# ESTABLISHING PROFESSIONAL LEGITIMACY: BLACK PHYSICIANS AND *THE JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION*

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# ABSTRACT

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In response to racist discrimination and the crisis of African American health, Black physicians in the early twentieth century stressed the development of professional standards. The establishment of the National Medical Association and its journal became the main forum of discussion in the pursuit of this professionalism. The discourse in the journal reveals the state of African American health and the Black medical profession during the early twentieth century. Journal contributors used the rhetoric of professionalism when addressing the major obstacles for Black physicians. They demanded medical education reform not only to match standards set by White medical professionals, but also in an effort to produce more competent physicians. Black physicians contributed to the Black hospital movement with the hopes that hospitals would provide opportunities for physicians to improve their skills and promote their legitimacy. The journal expressed the need for public health initiatives that would display the professional authority and medical competency of Black physicians. This thesis argues that the emphasis on professional development represents a key component of the identity of Black physicians. Moreover, Black physicians recognized that establish professional legitimacy and authority was integral to shaping medicine and addressing African American health in the future. The pursuit of professionalism, above all else, drove Black medical professionals to pursue medical education reform, the hospital movement, and public engagement.

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# INTRODUCTION

The rise of Black physicians in the early twentieth century was tumultuous as they struggled to form their own identity and purpose while experiencing a variety of pressures placed upon them. Excluded from White medicine, African Americans were forced to create their own system of medical education and training as well as their own healthcare infrastructure. Black physicians battled against the discrimination and racist pseudoscientific claims against their worth as medical professionals. Among other African Americans, Black physicians were especially held to a higher standard. They were expected to be leaders of the race and to heal the many ills of Black communities. However, they were looked upon with suspicion by some Black patients who were reluctant to accept modern medicine based on negative experiences with White practitioners, as well as an adherence to traditional folk healing inherited from African ancestors. The difficulty in navigating these issues encouraged Black medical professionals to create the National Medical Association (NMA) in 1895.

The NMA was originally formed in response to the racially exclusive polices of the American Medical Association (AMA), but it soon evolved into a proactive organization with its own set of unique goals.[1] In 1909, the organization began to publish the *Journal of the National Medical Association* (*JNMA*), an outlet through which Black medical professionals could better communicate their goals, struggles, and achievements. The rhetoric found in the *JNMA* suggests that while Black physicians acknowledged the many pressures placed upon them by society, they were first and foremost interested in creating a professional standard that emphasized progress in medicine and healthcare practices. By stressing the importance of quality medical education, access to hospitals, and relationships with local communities, the *JNMA* represented the

[1] "History," National Medical Association, access August 19, 2013, http://www.nmanet.org/index.php?option=com_content&view=article&id=3&Itemid=4.

emphasis on professional development among Black physicians during the early twentieth century.

The most important revelations drawn from the NMA and its journal relate to how Black physicians identified themselves and their professional goals. The original NMA constitution emphasized that the organization transcended issues of race and instead focused on the pursuit and application of medical knowledge:

> The object of this Association shall be to promote the science and art of medicine…to nurture the growth and diffusion of medical knowledge and to stimulate friendly intercourse among American physicians. The material interests of the medical profession are conducive to a higher standard of medical education, to the enactment and enforcement of just medical, dental and pharmaceutical laws, and to the education of public opinion in regard to the broad problems of hygiene and the practical results of scientific medicine.[2]

Charles V. Roman, the fifth president of the NMA and editor during the first ten years of the *JNMA*, further developed the organization's goals by designing a journal policy that prefaced many early volumes:

> Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of American environment, the National Medical Association has for its object the banding together for mutual co-operation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate profession of medicine, surgery, pharmacy and dentistry.[3]

Both statements suggest that Black physicians were most concerned with professional development. The journal thus fostered a forum for discussing medical professionalism. Analyzing this discourse allows for a fuller understanding of the experience of Black physicians, the scholarship on which is still relatively underdeveloped.

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[2] *Journal of the National Medical Association* 3.3 (July-September 1911), 253, http://www.ncbi.nlm.nih.gov/pmc/journals/655.

[3] *Journal of the National Medical Association* 3.1 (January-March 1911), 59, http://www.ncbi.nlm.nih.gov/pmc/journals/655.

The *JNMA* is an integral source for understanding the experiences of Black physicians from a wide variety of backgrounds. Contributors included such leading medical professionals as John Kenney, physician to Booker T. Washington and president of the John A. Andrew Hospital at the Tuskegee Institute; Nathan F. Mossell, surgeon and founder of the Frederick Douglass Memorial Hospital in Philadelphia, Pennsylvania; and George W. Hubbard, a White physician who had spent his career working with African Americans, and later became Dean of Meharry Medical College. The journal often reprinted material from other local and national medical societies, medical schools, and other widely read publications. Furthermore, the journal covered medical issues throughout the United States, leaving no region unrepresented in its volumes. With its wide reach, the *JNMA* represented the diverse opinions and experiences of practicing physicians, researchers, and educators throughout the country. Debates over education reform, the hospital movement, and general public health indicate that the journal served as the central source of professional discourse among Black physicians during the early twentieth century. Thus, *JNMA* is an unquestionably rich source for viewing history through the lens of Black physicians.

Studies specifically focused on the actions of Black physicians are lacking in medical history. While the field of medical history has been trending toward documenting and analyzing minority experiences, Black medical professionals are not adequately represented within the historiography. The seminal texts on medical history provide little information regarding African American health, and Black people are represented as victims without their own voices and actions. Recent scholarship that assesses the actions of Black medical professionals does so through the lens of civil rights activism rather than through medicine or healthcare. The existing historiography thus provides two extreme visions of Black physicians: either they were victims

exploited into powerless obscurity by the White mainstream, or they were heroic activists who dramatically fought for civil rights. While the latter description is a positive assessment, it overlooks and excludes the many Black physicians who spent their time advancing the profession and pursuing knowledge of medical science rather than committing fully to civil rights advocacy. Such exclusion creates an impossible standard for Black physicians and suggests that those who were not involved in direct social activism are not worthy of historical treatment. Moreover, this idealistic view overlooks the fact that Black physicians first had to establish professional legitimacy before they could assert that authority in fields outside medicine. The present study seeks to examine the efforts of Black physicians who sought equality through the professionalization of the medical field, and asserts that understanding Black physicians as medical professionals allows for a fuller more nuanced analysis of their contributions to the broader movement for racial equality.

Black physicians are largely excluded in broad surveys of American medical history. Paul Starr's Pulitzer-Prize-winning book, *The Social Transformation of American Medicine*, viewed as a seminal text on the social history of medicine, devotes about ten pages out of four hundred to African Americans in the medical profession. Additionally, Starr mostly describes African Americans as victims and groups Black physicians with other minority physicians who were neither White nor protestant.[4] The newest edition of *The Oxford Handbook of the History of Medicine* notes the poor health of African Americans in the United States, but offers no information about the response of African Americans or the existence of Black physicians.[5] In Roy Porter's *The Greatest Benefit to Mankind*, an impressive volume of medical history spanning from antiquity to the present day, the only mention of Black medical professionals

[4] Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, Inc., 1982), 173-175.
[5] Mark Jackson, ed., *The Oxford Handbook of the History of Medicine* (Oxford: Oxford University Press, 2013), 228-229.

occurs in a parenthetical note.[6] And, in *The Care of Strangers*, a comprehensive study of the American hospital system, Charles E. Rosenberg spends only one page discussing the discriminatory practices of the White medical system and one sentence on the existence of Black hospitals.[7] The exclusion of Black medical professionals from history unfortunately reflects the discriminatory practices that African Americans faced in the American medical system.

Fortunately, scholarship on Black physicians has increased over the past two decades. Yet, counterintuitive trends exist in the rising historiography of Black physicians. Historians have tended toward two problematic concepts. The first approach emphasizes the victimization of African Americans and overlooks their actions or reactions in light of racial discrimination. These histories are generally focused on the discriminatory actions of White people and the effects upon Black communities. The second method idealizes Black physicians and places unfair expectations upon them. In these histories, Black physicians are only highlighted if they played major roles in social reformation; moreover, the actions of Black physicians are described as being racially motivated rather than professionally driven. In either situation, the historiography often falls short in viewing Black physicians as being driven by their identity as medical professionals.

