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Published by: Journal of Negro Education
Stable URL: http://www.jstor.org/stable/2291915
Accessed: 05-12-2015 07:53 UTC

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Northward Migration and the Health of Negroes

WALTER R. CHIVERS

INTRODUCTION

The life of the American Negro has been spent in attempting physical, mental, social, and emotional adjustment to the dynamic civilization of an increasingly complicated social fabric, geared and manipulated by a race advantaged by thousands of years of free bodies, free minds, disappearing inhibitions and the choicest of God’s “acres” for experiments.

Just a few hundreds of years span the distance from the simple rural and primitive life of Africa to 1936. Less than four-score years represent the Negro’s emancipation from slavery. Such emancipation set him footloose so he began to move about over the country in search of himself—internal migration was under way. James A. Tobey’s succinct statement of consequent movements serve the present purpose:

At the close of the Civil War the four million or so Negroes in the United States were largely inhabitants of rural districts mostly in the South. Since that time there has been a constant migration to Northern cities, a movement which recently assumed considerable proportions. From 1790 to 1910 the centre of Negro population in the United States moved Southward, from a point in Southern Virginia to one in Northeastern Alabama. Since that later date it has been moving northward until 1920 it was in the Northwestern corner of Georgia. . . . In 1920 the Northern Negro population of the North, and according to the United States Bureau of the Census, most of this Negro element is in the cities. The proportion of Negroes in cities of 100,000 or more population varies from 4 to 15 per cent and in some of the smaller cities is even greater, as in Atlantic City, where the percentage is nearly 22. None of the increase in the colored population above the Mason and Dixon line has been due to natural causes for the Negro deaths have been somewhat in excess of Negro births.¹

Mr. Tobey’s article was written in 1926, therefore his calculations would obviously need some adjustment out of respect to accuracy. The trying times during the intervening years have simply served to give more forceful sanction to his indications of population trends. This stretch of years, however, has so affected the Negro birth and death rates as to add increase from natural causes to the population above the Mason and Dixon line.

While the entire migratory movement has looked continuously Northward, fear of cold weather was a strong factor in delaying the surge over the Mason and Dixon line. Negroes were originally natives of a hot climate, nature had equipped them to survive its rigors, in addition, their Southern white employers had found that “ghost” stories of what the Northern winter would do to Negroes were handy instruments for maintaining a supply of cheap labor. Miss Louise V. Kennedy, a contemporary student of this subject notes that:

Whenever colored people have moved in large numbers to Northern cities, comments have been freely made concerning the deteriorating effects of such a migration upon the health and rate of increase of the Negro race. Pointing out the low birth rates and high death rates of Northern Negroes and the tendency to disease, numerous writers have contended that Negroes are inherently unfitted for a Northern environment and cannot maintain their numbers save by continued recruitment from the South. Such comments and discussions were especially rife during the war period, when Negro laborers were swarming into Northern cities.2

The pertinent question, then, is, has the Negro proven a capacity for survival “up North”? One of E. Franklin Frazier’s early pronouncements, an article “Three Scourges of the Negro Family” is sound enough in its interpretation to serve as an introductory explanation of the effects of the recent Northward movement.

The Migration of the Negro from the South has affected the family North and South. Social workers in the North have been burdened with the problems in the new environment. Such problems as housing, unemployment, health and crime have taxed their resources and ingenuity. This side of the picture is better known to Northern Social Workers than the Southern side. The migrations meant in many cases the loss of the father through death and desertion. In a survey I made recently of a rural community in Alabama I found about two-thirds of the families without fathers. These families had lost their fathers through desertions and death during the migrations.2

Miss Mary E. Downs, District Secretary of the Harlem Branch of the Charity Organization Society, who has been in close touch with this extensive Negro ghetto since the migration became noticeable, revealed to the writer in the early part of 1929 that the net intake of 190 Negro families per month was in large part due to the broken health of “family heads” caused by their occupational experiences in metropolitan New York. The movement of Negroes cityward means a radical change in essential techniques of living. Health must of necessity be a pawn in this process of adjustment because of the physical and mental irritations produced by efforts to solve conflicts and achieve a comfortable orientation. An outstanding authority on actuarial statistics observing the controlled figures on several millions of Negroes arrived at the same general conclusion in reference to the effects of the cityward movements.

