries’ in genetics that, for example, claim that Jewish women run a greater risk of breast cancer, because of a gene mutation occurring more frequently among them than other ethnic groups,12 have been apprehended as further proof of ‘Jewish distinctiveness’ rather than as an occasion for scepticism and a questioning of the applied concept of being Jewish.

First period: from monogenesis to polygenesis

At the beginning of the nineteenth century African Americans were thought to be distinct from the white population, to be in possession of some peculiar characteristics that indicated a kind of ‘intrinsic otherness’. This belief was not grounded in any particular scientific theory, as it would be some decades later. Instead, it was a mere assumption, shared by the population at large.13 The prevailing scientific theory, monogenesis, claimed that all people had originated from a single pair, Adam and Eve. According to this doctrine, Blacks and Whites differed only gradually from each other. Their respective peculiarities, especially their morphological as well as nosological characteristics, were thought to be caused by environmental influences. Thus, at this time, science did not provide any arguments for the popular apprehension of Blacks’ ‘essential’ distinctiveness.

One of the most renowned scientists of the era, who put forward the contemporary scientific view of Blacks’ ‘nature’, was Samuel Stanhope Smith. He was a teacher of philosophy at the College of New Jersey, later to become Princeton University. In 1787 he published a book that would be one of the most influential publications in American ethnology.14 The author wanted to prove that all human beings belonged to a single species and that the differences between them were not of a racial nature. Consequently, he considered

the black skin a product of physiological processes induced by the sun. In addition Smith claimed to have observed that, in New Jersey, where Blacks lived under more favourable circumstances than in the southern states, the shape of the nose of African Americans came to resemble that of Whites. Thus, slavery accounted for some of the morphological characteristics of Blacks. Its abolition would contribute to rendering them similar to Whites.

Smith was not a maverick among his colleagues. His notion of the causes of Blacks’ physical differences was widely acknowledged. Many other scientists held a view very similar to Smith’s. Benjamin Rush, a representative of the American Enlightenment, was a case in point. According to him, the black skin was a symptom of a disease, leprosy, that could be cured. As a confirmation of his thesis he referred to Henry Moss, a fellow citizen who was born black and remained so until his adulthood. All of a sudden, white spots appeared on his skin. This was interpreted as the beginning of a healing process that lasted for five years and made almost all the black colour disappear.

As the references to Smith and Rush indicate, in the early nineteenth century, science, i.e. anthropology and medicine, did not set great store by diseases or morphological characteristics as marks of distinctiveness. They were considered to be socially or environmentally determined and therefore subject to change. However, this line of thinking was soon to become obsolete.

The American school of ethnology

Beginning in the late 1830s a paradigmatic shift in the explanation of the differences between ‘human races’ occurred. This change can be understood as a reaction to the impact abolitionists were having on public opinion. The advocates of the oppression of Blacks tried to legitimize their position by providing arguments couched in scientific terms. Accordingly they supported the establishment of a theory that argued that the causative factor for producing anthropological characteristics was not located in the environment, but in race. It was assumed that there was no single species from which various races deviated through social and natural influences. Instead, several races came into being independently of each other. Each race had its physical characteristics that functioned properly solely in a particular climate zone with its respective natural plants and animals. Since these bodily peculiarities could not be altered into properties appropriate to a different climate, the original habitat could not be left by members of each race without endangering their own lives.

16 Ibid., 106.
17 Benjamin Rush, ‘Observations intended to favour a supposition that the black color (as it is called) of the Negroes is derived from the leprosy’, *Transactions of the American Philosophical Society*, vol. 4, 1799, 289–97 (295).
18 Fredrickson, 43.
The natural environment of Blacks was the tropical region. Their racially determined ‘peculiarities’, such as a dark skin, flat noses and so on, were supposed to fulfill specific requirements in this climate, which they would not do in a cooler part of the world. Caucasians, on the other hand, were constituted to exist in a temperate climate. Diseases, and eventually even death, would be the inescapable consequence of their migration to the tropics, whose West African sectors were even called ‘the white man’s grave’.20 This view was substantiated by medical data. For example, in the nineteenth century the annual death rate per 1,000 soldiers of the British army stationed in the United Kingdom was 15.3, whereas it reached between 483 and 668 on the African coast.21 Contemporary physicians inferred from such observations that acclimatization of Whites to the (sub)tropics was not possible.22

The new paradigm, called polygenesis, was put forth by the so-called American school of ethnology, to which scientists such as Samuel George Morton, Louis Agassiz, Josiah Clark Nott and George Robins Gliddon belonged. Their works furnished ‘scientific proof’ of the notion that Blacks and Whites represented two separate species. Thus, in contrast to the late eighteenth and the early nineteenth centuries, the concept of Blacks’ distinctiveness was no longer merely a popular apprehension. Instead, it was deemed to be scientifically substantiated as well.