In *Integrating in the City of Medicine*, David McBride views the hospital movement through the experiences of African Americans in Philadelphia where Black medical professionals utilized political action to create and improve a system of healthcare. McBride also focuses on the actions of Black physicians outside of their medical practices. For instance, he argues that Black physicians appropriated the politicized and racialized view of tuberculosis to

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[6] Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: W.W. Norton & Company, 1997), 531.
[7] Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (Baltimore: The Johns Hopkins University Press, 1987), 302-303.

successfully compel the city to establish more clinics in which Black medical professionals could train and work.[8] Additionally, he shows how Black medical professionals lobbied the local Republican Party, which relied on Black voters, to assist in the development of better healthcare practices.[9] McBride's study reveals the savvy of Black physicians, but it also relies on a monolithic description of African American health activism. His claims suggest that the actions of Black physicians were always predicated on the goal of improving Black health in response to segregation and discrimination with any professional motive being tertiary at best. And, while this is true in many cases, the argument essentially reduces Black physicians to racially motivated actors rather than individuals who saw the hospital movement as good for their own professional development. While his study was published over twenty years ago, McBride's findings still stand as significant within the historiography. However, his work has also contributed to the trend of narrowly defining the identities of Black physicians.

Vannessa Northington Gamble views the Black hospital movement through two lenses: a response to exclusion, but also a realization of self-help ideology and "the institutionalization of Booker T. Washington's political ideology."[10] Illustrated through the efforts of leading Black physicians like Nathan Mossell in Philadelphia and Daniel Hale Williams in Chicago, Gamble argues that the hospital movement was also driven by the Black medical community seeking opportunities for professional advancement. Gamble frames her study between 1920 and 1945, arguing that this period best represents the hospital movement. While she also provides historical context, her argument glosses over the rhetorical strategies developed by the NMA prior to 1920. Nonetheless, her study shows the organization of the Black leadership within the movement as

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[8] David McBride, *Integrating the City of Medicine: Blacks in Philadelphia Health Care, 1910-1965* (Philadelphia: Temple University Press, 1989), 40-55.
[9] Ibid., 10.
[10] Vannessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945* (Oxford: Oxford University Press, 1995), 14.

well as the varied reactions of the broader African American community. Gamble argues that leaders among the movement saw the establishment of Black hospitals as both a health necessity but also a political and social statement:

> With the acquisition of wealth and morality, the philosophy went, African Americans would gain the respect of white people and consequently be accorded their rights as citizens. The creation of hospitals would contribute to racial uplift by improving the health status of black people, by demonstrating that black people could take care of themselves, and by contributing to the development of a black professional class.[11]

Gamble thus ascribes an idealism of racial uplift to the hospital movement that was not representative of all Black physicians. Although she mentions professional development as one of their key goals, she overlooks this aspect as the true unifier for Black medical professionals in favor of nobler motives. And, while this paints a more nuanced picture of Black physicians, who are often otherwise ignored throughout history, Gamble's claim contributes to a trend in the historiography of placing an extraordinary amount of responsibility upon the Black medical profession. When historians highlight Black physicians by their social activism, they subtly suggest that becoming skilled, successful doctors falls short of historical worthiness. Black physicians must not be just competent professionals, but also activists.

In her study, Gamble makes the argument for reorienting how historians view Black physicians. Instead of viewing individual examples of prejudice, Gamble instead prompts scholars to look at the institutional aspects of racism in both society and the medical profession. She is particularly successful in showing this by using northern cities like Cleveland and Chicago as her case studies, proving that the medical, institutional racism that often originated in the South had a much larger impact on the United States as a whole. While institutional racism is not a new topic of study, Gamble implores medical historians to view the broader issue: "This institutionalized racism actually intensified as medicine became more scientific and as new

[11] Ibid., 14.

standards for medical practice developed in the first decades of the twentieth century."[12] Black physicians were not only fighting the racist exclusion in their profession, but also an increasingly racist science that supposedly supported the claims of their biological inferiority. Thus, Gamble shows the complexities of identity facing Black medical professionals. In this way, her scholarship represents the new trend for studying the intersection of race and medicine. A more complete and nuanced history must consider the relationship between individuals and institutions, and this relationship remain relatively under explored where Black physicians are concerned. The present study sheds light on how Black physicians viewed themselves within these relationships.

In *Sick and Tired of Being Sick and Tired*, Susan Smith views healthcare activism through the lens of Black women during the early twentieth century. Her study provides nuance to the study of the Black medical profession by showing how racism intersects with sexism. For instance, Black women were impacted the most by racist exclusionary tactics in the medical field.[13] As White medical practitioners narrowed opportunities for Black medical professionals, at the same time, Black men assumed most of the available opportunities leaving Black women with few chances for education or employment. Class also plays a large role in Smith's study as she argues that public health activism was accompanied by a paternalistic attitude among some Black medical professionals.[14] In those two examples, Smith shows how the issues of medicine and health care have never been simply Black and White.

In her opening chapter, Smith calls for historians to conduct scholarship on Black healthcare by focusing more on how African Americans responded to oppression and

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[12] Ibid., 29.
[13] Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995), 4.
[14] Ibid., 2.

exclusion.[15] This call sets the bar for future historians, but also accurately describes a trend among historians of African American health who focus solely on what has been inflicted upon Black communities rather than how those communities reacted. Smith, with her call to action, demands that historians highlight the actions of African Americans in medicine and health care. However, even Smith's approach has flaws; focusing on the responses tends to also overlook proactive efforts made by Black medical professionals. However much attention is given to Black physicians in this framework, their motives are ultimately undermined by being reactions rather than actions.

Michael W. Byrd and Linda Clayton typically avoid this problem in *An American Health Dilemma*, an impressive survey of African American health throughout American history. For instance, they describe the hospital movement as having "evolved largely out of medical-social rather than public health or scientific medical needs" suggesting that the actions of Black physicians were more nuanced and could not simply be defined as reactions to racism or poor African American health.[16] They note where Black physicians were active in promoting their profession by becoming involved in the Great War and conducting scientific research not just to refute racist claims, but also to advance medical knowledge.[17] However, in their analysis of medical education reform, Byrd and Clayton portray Black medical schools as generally helpless victims, which suggests that Black physicians played no part in the reformation.[18] The study successfully shows the complexities faced by Black physicians, yet falls short in explaining how the physicians acted.

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[15] Ibid., 4.
[16] Michael W. Byrd and Linda Clayton, *An American Health Dilemma: A Medical History of African Americans and the Problem of Race* (New York: Routledge, 2000), 53.
[17] Ibid., 128-129.
[18] Ibid., 97-103.

In *Black Physicians in the Jim Crow South*, Thomas J. Ward, Jr., views Black physicians through the lens of both class and race arguing that they are "an elite class trapped within a subjugated caste."[19] His study ultimately focuses on the conflicting identities assumed by Black physicians. Black intellectuals saw physicians as key figures in the advancement of the race; yet, Black patients did not necessarily view Black physicians with the same reverence or respect.[20] Thus, Ward highlights how race was problematic for Black physicians beyond of White-Black relations. The purpose of Ward's study is to show how Black physicians navigated these different duties ascribed to them by others. The result, unfortunately, again emphasizes reaction rather than action.

In terms of education reform, Black medical schools are described by Ward as reacting to racist reformation rather than seeking their own progress.[21] In another example, Ward describes the focus on professionalism among Black physicians as a reaction to exclusion from the medical mainstream instead of Black physicians simply being interested in honing their craft and advancing the capabilities of medicine. Like other historians before him, Ward paints an idealistic portrait of Black physicians that, in a surface reading, lifts them out of historical obscurity. However, once again, the description of Black physicians is almost exclusively racial despite the fact that many Black physicians wanted to be identified as doctors first.