Despite the general decline in the last two decades, the death rates among the colored people have increased in the last four or five years, and in 1926 the rate among insured Negroes was actually 9.1 per cent higher than it was in 1921.4

Dr. Dublin’s figures covered such a vast cross section of Negro population until he felt justified in the conclusion that:

There is every reason to believe that when the figures for the general colored population become available, they will show the same drift. However (he continues) it may be well that this change in tendency is only a temporary one, but it is of interest nevertheless to find out what causes are operating to bring it about. The recent migration from the rural to the urban centers and from the South to the North is an impor-

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tant item. Negroes in America have always been primarily an agricultural people, and it was on the farm that they found their most favorable milieu. The Twentieth Century first saw a shift in their occupations. The opening of industries in the South gave opportunity for their employment on a considerable scale; the World War, with its increased industrial activity hastened this tendency. Manufacturing plants sprang up like mushrooms in various parts of the country, European immigration, which had practically supplied all of the unskilled labor needed by Northern plants, was first checked and later almost altogether cut off by the postwar immigration laws. As a consequence, Negroes in large numbers were encouraged to come North and fill the labor vacancy. Workers from Southern farms thus found themselves exposed to work in iron and steel mills, in coal mines, in railroads and highway construction and in other industries where the hazards were many and efforts very exacting. Between 1900 and 1920, the number of those in Agricultural pursuits declined from 54 per cent of those gainfully employed to 44 per cent. Twenty per cent were engaged in manufacturing and mechanical industries in 1920 and 11 per cent in trade and transportation, as contrasted with 7 and 5 per cent in 1900.

... The migration was largely concentrated in a few industrial centers, such as Chicago, Detroit, Pittsburgh, and New York. In the decade, 1910 to 1920, the colored population of Chicago increased 148 per cent, that of Detroit 611 per cent, and that of Cleveland 30 per cent. Immense Negro communities have been built up in these cities. Over a million, or 73 per cent of the Negro population of the North, was living in ten such centers. Housing facilities were entirely inadequate to take care of the influx, and many hardships were undoubtedly suffered by the workers and their wives and children. The picture as to mortality, however, is somewhat confusing. The migration which located in New York City and its environs brought with it no increase in mortality but rather an improvement. On the other hand, the death rate increased markedly in Chicago, Detroit and a number of other cities. Possibly more important than the higher mortality is the fact that the Northward and urban migration cut deeply into the birthrates of the Negro people. It is a serious matter that between 1915 and 1923 there were more deaths of Negroes than births in the cities and towns of the country. It is only in the rural areas of the South that there is now an appreciable excess of births over deaths. This is the only place where Negro birth rates have remained high and death rates are fairly low.5

Dr. Dublin, always keenly sensitive to all types of conditions likely to affect the health of Metropolitan Life Insurance Company policy holders, the improvement of which would open up a wider range of prospective purchasers of insurance notes, views as relatively unimportant the noticeable contemporary restlessness of thousands of Negroes. However, he feels that such restlessness might reasonably be expected to include larger and larger numbers and settle down to a long time restiveness and irritability continually intensified by the current unstable American, industrial and commercial economy.

Infant health is a basic to the future of a race and the survival of Negroes will depend in a large measure upon the degree to which they substitute modern methods of pre-natal and post-natal care of children for those transferred from slave days. Ignorant midwives, mothers of “experience” and emotional religious taboos are still too widely accepted. A partial and practical excuse for part of this condition is due to the generally sub-marginal economic status of the masses of Negroes, which prevents their paying for medical services for prospective mothers and children. In

5 Ibid.
addition, their scanty incomes are hardly sufficient to provide the separate diets so essential to the prevention of scurvy, rickets, and other illnesses likely to attack infants.

City conditions seem to have an unfavorable effect on Negro infants, however, and competent observers believe, that hardly a Negro child in New York escapes rickets in some degree, mild or severe.  

**HEALTH EFFECTS OF NORTHWARD MIGRATION**

Let us view more directly the health defects of the Negro in our effort to find an answer to the question of his survival after migrating Northward. It might be pertinent to emphasize here the fact that the northward movement of Negroes and their urbanization are for practical purposes almost identical phenomena. Miss Kennedy had access to much material in the nature of published and unpublished surveys on the subject at hand, many of which are not now available for public consumption. She, however, has given worth-while data from some of them in her fairly recent book.

