Medicine, Science, and Making Race in Civil War America

Schwalm, Leslie A.

Published by The University of North Carolina Press

Schwalm, Leslie A.
Medicine, Science, and Making Race in Civil War America.

For additional information about this book
https://muse.jhu.edu/book/110589
Introduction

The Civil War’s greatest achievement—the emancipation of four million African Americans and all their descendants—was shadowed by another, largely unacknowledged outcome: Northern white Unionists’ deepened investment in medically and scientifically reinforced ideas about race and racial hierarchies. This venture was clearly evident in a host of developments, such as the provision of health care that presumed race-based disease vulnerabilities. It included the mistreatment of Black troops, evidenced in their exploitation as laborers, as well as in a wide range of medical abuses. It was also apparent in the Army and Sanitary Commission’s investments in research devoted to identifying and documenting indisputable racial characteristics in Black troops and civilians. Finally, it was also evident in the exploitation of the human remains of African Americans, revealing one of the key contradictions of racial thought—that Black bodies, presumed to be so markedly different from those of whites, could nonetheless be used as “stand-ins” for white bodies in studying anatomy and disease pathology.

For white medical practitioners, scientists, professionals, and aspiring laypeople, their common familiarity with medical and scientific racism meant that they believed they could locate race in seemingly corporeal, indisputable, and quantifiable facts—facts that could be observed, measured, dissected, weighed, tabulated, statistically averaged, and reported. Scientific racism gained professional and popular authority in the nineteenth century because of its alleged reliance on empirical data but also because its political, social, and cultural conclusions appealed to white scholars, practitioners, and laypeople. The notion that race had scientific and clinical legitimacy as a means of ranking human society was integral to midcentury developments in the nature and authority of scientific medical knowledge. It was interwoven with an emerging culture of science and professionalized medicine that included medical education, popular periodicals, public lectures, local scientific and medical societies, museums, widely circulated reports of government-funded research, and the common role of scientists and physicians as popular public intellectuals. When the wartime Army Medical Department rejected all but “regular” physicians for appointment, it confirmed the professional ascendancy of science-based medicine over
homeopaths (who relied on the idea that “like cures like” and used diluted preparations to create symptoms similar to those created by disease), Thomsonians (who rejected more orthodox physicians and their medicines, relying instead on “nature’s apothecary” in the treatment of illness), and other practitioners using alternative medical approaches. That development contributed to the legitimacy and authority of (what was then) scientific knowledge, including assertions about the biology of race that were already deeply interwoven within a number of fields of study, from gynecology to ethnology.3

It is important to note that some of the men and women portrayed in this book were opposed to slavery and wrote with sensitivity and even horror about what they learned about slavery during the war. They observed the physical impact of slaveholders’ violence and torture on the bodies of male and female refugees from slavery, and they condemned the system of slavery as immoral and inhumane. Nonetheless, they saw no contradiction in being antislavery and embracing the idea that science and natural law separated humanity into superior and inferior races. During the war, when opportunities arose or could be created, they put those beliefs into action. As a result, the war destroyed slavery but emerged with white Northern commitments to racial hierarchies not only intact but also deeply entangled in the postwar turn toward modernizing and professionalizing medicine and medical sciences.

White medical practitioners and enthusiasts for science—Union men, aiding in the effort to destroy the Confederacy and end slavery—were in this way strengthening the power and impact of racial ideologies so that during and after the war anti-Black racism emerged with stronger rationales and more vocal advocates, and it was more closely tied to postwar medicine as well as the policies of the reconstructed nation-state. Neither emancipation nor the military defeat of the Confederacy liberated the Black body from the efforts of Northern white scientists, researchers, and other self-regarded “learned men” to reveal, catalog, analyze, and address the implications of the “physical character of the negro race.”4 As a result, an increasingly intransigent notion of biological race and racial essentialism were among the outcomes of the war.

This book looks to the social and cultural history of medicine and science to help explain why the destruction of slavery failed to more fully undermine American anti-Black racism, especially among the white Northerners who were willing to sacrifice so much in the Civil War. Its central concern is how and why the conditions of war and the Union’s war effort increased, rather
than reduced, Northern white investments in the utility and advancement of ideas about racial difference. The Union’s wartime medical and scientific investments went well beyond the organization and delivery of health care and the development of new surgical techniques and treatments of injuries and disease; they also created specific and concrete opportunities to advance the ties between the making of race and the making of medicine and science.