Todd L. Savitt, in *Race and Medicine in Nineteenth- and Early-Twentieth-Century America*, subtly concludes that Black physicians were reactive rather than proactive. In his chapters on medical education reform, Savitt consistently maintains that Black medical schools shaped their educational and training policies only in response to an assault on Black medical

[19] Thomas J. Ward, Jr., *Black Physicians in the Jim Crow South* (Fayetteville: The University of Arkansas Press, 2003), xiv.
[20] Ibid., 98-99, 122-124.
[21] Ibid., 20-30.

education waged by White reformers.[22] However, Savitt presents a contradictory assessment when he notes that many Black physicians were aware of the problems of Black medical education.[23] Thus, the implication of Savitt's claims is that Black medical schools only sought reformation and progress after being provoked by the White mainstream. Additionally, he argues that the *JNMA* was relatively silent in response to these issues when, actually, many journal contributors were championing education reform throughout the early twentieth century.[24] While his study reveals the institutional racism found in medical education, Savitt falls short of acknowledging the actions of Black physicians in this situation.

In a later chapter on professional life, however, Savitt provides an excellent portrayal of the actions of Black medical professionals. He reveals what was arguably the overarching problem for Black physicians: not only were they tasked with establishing their own infrastructure and overcoming racial discrimination in the field, they were also expected to solve all of the issues of Black health.[25] The expectations placed upon Black physicians were unrealistic and unfair, and Savitt rightfully and skillfully displays this problem. He also succeeds in suggesting that many Black physicians prioritized professional legitimacy over the other demands placed upon them.[26] And, while the physicians in this chapter are still largely described as reactive, Savitt at least shines light onto the experience of individual Black physicians who had varied mindsets and goals.

Black physicians in the early twentieth century struggled in a career that forced them to consider what it meant to be Black *and* a medical professional. As elites among a minority

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[22] Todd L. Savitt, *Race and Medicine in Nineteenth- and Early-Twentieth-Century America* (Kent: The Kent State University Press, 2007), 253.
[23] See Chapters 12-17 in Savitt's *Race and* Medicine for history of failed Black medical schools, 125-225.
[24] Ibid., 259.
[25] Ibid., 270.
[26] Ibid., 288.

population, they were looked to for leadership; yet, they were denied proper membership into mainstream medicine, limiting their opportunities for professional growth. And, the medical science they learned and utilized was often corrupted by racial claims made by White researchers. Examining these conflicts allows for a greater understanding of the relationship between society and medicine, how Black physicians viewed their role in society during the early twentieth century, and how they shaped their actions accordingly. To better understand these issues, the present study will examine the reformation of medical education, the rise of the hospital, and the growing relationship between the medical field and the broader community. These three topics are particularly significant because they represent times in which Black physicians were called to improve upon the profession and advance the health of African Americans. The rhetoric used by contributors to the *JNMA* shows a nuanced response that attempted to balance the lives and careers of Black physicians while also contributing to society as a whole. By analyzing this rhetoric, this study will attempt to present a more complex understanding of the motives and actions of Black medical professionals.

This study focuses on the NMA and its journal for three major reasons. First, the organization represented a collection of local Black medical associations throughout the country, and thus its journal reflected a variety of opinions. The contributors came from all regions, specialties, and economic backgrounds. Additionally, voices found in the journal included not just practicing physicians, but also educators and civic leaders. This diversity allows for a more credible assessment of the major issues affecting Black physicians across the United States. Second, the journal served as a safe space for communication between Black medical professionals. Contributors were able to debate honestly and vigorously in a way that perhaps would not have been successful or acceptable in more public spaces considering Black

physicians were often critical of institutional racism originated and perpetuated by their White counterparts. Furthermore, the NMA had generally disseminated its message through annual conferences that not all Black medical professionals were able to attend, so the journal allowed for the organization to reach a broader audience. Third, the journal focused on medicine and the medical professions; therefore, it provides the best available understanding of how Black physicians viewed their careers. Ultimately, the journal provided a medium through which to incorporate a broader, more diverse audience, and a healthy, internal debate about the issues facing Black physicians.

In three chapters, this study examines Black physicians and their efforts to establish professional legitimacy and authority during the early twentieth century. Chapter One assesses how Black medical professionals viewed medical education reform. In the first decade of the twentieth century, two major education initiatives were sponsored by the American Medical Association; both threatened the livelihood of Black medical education. Yet, the *JNMA* shows that some Black physicians supported reformation. In fact, leaders of Black medical education were proactively instituting curriculum and admission changes in response to an *internal* demand for higher standards. Existing historiography describes this particular saga as one of defeat for Black medical education. However, reorienting the story to focus on Black medical professionals not only gives greater context to social medicine issues in the early twentieth century, but it also provides a more accurate depiction of the actions of Black physicians, illustrating they had greater influence in this process than previously argued. Moreover, this analysis offers a better understanding of the identity issues associated with Black physicians who negotiated the relationship between self, profession, and ethnicity.

Chapter Two traces the development of the Black hospital movement. During the early twentieth century, Black physicians were largely barred from training and practicing in White hospitals. The reaction from the Black medical community was to build hospitals of their own. Scholarship on the hospital movement generally focuses on the idea that Black-controlled hospitals would provide better care for African American patients, while only casually mentioning the gain for Black physicians. However, the *JNMA* promoted the building of hospitals to open up more professional opportunities for Black physicians. As with medical education, the primary goal of Black physicians was to establish a professional legitimacy that would then allow for the advancement of other causes. Once more, this study shifts the focus from African American victimization to the actions of Black physicians by providing a fuller recognition of why and how they supported the hospital movement.

Chapter Three analyzes the relationship between Black medical professionals and society. While previous scholarship has focused the expectations of society placed upon Black physicians, this study will present an alternative: how Black physicians viewed and defined *their own* societal roles. The *JNMA* stressed the promotion of professional legitimacy, and Black physicians sought that authority by reaching out to the public and fostering relationships with the broader community. Involving themselves in religious and civic affairs was another way in which Black physicians hoped to promote their medical expertise and achieve professional sovereignty. This investigation will provide important details for explaining how some Black physicians became community leaders and opened opportunities for social activism through medicine and healthcare.

The rhetoric within the early volumes of the *JNMA* illustrates the efforts of Black physicians who sought professional development above all other concerns. The journal allowed

for impassioned discourse among a variety of Black physicians regarding the challenges they faced in their careers and lives. Journal contributors emphasized the need for legitimacy that had not been afforded to Black physicians by White medical professionals and the public at large. This emphasis reveals that Black physicians believed that they first needed to acquire a sense of professional authority before they could affect change within the public sphere. As a result, the actions that Black physicians took in medical education reform, the hospital movement, and civic engagement were all encouraged by an appeal to professionalism above all other concerns. This campaign for professional legitimacy offers explanations for how Black physicians became influential civic leaders as described earlier by Dr. William Montague Cobb. However, it reveals how Black physicians identified themselves during the early twentieth century. The focus on their professional discourse within the *JNMA* ultimately allows for a more nuanced understanding of Black physicians, not as activists or victims, but as *medical professionals*.

# CHAPTER I: MEDICAL EDUCATION REFORM

Black medical education changed dramatically during the early twentieth century. The first decade of the twentieth century saw two major reformations of medical education led by White physicians and education specialists. The reforms were intended to increase standards of admission, curriculum, and faculty hiring which made the field more exclusive. Upon first analysis, the reformations resulted in devastation for Black medical education. In 1900, ten Black medical schools were in operation; by 1923, that number would drastically fall to two. Through the lens of the reformations initiated by White physicians, Black medical education was thus assaulted. However, during that same period of time, Black physicians were leading their own charge for reformation. Prominent Black medical professionals, from deans of medical schools to practicing physicians, demanded improved standards of education and professionalism. They criticized the shortcomings of various Black medical schools that had been unable to secure funding and had consistently produced graduates who could not pass state medical board examinations. And, while these problems typically had roots in socioeconomic inequality or racial discrimination, Black medical professionals often refused to address these; instead, they took responsibility for these failures and remained vigilant in their push for higher admission and curriculum standards.

By analyzing the rhetoric used in the *JNMA*, this chapter will argue that the so-called crisis period of Black medical education was actually one of great resolve on the part of African American leaders. Through the NMA's journal, leading physicians argued for increasingly higher standards of education and professionalism and often transcended the arguments put forth by White reformers, transforming the external threats of reformation into opportunities for advancement and professional unity.

The early twentieth century marked a significant period of reform for medical education and the practice of medicine as a whole. Modern understandings of scientific medicine demanded higher standards in medical school admissions and curriculum. Moreover, the field became saturated with both schools and budding doctors. Leading physicians and medical organizations, like the American Medical Association (AMA), viewed the increasing numbers of physicians with suspicion. The AMA and the American Association of Medical Colleges (AAMC) argued that newer medical schools held lax standards and were producing inferior physicians.

