

Diseases and Therapies - Southern Distinctiveness

The belief that people who lived in the South were exposed to different diseases than northern people, and that the very environment and climate of the South called for different therapies for these illnesses was a strong component of States - Rights Medicine. Southern physicians believed that the hot, humid climate, miasma (poisonous vapors) around swamps and rivers, diet, dress, work habits, class structure and the higher numbers of African Americans all contributed to the diseases experienced by southerners. Northern practitioners agreed. Benjamin Rush, one of the most well-known and well-respected physician-professors at the University of Pennsylvania stated certainly, "Disease of warm and cold climates require different treatment."

Southern "Seasoning"

Malaria was arguably the most common southern disease in the early 1800s. Although known in the northern states, it was so widespread in the South that it was regarded as a natural part of life.

Found to be more prevalent in lowcountry swamps and coastal plains, malaria was believed to be spread by marsh miasma. Contracting malaria within the first year of immigrating to the South was considered the "seasoning" one needed to become acclimated to the hot, humid climate.

Symptoms of malaria and other diseases - fevers, chills, dysentery - drained a patient of strength and vitality. A broad range of therapies was administered to ease a patient's discomfort. However, the accepted treatments and medications of the time had little or no effect on the actual bacterial and viral origins of these diseases. In fact, these therapies likely served to further weaken a patient's natural defenses to illness, leaving him susceptible to new infections and outbreaks of disease.

Therapies

In the 1800s and 1900s, most physicians believed that a disease could be treated successfully by treating its symptoms. Any therapy that eased the violence of the symptoms would be considered effective against the disease. Two kinds of therapies were most commonly called upon to offer this short-term relief - bloodletting, and cathartics.

Bloodletting (cutting a vein in the patient to allow blood to flow out) was a highly regarded treatment and nearly always used for fever, wounds, burns, bruises and fractures. The effects were often dramatic; one nineteenth-century doctor wrote "Often within ten to twenty minutes after faintness or sickness occurred the subject of [bloodletting] would become bathed in a copious perspiration, and the violent fever and delirium existing a short time before would have entirely passed away." Since bloodletting temporarily relieved the patient's symptoms, the treatment was considered successful. Rather than curing and strengthening the patient, however, it often left them weak and unable to fight the underlying disease.

Cathartics, including purgatives (which induced vomiting) and emetics (which stimulated the bowels) were also very important components in the doctor's bag. Used to clean out the patient's digestive tract, the drugs or herbs prescribed created a drastic and immediate response. The force of the cleansing and the temporary relief of symptoms convinced patient and doctor alike that the therapy was effective.

The use of bloodletting and cathartics in the South was somewhat different than in the North. Bloodletting was considered less effective by southern practitioners: "the loss of much blood is not so well borne, nor its curative influence so favorably exerted in this as in Northern climates." It was thought that the southern constitution reacted better to larger doses of certain drugs than those in the North. Because fevers tended to be recurrent in the southern climate, practitioners felt that quinine (made from the bark of the tropical cinchona tree) should be given freely. When another attack was suspected, larger doses of the medicine were prescribed. In like manner, large doses of calomel, the most common and popular purgative, were recommended often to patients. A positive side effect, many believed, was that calomel (a tasteless powder of mercury-chloride) stimulated the liver. Malaria and the intense southern heat were thought to be damaging to the liver. So calomel was given "in the treatment of the diseases of the South generally . . . because the liver is virtually the 'scapegoat' for almost all the affections of the other organs . . . in Southern latitudes." It was thought by some that calomel was "required to be administered in doses nearly twice as large in the South as in the North" to create the same therapeutic benefit. Other stimulating and fiery remedies, such as lobelia and cayenne pepper, were also thought to be particularly effective against southern diseases.

Breeding Grounds for Disease

The institution of slavery as it was practiced in the South created breeding grounds for disease that were difficult for any amount of therapy to conquer. Slaves used traditional remedies, although many owners preferred that plantation mistresses or visiting doctors treat ailments and injuries.

Respiratory illnesses ran rampant through slave quarters in the winter. During colder months and bad weather, slaves were forced to spend considerable time indoors in close contact with family and friends who may have contracted tuberculosis, diphtheria, colds and upper respiratory infections, influenza, pneumonia and streptococcal infections. Whooping cough, measles, chicken pox and mumps were also common and could prove fatal. In warmer weather, intestinal diseases caused by poor sanitation and close contact with the earth became prevalent, especially maladies of the digestive tract and various "fevers." Rural white families without slaves were subject to the same illnesses, but due to their isolation, these might have remained a personal health problem, not one that affected an entire community.