

**Study Guide #9, 11/08-11/10:
Scientific Racism / Sexism**

- Clarke, Edward H. *Sex in Education; or, A Fair Chance for Girls*. Boston: James R. Osgood and Company, 1874. pp. 31-39, 76-85.
- Jackson, Mercy Bisbee. "Sex and Education." In Julia Ward Howe, editor, *Sex and Education. A Reply to Dr. E.H. Clarke's 'Sex in Education.'* Boston: Roberts Brothers, 1874. pp. 150-163.
- Jones, D.S. *Rationalizing Epidemics: Meanings and Uses of American Indian Mortality since 1600*. Cambridge, MA: Harvard University Press, 2004. pp 118-144.
- Brandt, Allan M. "Racism and Research: The Case of the Tuskegee Syphilis Study." *Hastings Center Report* 8 (1978): 21-29.

In this second part of the course, "Medicine and Society," we have been studying what medicine was like before the 20th century. We have examined theories of disease, therapeutics systems, the medical profession, and its institutions (hospital and medical schools). In each case, medicine was extremely different than it is now. However, there are common themes. When we look at modern therapeutics, you will still want to wonder why people trust remedies, why doctors believe the treatments are efficacious, etc. When we look at hospitals and medical schools, you will want to wonder about what range of activities takes place in them, what are their sources of appeal and authority, etc. This week we look at one more aspect of this "foreign" world of medicine: theories and practices relating to race, gender, and mental illness.

Then, as now, there was more to medicine than therapeutics. The cultural significance and authority of medicine extended beyond diagnosis and treatment to include a wide range of things, from public health and hygiene, to diet, exercise, education, sexuality, etc. One area where medicine has often tried to deploy its expertise and authority has been in the explanation and management of difference. In the 19th century, most medical knowledge (certainly the 'orthodox' knowledge taught in medical schools) was produced by white men. Most medical school graduates and licensed doctors were white men. Most medical schools and hospitals were controlled and operated by white men. Most were also from similar socioeconomic backgrounds. So how did this profession of mostly rich white men interact with people who were different? What did they think of the various races and ethnic groups they encountered? In what ways did they see women as fundamentally different from men? How did they understand the problems of "idiots," "lunatics," and other "mental defectives"? As you will see, their ideas of race, gender, and mental illness were very different from our own. They also used these ideas to justify a wide range of actions and policies that now seem naïve and ignorant at best, and reprehensible at worst.

Your task is to understand where the ideas came from. Did the doctors and scientists simply mold their scientific ideas to fit their pre-existing prejudices? Or were they led to these prejudices by objective, reasonable science? Do not try to decide whether these 19th century doctors were sexist or racist: it does not make sense to apply modern concepts to these people. Instead, look at these theories in their own terms and contexts. How did racial theories function? Why were they fashioned? What were their meanings? What medical and scientific needs were met? How did medicine and science contribute to the maintaining the established social order? While we will focus on the 19th century, think about how these issues played out in the 20th century, and today. Is medical science free from racial and gender bias today?

Clarke, *Sex in Education*: Edward Clarke was a prominent member of the Boston medical elite: a former professor at Harvard Medical School, a member of the Massachusetts Medical Society, and a member of Harvard's Board of Overseers. Like many members of the white protestant establishment in the U.S., he had become increasingly concerned about the increased prevalence of disease among women and their decreased fertility. He was also opposed to the admission of women to Harvard University. Clarke set out to use state of the art medical science to understand what was wrong. *Sex and Education*, first published in 1873, was the product of his research. It became hugely popular in the 1870s. You will read excerpts from two chapters. The first (pp. 31-39) outlines his physiological theories. In what ways are women different from men? How does he portray women's reproductive organs? What was so important about puberty? Why was educating woman so dangerous? Although it is not always obvious (take STS.003 if you want to learn more), his writings are full of cutting-edge (c. 1870) science: theories of energy and conservation of energy (thermodynamics appeared in 1850s and 1860s), organ physiology, etc. The second excerpt (pp. 76-85) provides a series of case studies of women sterilized, or possibly even killed, by too much work and education. How convincing are his pathophysiological analyses? His suggestion that Miss D's menstrual cramps result from ovarian hypoxia sounds reasonable, doesn't it?