In part, these claims were defensive of the profession itself. Paul Starr, in *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*, argues that physicians were in the midst of claiming their professional legitimacy and authority during the early twentieth century.[27] Thus, skilled physicians were upset to see unqualified people receive medical degrees. On the other hand, this time period also saw physicians securing the profession's elite economic status. Viewing the increase in physicians through this lens suggests that the AMA rejected the growth of the profession for fear that wages and prices might plummet. The AMA responded aggressively, then, and sought to make the profession exclusive. In partnership with the AAMC, the AMA led the charge in setting new standards of medical education. They initiated two major reforms, one in 1904 and one in 1910, redefined medical standards to both improve internal standards and exclude physicians and medical schools that could not adapt.

White medical professionals specifically targeted African Americans during this period of reformation. The AMA and its leaders pushed claims that Black physicians were inherently

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[27] Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, Inc., 1982), 3-9.

inferior to White physicians, and that Black-led medical schools were incapable of providing proper medical training. Initiating two major reforms, one in 1904 and the other in 1910, the AMA and AAMC specifically targeted Black people and Black medical schools as examples of low quality medical education. In just over a decade, the majority of Black medical schools were closed; by 1923, only two schools remained. From the perspective of White reformers who sought these closures, the reforms appeared to be successful.

The first major reformation of American medical colleges began in 1904 with the AMA's creation of the Council on Medical Education (CME). Chaired by Dr. Arthur Dean Bevan, a prominent member of the AMA, the council's tasks were to assess the quality of American medical education and to propose reforms to increase the standards and level of professionalism in the field. The council ultimately recommended two significant changes: first, medical schools were to increase their entrance requirements and recommend that incoming students have training in basic sciences; second, medical schools were to improve their standard of education by building better laboratories, hospitals, and other facilities while also courting more qualified faculty members. The consequences of the reformation were particularly dire for poorer students who did not have access to good preliminary education and for medical schools that could not afford building new infrastructure. Both problems acutely affected Black medical schools.[28]

Dr. Bevan and his council went one step further in the assault on Black medical schools by questioning the efficacy of their faculty. The significant majority of Black physicians were trained at schools in the South. Naturally, when seeking new faculty, Black medical schools were often hiring their own alumni. As a result, the CME did not believe that these faculty members offered much educationally; at worst, they represented rampant nepotism. Additionally, the CME

[28] Todd L. Savitt, *Race and Medicine in Nineteenth- and Early-Twentieth-Century America* (Kent: The Kent State University Press, 2007), 254-255.

attacked Black medical schools for offering night classes because it suggested that medical education was secondary for their students. The students, of course, were working day jobs in order to afford tuition, but the CME saw this as another obstacle to effective education. On the basis of this report, the AMA refused to rank any medical school higher than a Class C, the lowest grade, if they offered evening classes. Once more, the CME's findings were comparatively worse for Black medical schools than White medical schools. Regardless of any intentionally racist motives, the CME set in motion a reformation of medical education that created difficult standards for all medical schools to reach.[29]

The drive to reform medical education continued in 1910 with the publication of Abraham Flexner's *Medical Education in the United States and Canada*, widely known as the "Flexner Report."[30] The Carnegie Foundation for the Advancement of Teaching tasked Flexner, a renowned expert in education reform, to evaluate medical schools in the United States and Canada and make recommendations for stricter standards of education. The "Flexner Report" affirmed much of what the CME had proposed in 1904 and suggested that medical schools needed higher admission standards and also needed to integrate broader training in sciences into their curriculum. Within the report, however, Flexner also included a poor assessment of Black physicians and Black medical schools.

The "Flexner Report" questioned the efficacy of African American physicians and medical educators. In a chapter titled, "The Medical Education of the Negro," Flexner made several judgments. First, he directly stated that only two Black medical schools – Meharry Medical College and the College of Medicine at Howard University – were worthy of remaining operational. The rest, he said, should be closed. In conjunction with this, he argued that all funds

[29] Ibid., 256-257.
[30] Abraham Flexner, *Medical Education in Canada and the United States: A Report to the Carnegie Foundation for the Advancement of Teaching* (New York: The Carnegie Foundation for the Advancement of Teaching, 1910).

going to Black medical education should be funneled into Meharry and Howard; he saw no need to have any other medical schools devoted to training African Americans. Second, he claimed that many Black doctors were "untrained," "undisciplined," and "dangerous" because of the low standards employed by Black medical schools.[31] Third, despite approving of the efforts made by Meharry and Howard, he discouraged the general idea of producing Black physicians, instead arguing that training in hygiene and as sanitarians was preferable. And, finally, Flexner argued that Black medical professionals had a higher calling in rural areas rather than in cities, despite the increasing numbers of African Americans moving to urban areas that would culminate into the process of the Great Migration just a few years after the report's publication: "Their duty calls them away from large cities to the village and the plantation, upon which light has hardly as yet begun to break."[32] The report ultimately had the underlying effect of a well-respected reformer claiming that Black medical education was substandard and unnecessary.[33]

On the surface, the two reformative measures combined for a dramatic impact on Black medical schools. In 1900, ten medical schools were open and operating under the guidance of African Americans. By 1904, the AMA only recognized six of those schools. And, as the reforms were implemented, the number of schools further dropped to four: Meharry, Howard, University of West Tennessee, and Leonard Medical at Shaw University. By 1914, however, West Tennessee was struggling to actually graduate students, and both Meharry and Leonard faced B rankings from the CME, jeopardizing their reputations. Leonard, under pressure to improve its facilities and unable to secure funding to do so, closed in 1918. West Tennessee followed just five years later in 1923. During this period, the CME also pressured state medical boards to uphold strict licensing standards giving medical schools no leeway for substandard

[31] Flexner, *Medical Education*, 180-181.
[32] Ibid., 180.
[33] Ibid., 181.

education. With only Howard and Meharry remaining, the CME and "Flexner Report" seemingly succeeded in their underlying goal of undermining Black medical education.[34] However, this history must be elucidated by the actions of Black medical professionals, who were simultaneously leading their own charge for medical reformation.

Dr. G.W. Hubbard, Dean of Meharry Medical College, outlined and popularized the need for reform in medical schools in an address to the Tennessee State Medical Association in June, 1909. Published in the *JNMA*, the address became the first significant coverage of medical education reform in the journal. Hubbard estimated that the nation had around 2,000 Black medical graduates and that roughly 1,500 of those were practicing in the South. Those numbers, he concluded, led to a ratio of one Black physician for every 6,000 African Americans living in the South.[35] Hubbard's address implied a plea for more physicians and perhaps increased enrollment in Black medical colleges. However, he also noted that the medical schools were struggling to produce graduates who could pass state medical board examinations, and his address listed many obstacles for African Americans seeking medical training. Several problems were linked to personal finances, Hubbard claimed, including the inability to pay tuition and buy textbooks as well as necessity for students to work during their medical education, which limited their time for studying. Other issues included poor preliminary education and having parents who did not have any formal education. Ultimately, these issues all revolved around the institutional racism of the South. More directly, however, Hubbard also acknowledged that the state medical board examiners perhaps held racial prejudice, though he admitted that he did not have concrete evidence for that hypothesis.

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[34] Savitt, *Race and Medicine*, 260-265.
[35] *Journal of the National Medical Association* 1.3 (July-September 1909), 134, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

Nonetheless, while Hubbard presented these barriers to professional medicine for African Americans, he suggested no remedy for overcoming the obstacles of institutional racism. Instead, his solution for improving medical education was heightening the admission standards of Black medical colleges.[36] At Meharry, specifically, Hubbard had already approved a change in grading policy that increased a passing grade from 80% to 85%.[37] Hubbard's address largely represented the opinions of other leaders in the NMA: although African Americans faced several disadvantages within medical education, they must still adhere to the highest standards if they sought success in medicine.