The new approach to explaining human differences can be exemplified by Nott and Gliddon’s highly influential Types of Mankind,23 the first edition of which was published in 1854, followed, over the next seventeen years, by nine more editions.24 The major theories that the authors wanted to confirm were the ‘permanency of type’, i.e. the immutability of physical characteristics, and the contingent notion of the impossibility of acclimatization. Referring to the latter point, Nott stated:

if the population of New England, Germany, France, England, or other northern climates, come to Mobile, or to New Orleans, a large proportion dies of yellow fever: . . . On the contrary, negroes, under all circumstances, enjoy an almost perfect exemption from this disease, . . . [That] the negroes die and would become extinct in New England, if cut off from immigration, is clearly shown by public statistics.25

23 Josiah Clark Nott and George Robins Gliddon, Types of Mankind; Or, Ethnological Researches, Based upon the Ancient Monuments, Paintings, Sculptures, and Crania of Races, and upon Their Natural, Geographical, and Biblical History: Illustrated by Selections from the Inedited Papers of Samuel George Morton, 8th edn (Philadelphia: J. B. Lippincott 1865).
25 Nott and Gliddon, 68.
According to Nott and many other contemporary physicians, Blacks were a different race from Whites. Therefore, they belonged to the tropics and were not able to exist in the northern part of the United States. This was not the case, however, with respect to the southern states. Although their climate differed from that of the tropics as well, slavery was thought to compensate for many of the (climatic) disadvantages. It was supposed that Whites forced Blacks to lead a life that kept them healthy. For example, Samuel Adolphus Cartwright, a physician from Mississippi, observed that ‘free negroes’ in the North frequently suffered from ‘dysaesthesia aethiopis, or hebetude of mind and obtuse sensibility of body’. Due to hard work in the open air and sunshine, slaves in the South were mostly exempt from it. If a slave did fall ill from this disease, there was an efficacious cure for it, consisting of anointing the body with oil and slapping ‘the oil in with a broad leather strap’, in other words flogging the patient. Against this background, slavery was considered a humane institution, helping Blacks to survive and remain healthy in America.

The thesis of the impossibility of human acclimatization knew one exception, namely the Jews. Although their bodily characteristics were also regarded as unchangeable, they were dispersed all over the world. The causal link between the ‘permanency of type’ and the thesis of the impossibility of adaptation outside of a specific habitat allegedly did not hold true for Jews. Nott, for example, stated that from the time of Abraham until the present they had preserved special ‘Jewish traits’. No climate could abolish the ‘Jewish type’ and alter it into a different one.

Nott’s observation of the Jews was to confirm the thesis of the unalterableness of physical characteristics. Yet it implied that Jews used to and could live everywhere, in all climates. In contrast to Blacks and to Caucasians, Jews putatively did not succumb to diseases or die if they migrated to different climatic zones. A very similar view was put forward by the British anthropologist James Hunt. He claimed in 1863 that Blacks could not live north of the 40° line of longitude in America. Death would come about at such a rapid rate that they would perish like monkeys and lions in a zoo. Jews, however, did not have such difficulties adapting to new climatic conditions. They came, as Hunt mentioned in his publication, ‘nearest to being cosmopolitan’, and seemed to be ‘subject to different physiological laws’.

The properties that supposedly made it (im)possible to thrive everywhere were thought to be determined by race. They were elicited by bodily peculiarities, and concentrated in the blood. There was the blood of Blacks that allegedly helped them to survive in the tropics, and that had, according to

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26 Samuel Adolphus Cartwright, ‘Report on the diseases and physical peculiarities of the Negro race’, *New Orleans Medical and Surgical Journal*, vol. 7, 1851, 691–715 (709ff.).
27 Nott and Gliddon, 124.
29 Ibid., 75.
Cartwright, a hue of blackness; and there was Caucasian blood that was thought to be the precondition for an existence in the cooler regions of the world. In addition there was one category of blood that supposedly made it possible to live anywhere: so-called ‘semitic blood’, believed to possess ‘cosmopolitan properties’. The more ‘semitic blood’ that circulated in one’s arteries, the more cosmopolitan one was. Southern Europeans, who were in close contact and for certain periods in their history under the sway of Arabs, had a small amount of ‘semitic blood’ and thus could more easily acclimatize to tropical regions than northern Europeans. Arabs certainly had a large amount of ‘semitic blood’. Due to miscegenation, however, they had lost their ability to acclimatize fully. The only people who were completely cosmopolitan, because they allegedly possessed pure ‘semitic blood’, were the Jews.

The ‘Jewish cosmopolitan’
The ‘Jewish cosmopolitan’ is a term in wide circulation around the turn of the twentieth century. It described the Jew without a homeland in which he could strike roots and without an apprehension of patriotism. Use of the term, however, was not restricted to this period, as it was frequently applied in the discourse on acclimatization as well. It was used by American, British, German and French scientists and was thus widely understood.