Those surveys of specific Northern cities which have considered the health problem of the Negro, unique in stressing the seriousness of the situation.

The Detroit (Michigan) Bureau reported that the already high rate of tuberculosis was on the increase... Minneapolis revealed an excess of Negro death-rates over white death-rates with noticeable increase in tuberculosis and infant mortality among her Negro population... Cleveland gave evidence that characteristic diseases had increased among Negro infants and young adults.

One of the most thorough and hu-

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6 James O. Tobey, *op. cit.*
7 Louise Venable Kennedy, *The Negro Peasant Turns Cityward.* Ch. IX.

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The Survey of Negroes in Pennsylvania concluded: "as compared with whites, deaths among Negroes, are relatively more numerous for pneumonia, tuberculosis of the lungs, heart disease, syphilis, and cerebral hemorrhage, syphilis is most prevalent in the congested industrial centers and the large cities. Philadelphia shows the highest rate, 78.6 deaths per 100,000 Negroes. This is an increase of 52.7 per cent over the death rate of 12.5 for Negroes who died from this disease in 1914. The increased number of deaths from syphilis is probably due to the presence of large numbers of Negro population and perhaps to the increasing facilities for diagnosis as to more accurate reporting. These people come largely from the rural districts of the South where they possessed neither the facilities nor the knowledge to obtain proper treatment for their ills. As a rule, death from syphilis occurs only after the disease has continued over a long period of time. It is probable that most of the Negroes dying from the disease in Pennsylvania in the last few years incurred the infection elsewhere."

Chicago, because of its geographical location naturally attracted Mississippi Delta Negroes, literally by the thousands. It might not be a hazardous guess to say that Chicago was the focal point in the primary migration movement of the majority of Negroes who left the Southwest and Mississippi basin after 1910. The Mississippi Delta Negro was primitively rural and conditioned, in the main, to an oppressive feudal plantation existence. Therefore, an excerpt from a report on Negro health in Chicago is very essential and significant.

In December 1923, the Chicago Negro
Health Committee submitted a report on Health to the Commission. This report showed an authenticated Negro death rate nearly twice that for the city-at-large an appalling rate in the centers of the greatest concentration of Negro population. A high disproportion of deaths from tuberculosis, pneumonia, and the puerperal state, the disease most affected by care and sanitation while in the case of the nonpreventable cancer, the Negro rates were actually lower. This report pointed out the apparent correlation between the high mortality rates and the detailed absence from the neighborhood of adequate agencies for the promotion of health and happiness.  

At least three social factors have served to render Negroes obstinate to aggressive and scientific treatment of tuberculosis and syphilis, namely, (a) propaganda of white people which tends to label them as "untouchables" because of the numerous cases of the disease among them; (b) a tradition that views syphilis as "nasty" and a "bad disease"; (c) a traditional family pattern that prevents them from taking the necessary isolation precautions against spread of the disease in the family.

Dr. Louis I. Dublin on several occasions has called attention to the importance of these diseases in any approach to Negro health.

Syphilis and its sequelae are not declining but are indeed becoming more widespread and are causing more and more deaths among the colored population each year. In 1923 the death rate from syphilis, locomotor ataxia and general paralysis of the insane (the last two of which conditions are syphilitic in origin) was 38.7 per 100,000. This is almost double the rate in 1911 (20.4). It is possible of course, that some of the increase is the result of franker and better reporting of these diseases by physicians; but I doubt very much that it is sufficient to explain so marked an increase. The fact remains that the rate of colored persons is close to four times as high as for whites. The disease takes its greatest toll among infants in the first months of life, and it is, in fact, the principal cause of still-births that occur so frequently among colored women. The disease also accounts for a great many deaths, later in life, which are ascribed by physicians to heart and arterial diseases, as well as to other conditions, including tuberculosis. . . .

The campaign against venereal diseases has apparently not begun to be felt by the colored community.

