

RECOGNIZING HISTORICAL INJUSTICES IN MEDICINE AND THE JOURNAL

## Slavery and the *Journal* — Reckoning with History and Complicity

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*This article is part of an invited series by independent historians, focused on biases and injustice that the Journal has historically helped to perpetuate. We hope it will enable us to learn from our mistakes and prevent new ones.*



The *New England Journal of Medicine and Surgery and the Collateral Branches of Science* published its first issue in January 1812. Even though slavery had been abolished in Massachusetts in 1783, its legacies there lingered for decades.<sup>1</sup> Slavery remained legal in the United States until 1863 and shaped every aspect of American life, medicine included. The word “slavery” first appeared in the *Journal* in 1813, in a tribute to Benjamin Rush that highlighted his writings opposing slavery.<sup>2</sup> But the *Journal*’s relationships to slavery and racism were complicated. Its founders’ families had profited from slavery. Its authors wrote casually about slavery. And it provided a prominent forum where physicians perpetuated race hierarchies before and after the Civil War.

It is essential that this complicity be recognized. The *Journal*’s engagement with slavery illustrates how medical theories, practices, and institutions influenced, and were influenced by, social and political injustices. The effort to reckon with this history must be sincere, deliberate, and persistent.

No single essay can say all that should be said about slavery and medicine, and some condemnable past writings should not be republished. This article is not the last word: it is an invitation to further exploration and intervention.

## Slavery, Racism, and Medicine in the 19th Century

British colonists first brought enslaved Africans to Virginia in 1619. They also enslaved Indigenous Americans. The 1810 census counted nearly 1.2 million enslaved people in the United States, and the enslaved population reached nearly 4 million by 1860. Physicians benefited in many ways. They owned slaves, worked on slave ships and plantations, and used the bodies of enslaved people in medical education and research.<sup>3-6</sup>

In 1812, two Boston physicians, John Collins Warren and James Jackson, launched the *Journal*.<sup>7</sup> They recruited other physicians to join them, including Walter Channing. Warren's father had invested in the Middlesex Canal, which was designed to facilitate shipments of rum, sugar, molasses, cotton, timber, and food as part of the trade that tied New England to slavery.<sup>8</sup> Jackson and Channing came from wealthy merchant families whose members had owned enslaved people and profited from trade with southern and Caribbean plantations.<sup>9-11</sup> Even though these men did not own enslaved people or participate directly in the trade, and even though Channing spoke publicly against slavery, they benefited from slavery in inheriting wealth from their fathers and fathers-in-law. The *Journal*, like the New England economy, was thus bound to slavery.

Given the pervasiveness of slavery in American life, it is no surprise that enslaved people were referred to regularly in the *Journal*, often in dehumanizing ways. An 1828 article casually noted that “a fifth or sixth part of the negro

slaves was formerly computed to perish annually.”<sup>12</sup> Case reports, sometimes reprinted from southern medical journals, were preoccupied with the reproductive value and labor of enslaved people. In 1851, a surgeon described a 30-year-old enslaved woman with “ovarian dropsy”: she “had never borne children,” “had been able to labor but little for two years,” and “was said to be rather notorious for sexual indulgence.” After the physician drained liters of fluid over several weeks, she returned “to her ordinary labor on the plantation.”<sup>13</sup> An enslaved man, suffering from tubercular testicles, was “helpless to himself and useless to his owners.” Surgery, performed in 1857 under chloroform, removed his testes and scrotum.<sup>14</sup> Medical commentary about Black people sometimes veered into gratuitous racism,<sup>15</sup> using language made possible by the country's acceptance of chattel slavery. The medical literature, in turn, normalized and often justified racism.

The *Journal* also published accounts from medical travelers. In 1848, a New York doctor traveled from Utica to New Orleans and back, visiting medical institutions along the way. He met J. Marion Sims in Montgomery, Alabama, and Josiah Nott in Mobile, Alabama. Nott was “inclined to consider the Mulattoes as hybrids, a degenerate, unnatural offspring, doomed by nature to work out its own destruction.” The doctor reported that New Orleans offered much “to attract the attention of travellers — the slave markets, the burial grounds, the old French market, &c., are peculiarly interesting,

as exhibiting customs and manners new to the residents of the North.”<sup>16</sup> He critiqued neither the theories nor the institutions he encountered.