In the same year that James Hunt wrote about the ‘Jewish cosmopolitan’ in the *Transactions of the Ethnological Society of London*, M. Boudin described the Jews in an article in the *Mémoires de la société d’anthropologie de Paris* as the only race that might be called ‘real cosmopolitans’. Due to their ability to adapt to different geographical and climatic conditions, they could be found in Europe, Africa, America and Asia. In Germany, Richard Andree wrote that Jews were able to acclimatize to temperate as well as hot climates. Whereas Europeans became extinct in the tropics, Jews could exist there for generations without any need to ‘replenish’ their numbers with new immigrants. Four years later, Rudolf Virchow stated that Jews displayed a peculiar immunity to diseases under the most varying circumstances. Therefore, and in contrast to the ‘Aryan race’, they could live anywhere. No climate would prove detrimental to them.

In America, Nott was probably the best-known scientist enunciating this view but he was not the only one. Another instance can be found in the *Medical and Surgical Reporter* which, in 1858, published an article by Charles F. J. Lehbach on the issue of acclimatization. He claimed that Jews had pre-
served their distinctiveness for 4,000 years. They could be encountered ‘in
each quarter of the globe, under the glowing rays of a tropical sun, and in the
frozen snowfields of Siberia, . . . a living monument of the grand law that
governs mankind—permanency of type’.35 These statements collectively gave
rise to the apprehension of the ‘cosmopolitan Jew’.

Tuberculosis among Blacks and Jews
Whereas Jews were held to be cosmopolitan, African Blacks were considered
to be only fit for living in tropical regions. They were endowed with a par-
ticular organism that functioned properly solely in a hot, humid climate. In
cooler environments, such as in the northern United States, their organic pe-
culiarieties would malfunction and thereby be subject to disease. Samuel
Cartwright, for example, stated that the ‘negroes’ lungs’ differed from the
lungs of Caucasians in that they were ‘very sensitive to the impressions of
cold air’ and therefore easily subject to disease.36 Sanford B. Hunt reiterated
this statement a few years later when he wrote that Blacks had ‘tropical lungs’
that were not adapted to a temperate climate.37

Contemporary physicians thought that, outside the tropics, the small lungs
of Blacks were vulnerable to pneumonia and, above all, tuberculosis.38 E. M.
Pendleton from Sparta, Georgia was one of many medical doctors who propa-
gated this notion. He reported in the Southern Medical and Surgical Journal
that Blacks and Whites differed in their susceptibility to diseases, in that the
former frequently succumbed to pulmonary affections. Although the author
noted that he did not know the precise causes for this predisposition, he sur-
mised that ‘affinity for the torrid zone’ accounted for it.39 Another instance of
this view was a contribution to the New Orleans Medical and Surgical Journal
in 1845 by Daniel Drake, who claimed that acute inflammations of the
lungs were among the most devastating diseases of the ‘Negro population’,
and, furthermore, that consumption, i.e. tuberculosis, was widely prevalent
and fatal among Blacks in Alabama, Mississippi and Louisiana.40 S. L. Grier
also held that pneumonia raged severely among African Americans, and main-
tained that the whole class of inflammatory pulmonary affections was more
common and more fatal among them than among Whites.41

35 Charles F. J. Lehilbach, ‘Is the Negro a distinct species? A reply to the article of Dr Abraham
Coles in the December no.’, Medical and Surgical Reporter, vol. 11, 1858, 250–64 (257–8).
38 At this time, tuberculosis was still regarded as a constitutional or a lung disease, and not as an
infectious disease; see Katherine Ott, Fevered Lives. Tuberculosis in American Culture since
39 E. M. Pendleton, ‘Statistics of diseases of Hancock County’, Southern Medical and Surgical
Journal, 1849, 647–54 (648).
40 Daniel Drake, ‘Diseases of the Negro population’, New Orleans Medical and Surgical Journal,
vol. 1, 1849, 583–4.
41 S. L. Grier, ‘The Negro and his diseases’, New Orleans Medical and Surgical Journal, vol. 9,
1853, 752–63 (757–8); see also Lunsford P. Yandell, ‘Remarks on the struma africana, or the
disease usually called Negro poison, or Negro consumption’, Transylvania Journal of Medi-
Jews, on the other hand, were not regarded as being particularly prone to tuberculosis. On the contrary, the available data revealed that they were largely untouched by this disease. This view, though not completely uncontested, was, for example, put forth by Madison Marsh in the *Medical and Surgical Reporter* in 1874.42