Professor Charles S. Johnson's general agreement with Dr. Dublin is significant because he is a Negro statistician. In a speech before the National Conference of Social Work, post-dating Dr. Dublin's essay by four years, he not only reveals the seriousness of syphilis but gives a list of diseases which detail the potency of the sequelae of syphilis. It is noticeable here that Dr. Johnson avoids the term syphilis.

The most serious disease among Negroes has been Tuberculosis. In 1920 the rate was 20.2 per 100,000 as compared with 85.7 for whites. Pneumonia, Lobar and Broncho combined, came second with 145.9, as a compared figure with 97.1 for whites. Organic heart disease came third, with 126.4 for Negroes and 93.1 for whites, while acute nephritis and Bright's disease came fourth, with 104.3 for Negroes and 28.0 for whites. In 1925 the most serious disease for Negroes was not Tuberculosis but organic disease of the heart, which were responsible for 19,379 deaths. Following

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Louis I. Dublin, "Recent Changes in Negro Mortality," Metropolitan Life Insurance Company, N. Y.

* The asterisks indicate the sequelae of syphilis. Many cases of tuberculosis are closely tied up in origin with syphilis.
these in numerical order of seriousness were Tuberculosis of the respiratory system, Nephritis* (13,533), external causes (excluding suicide and homicide) 8,520, congenital malformations* and diseases of early infancy* (8,462), cerebral hemorrhage* and softening* (8,195), and cancer (5,346). These eight diseases were responsible for over 59 per cent of Negro deaths.

In the Negro city population the order was as follows, organic diseases of the heart,* pneumonia, tuberculosis of the respiratory system, Nephritides,* cancer and external causes. In rural sections Tuberculosis led, followed by heart disease*, Nephritis,* pneumonia, external cancer, congenital malformations*, cerebral hemorrhage*, diarrhea and cancer.

The diseases which authorities agree are due largely to unfavorable sanitary conditions and low economic status show the greatest disparity between Negro and white rates. These are pulmonary Tuberculosis, typhoid, malaria, pellagra, and puerperal conditions.

It is not difficult to become pessimistic as to the future of Negro health when one realizes that notwithstanding the fact that the elevation of living standards would do much to weaken the principal of Negro mortality, the present conditions are pushing thousands of them below the subsistence level and straining many more thousands to compete with the subsistence level.

The mass transfer of Negroes from the South into Northern industrial life stimulated numerous "surveys of the Negro." Several of the more authentic are cited in this section to reveal samples of environmental and social conditions of urban Negroes. Their revelations, generally, serve to make it plain that factors essential to prevention of many more or less fatal diseases and their spread, as well as therapeutic assistance, are denied Negroes in an alarming degree. The diseases responsible for more than fifty per cent of Negro mortality are known to respond most favorably to socialized environments.

**Negro Housing**

Every city in the United States has its "Negro districts" which any stranger may easily identify without a guide. The Negro district is created in the main by racial separation and perpetuated by neglect of the "City Fathers." Outstanding in the unsightly pictures of the average Negro neighborhood is its houses. The following statement from the Pennsylvania Survey tells a story duplicated by numerous other committees:

While residential segregation of Negroes does not exist in Pennsylvania by law, a very effective residential segregation of Negroes by force of public opinion occurs in many communities in the commonwealth. This situation has an important effect upon many of the social conditions of the group. The mere fact that there is any restriction at all means that as the Negro population grows, there will be a tendency to over crowding in those sections set aside for the race.

The Negro is frequently forced to live in the least healthful sections of the various communities. This is particularly true of the smaller cities and towns; in Coatesville, for example, the principal Negro section is located along the railroad tracks, where cinders from the trains and dust from the tracks blow through the homes throughout the summer months, and where the land is so low that water half fills the cellars of many of the houses for months at a time. Our investigators were able to walk under houses in a certain block in the Negro section of Coatesville from one end to the other, because the dampness had rotted away the partitions between the cellars.

While the white population of Pennsylvania suffers largely because of undesirable housing conditions, nevertheless, whatever new houses are built and whatever new
housing improvements are being made are almost all for white people.

It has been conservatively estimated that 122,823 Negroes have come to Pennsylvania since the census of 1920. To properly take care of these people 20,000 new homes would be required. Not 50 houses have been built in the entire commonwealth in the past year that were available for Negro tenancy. Consequently a large proportion of the thousands of Negroes migrating to the commonwealth have piled one family on top of another in the already overpopulated Negro districts. Moreover, many of the houses in which this overcrowding is taking place ought to be torn down and others should be vacated and repaired because they are a menace to health.