Nott would have been familiar to attentive readers. In 1843, the *Journal* had reprinted his article about polygenism from the *American Journal of the Medical Sciences*: “the Anglo-Saxon and Negro races are, according to the common acceptance of the terms, distinct species.” As he explained, the difference between “Caucasian” and “African” women (Nott chose a more vulgar term) is like that between “the swan and the goose, the horse and the ass.”<sup>17</sup> A physician from Amherst invoked the Bible and Herodotus to dispute Nott's polygenism, but he endorsed Nott's other ideas: “The objections of Dr. Nott to intermarriages between whites and blacks we will all agree to.”<sup>18</sup>

The *Journal* also published favorable reviews of Samuel Morton's craniometry.<sup>19</sup> An 1854 oration, reprinted from the *Buffalo Medical Journal*, invoked skull capacity to argue that the “doctrine that ‘all men are created free and equal,’ is an anatomical, physiological and scriptural impossibility.” While the “mere fact of inferiority” did not “justify the holding of a fellow man (for a fellow man he is) in involuntary servitude,” Africans in the Americas required “paternal care and superior wisdom” from White people. It would be “impossible for 83 cubic inches of cerebral matter, fed by negro blood, to compete with 92 of educated, Teutonic brain.”<sup>20</sup>

Even as regional tensions deepened, physicians and medical ideas traveled easily. Southerners

came north to study medicine, especially to Philadelphia.<sup>21</sup> Some southern medical colleges evidently subscribed to the *Journal*. Southern medical journals, such as the *New Orleans Medical and Surgical Journal* and the *Southern Medical and Surgical Journal*, reprinted and cited work from northern journals. Northerners returned the favor. Physicians did not always see eye to eye: southern physicians objected repeatedly to northerners' writing about the South.<sup>22,23</sup> Yet both groups shared far-reaching assumptions about race. The *Journal* was complicit — and arguably deliberate — in reinforcing ideas of White supremacy. Northern endorsements of race hierarchy were especially damaging because they were not tarnished products of plantation society.

Amidst casual and confident expressions of White supremacy, the *Journal* occasionally showed respect for enslaved people. An 1838 letter described how capsicum, a pepper extract, could be used to arrest hemorrhage, adding that French colonists in Haiti had learned this technique from enslaved Africans.<sup>24</sup> An 1843 note described a citizens' petition to the Tennessee legislature "praying that a certain negro slave, called Dr. Jack, be exempted from the law prohibiting slaves from practicing medicine.... He is represented to be skilful; he has been long in practice, and has rendered, it is said, essential service to suffering humanity."<sup>25</sup>

### The Controversy about Slavery and Mental Health

In September 1842, the *Journal* published Edward Jarvis's "Statistics of Insanity in the United

States."<sup>26</sup> Insanity, as Jarvis later explained, was not easily defined, but he suggested a definition: "the perversion or the impairment of the mind or of the moral affections, either entire or partial."<sup>27</sup> The category was expansive enough to allow Samuel Cartwright to classify the desire to escape slavery as a form of insanity.<sup>28</sup> This capaciousness complicates data about the prevalence of "insanity." Jarvis studied the 1840 census, the first to include a count of people who were "idiots" or "insane." Despite misgivings about the data, Jarvis was struck by the rarity of insanity among enslaved Africans and by its prevalence — 10 times as high — among free "northern negroes."<sup>26</sup> He offered a confident explanation: "Slavery has a wonderful influence upon the development of moral faculties and the intellectual powers; and refusing man many of the hopes and responsibilities which the free, self-thinking and self-acting enjoy and sustain, of course it saves him from some of the liabilities and dangers of active self-direction... [W]here there is the greatest mental torpor, we find the least insanity." Jarvis did offer some qualifications and called for further research.