The idea of Jews’ resistance to tuberculosis was congruent with the notion that they could acclimatize all over the world. Their purview of existence was thus not restricted by the size or ‘nature’ of their lungs. Although reports on the vital statistics of American Jews were comparatively rare before the 1880s,43 US physicians were not without pertinent data. They could draw upon various American journals that published compilations of studies on Jews undertaken in Europe. For example, the American journal *Popular Science Monthly* summarized an article in 1882 that was originally published in the French *Revue scientifique*. Based on the vital statistics of Jews from various countries, the author of the latter article listed several diseases for or against which Jews appeared to possess a particular liability or resistance, including their immunity to tuberculosis. In addition, Jews seemed to have the ability to acclimatize all over the world, irrespective of the climate. The cause of this peculiarity was deemed to be located in their blood, which had been kept pure due to their avoidance of intermarriage with non-Jews.44 The resistance against tuberculosis and the characteristic of universal acclimatization seemed to go hand in hand. Both were racially determined.

In summarizing the assertions on the possibility of acclimatization made by physicians, one can say that both Jews and Blacks were considered to be different from the ‘Caucasian race’, i.e. non-Jewish white people. Whereas Blacks were regarded as being ‘affixed’ to a tropical habitat, Whites were thought to be unable to survive in such a climate for more than a short stay. Jews, on the other hand, were not subject to such restrictions. Thus, Jews and Blacks were dissimilar, although sharing the characteristic of being different from Whites. The difference in acclimatization was thought to be revealed by distinct disease susceptibilities, especially to tuberculosis. Since Blacks seemed to be physically adapted to the tropics, they could not possess the organic properties necessary to acclimatize in the United States, and they consequently succumbed to tuberculosis. Jews, on the other hand, possessed specific blood qualities that largely spared them from this disease.

**Second period: from race to environment**

From the 1840s onwards, the anthropological concept of *polygenesis* had a strong impact on the aetiology of tuberculosis. Due to their distinctive bod-

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43 The reason for this lack of attention may be found in the relatively small number of Jews in the United States before the 1880s.
ies, the various human races were thought to be prone to this disease in differing ways. This view diminished in significance in the 1880s. Medical discoveries as well as new anthropological explanations for the differences between ethnic groups established the scientific basis for a new theory of ethnically distinct disease rates. The change was brought about mainly by two innovations.

First, the causes of many diseases, which had been attributed to deficiencies in racial constitution, were found in micro-organisms. Tuberculosis, caused by specific bacilli that were discovered by Robert Koch in 1882, probably represents the best example.45 Thus, the notion of Blacks’ ‘peculiar body’ as the cause of their susceptibility to tuberculosis became obsolete. At the same time, the reasons for the Jewish immunity could no longer be traced to racial properties either. Instead, differences in the susceptibility to tuberculosis had to be explained in a new way. It was presumed that an improper adaptation to social circumstances weakened the bodily resistance and rendered individuals easy targets for an ‘assault’ by micro-organisms. One of the means held to be most efficacious in preventing an infection was the implementation of adequate hygienic and sanitary measures.46

This is not to say, however, that after 1882 all physicians replaced the polygenetic aetiological approach with recognition of the tubercle bacillus as the causative factor. In some instances, the polygenetic thinking lingered despite Koch’s discovery. William Moore, for example, put forth the polygenetic theory as late as 1891. He claimed that, due to the unfavourable climatic conditions in the northern part of the United States, the majority of African Americans suffered from lung diseases.47

The second cause for the new aetiological approach to tuberculosis was Darwinism, especially Spencerism. One of the central tenets of this school of thought was the notion that adaptation to given circumstances was possible and thereby strengthened individuals against diseases. The phrase ‘survival of the fittest’, coined by Herbert Spencer,48 denoted this fact, since the ‘fittest’ meant the ‘best adapted’. The thesis of the alterability of bodily peculiarities, and the related argument for the possibility of acclimatization,49 came to domi-

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49 This thesis included belief in the mutability of physical characteristics, a view stressed by Spencer, who claimed, for example, that there was a correlation between adaptation and the growth of the brain: the better a human being adapts to the environment, the more complex his cerebral structure becomes and the larger his brain. Consequently, the circumference of the head increases as well (John S. Haller, Outsists from Evolution. Scientific Attitudes of Racial Inferiority, 1859–1920, 2nd edn (Carbondale: Southern Illinois University Press 1995), 125). Thus the head—which, for the greater part of the nineteenth century, was one of the most reliable pieces of evidence for the thesis of the permanency of anthropological marks—became alterable. Other physical characteristics were thought to be no less changeable.
nate not only anthropological thinking, but left an imprint on medicine as well. This can be demonstrated by an article that appeared in the *New York Medical Times* in 1887. Its author, Eugene R. Corson, wrote that the ‘negro’, the ‘representative of a race whose natural habitat is the African mainland’ and who, according to ethnologists, ‘marks a type’ that is the ‘lowest in the scale of humanity’, underwent a ‘change in language, in soil, and in climate’ in the United States that ‘would eventually destroy the original African traits’. He added that ‘this struggle may be better described as a process of assimilation by which the elements ill-adapted to the growth of the dominant race are thrown off, while that which is assimilable becomes gradually absorbed into the main growth’. Corson advocated the theory of physical change through adaptation and affirmed that Blacks had potential for viability in the United States.