Although today’s scholars make a clear distinction between race medicine and race science, during the Civil War those distinctions were not especially clear and certainly were not always relevant to the conglomerate approaches through which professional and lay practitioners attempted to not only to differentiate humans from each other, but more specifically to identify what separated out Black humanity from white. While we are learning much more about the lived experience of medical racism in Black regiments, contraband camps, and hospitals during the war, we know far less about how the war itself impacted the intellectual and cultural history of American racial ideologies, and the agency of white Unionists in that process.

Once it had embraced emancipation as a war goal, the Union military finally permitted the wide-scale enlistment of African American men into the armed services. Many Americans, white and African American, viewed Black military service as a forceful assault on slavery and on racial discrimination as well as an opportunity for Black men to make an irrefutable claim to expanded citizenship rights. As soldiers and as civilian military laborers, Black men and women demonstrated their courage, their capabilities, and their determination to bring an end to slavery. Many whites who commanded them, employed them, and fought and worked along with them recognized Black men and women’s enormous contributions to and sacrifices for the war effort. Concurrently, however, the war and Black enlistment was also used as an unprecedented occasion for the Union’s professional men in medicine, public health, and science to advance racial science—that is, their belief, as white men of science, that people of African descent were physiologically, anatomically, and sociologically distinct and inferior to whites.

The bodies of Black soldiers—at the point of their enlistment, in hospitals, on battlefields, during fatigue duty, and as cadavers—became fruitful sources of white inquiry into “racial knowledge” during the war. Rather than falling into irrelevance with wartime emancipation, racialized medicine and science gained authority, popularity, and professional appeal among Northern whites. To many, racial science offered a new logic for a new nation where Black subordination was no longer secured by the bonds of slavery.

Introduction 3
To others, expertise in racial science offered a clear path toward professional recognition and acclaim. Moreover, the war’s production of cadavers that could be disassembled without white reproach was a convenient and welcome development.

Medicine shouldered many new burdens during the war. The scale of carnage created unanticipated challenges to medical knowledge, medical practice, and military organization, and these topics have been and continue to be well studied by Civil War historians and historians of medicine. Two recent surveys of wartime medical care and research have emphasized the many advancements in emergency care, wound treatment, and hospital design and care that resulted. New surgical techniques were developed, new tools were circulated to encourage medical research that might curtail the spread of disease, and medical research and experimentation were encouraged to promote the development of more effective treatments of disease. Recent scholarship has also investigated the horrific failure of military, civilian, and Freedmen’s Bureau medical authorities to address the medical needs of Black soldiers and civilians during and immediately after the war.

Less understood is the wartime recruitment of medicine and the allied sciences by Northern whites in the service of creating firmer, irrefutable racial ideologies based on characteristics that could be cataloged and enlisted to distinguish and rank human races. These wartime developments formed an important bridge. They linked the physicians whose antebellum education was steeped in medical racism, the natural scientists who debated polygenism versus monogenism, those who studied craniometry and placed people of African descent outside of historical change and development, the “skull collectors” and craniologists of the postbellum Army Medical Museum and the Smithsonian, men like Frederick Hoffman who argued an impending Black extinction, and the military racial anthropometry of World War I Europe and the United States. In addition, the commodification of African American human remains for personal, professional, and national fame, which accompanied wartime investigations of “racial science,” suggests an afterlife to Daina Ramey Berry’s revelations of the antebellum trade in cadavers of enslaved people. The “science of race” persisted despite robust challenges, both within and outside the field of medicine and science, at meetings of learned societies, from the pulpit, in the parlors and lecture rooms of Black communities across the nation, and in widespread print culture.

Black Northerners were no strangers to science and medicine before or during the Civil War era, nor should they be viewed only as victims of the wartime rise of medical and scientific advances. Skillful Black medical
practitioners and science educators had a loyal Black following in the North. Rebecca Lee Crumpler, the first African American woman to graduate from a medical college in 1864, had learned healing at a young age from her aunt who raised her and worked as a nurse. Prior to her formal medical training, she worked as a nurse among Boston’s Black residents, and after the war among Richmond’s former slaves as a physician with the Freedmen’s Bureau.11 Sarah Mapps Douglass, the abolitionist and advocate for Black women’s leadership, taught anatomy, physiology, and natural sciences to Philadelphia Black schoolgirls for four decades, prepared her own extensive collection of natural science specimens, took several courses at medical schools, and participated in the city’s several lyceums and Banneker Institute’s lectures and presentations on science.12