Two months later, Jarvis published a retraction<sup>29</sup>: further review had revealed errors in the census. Many communities had "more colored lunatics and idiots than they have colored population." He blamed the error on census clerks but remained "disappointed and mortified" with himself: "having unconsciously sent forth error, we take this our earliest opportunity to correct it." Jarvis repeatedly asked Con-

gress to correct the errors in the census data. John Quincy Adams (the former president) and James McCune Smith (the first Black American to earn an M.D.) supported Jarvis's crusade.<sup>30,31</sup> Yet the damage had been done. In 1844, for instance, Secretary of State John C. Calhoun used the idea that slavery prevented insanity as part of his rationale for annexing Texas as a slave state.<sup>32</sup>

### Opposition to Slavery, or to Disunion?

The *Journal* occasionally offered indirect critiques of slavery. An 1820 investigation examined an outbreak of a malignant fever on a merchant ship: the voyage, "although a disastrous one, was perfectly honourable and lawful — and that said ship was not engaged, either directly or indirectly, in the slave trade."<sup>33</sup> But most authors who mentioned slavery before the Civil War passed no judgment. Indeed, there is a striking absence of attention to the political and moral aspects of slavery. When Massachusetts Senator Charles Sumner denounced slavery on the Senate floor in 1856, South Carolina Representative Preston Brooks caned him nearly to death. The *Journal* described Sumner's injuries in exquisite detail but said nothing about what prompted the assault.<sup>34</sup>

Many northerners who opposed slavery believed that Black people were inferior and had no place in northern society.<sup>1</sup> Oliver Wendell Holmes, one of the *Journal's* most celebrated authors, opposed slavery but feared the violent political disunion that abolitionists might provoke. Speaking in New York in 1855,

he described slavery as a “detested social arrangement.” But he did not think that northerners should “proscribe, excommunicate, anathematize, vituperate and irritate” southerners. When it came to questions about White people, Black people, “Indians, or any other inferior natural tribe of men, our sympathies will go with our own color first.”<sup>35,36</sup> The *Journal*, which often covered Holmes’s speeches and writings, said nothing.

Holmes’s attitudes reflected broader sentiment among antebellum physicians. The American Medical Association (AMA), founded in 1847, sought to unify physicians — but only White physicians — from north, south, and west into a medical brotherhood. It asked members to set aside their disagreements about slavery and offer a model of national solidarity.<sup>37</sup> Such sentiment is apparent in the editors’ introduction to the 1848 travelogue of southern states: “It always gives us pleasure to lay before the readers of the *Journal*, authentic information respecting our professional brethren, and the scientific and charitable institutions, in various portions of our country.”<sup>16</sup>

Attitudes toward slavery — but not the underlying racism — changed once the war began. Holmes celebrated July 4, 1863, with a fiery oration supporting the war.<sup>36,38</sup> An 1864 letter celebrated the accomplishments of “colored regiments”: “the further this race has been removed from the depressing influences of slavery, the closer has been their approximation to the whites in their physical development and capacity for becoming enduring soldiers.”<sup>39</sup> Harvard’s

president asked medical graduates in 1865 to extend their attention to the affairs and recovery of the nation, thanking “Divine Providence which has now caused the slave-holders’ conspiracy to suffer humiliation and defeat.”<sup>40</sup> A new self-congratulatory genre soon emerged: tributes to physicians who had denounced slavery.<sup>41-43</sup> If only such unanimity had been evident before the war.

The war ended slavery but had no obvious impact on physicians’ faith in race hierarchies. In 1867, the U.S. Sanitary Commission published the first volume of its *Sanitary Memoirs of the War of the Rebellion*. The *Journal* described the text, with contributions from Union and Confederate physicians, as a “noble volume.”<sup>44</sup> The reviewer, interested in the “adaptability of various races to the vicissitudes of war,” highlighted the first chapter’s ranking of races according to their “aptitude for military service.” White Americans stood first, because of their “spirit of enterprise,” “intellectual hardihood,” and “buoyant self-confidence.” The Celtic race had “less tenacity and purpose.” Germanic people suffered from a “lymphatic temperament” and patulous abdominal rings. “The Negro” had many laudable physical features, undermined by “small, ill-developed calves and bad feet, and a proneness to disease of the lungs.” The Mulatto was “invariably scrofulous,” and the “mixed races of New Mexico” were inferior to all.