The new medical paradigm gained credence at a time when the Jewish community in the United States was growing rapidly. From the early 1880s to 1910, more than 1.5 million Jews entered the country. This stunning increase rendered the Jews a salient minority, and with their heightened visibility came attention from physicians. In this context, medical studies on Jews proliferated. One of the first works on Jews that already applied the new explanatory approach to tuberculosis was by John S. Billings. His article appeared in the journal *North American Review* in 1891, and drew from data on 60,000 Jews. Billings reported that they suffered from acute and chronic ailments more than other people, whereas the proportion of blind, deaf and other ‘defective’ people was proportionately low. Concerning tuberculosis, Jewish morbidity and mortality rates were also below the average. Billings took great pains to indicate the cause of the last peculiarity. He concluded that, while it might be partly accounted for by the Jews’ racial origin, their living conditions and occupations exerted a much stronger influence on their resistance. Consequently, the specific immunity to tuberculosis would disappear as soon as Jews became acculturated to their social environment and thereby lost their peculiar social habits.

Billings’s article did not explain the alleged immunity to tuberculosis among Jews in racial terms. In contrast to the articles of the 1870s and 1880s, his deemed their immunity dependent mainly on social circumstances. This shift in argument can be found in the discourse on tuberculosis among Blacks as well. Two years after Billings’s article, Robert Reyburn reported on diseases among ‘freed people’ in the journal *Medical News*. On the basis of various

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53 Ibid., 84.
statistics he maintained that the frequently enunciated assertion that Blacks were, as a race, highly susceptible to tuberculosis was wrong. Instead, their high disease rate was caused by neglect of hygienic and sanitary laws. If Whites were to live under the same unhygienic conditions as Blacks, they would display the same disease rate.\(^{54}\)

**Blacks vs. Jews**

Specific Jewish dietary laws and sanitary customs have for a long time been regarded as a means of preventing diseases. As early as 1831 Lunsford P. Yandell from Nashville, Tennessee wrote ‘that the prohibition of swine’s flesh . . . by the Levitical law had for their end the promotion of virtue, not less than the prevention of leprosy, and other diseases’.\(^{55}\) Yandell’s line of reasoning was, however, soon to pass into oblivion. The prevalence of polygeneticism did not provide a propitious context for positing non-racially determined causes for a specific disease immunity. Under the impact of bacteriology, however, dietary laws gained more prominence as a factor in resistance, especially to tuberculosis. For example, in a comparative study of the non-Jewish populations of Glasgow and Melbourne, and the Jews of London’s East End, the former revealed a high rate of tuberculosis, whereas the latter were largely immune to it. The difference in susceptibility to this disease was put down to their respective eating habits. Whereas the former consumed beef without examining it, Jews followed their religious prescriptions for meat inspection before eating. This was thought to reduce greatly the risk of eating infected meat.\(^{56}\) A very similar view was enunciated by Henry Behrend in the same year.\(^{57}\)

With the awareness that the propensity to tuberculosis did not depend on intrinsic, racial properties, physicians tried to explain the differing rates among Jews and Blacks by comparing their modes of existence. This approach was expected to disclose differences in living conditions between the two groups that would support the thesis that social circumstances, and not racial peculiarities, were the pathogenic factor. In 1894, for example, M. V. Ball reported on the mortality rate in Philadelphia. He referred to data of the eleventh US census and pointed out that, in one building in which Russian Jews, Ital-

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55 Yandell, 98. Religious prescriptions regarding hygiene were held to be even more important than dietary laws in preventing diseases. In a paper read before the Richmond Academy of Medicine in 1875, L. S. Joynes endeavoured to diminish the influence of the principle of race as the paramount factor in the susceptibility to tuberculosis. In pursuing this goal, he held unfavourable sanitary conditions to be causative factors for this disease. In order to buttress his argument he alluded to the Jews, referring to the official registers of Prussia and France, which revealed that the sanitary status of the Jews was superior to that of the populations among whom they lived and that, consequently, they had greater longevity (L. S. Joynes, ‘Remarks on the comparative mortality of the white and colored populations of Richmond’, *Virginia Medical Monthly*, vol. 2, no. 3, 1875, 153–67 (160, 164)).


ians and Blacks had lived under the same economic circumstances, the death rate of tuberculosis of the first group was much lower than the mortality of the other two groups. The only reason Ball was able to adduce for this difference was the Jewish standards of hygiene. He no longer considered racial properties pathogenic.