Two years later, Dr. H.M. Green addressed the Tennessee State Medical Association as its president, mostly affirming what Hubbard had previously presented:

> There was a time when the rarity of colored physicians coupled with the need of medical aid among the poor and recently emancipated Negroes of the South, in a measure, justified the custom of laxness in requirements for the degree of doctor of medicine. But without any reflection on any one, I wish to most emphatically state that no such condition now exists nor the slightest shadow of a reason for graduating from any medical college men whose preliminary education is not sufficient to enable them to grasp fully the principles of scientific medicine as taught today. In view of these facts, I would suggest that we would recommend that fewer medical colleges, with better facilities and much higher entrance requirements, would be in line with reason as based upon conditions now existing.[38]

Green overlooked societal problems facing African Americans as well as the inequity in the ratio of Black physicians to Black patients. Instead, his address included the fear that Black medical education was substandard and in a state of crisis. Importantly, however, Green defined that crisis as internal and solvable; he did not express any feeling of threat from an external body like the AMA. Additionally, his emphasis on professional standards rather than the general health of

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[36] Ibid., 135.
[37] Ibid., 135.
[38] *Journal of the National Medical Association* 3.3 (July-September 1911), 227, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

the African American community was yet another example of the trend in the *JNMA* during the early twentieth century.

The demand for higher professional standards was first vocalized in a 1908 report by the NMA's Committee on Medical Education and Negro Medical Schools. The committee's study was partially a response to a 1907 AMA report which poorly ranked Black medical schools. The AMA created a ranking system that judged schools based on their graduates' success rates on state medical examinations. All six of the evaluated Black medical schools finished in the third class, the lowest ranking, with greater than 30% failure rates on the state tests. Dr. H.F. Gamble, chairman of the NMA committee, established the study's goal of determining why these six schools were performing poorly. The responses from presidents and deans of the six schools were mostly uniform: low standards of admission and education produced graduates who were not prepared for state medical board examinations.[39]

Dr. W. P. Thirkfield, president of Howard University (1906-1912), said that their medical college had increased tuition in an effort to improve admission standards. Dr. Robert Reyburn, the dean of Howard's medical college, also noted that the school had increased the difficulty of its entrance examinations for the same reason.[40] Interestingly, Howard secured the AMA's second class distinction one year after the study, perhaps suggesting that Howard's change in standards was effective. Dr. Charles Meserve, president of Leonard Medical School at Shaw University, claimed that the lack of finances was limiting the quality of education that the school could offer, but that the college had adopted the AMA's admission standards in an effort to

[39] *Journal of the National Medical Association* 2.1 (January-March 1910), 28-29, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[40] Ibid., 25-26.

improve the status of the school.[41] All of these schools were already taking proactive measures to address their own standards, and reports from the AMA served as further motivation.

The schools that increased their standards of education were the most successful of the Black medical colleges. Between 1906 and 1907, Howard, Meharry, and Leonard saw a higher passing rate on state medical board examinations among their graduates. Interestingly, these numbers correlate with the number of students each school sent to the boards. For instance, Howard sent 25% fewer graduates to the state medical board in 1907 than in 1906, and saw their passing rate increase by 6.4%. Respectively, Meharry and Leonard sent 49% and 54% fewer graduates for improvements of 14.3% and 16% in passing rates. Conversely, Louisville Medical College and Knoxville Medical College each sent more students to the state boards in 1907 and their pass rate subsequently decreased. Considering these changes occurred over the span of one year, admission standards are not applicable to analysis. However, the newly stated emphasis on limiting the number of graduates to focus on quality over quantity suggests that Howard, Meharry, and Leonard were on the right track to improvement.[42]

Among the debate that accompanied Dr. Gamble's committee reports, Dr. W.G. Alexander asserted his opinion of how the NMA should involve itself with medical education. Alexander, an associate editor for the *JNMA* and a practicing physician in New Jersey, suggested that "since the Association is mainly dependent on the Negro schools for its membership the Association should take an interest in the standards maintained by these schools."[43] Another NMA member listed as Dr. Hall argued that "there are springing up medical schools that do not deserve the name of medical schools" and that the NMA needed to emphasize "higher

[41] Ibid., 26.
[42] Ibid., 28.
[43] Ibid., 28.

professional ideals rather than the commercial side of medicine."[44] The *JNMA* and its members were clearly rallying behind the issue of higher professional standards rather than greater access to medical education.

The committee only saw dissent from one member, a man listed as Dr. McDougald of Philadelphia. McDougald criticized the study for not being comprehensive by looking at all medical schools rather than just those organized by African Americans. He asked, "What have we to offer as means of raising the standard of proficiency in the profession to which all schools of medicine must conform?"[45] His question indicates at least one set of minds among the NMA that saw an opportunity for African Americans to become leaders of medicine in the United States, rejecting the idea that Black medical schools and professionals must perpetually adapt to a standard set by White physicians and legislators. Additionally, McDougald was more interested in tackling legislative issues and institutional deficiencies. He suggested, for instance, a "Central Board of Health empowered to give license to practice medicine throughout the states," or a nationwide reciprocity agreement between state medical boards with the implied hope that this might solve some of the local issues of racism, particularly in the South.[46] He was, perhaps, too progressively-minded for his time and was criticized by Dr. Gamble who stated that McDougald was "not in harmony with the spirit of the work" and that he contributed "absolutely no service" to the committee.[47] This disagreement, the only one noted by the *JNMA*, suggests that NMA members agreed on the necessity of higher education standards but were divided on who would set those standards. For Gamble and the leaders of Black medical schools, following the lead of

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[44] Ibid., 28.
[45] *Journal of the National Medical Association* 2.2 (April-June 1910), 111, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[46] Ibid., 111.
[47] *Journal of the National Medical Association* 1.4 (October-December 1909): 258, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

the AMA was acceptable and even preferred; McDougald, however, sought a way for the NMA to transcend the AMA's leadership.

The *JNMA* rarely referenced the "Flexner Report" by name, but the journal editors never dissented against the general sentiment of Flexner's conclusions that Black medical schools required reformation. As noted above, physicians affiliated with the NMA were demanding higher standards of medical colleges before the "Flexner Report" was published in 1910. Furthermore, they also questioned the efficacy of the schools that displayed poor results in matriculating students and setting them up for success on the state board examinations. After the AMA published Flexner's findings, the tone of the *JNMA* remained the same. In fact, one unattributed article within the journal agreed fully with the report:

> The tendency to eliminate the inefficient and inadequate medical colleges is a step toward better things for the medical profession in particular and mankind in general… The fight the A.M.A. is making to raise the professional standards deserves the earnest support of the profession everywhere.[48]

The NMA and leading Black physicians had already considered the problems faced by medical colleges and had encouraged reform or even the elimination of some schools. The only other direct reference to the "Flexner Report" in the decade that followed its publication is also one of support. In a report of the Committee on Medical Education, the journal agreed with Flexner's assessment that Howard's educational success was in large part due to its affiliation with the Freedmen's Hospital and the training opportunities available for their medical students.[49] Put simply, the "Flexner Report", even with its racist claims, was not the prime impetus of change for Black medical education.

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[48] *Journal of the National Medical Association* 3.3 (July-September 1911), 235, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

[49] *Journal of the National Medical Association* 2.4, (October-December 1910), 284, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

However, one other group did suffer at the hands of medical education reform. Women faced great difficulty in becoming physicians and were instead encouraged to seek training as nurses. Turned away from the medical mainstream, African American women in the nursing profession formed the National Association of Colored Graduate Nurses and employed their own tactics in organizing and contributing to medicine.[50] On this topic, the NMA was no more progressive than the AMA. Dr. Charles V. Roman, for instance, penned a lengthy article detailing a conservative role for women in public health in which he claimed that sexual relations, diet, and household sanitation were the three major factors of disease and that women were the "determining factor[s] in all these relations."[51] Articles mentioning women either affirmed Roman's views or were directly related to the nursing profession. In an article regarding nursing, Dr. John Kenney noted that the "trained nurse [has] come to take her place side by side in importance with the physician."[52] Despite the praise given by Kenney, the distinction in his words is clear: women are nurses, not physicians. When medical schools closed, this mindset was reaffirmed; as positions in medical classes became scarce, women were the first casualties.