### Sick from Freedom

The 13th Amendment formally abolished slavery in the United States, but slavery’s legacies

and the suffering of formerly enslaved people persisted. Some estimate that 1 million emancipated people fell sick or died during the 1860s.<sup>45</sup> Doctors writing in the *Journal* offered their own explanations for this “decay.”<sup>46</sup> Despite Jarvis’s retraction, the idea that freedom caused insanity in Black people circulated widely. An 1887 discussion quoted the annual report of the Eastern North Carolina Insane Asylum: “carp as the pseudo-philanthropist may, the old slaveowner is the negro’s best friend, and has for him the most genuine pity in times of affliction. Thrown on his own resources, with the cares of life and the support of his family; surrounded by temptations to indulge his passions, lusts, appetite, etc., from which he was partially, if not wholly exempt in his slavery, it is no wonder that his mental balance gives way.”<sup>47</sup> Only rarely did the *Journal*’s editors push back, noting that “the varying conditions underlying the production of mental disorders are far too subtle to permit of general statements.”<sup>48</sup>

Racist thinking about Black people extended beyond the topic of insanity. In 1894, a Washington, D.C., doctor reported that “Since they had been free, they had become shiftless; they lived in entire disregard of all sanitary regulations and requirements, and were often intemperate.” Pulmonary disorders and rickets followed.<sup>46</sup> In 1904, a Philadelphia physician described how plantation life had protected enslaved people, rendering them “practically immune” to tuberculosis. Without those protections, tuber-



culosis had become widespread.<sup>49</sup> Long after slavery ended, articles in the *Journal* continued to endorse theories of separate and unequal races. Authors attributed comparatively high morbidity and mortality among Black Americans to their racial constitutions and ignorant behaviors, not to the devastating poverty and environmental injustices imposed on them by law and custom.

### Reckoning with the Legacies of Slavery

Change came slowly over the 20th century. Only in 1939 did the AMA discourage racial discrimination in state medical society membership — and that did not end discrimination.<sup>50</sup> Black scholars and physicians — such as W.E.B. Du Bois and William Montague Cobb — began to highlight the social and economic structures that generated health inequities.<sup>51</sup> By the mid-20th century, a small but vocal new generation of progressive White physicians joined these efforts.<sup>52</sup> During the civil rights movement in the 1960s (a topic that will be covered later in this series), the *Journal* published critiques of segregation in hospitals and society. A 1964 condemnation of discrimination closed by arguing that the “House of Hippocrates needs more sociology and less technology. The crying need is for a new leadership to sweep away the barnacles of bigotry and racism.”<sup>53</sup> A 1969 essay, “Medicine in the Ghetto,” highlighted the long history of exploitation and discrimination against Black Americans: “That they have survived at all is remarkable. That some,

if not all, carry a heavy baggage of profound suspicion, subliminal rage and covert hatred can hardly be surprising.” Physicians had to tackle “the most unjust aspects of our society.”<sup>54</sup> Despite such calls, the medical profession did not adequately interrogate the deep legacies of slavery in medical theory and practice.

The problems of racism and health inequities received increasing attention in the early 2000s but persisted nonetheless.<sup>55</sup> The 2020 murder of George Floyd galvanized physicians to take the legacies of slavery more seriously. The *Journal* launched a special article collection about race and medicine. Scores of publications followed about slavery, structural racism, antiracist interventions, and reproductive justice. Authors called on academic medicine to address the legacy of slavery and root out racist myths that endure in medical education and practice.<sup>56–58</sup> Some argued that society must grant reparations to alleviate entrenched health inequities.<sup>59</sup>

The need for change at every level is now widely recognized. Profound inequities persist on many health measures. Medical schools are more diverse than they were a generation ago, but they do not reflect the diversity of the U.S. population. Race and gender diversity decrease at each successive rung of medicine’s academic ladder. Although these problems have many causes, the history of slavery contributes to them all.

The *Journal* did little to confront slavery before the Civil War. It perpetuated theories of race

difference and White supremacy before and long after the war. It has now taken on the task of reckoning with its past. This history must be remembered and must motivate action: there is much work to be done. The unjust and unequal medicine that was practiced for centuries and the silences that enabled it demand that physicians and journal editors commit themselves to confronting inequities in health and health care. We cannot allow injustice to go uncontested again.

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Disclosure forms provided by the authors are available at NEJM.org.

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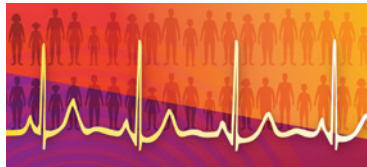
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DOI: 10.1056/NEJMp2307309

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