A few years later, J. M. Barrier from Delhi, Louisiana voiced his deep concern about the high incidence of tuberculosis among Blacks. He not only thought that this disease would eventually exterminate the ‘negro race’, but also believed that due to its transmissible character, it represented a menace to the health of the white population as well. In addition, he was very surprised at the high degree of immunity among Jews. According to him there had to be ‘predisposing causes’ that favoured infection among African Americans and were missing among Jews. Among all the causes he could think of, ‘overcrowded and unhygienic surroundings’ were the most pertinent.

In 1898 Richard Matthew Fletcher from Huntsville, Alabama put forward a claim similar to that of Barrier. He did not deny that the ‘germ of tuberculosis has made greater inroads to the negroes as a race, and today more certainly threatens his complete extinction’. However, this was not the consequence of their racially determined disposition, but of their ‘vitiated social and civil surroundings’.

Fletcher’s article did not only apply a new line of reasoning when it came to explaining Blacks’ susceptibility to tuberculosis. It also delineated a new image of the black body that was no longer consistent with the polygenic race theory. Whereas, in mid-century, Cartwright and his colleagues, such as Charles Lehlbach, had written that Whites and Blacks belonged to two separate species because they possessed different constitutions, Fletcher asserted that ‘Negroes’ had the same skin as Whites, the same muscles, the same viscera and the same bones. In his article, nothing remained of the theory of the ‘permanency of type’. On the contrary: Fletcher claimed that contemporary African Americans differed a lot from Blacks brought to the country some 300 years earlier. At that time they had had a peculiar constitution and had displayed an immunity to various diseases. In the meantime they had acquired a new constitution and lost many of their distinctive nosological features.

The substitution of the polygenetic concept with a ‘cultural’ approach shifted the explanation for the susceptibility to tuberculosis to unhygienic measures, and also advocated the theory that physical change through adapt-

62 Fletcher, 51.
63 Ibid.
tation was possible. The new paradigm could be observed in publications concerning both Blacks and Jews. Whereas Fletcher may be taken as a representative of the new way of thinking about Blacks, Maurice Fishberg took the same stand regarding Jews. Fishberg, a physician in New York, published an article on the rare occurrence of tuberculosis among Jews in the journal *American Medicine* in 1901. He drew on various statistics and on reports of the Board of Health of New York. According to him, the lowest tuberculosis mortality rates in the whole city were in Manhattan and the Bronx, the two boroughs with the largest Jewish populations. The fewest deaths could be found in the thirteenth district of Manhattan on the Lower East Side, whose population was three-quarters Jewish. This all indicated an inverse ratio of the numbers of Jews and the deaths from tuberculosis. The presence of Jews, thus, diminished the mortality. The cause of the low death rate was purported to be a Jewish concern for health, which induced them to consult physicians more frequently than other groups. In addition, their limited consumption of alcoholic beverages protected their tissue from infection by the tubercle bacilli, and their dietary laws were also held to be salubrious.⁶⁴

As was the case with Fletcher, whose writing was concerned with bodily constitution in addition to the dependence of tuberculosis on unsanitary conditions, Fishberg also endorsed the concept of constitutional alterations. In his ‘Materials for the physical anthropology of the Eastern European Jews’, he described the Jews as shorter than their respective neighbours. This was not a racial characteristic, but was rather due to social circumstances, such as their being ‘mostly towndwellers’. In Eastern Europe, where their growth was particularly stunted, they had lived under the most wretched social, economic and sanitary conditions. Furthermore, Jews overwhelmingly pursued indoor occupations, which further restricted their growth. In that context the circumstances in which Jews lived accounted for their shortness. In the United States, where they fared much better than in Eastern Europe, the ‘native American Jews’ were taller than their immigrant brethren, which was ‘seen to be a result of superior social conditions and environment’.⁶⁵

**Third period: from hygiene to eugenics**

The articles by Fishberg and Fletcher reveal a line of reasoning that differed from the arguments of the 1870s and 1880s. The polygenetic theory had clearly lost its standing in medical thinking. Instead of the unalterable racial constitution, social circumstances had come to play a greater role.