By 1917, the Leonard School of Medicine at Shaw University was on the verge of closing and the reaction of the *JNMA* confirmed that the NMA accepted the general conclusions made by Abraham Flexner in 1910. Despite Leonard being one of three remaining schools responsible for training the vast majority of Black physicians, the *JNMA* responded "with regret, but not with

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[50] See Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989); Stephanie J. Shaw, *What a Woman Ought to Be and to Do: Black Professional Women Workers During the Jim Crow Era* (Chicago: The University of Chicago Press, 1996); and Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995).

[51] *Journal of the National Medical Association* 7.3 (July-September 1915), 189, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

[52] *Journal of the National Medical Association* 11.2 (April-June 1919), 53, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

grief."[53] After all, the school had been unable to meet the educational standards set by the AMA and encouraged by the NMA, and its graduates continued to perform poorly on state medical board examinations. The article expressed great pride in the historical accomplishments of Leonard, rising up during a time when few schools were accepting African Americans. However, the sentiment was that Leonard had lived past its use and lost its ability to be a positive resource. The eulogy ended with a cool acceptance of Leonard's demise:

> Greater preparation is now necessary on the part of the applicant both to enable him to comprehend the intricate problems of medicine and surgery as practice today and to meet the requirements of various state boards. Not being able to meet these exacting conditions, it was necessary that you die, and while it is with great sorrow, we had far rather bid thee farewell than to have you merely exist.[54]

The description of Leonard's fall suggests that leaders in the NMA had some worries about the reputation of the school. The lack of support given by the *JNMA* implies that NMA leaders preferred to see the end of Leonard rather than allow its failure to reflect poorly on Black medical education as a whole. Despite the new burdens placed on Meharry and Howard to train the majority of Black physicians, the *JNMA* would not associate itself with anything that might damage its reputation for demanding higher standards in the profession.

In the decade that followed the "Flexner Report," the *JNMA* continued to push for the reformation of medical education. For instance, Dr. Charles V. Roman, the editor-in-chief for the journal, published a 1916 address in which he argued that college education should be mandatory for medical students:

> …the neophyte in medicine should bring with him as a condition of admission to its sacred purlieus, not only "a natural disposition," but the mental and moral preparation

[53] *Journal of the National Medical Association* 10.3 (July-September 1918), 126, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[54] Ibid., 126.

> connoted in the phrase; "A college education." Medicine is a learned profession and its votaries should be scholars.[55]

The sentiment was echoed by Dr. J.A. Lester, a member of the NMA's Committee on Medical Education, in his article entitled, "The Evolution in the Standard of Medical Education."[56] In his argument, Lester described the history of medicine and the medical profession as one of great progress and argued that his contemporary colleagues were charged with contributing to that growth. In particular, Lester addresses the standards set forth by the AMA and its affiliates:

> Let us accept this changed standard and encourage our members and all others within our reach to lose no time, neglect no opportunity to meet the demands of our present efficient standard so worthily established by the National Association of medical colleges.[57]

Lester then showed admiration for a liberal arts education that he saw as a great benefit, much like Roman, for medical students and tasked his colleagues to consider post-graduate work to show their commitment to higher standards of training. Ultimately, the article concluded that the NMA must take the charge in demanding increased quality of education for both budding physicians and those already in the field.

The arguments presented by Drs. Lester and Roman were commonplace in the *JNMA*. In 1919, the journal made another plea for medical schools to highly value college educations among their applicants and emphasized the importance of grammar and the understanding of the English language among medical professionals.[58] These frequent articles regarding education standards suggest that the NMA and its physicians were devoted to not just integrating medicine, but also to becoming intellectual and professional leaders in the field.

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[55] *Journal of the National Medical Association* 9.1 (January-March 1917), 8, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[56] *Journal of the National Medical Association* 10.1 (January-March 1918), 10-12, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[57] Ibid., 11.
[58] *Journal of the National Medical Association* 11.3 (July-September 1919), 108, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

Historians, such as Todd L. Savitt and Thomas J. Ward, Jr., have argued that the CME findings in 1905 and the "Flexner Report" in 1910 served as watershed moments for Black medical training.[59] First, the reforms created nearly impossible standards and an unreasonable timeframe in which Black medical schools could shift to meet those standards. With a higher emphasis on admission requirements, the "Flexner Report" effectively eliminated a large base of Black students who did not have access to quality primary and secondary education and thus did not have the educational background needed to enroll in medical school. Second, the demands of better facilities and faculty put undue financial pressure on Black medical schools. All Black medical schools struggled to generate enough income to keep their doors open let alone to build new facilities and hire more instructors. Additionally, Black medical schools were not able to charge higher tuition rates – or even collect tuition in some cases – because Black students were often poor or came from impoverished means. Third, the "Flexner Report" damaged the growing reputation of Black medical schools and the perceived abilities of Black physicians. Even if medical schools could survive the first two dilemmas, they would do so with compromised reputations established by the CME and the "Flexner Report" that declared the inferiority of Black medical training.

In *Black Physicians in the Jim Crow South*, Thomas J. Ward, Jr., offers a more nuanced interpretation of Flexner's actions. First, he notes that Flexner relied heavily on previous surveys done by the organization and was often accompanied by a member of the AMA's Council of Medical Education.[60] The AMA, Ward argues, was heavily invested in limiting the growth in the

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[59] See Savitt, *Race and Medicine*, Thomas J. Ward, Jr., *Black Physicians in the Jim Crow South* (Fayetteville: The University of Arkansas Press, 2003); W. Michael Byrd and Linda Clayton, *An American Health Dilemma: A Medical History of African Americans and the Problem of Race* (New York: Routledge, 2000); and Barbara Barzanzky and Norman Gevitz, ed., *Beyond Flexner: Medical Education in the Twentieth Century* (New York: Greenwood Press, 1992).

[60] Ward, *Black Physicians in the Jim Crow South*, 22-23.

number of physicians in the United States. Additionally, the AMA largely refused membership to Black doctors based on the policies of local chapters, suggesting that some racial bias existed. Second, Ward states that the "Flexner Report" was racist because deficient White medical schools were given more time to correct their shortcomings.[61] However, Ward does not fully believe that Flexner set out specifically to end Black medical education, arguing that many of Flexner's findings were unfortunately true. Instead, Ward finds fault in Flexner's ambivalent attitude toward the future of Black medical education arguing that "he offered no constructive solution for what should be done to even maintain the small number of physicians that the South's Black medical colleges were producing."[62] Ward concludes that, while it had no inherent intentions of doing so, the implementation of the "Flexner Report" policies nearly destroyed Black medical education.

In *Race and Medicine in Nineteenth- and Early-Twentieth-Century America*, Todd L. Savitt expands upon Ward's argument. Agreeing that the end of Black medical education was the result but not the intention of the "Flexner Report," Savitt concludes that the reforms contributed to several crises for Black medical schools. Savitt, however, paints Flexner as a more tragic figure. Despite his early rhetoric regarding the poor quality of Black medical education and the encouragement to focus on sanitarian training rather than full medical education, Flexner later disagreed with the unfair assessment of Black medical schools. After most Black medical schools had been forced to shut down in response to the "Flexner Report," Meharry suffered a funding crisis. Savitt shows that Flexner pleaded with the CME to not hold Meharry to the same standards of White medical schools; indeed, he also lobbied several philanthropic institutions to

[61] Ibid., 29.
[62] Ibid., 30.

fund Meharry.[63] At the very least, Flexner did not wish to see the total destruction of Black medical education, though his attitude was nonetheless largely driven by paternalism. This anecdote, however, reveals two of Savitt's broader claims regarding the "Flexner Report." First, he echoes Ward's concern that the AMA had racist motives for medical reform. Second, he also establishes the importance of the "Flexner Report" as a basis for delegitimizing Black medical education. Regardless of Flexner's intentions or later concerns, his report had broad and lasting effects according to both Savitt and Ward.