African Americans were not only popular medical practitioners and science educators in their Northern communities but also used their expertise to challenge whites’ efforts to deploy science as a tool of racism. Douglass armed her students with the ability to challenge racist science and medicine and the particular objectification of Black women’s bodies. Dr. James McCune Smith (a Black physician who trained in Glasgow) challenged the racial environmentalism that appeared in a widely circulated report on the Colored Orphans Asylum in 1839 as well as in a wide range of writings; Frederick Douglass challenged the racist proponents of ethnology in his 1854 commencement address at Western Reserve College; William Craft, born enslaved in the United States and living in Liverpool for many years, challenged the authors of two papers presented at the inaugural meetings of London’s Anthropological Society for their assertions about the biological basis of racial hierarchies.13

Historians including Gretchen Long, Mia Bay, Britt Rusert, Vanessa Northington Gamble, and Melissa Stein have pointed to an important Black response to the uses of science to support racial inequalities as well as the efforts of Black medical practitioners to gain formal training and professional status in a white-dominated profession.14 While this book provides additional insight into the experiences of African Americans as wartime recipients of medical care and objects of scientific consumption as well as health care workers, its primary concern is with how and why white Northern scientists and physicians created and used the opportunities presented by the war to more deeply invest in race medicine and race science. To the extent that this study considers “race” as a lived experience, readers will find the work presented here largely focuses on the emergence of whites’ aspirations to professional recognition and authority as imagined experts on Blackness.

Introduction 5
It is important to clarify that the white investigators studied here were not engaged in an open-ended search for something they understood as “race.” They did not seek to discover and catalog biological race in white bodies.\textsuperscript{15} To them, white bodies—those of white men—were naturally and unremarkably superior to Black bodies. Although there was some limited interest in ranking the aptness of different national “stock” among whites for soldiering, those efforts largely understood “nation” as a subclass of whiteness, and more importantly, those efforts lacked the scale, consistency, intention, and impact of their interest in Black bodies. In describing their approach to measuring white soldiers, commission agents focused on a “race-neutral” accumulation of knowledge: “to ascertain the effect of climate, locality, & mode of life upon men, the difference in size of men from the States of America & countries of Europe, also what form & weight of men are best adapted to the different branches of the Service & which branch of the service is the most unhealthy. Also to collect statistics relating to the habits & mode of life of soldiers previous to enlisting, etc. etc.”\textsuperscript{16}

While far more white soldiers were biometrically measured during the war than Black, investigators were not concerned with proving white superiority by studying white racial characteristics so much as they were intent on identifying, measuring, and confirming the inferiority of Black embodiment. Both while in progress and in the published version, Benjamin Apthorp Gould’s discussion of the compiled and tabulated measurements of Black soldiers conducted under his direction for the U.S. Sanitary Commission was consistently framed with rhetoric pointing to the deviation of those measures from those of whites—never are the “white” measures similarly rhetorically presented as a departure from “Black” measurements. The same is true of the discussion of measurements of the bodies of American Indian men. When Gould asserted the value of his volume as its catalog of information for others to assess and interpret, he was disingenuous; his entire presentation of data on Black men’s bodies was discussed in terms of their departure from the measure of presumably normative white bodies.\textsuperscript{17} Similarly, there were no parallel social surveys asking military medical staff or commanding officers whether white men of varying nationalities or birth could succeed as soldiers, no queries into the race-based responses to army rations, disease resistances, or vulnerabilities, and no advice solicited on their special needs as dictated by their white “race.”

The silent center of a nearly monolithic whiteness illuminated in the chapters to follow was accompanied by a parallel centering of male bodies as stand-ins for humanity. Chapter 2 pays careful attention to the actions of
both men and women in establishing the bureaucratic domains of white authority and power during the Civil War, but in the chapters that follow both the agents of investigation and their subjects were primarily men, involved as soldiers, volunteers, and employees in the Union war effort. Women (as refugees from slavery during and shortly after the war) did find their way to hospitals, and they became objects of interest as patients and as cadavers; surgeons, hospital employees, and other medical workers were not especially discriminating when it came to the sex of the Black bodies they gained access to. Still, it would be fair to approach this book as a study of men’s pursuit of race in other men; female physicians and hospital stewards were exceptionally rare on the ground during the war. It is important to acknowledge the wartime world of medical and scientific race-making as largely a world of white masculine authority. Even so, white women were important actors in the war’s racial politics, as I discuss in chapter 2.

The wartime advance of science- and medicine-based anti-Black racism served many masters. As this book will demonstrate, it sustained a racial hierarchy that lost its key purpose and legal mooring with emancipation. It enhanced the professional status of the white physicians, scientists, public health advocates, laypeople, and organizations who claimed expertise in “racial science.” It would also rationalize wartime and Reconstruction era policies that sought to discipline freed people as laborers while ignoring the material conditions that threatened their health. Science-based arguments about Black inferiority also offered a rhetorical basis for criticizing the Reconstruction era extension of civil rights and citizenship. The war provided Northern white medical practitioners in particular with abundant opportunities to assert their own professional identity and authority as racial scientists, but also made the American state a more active participant in generating and circulating a racial science that was rooted in slavery—regardless of slavery’s wartime destruction. A racial logic that, before the war, had modernized justifications for slavery by using the language and authority of science would endure well past slavery’s destruction—not only through the work of proslavery southern physicians but substantially through the investments and actions of Northern whites.