Any casual observer having visited Cincinnati's main Negro ghetto at any time within the last fifteen years would be forced to the opinion that even so gloomy a picture as the one painted by the Cincinnati Negro Survey is an inadequate description of actual housing and environmental conditions.

The worst features of housing conditions strike at health, morality and stability of family life. To illustrate in one of the sections of the city, 54 per cent of the houses are without toilets and 85 per cent of the houses are without baths and 85 per cent are fire traps. One out of every three toilets is in a bad state of repair, one out of every four in a filthy condition and one out of every ten is the old fashioned type of outhouse standing in one of the most congested parts of the city. Add to this situation a few dark, damp, overcrowded rooms and it is clear why the death rate of the Negro of the city is practically twice that of the white people.

While sufficient evidence has been given to convince one that Negro housing is of major importance in his poor health record and granting that such housing conditions naturally be-speak injurious sanitation, the writer would like further to emphasize these conditions with the following excerpt from a survey:

Infant deaths among Negroes in Pennsylvania are very much higher than those among whites, and they will continue to be higher as long as the Negro is not better housed. White and Negro doctors have reported that in maternity work they have been seriously handicapped by lack of running water in the houses where their patients lived.

The figures show that only 42.1 per cent of the Negro houses of the State have inside water closets; only 30 per cent have bathtubs, 33.9 have outside privies and 23.9 per cent outside water closets.

**Lack of Recreational Facilities**

The general lack of anything approaching adequate recreational facilities in urban Negro neighborhoods in the vast majority of American cities of considerable Negro population is appalling. It rather convinces an interested observer that the municipal governments either just plainly neglect Negroes or subscribe to a traditional Southern white opinion to the effect that Negroes need to learn to work and not to play, for play "spoils" them.

Forrester B. Washington, a Negro, Director of the Atlanta School of Social Work, has studied Negro recreational facilities North and South for some years, and any pronouncement of his on the subject is worthy of attention.

It is obvious from the preceding discussion that the Negro is deprived of wholesome

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recreational opportunities in large sections of the South, and the exclusion or segregation of the Negro in connection with recreational facilities is on the increase in the North. The result is that at a time when the Negro population of cities both in the North and South is increasing because of the migration, and there is a proportionately greater need than ever before of wholesome recreational facilities for Negroes, these facilities are denied them altogether or greatly reduced because of segregation.13

The Pennsylvania survey may be used to give eye witness testimony to this assertion by Mr. Washington and to corroborate experiences of the writer who has to purchase ninety-five per cent of the wholesome recreation obtained by his daughter.

The investigation of leisure time activities among Negroes indicates a deplorable situation. The institutions of wholesome recreation in the community are beginning to close their doors to Negroes to duplicate the several institutions of wholesome recreation available to whites, and as a result the Negro is being thrown back more and more on the limited facilities of the Negro community for his leisure time entertainment.

Moreover, it is the migrant Negro who needs wholesome recreational facilities most, and who is apt to be thrown back on the Negro underworld for his recreation.14

The need for recreational facilities was dire at the height of migration when employment and high wages were the vogue. Does one have to stretch his imagination to visualize the gravity of the situation at present? For the entire period of the depression the Negro has been the last hired and the first fired. His leisure time is increasing because the current trend

seems to be for him to remain "fired."

Granted that the bulk of Negro migrants have been conditioned for years to a subsistence level of existence and that such preconditioning prevented their getting quality returns from their increased incomes, it is only fair to point out that such existing conditions as already portrayed elsewhere in this paper hindered rather than helped them to proper urban adjustment.

The several municipal governments apparently did not realize that the steady progress of their cities depended (and still do) heavily upon proper urbanization of this rural people—far too many of whom are unmoral and crude. They have continued to permit Negroes to work under the poorest conditions. They have not provided adequate street lighting, they have not supplied sympathetic police protection, they have permitted vice to go unchallenged in Negro neighborhoods—the notorious "Black and Tan" cabarets in New York and Chicago are monuments to this indifference. They have taken no interest in how he lived or how he made a living.