Karen Kruse Thomas, however, argues that Flexner's medical education reforms have not been given a fair treatment. Thomas notes that Flexner was equally critical of Southern White medical schools, and that his findings had the effects of shutting down medical schools across the country. Furthermore, she also stresses that the affected Black medical schools were, in fact, not producing competent physicians. Calling him a "tough but fair critic," Thomas asserts that Flexner had little racial motive behind his actions. Like Savitt, she also emphasizes Flexner's later involvement in supporting both Meharry and Howard which suggests that he had no intention of ending Black medical education. Labeling Flexner an explicit racist in light of these claims is unfair, she argues. However, Thomas extends her defense too far by suggesting that Flexner's recommendations were justified by his surroundings. She argues that Flexner's call for Black medical schools to produce sanitarians rather than surgeons was indicative of the public health crisis in the South. Yet, Flexner was not as adamant in this claim with White schools. Furthermore, this subtly implies that Flexner envisioned Black sanitarians as helping only other African Americans and poor White southerners. Thomas also overlooks the impact of the "Flexner Report" which essentially codified racist beliefs that African Americans were not capable of becoming competent physicians and surgeons. Even if Flexner was not racially

[63] Savitt, *Race and Medicine*, 263.

motivated, which is arguable, his publication in 1910 had the effects of contributing to systemic racism.[64]

The racist nature of the "Flexner Report" and its impact on medical education can perhaps be seen in more recent reflections. With the publication's one hundred year anniversary in 2010, several health journals published reviews of how Flexner's influence is seen in contemporary practices.[65] However, most of these reports fail to include any mention of the racial consequences of the report. Indeed, these articles tend to focus on the improvement in medical training and how present-day medical institutions might learn from and improve upon Flexner's ideas. The implications of these accounts suggest a whitewashing of history, particularly since the AMA has only recently apologized for its role in medical racism.[66] The refusal to acknowledge the racist aspects of early twentieth century medical reform reflects perhaps Flexner's greatest and worst legacies while also confirming its importance as highlighted by Ward and Savitt.

Nonetheless, the significance of the "Flexner Report" has been judged solely through a White, outsider's perspective. As Ward and Savitt are both keen to note, Black medical education was in an abysmal state leading up to the 1910 publication of Flexner's findings. Howard University was the only school that had some semblance of financial stability given its governmental funding and its partnership with the Freedmen's Hospital in Washington, D.C.[67] The quality of medical education was substandard at many of the other Black schools. Low matriculation rates and inadequate training facilities, including the absence of hospital

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[64] Karen Kruse Thomas, *Deluxe Jim Crow: Civil Rights and American Health Policy, 1935-1954* (Athens: The University of Georgia Press, 2011), 19-25.
[65] See Thomas P. Duffy, "The "Flexner Report" – 100 Years Later," *Yale Journal of Biology and Medicine* 84 (2011), 269-276; and M. Cooke, D. Irby, W. Sullivan, and K. Ludmerer, "American Medical Education 100 Years after the 'Flexner Report.'" *The New England Journal of Medicine* 355.13 (2006), 1339-1344.
[66] Kevin O'Reilly, "AMA Apologizes for Past Inequality Against Black Doctors," *American Medical News* 51.28, July 28, 2008, http://www.amednews.com/article/20080728/profession/307289974/6/.
[67] Ward, *Black Physicians in the Jim Crow South*, 4-5.

affiliations and inexperienced professors, were staples at Black medical schools. Philanthropic groups did not provide enough monetary support, and religious organizations simply could not raise enough capital to do so either. For instance, James D. Anderson's *The Education of Blacks in the South, 1860-1935*, notes that funding for Black colleges came from a select group of benefactors that could not afford to bankroll as many institutions as were needed.[68] Funding for advanced programs, like studies in medicine, were often first on the chopping block based on heated debates over industrial education versus professional training.[69] Even without the "Flexner Report," securing funding was a difficult venture for medical schools.

In addition to not considering the context of funding, the existing scholarship on Black medical education also fails to describe how the Black medical professional community responded to the "Flexner Report" and the closing of medical schools. W. Michael Byrd and Linda A. Clayton in *An American Health Dilemma: A Medical History of African Americans and the Problem of Race*, for instance, devote several pages to highlighting the implied racism and impact of the "Flexner Report," but fail to include the response from Black physicians.[70] Yet, the reactions of the Black medical community as described by the *JNMA* explain both the circumstance and the impact of the reform as one of continuity rather than change or crisis. Indeed, the NMA actually welcomed the change in medical education standards and encouraged further improvements. The organization's journal, in fact, published a multitude of articles on the topic of education reform.

Much of the scholarship on Black medical education exists in a framework of victimization and oppression, painting a picture in which Black medical professionals reacted to

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[68] James D. Anderson, *The Education of Blacks in the South, 1860-1935* (Chapel Hill: The University of North Carolina Press, 1988), 245.
[69] Ibid., 246-248.
[70] W. Michael Byrd and Linda Clayton, *An American Health Dilemma: A Medical History of African Americans and the Problem of Race* (New York: Routledge, 2000), 97-103.

AMA pressures and struggled to adapt to the standards of White medicine. Yet, the *JNMA* clearly shows a different story. In education, particularly, Black physicians did not respond to intimidation from the AMA. Instead, they initiated reformation of their own and followed through on new standards even when some of the results were discouraging. Moreover, the field of education was only one realm where Black physicians sought to improve the profession and its reputation. The emphasis on medical education reform represented an initial step in action taken by Black physicians in their pursuit of professionalism. Many of the same physicians who crafted or support education reform would also lend their voice, in a logical progression, to the movement intent on improving professional training post-medical school. The next chapter will show that the efforts made with medical education reform were echoed elsewhere as Black physicians established medical authority and legitimacy during the early twentieth century.

# CHAPTER II: THE HOSPITAL MOVEMENT

The early twentieth century marked the rise of hospitals organized and operated by Black medical professionals. Black hospitals were critically needed by African Americans during this period. While White hospitals accepted Black patients, the hospital wards were often segregated. Black patients were placed in separate wards with older facilities and instruments. Additionally, Black patients were often treated poorly by White physicians, or their ailments were callously disregarded. Similarly, Black physicians were generally not welcome to practice in White hospitals. This exclusion had three significant consequences for Black medical professionals. First, they could not receive the proper post-education training needed to become successful physicians. Second, their potential job market was smaller because they were not being hired at hospitals. Third, the lack of Black physicians in hospitals significantly limited the exposure patients had to medical professionals of color which only reinforced the perception that African Americans could not be successful physicians. The argument for building hospitals owned, organized, and operated by African Americans was thus clear. The *JNMA* reflected these issues, most often from the perspective of hospital advocates, in a way that highlighted debate about the self-prescribed duties of Black physicians. *JNMA* contributors ultimately argued from the perspective of professional development by arguing that their own growth would serve as one way to address the African American health crisis The hospital movement then became the next avenue, after medical education, where Black physicians could assert their professional authority and legitimacy to African Americans and the rest of society as well.

Earning a medical degree was a major hurdle for African Americans during the early twentieth century, and their struggle continued as they entered the profession. Most hospitals refused to hire African Americans which not only decreased the amount of jobs available for

Black physicians, but it also prevented them from specializing. Segregated hospitals also affected the medical care that African Americans received. Dr. W.E.B. Dubois, in both *The Philadelphia Negro* and "The Health and Physique of the Negro American," wrote of three major problems facing the Black community: access to care, the callous treatment by White doctors, and the resulting fear or rejection of modern medicine among many African Americans.[71] All three of those issues had historical roots within the African American community as well.

Two prominent studies of African American health have described the tenuous historical relationship between Black people and White medical practitioners. In *Medical Apartheid*, Harriet Washington details numerous stories where White medical professionals objectified and abused Black people.[72] Sharla Fett elaborates upon this in *Working Cures* in which she shows that White physicians treated enslaved African Americans horrifically, including using medical treatments as punishment in some cases.[73] Fett also describes a vast system of healthcare that was created and employed by African Americans.[74] The reliance on their own remedies and cures was passed down generationally, the success of this system, and the poor treatment from White physicians led many African Americans to dismiss the modern medical system that emerged in the late nineteenth and early twentieth centuries.