The wartime devotion to and legitimation of racial science can be traced through the scientific racism that blossomed in the Gilded Age and Progressive Era. Civil War anthropometry became a core feature of scientific theories about racial difference and was widely employed by later nineteenth-century scientists and scholars to develop a vocabulary with which to describe racial difference. It gave legitimacy to racial science and
the validity of its conclusions about race and racial inequality. Darwin read and was influenced by Civil War anthropometry in writing *The Descent of Man* (1871). Frances Galton would link anthropometry and eugenics in his *Hereditary Genius* (1869). Social scientist Joseph Alexander Tillinghast, author of “The Negro in Africa and America” (1902), drew on the Sanitary Commission's work. Edward Drinker Cope, zoologist, paleontologist, and for a period editor of the *American Naturalist*, not only relied on the Sanitary Commission's anthropometric measurements to support his own arguments about racial physiognomy but extended his argument to advocate for Black disfranchisement and forced migration. Rudolph Matas, a Tulane University professor of surgery, repeatedly referred to Gould's statistics in his 1896 book *The Surgical Peculiarities of the American Negro*. Frederick Hoffman drew very heavily from Civil War race science and medicine in his 1896 statistical narrative (*Race Traits and Tendencies of the American Negro*), arguing that African Americans were racially predisposed to ill health and high mortality rates. The economist and anthropologist William Zebina Ripley gained widespread recognition for his 1899 book *The Races of Europe: A Sociological Study*, which relied on both Gould and Baxter's work to caricature Black anatomy and physiology.

Anthropometry continued in research conducted by American physical educators, and the U.S. Army's anthropometric study of World War I soldiers was initiated with Gould's Civil War research in mind. Aleš Hrdlička, the prominent anthropologist and advocate of racial science, heralded Gould’s work in his 1927 essay, “Anthropology of the American Negro: Historical Notes.” Harvard physiologist Henry Pickering Bowditch and the anthropologist Franz Boaz (in the United States) and Rudolf Virchow (in Germany) were among those who followed the Sanitary Commission's innovation in conducting large-scale anthropometric surveys, aided by French anatomist and anthropologist Paul Broca's many refinements to the instrumentation used in racial-science craniometrics and anthropometric studies. The pursuit of bodily proof of race led prominent American eugenicists Charles Davenport and Morris Steggerda to subject the bodies of Tuskegee Institute's students to similar anthropometric measurement from 1932 to 1944.

The wartime monuments to racial science and medicine produced by the Sanitary Commission and the Union army also drew substantial and pointed refutations. The well-known Black mathematician, sociologist, Howard University faculty member, and editor of *The Crisis*, Kelly Miller, critiqued
Frederick Hoffman’s use of Gould’s flawed data and Hunt’s assertions (which drew on Benjamin Woodward’s questionnaire) in Race Traits and Tendencies of the American Negro. The exhaustive anthropometric and anthropological study directed by W. E. B. Du Bois, The Health and Physique of the Negro American (1906), pointed to the many flaws in Gould’s work. However, as Du Bois scholar Maria Farland has pointed out, Du Bois lacked the “scientific capital” to gain wide acceptance for his refutation of racial ideologies.

Historicizing race—and making legible the policies, the atrocities, the hierarchies and power relationships that ideas about race served in particular times and places—has curiously evaded the focused attention of many historians of the American Civil War. Wartime racial discrimination, particularly in soldiering and in employment, has long been accounted for, of course. And for good and important reasons, studies of wartime emancipation have focused on the process, conditions, and experience of slavery’s final destruction and on postwar struggles—political, legal, social, cultural, and economic—by Black Americans to define the meaning and extent of Black freedom in the postwar, postslavery United States. Mindful of the importance of this scholarship, and indeed as a contributor to it, I hope that by turning our focus more specifically to how Northern whites’ ideas about race mattered during and immediately after the Civil War, we might gain greater insight into how and why ideas about racial difference and inferiority survived slavery’s destruction.