Psychopathic Sequelae

Noticeable suicide and psychotic conditions among Negroes are related to their northward migration. The drift Northward has gradually increased the "wants and desires" of Negroes and the years of city residence have seen them progressively removed from the employment rolls thus producing a fear of life hitherto unknown to Negroes. "Playing the Numbers" and "House Rent Parties" are outgrowths of this growing philosophy of economic despair. Dr. Dublin has studied Negro suicide rates and

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14 Negro Survey of Pennsylvania, op. cit., p. 44.
set forth additional causes for their increase.

The second item which explains the higher suicide rates of Negro policy holders is that those insured in the Metropolitan reside for the most part in the cities of the North. In fact, over two-thirds of the insured are found in northern cities. It is not surprising to find, therefore, that of the 156 suicides of the year, 118 or 75 per cent took place in northern cities. There is clearly a marked difference in status between Negroes in the North and Negroes in the South. The unfavorable health situation of those who have migrated from the rural areas of the South to the great industrial centers of the North has been pointed out. Suicide rates would likewise seem to be affected by the disorganization which accompanies such movements of population. Thus among Negro industrial policy holders, in addition to the greater strain which urban life exerts, there is added the adverse effect on health and stability of a change from the South to the North.16

The Negro is making the morbid discovery that it is easier to face the unknown after death than to face the known facts of life—suicide means loss of courage.

The difficulties of urbanization, particularly in the mechanized North and middle West, are driving Negroes insane. Certain groups of Southern white people have popularized a myth which denies the Negroes susceptibility to insanity. There seems to be sufficient evidence to prove that the recent “Harlem Riots” were an outburst of a people become emotionally unbalanced and neurotic from hunger and other deprivations fundamental to a livelihood. These people had adjusted fairly well to an antisocial life-rou-

tine—they had socialized the routine and incorporated it into their ethics. Here was compensation for unemployment and landlord exploitation but the long arm of the law had upset the routine. What had the law done? It had struck at the heart of the “Numbers racket,” the “Sweepstakes racket,” closed up several of Father Divine’s “heavens” and permitted evictions for non-payment of rent. Left stranded, these abnormal people “blew up.” Neuroses, emotional unbalance and psychoses will probably gain momentum among Negroes of the great metropolitan centers.

Pollock has revealed some interesting data in relation to Negro insanity and this migratory movement. His comments on Dementia Praecox are valuable because it is a functional disease of progressive nature and very likely to appear under conditions of great stress and strain.

Dementia Praecox is more prevalent among Negroes than among whites. Census data relating to psychoses of first admission of Negroes and whites are unsatisfactory for comparative purposes, as in several states unequal provision is made for the treatment of mental patients of the two races. It is well known that hospitals for Negro patients in the South are inadequate. The rate of first admission of Negroes in the section of the country having the largest Negro population, is therefore, much smaller than in states that admit Negroes on the same terms as whites. As given above, the rate of Dementia Praecox first admissions in the United States in 1922 per 100,000 of population was 12.5 among Negroes and 15.0 among whites. In Illinois in 1924 the rates were 57.1 and 15.6 respectively.16

CONCLUSION

Sufficient evidence, with the stamp of authenticity, has been presented in this paper to show that Negro health is a serious American problem. The fact that Negroes are more susceptible to certain diseases than white people is not as important as the fact that the matter of his health is not important in the minds of those people who are in a position to do something about it. White people who control the mechanics necessary for health improvement have shown an alarming indifference to the health of "America's Tenth Man." The Negro intelligentsia have not taken aggressive cognizance of the superstitions and ignorant family patterns of the masses of Negroes. Both of these factors are certainly basic in the Negro's poor health picture.

The question of "whether or not Negroes are physically incapable of a low death rate or whether or not their death rate is higher than that of white people because of cultural deficiencies" is philosophically vague. The fact is that medical science agrees that tuberculosis spread, syphilitic infection, functional psychoses and neurotic conditions can be greatly reduced by known therapeutic methods, which are medical, social, and economical. Before the quality of Negro biological heredity can be tested scientifically the cultural deficiencies must be attacked seriously on a wide front. The further question of whether or not Negroes are capable of survival in other than a Southern rural environment still awaits a severe test of the therapy suggested here.