Jackson, *A Reply to Dr. Clarke's 'Sex in Education'*: Clarke published his book in Boston, which was then on the vanguard of women's rights and women's education (Massachusetts, after all, was home to many leading women's colleges: Wellesley, Smith, Vassar, etc.). As you can imagine, it produced a furious outcry among women. A group got together and published a collection of critical essays, including this one by Mercy Bisbee Jackson (1802-1877). Jackson, who initially worked as school teacher, lost five of her eleven children, and her first husband, to infectious diseases. Having seen the failures of medicine close at hand, she became interested in homeopathy in the 1840s. She began reading on

her own, then apprenticed under a homeopathic doctor, and finally, at the age of 58, graduated from the New England Female Medical College (now Boston University School of Medicine), becoming one of the first woman M.D.'s in New England. Her practice thrived. She also became a leading advocate of women's causes. It is easy to imagine why she was so angry at Clarke. Is her response effective? Pay close attention to the style of her arguments. She is not arguing that women and men are indistinguishable. What does she argue instead? How does she draw on both theology and evolutionary theory (often using the two interchangeably) to defend her claims? Again, this was an appeal to current cutting-edge science: Darwin's theory of natural selection was published in 1858. Is Jackson more concerned about the biological differences between men and women, or about the adverse influence of cultural practices (e.g. her discussions of clothing, pp. 157-158)? What reforms does she recommend?

Jones, *Rationalizing Epidemics: "Virgin Soils Revisited"* examined causes of American Indian susceptibility to European infections. *Rationalizing Epidemics* looked at a parallel problem: not the actual causes of disparities in health status, but how the disparities have been explained from the 17th century to the 20th century. At any time there was an abundance of possible explanations (e.g. religious, genetic, environmental, socioeconomic); doctors, researchers, government officials could emphasize which of the many explanations were most relevant. Time and time again, they tended to emphasize explanations that were economically or politically advantageous for themselves. This chapter is a case study of explanations of the rise of tuberculosis on the Sioux reservations in the late 19th century. What explanations do I give for the rise of TB on the reservations? What kind of data did government officials have about disparities in health status between the Sioux and whites? What explanations did these doctors and officials give for Sioux tuberculosis? Which of these explanations depend on assertions of cultural or biological difference between whites and Indians? What data and beliefs contributed to the theory that Indians were going extinct? How did opponents of this theory use environmental arguments to defend a counter-narrative? Think back to my lecture on health disparities: I presented data showing that Indians currently have higher rates of tuberculosis, other infections, heart disease, alcoholism, depression, diabetes, etc. What sorts of explanations do you think are given for these disparities today?

Brandt, "Racism and Research": Allan Brandt is a professor of history of medicine at Harvard Medical School and Harvard University. His first book, *No Magic Bullet*, traced the history of syphilis and social policy in the United States in the 20th century (e.g. efforts to keep soldiers away from prostitutes; states requiring syphilis tests before granting marriage licenses; the persistence of syphilis despite the existence of penicillin, the most decisive treatment ever created for a disease -- a single shot cures 100% of patients). Published just as

HIV was becoming a major problem, this book had a huge impact on HIV policy in the late 1980s and early 1990s. This article is a piece of his larger project: a detailed analysis of an experiment (of sorts) conducted on African Americans in rural Alabama from the 1930s into the 1970s. Of the many interesting things he discusses, keep several in particular in mind. First, what mix of science and prejudice generated the theories about black-white differences? Second, why did the experiment seem like a good and appropriate idea initially? What was the unique opportunity of Macon County? Did therapeutic skepticism (recall Pierre Louis) justify non-treatment? In retrospect, how was the scientists' logic problematic? Second, what was the role of deception in the conduct of the study? How was this justified? Third, why did the study persist into the 1970s? What steps did the researchers have to take to prevent treatment of the study population? The study created enormous distrust of the medical and public health professions among African Americans that persists today. When African American patients refuse to participate in research studies, or argue that HIV was created by the CIA to kill off black people, they often cite Tuskegee as a precedent. Is this suspicion justified?