Taking white Unionists’ ideas about race seriously as a subject of historical inquiry requires a careful distinction between ideas about slavery and emancipation, and ideas about race. There has been much scholarly interest in the evolution of Northern whites’ ideas about slavery—soldiers, officers, and civilians alike—over the course of the war. This work is important to our ability to understand how Northern whites thought about slavery and the relationship of those ideas to their understanding of the Civil War’s causes and consequences. But Northern opposition to slavery was full of curious contradictions and illogic. Some whites opposed slavery because they opposed the political and economic power wielded by the South’s planter elite; some feared economic competition with enslaved labor; some believed slavery was immoral and a sin. All these beliefs could be, and were with some frequency, paired with anti-Black racism. As Elizabeth Blair Lee insisted in 1862, she regarded herself as an abolitionist “for the sake of my own race—Contact with the African degenerates our white race.” In this book, white Unionists’ opposition to slavery is not at issue; instead, we explore
their explicit investment in ideas about race and their willingness to act on those ideas—whether in organizing soldiers’ aid societies or deciding what to do with a cadaver.33

The army and the Sanitary Commission’s shared commitments to the project of race-making capitalized on several intersecting cultural forces that had gained considerable momentum and legitimacy by the time of the war. First, medicine and its allied sciences had already identified clinical expertise and empiricism as the definitive characteristic of medical science and as the path forward for professional uplift and authority. As John Harley Warner has noted, by the mid-nineteenth century, the “clinic and the autopsy table,” with their opportunities for firsthand observation and experience, had replaced the philosophical theories of humoral imbalance and other rationalistic systems of medical thought. The Civil War’s amassing of huge armies introduced an unprecedented medical and scientific opportunity (including personal professional advancement) for those in a position to take advantage of it.34

Second, the history of American medicine and its allied sciences were already deeply entangled with slavery. By the time of the Civil War, a familiar roster of scientists, naturalists, and medical practitioners from Jefferson to Agassiz had tied the pursuit of medical and scientific discovery to the exploitation of Black labor and Black bodies. On the eve of the war, they had created and circulated a widely accepted, ranked, comparative, and corporeal language of race. Civil War research drew heavily on the technology and cultural capital of this foundational work.

Third, the gathering and circulation of information about the American population—even undigested data—had become a function of the nineteenth-century modernizing state. The nineteenth century saw an increase in the creation, publication, and circulation of state-sponsored social and scientific investigations as official, often government-published reports. On the eve of the Civil War, one-fourth to one-third of the national budget supported scientific enterprises that produced mountains of reports, and state-sponsored medical print culture ballooned during and after the war.35

In the arena of medical print culture, the U.S. Army’s Medical Department and the U.S. Sanitary Commission dominated, together publishing more than fifty major volumes in the twenty-five years that followed the start of the war. They competed for proprietary rights over the soldier’s body as a source of knowledge and for public recognition as the singular, premier, authoritative source of the war’s medical history. Nevertheless, they shared a compelling common interest and engagement in advancing what we might
call “racial knowledge,” pursued in the form of social surveys, physical examinations, anatomized medical specimens, and postmortem examinations.

Finally, the commodification of the bodies of people of African descent already had a long history in the United States at the time of war’s outbreak. It was not only the living enslaved body that was commodified; as historian Daina Ramey Berry has demonstrated, an elaborate trade in the human remains of the enslaved met the demands of anatomy classes at medical schools across the country. Private collectors and museums added to the demand for crania, skeletons, and fresh cadavers as well as photographic representations of living people of African descent, as institutions competed to gain prominence in the growing field of ethnography and comparative anatomy.36 Museums, circuses, and other purveyors of commercial spectacle also commodified people of African descent, including the P. T. Barnum’s displays of Joyce Heath and the unnamed man exhibited as “What Is It?” in his 1860 display.37 Scholarship addressing this spectacle of race has helped us understand why and how whites commodified the corpses of deceased African Americans. Whether for the spectacle of public dissections, the supply of cadavers for medical schools (an extensive postdeath slave trade), or the increase of cranial and anatomical collections, whites had established elaborate systems for procuring, valuing, transporting, and supplying the cadavers of African Americans for their own uses.38

Medicine, Science, and Making Race in Civil War America excavates and analyzes the wartime investments in race among Sanitary Commission and army medical personnel through five topical chapters, followed by a conclusion. Chapters 1 and 2 provide an overview of both agencies and the racist practices that established a foundation for their race work. Chapter 3 explores the narrative and numerical construction of race through questionnaires, social surveys, and biometric measurement. Chapter 4 explains the ways in which both agencies participated in the anatomization of race through the study and objectification of living African Americans and their human remains. Chapter 5 follows the commodification of Black bodies into death and the persistence of racialization in the disposition of human remains. The book concludes by pointing to the afterlife of these wartime efforts to advance “racial knowledge” and white authority in the fields of racial medicine and racial science.