The significance of sanitary measures and modes of living as the most important causes of disease resistance was, however, rather short-lived. In explaining differing disease patterns, the focus soon shifted from hygiene

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towards race again. However, this was not a reversion to a former paradigm. Instead, notions of race and hygiene became entangled with each other and formed the new science of racial hygiene.\(^{66}\) In this context, immunity was neither seen as innate, or racially determined, nor as mainly caused by hygiene. Instead, it was considered to be the result of adaptive processes, during which people were bound to observe hygienic prescriptions in order to fortify their bodies against diseases. Those who failed to fulfil their hygienic duties and did not maintain fit bodies became sick and were the victims in the struggle for life, whereas strong individuals survived and formed a healthy race. ‘It is generally believed’, wrote J. A. Lindsay in the journal *Eugenics Review*, ‘that the bacillus of tubercle is more apt to find a lodgment in the bodies of the debilitated . . .\(^{67}\)’

In the context of eugenics, Jews were frequently regarded as a hardy race.\(^{68}\) Due to persecutions and pogroms they allegedly had undergone a process of selection that eliminated the ‘weak’ members of their community. Only those who had specific abilities to withstand the anti-Jewish violence survived. These individuals propagated and thereby passed on the ‘superior’ peculiarities that helped them to their offspring. This was, for example, the view of the renowned British racial hygienist Francis Galton, who coined the term ‘eugenics’. In an interview conducted by the newspaper *Jewish*.

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\(^{66}\) Racial hygiene consisted of various ideological, political and scientific components. In addition to social Darwinism (i.e. its American variant) and the aforementioned Spencerism, further key elements were concepts of degeneration and heredity, the tendency towards collectivism, the medical experiences with castration and vasectomy, and so on (Klaus Hödl, ‘Medizinischer Interventionismus. Zufälliger Vorläufer oder struktureller Wegbereiter der rassenhygienischen Sterilisationen?’, in Abteilung Zeitgeschichte (ed.), *multiple choice. Studien, Skizzen und Reflexionen zur Zeitgeschichte* (Graz: Leykam Verlag 1998), 31–54 (36ff.)). Racial hygiene’s main concern was the ‘hygiene’ of the hereditary traits of the ‘national stock’. Racial hygienists claimed that, in nature, the hereditary transmission of ‘pathological’ peculiarities was restricted by natural selection. In civilization, however, the progress of medicine, the rule of law and so on had restricted the efficacy of selection. People who fell ill and would have been wiped out under ‘natural circumstances’ sought help from physicians, recovered and ‘propagated’ their tainted traits. In this way the ‘harmful’ characteristics of the ‘weak’ and ‘sick’ members of society would be inherited as well. The outcome of this process would ultimately be degeneration. It was therefore necessary to interfere with this societal development and to reverse the degeneration process by enhancing the inheritance of ‘healthy’ characteristics (Wilhelm Schallmayer, *Vererbung und Auslese. Grundriß der Gesellschaftsbiologie und der Lehre vom Rassendienst*, 3rd edn (Jena: Fischer 1918), 193ff.; Alfred Ploetz, *Grundlinien einer Rassenhygiene. I. Theil: Die Tüchtigkeit unserer Rasse und der Schutz der Schwachen. Ein Versuch über Rassenhygiene und ihr Verhältnis zu den humanen Idealen, besonders zum Sozialismus* (Berlin: S. Fischer 1895) 55ff.).

\(^{67}\) J. A. Lindsay, ‘Immunity from disease considered in relation to eugenics’, *Eugenics Review*, vol. 4, 1912/13, 121–9 (122).

\(^{68}\) The terms ‘racial hygiene’ and ‘eugenics’ are not in fact synonymous; their meanings differ slightly. For the purposes of this article, however, the distinction is negligible and the two terms will be used interchangeably (Mark B. Adams, ‘Eugenics in the history of science’, in Mark B. Adams (ed.), *The Wellborn Science. Eugenics in Germany, France, Brazil, and Russia* (New York: Oxford University Press 1990), 3–7 (3)).

\(^{69}\) Bernard Harris, ‘Pro-alienism, anti-alienism and the medical profession in late-Victorian and Edwardian Britain’, in Waltraud Ernst and Bernard Harris (eds), *Race, Science, and Medicine, 1700–1960* (London: Routledge 1999), 189–217 (198ff.).
Chronicle in 1910, he was asked about the effects of persecution on the Jewish race. Galton answered that ‘so far as persecution weeds out those who are unfit so far it tends to evolve a race suited to meet hard conditions’.70

Contemporary physicians applied the concept of selection with respect to the Jewish immunity to tuberculosis as well. They claimed that Jews had been urban dwellers and therefore had been exposed to the tubercle bacillus for centuries. Whereas many had succumbed to and died of the disease, the ‘strong’ individuals had survived. They had thereby attained an immunity to tuberculosis that they had passed on to their descendants. Due to their endogamous marriage pattern, Jews had fostered this immunity and made it a ‘Jewish trait’.71 African Americans, on the other hand, had never been in contact with the bacillus until their emancipation, when they began moving to the cities.72 They had therefore never undergone the selective process necessary to generate an immunity to tuberculosis.73

There are many articles that follow the eugenicist line of reasoning, and in which Jews and African Americans were compared. For example, in 1907 Woods Hutchinson published an article on tuberculosis among various races in the New York Medical Journal. He cited some statistics that all show a low Jewish morbidity and mortality rate for tuberculosis. The only reason for this peculiarity that Hutchinson could think of was an ‘acquired immunity’:

The Jew has, for nearly 2,000 years past, been, through no choice of his own, chiefly a dweller in cities, a prisoner of the Ghetto. Only those who could adjust themselves to the unfavorable features of this environment, chief among which are of course the infectious diseases, have survived, for at least sixty or seventy generations past.74

In contrast to the Jews, the ‘American negroes’ started to migrate to the cities after the Civil War. Since they did not have an immunity to tuberculosis, they became very seriously infected.75 Hutchinson’s line of argument clearly differed from that of the nineteenth century: the immunity to tuberculosis was neither caused by an unalterable racial constitution nor by mere hygienic measures. Instead, the classical elements of evolution and selection allegedly accounted for the resistance. Blacks were held to be ‘primitive’ and to lack the

70 Francis Galton, ‘Eugenics and the Jew. Interview for the Jewish Chronicle’, Jewish Chronicle, 29 July 1910, 16; see also Harris, 204.
73 The comparison between African Americans and Jews could as easily be replaced with an analogous study contrasting the Irish and Jews; see Michael Worboys, ‘Tuberculosis and race in Britain and its empire, 1900–50’, in Ernst and Harris (eds), 144–66 (150).
75 Ibid., 673.
requirements for leading a ‘modern’ existence in the cities. Therefore they still had to adapt to the new way of life. In other words, Jews had an ‘evolutionary edge’ on African Americans. In the (very) long run, however, African Americans could basically make up this evolutionary disadvantage.

A similar argument was put forth by William F. Brunner. He compared Blacks and Jews in a small part of the city of Savannah, where they both lived under ‘the same filthy circumstances’. Yet the death rate of tuberculosis among Blacks was several times higher than among Jews. The reason he offered was that Jews were the ‘hardest race’ of city dwellers, whereas Blacks had just escaped the jungle. Therefore they were not yet so well adapted to the urban environment in which tuberculosis took its toll. Again, the grounds for immunity were no longer merely hygienic, but those of racial adaptation.

J. Madison Taylor provided another example of this thesis. According to him, the very low morbidty rate of tuberculosis among the ‘Hebrews’ was due to the fact that they had undergone a process of selection and specialization for many generations, which had adapted them to city life. Blacks, on the other hand, who displayed a very high rate of tuberculosis, still had this evolutionary process ahead of them and therefore had not yet acquired immunity.

Prejudice and explanation
Reported disease rates for African Americans and Jews, and the medical explanations accounting for such data, reflect the prevailing racial stereotypes as they changed in the period from the mid-nineteenth century to the early twentieth century. Up to the 1880s the medical discourse was congruent with polygenesis. In subsequent years, the racial paradigms changed, and the medical explanations changed accordingly. Instead of polygenesis, first the tenets of hygiene and later those of eugenics came to account for disease liability. These fluctuations in medical conjectures notwithstanding, the ‘otherness’ of Jews and Blacks in comparison to Whites remained, as did their distinctiveness from each other.

Tuberculosis is only one example attesting to the interdependence of medicine and anthropology, as well as to racist views among nineteenth-century physicians. Another instance is syphilis. According to contemporary statistics, Jews and African Americans exhibited an immunity or vulnerability to this disease similar to that to tuberculosis: Blacks were thought to be highly susceptible to syphilis, whereas it was considered relatively rare among Jews. With regard to insanity, the comparison between American-born, i.e. non-immigrant, Jews and Blacks was the same. Furthermore, the explana-

tion given for the susceptibility or immunity to syphilis and insanity was consonant with that for tuberculosis. The aetiologies were all closely tied to anthropological notions about Jews and African Americans. The two groups were held to be particularly liable or resistant to syphilis, insanity and tuberculosis because they allegedly had a peculiar constitution, distinguishable from the ‘Caucasian body’.

This article has not attempted to refute nineteenth-century statistics concerning the frequency of tuberculosis among African Americans and Jews. Rather, it has tried to show that the aetiology of tuberculosis was highly influenced by extant, racially determined conceptions of the two groups. Considering the living conditions of Blacks in the nineteenth-century United States they undoubtedly suffered greater exposure to pathogenic influences, and consequently revealed a higher disease rate. Still, adverse social conditions were part of the accepted aetiology for only a short time. They were superseded by the racial factor because the reasoning was not in line with newly evolving conceptions of ‘Blacks’ nature’. Medical knowledge could not assert itself against prevalent notions of African Americans’ bodily difference and the greater disease disposition connected with it.

With this conclusion in mind, it is safe to assert that nineteenth-century medical data indicating the specific disease susceptibility or immunity of a particular group should not be taken at face value. Medicine was amenable to biased views of ethnic groups, and its findings reflected—and simultaneously buttressed—widely shared prejudices.

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