Reflecting upon these issues, the *JNMA* often suggested the rising numbers of Black physicians could efficiently and effectively address the problems facing African American health. However, the advocacy of the *JNMA* in this regard often rhetorically placed health as a secondary concern to the growth in the number of competent physicians. Of course, Black

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[71] See W.E.B. DuBois, *The Philadelphia Negro: A Social Study* (Philadelphia: University of Pennsylvania Press, 1996); and W.E.B. DuBois, "The Health and Physique of the Negro American" (Atlanta: Atlanta University Press, 1906).
[72] Harriet Washington, *A Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Anchor Books, 2006).
[73] Sharla Fett, *Working Cures: Healing, Health and Power on Southern Slave Plantations* (Chapel Hill: The University of North Carolina Press, 2007), 188-191.
[74] Ibid., 74-75.

physicians wrote and spoke often of the growing concerns of the African American health crisis. Yet, in the internal professional debates that took place within the *JNMA*, Black physicians generally avoided using these arguments when discussing the hospital movement. This chapter thus argues that early twentieth century *JNMA* articles about the hospital movement addressed concerns of professional standards and training opportunities rather than greater access to healthcare.

The hospital movement reflected the changing face of medicine in the early twentieth century. A greater emphasis on the science supporting medical breakthroughs encouraged physicians to create standardized systems of diagnosis and treatment. With the standardization of medical understanding also came the bureaucratization of medical practice. The rise of the hospital was thus a logical advancement in medical care. Bringing patients to a centralized location encouraged the development of the profession in several ways: it encouraged the study of disease rather than individual patients; it allowed for physicians to truly specialize in their practice; and it created an ideal setting in which clinical medicine and laboratory medicine could be utilized together.[75] However, many Black physicians were barred from these experiences. Compounding the issue was the fear that future Black physicians would not value professional development based on the lack of access to such opportunities.

Dr. Thomas Roy Peyton, a Black proctologist, reflected these fears in his 1963 autobiography, *Quest for Dignity: An Autobiography of a Negro Doctor*. Peyton graduated from Long Island Medical College in the early 1920s; however, he did not feel that his race played

[75] On the origins and development of modern medicine in the West, see Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (Baltimore: The Johns Hopkins University Press, 1987); Charles E. Rosenberg, *Our Present Complaint: American Medicine, Then and Now* (Baltimore: The Johns Hopkins University Press, 2007); Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, Inc., 1982); Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: W.W. Norton & Company, 1997); and Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York: Vintage Books, 1994).

much of a role in his access to medical education. In fact, he only realized his race might affect his medical practice when a fellow student asked where he intended to practice upon graduation.[76] In this way, his narrative reaffirms the idea that medical education was just the first hurdle for African Americans pursuing careers as medical professionals. Peyton found success in immigrant communities and even earned positions at two White institutions in the northeast. However, he soon found himself frustrated at his lack of advancement and realized that his medical education had stalled. His lack of professional development wore on him and he saw the negative impact it was having on his business:

> Having to treat every case presenting itself often upset me, since many were illnesses with which I was not too familiar. There were still no Negro specialists to whom one might refer a case. A referral to a White specialist nearly always meant bidding farewell to your patient. Not only would the patient be cured, if that were possible, but he would be kept.[77]

The lack of Black specialists frustrated Peyton because it implied both a professional and a racial inferiority.

Determined to challenge both implications, Dr. Peyton pursued a specialization of his own but was met with great resistance. While treating a patient diagnosed with rectal cancer, Peyton realized that rectal exams were often overlooked and that proctology as a field was underestimated. His growing interest in proctology was met with mockery from his colleagues, but he nonetheless saw the specialization as essential. Despite his positive record of working at White institutions, Peyton was denied the ability to work with reputable, White proctologists on the grounds that patients would supposedly reject his presence. Eventually, Peyton successfully

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[76] Thomas Roy Peyton, *Quest for Dignity: An Autobiography of a Negro Doctor* (Los Angeles: Publishers Western, 1963), 11.

[77] Ibid., 22-23.

sought training in Canada and became an outspoken advocate for specialization among Black physicians. [78]

However, Dr. Peyton felt rejection in another sense. Peyton feared that many of his fellow Black physicians overlooked the importance of professional development and specialization:

> Extremely few Negro doctors have had any prolonged association with leaders in the medical profession. Many of them never appreciate the need for postgraduate study. By and large, the Negro doctor contributed little to the science of medicine, simply because he has lacked research and laboratory experience, areas not open to him in the finest hospitals. There have been some books written by Negro M.D.'s, but rarely have any of the techniques for recognized or accepted laboratory and operational methods been devised by a Negro.[79]

While he partially considered this an issue of systemic exclusion by White medical professionals, Peyton clearly laid some blame at the feet of Black doctors. Indeed, he criticized Black physicians for not being more assertive as authorities on medicine:

> The average Negro doctor humbly accepts whatever statistics are laid down by White colleagues, even when these figures may be faulty or inaccurate. Here again the opportunity for factual informative material has been lost through the inertia or inactivity of the Negro doctor who might have contributed valuable data to American medicine.[80]

The criticisms were not personal, however. Peyton simply identified the lack of opportunities for Black physicians and noted the long-term, negative impact on the profession. His reflections were not unique in this matter, either.

In 1939, Dr. William Montague Cobb reflected upon what he saw as shortcomings among Black physicians in *The First Negro Medical Society: A History of the Medico-Chirurgical Society of the District of Columbia, 1884-1939*. Cobb prefaced his criticism by

[78] Ibid., 20-23.
[79] Ibid., 27.
[80] Ibid., 27.

noting that Black physicians had great potential as community leaders.[81] Nonetheless, he feared that his fellow physicians were not living up to this potential:

> A segregated society of a minority group can fail to make itself felt as it should be, and escape serious censure because it is not held as responsible as the corresponding society of the majority… This particular society has apparently not been sufficiently impressed with the value of cultivating intellectual and professional excellence as a technique for survival.[82]

Much like Peyton, Cobb recognized the limitations placed on Black physicians but nonetheless blamed many of them for not pursuing professional development. Both physicians were prominent in their own time and served as leading voices in their communities. Additionally, Cobb served as an editor of the *JNMA* and as president of the National Association for the Advancement of Colored People (NAACP) later in his career. The claims made by Peyton and Cobb were thus indicative of the opinions of leading Black physicians. Moreover, they reflected the advocacy for professional excellence that first began with the *JNMA* earlier in the twentieth century.

The professional advancement sought by Drs. Peyton and Cobb was nearly impossible without a hospital system that welcomed Black physicians; however, building these hospitals was a difficult task in itself. Two prominent Black hospitals showed both the success and the challenges of the hospital movement in the early twentieth century: the Frederick Douglass Memorial Hospital in Philadelphia, Pennsylvania, and the John A. Andrew Hospital in Tuskegee, Alabama. In many ways, the circumstances of each hospital's development were fundamentally different, yet both were ultimately hailed for their dedication to providing professional opportunities for Black physicians.

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[81] W. Montague Cobb, *The First Negro Medical Society: A History of the Medico-Chirurgical Society of the District of Columbia, 1884-1939* (Washington, D.C.: The Associated Publishers, Inc., 1939), 127.
[82] Ibid., 130.

The Frederick Douglass Memorial Hospital opened in 1895 under the leadership of Dr. Nathan Mossell, a prominent member of both the NMA and NAACP, and was met with mixed response from African Americans. Mossell found great success in securing monetary support from both the Black community in Philadelphia as well as the local Republican Party which had come to rely on the African American voting bloc.[83] Philadelphia was also progressive in its management of the local healthcare system which played a significant role in the development of a Black healthcare system. Tuberculosis was a major problem for Philadelphia, especially among the African American population. The city's White medical leaders responded by opening several tuberculosis clinics. Mossell and others who advocated on behalf of African American health were able to persuade these leaders to allow the participation of Black physicians and nurses in the clinics.[84] The success found in treating tuberculosis aided the reputation of Black medical professionals and further legitimized the Frederick Douglass Memorial Hospital.

Dr. Mossell faced significant criticism for his work with Douglass Memorial. Vannessa Northington Gamble writes in *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*, that Mossell was met with skepticism from some African Americans who thought the hospital represented an accommodation to racial segregation.[85] Some local Black physicians criticized Mossell's supposed arrogance because of his outspoken attitude toward professional standards. He was accused of preventing some Black physicians from working in the hospital, particularly in the surgical room.[86] The disagreement ironically resulted in the construction of a second Black hospital in Philadelphia, Mercy Hospital and Nurse Training School. Nonetheless,

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[83] David McBride, *Integrating the City of Medicine: Blacks in Philadelphia Health Care, 1910-1965* (Philadelphia: Temple University Press, 1989), 10, 18-19.
[84] Ibid., 40-55.
[85] Vannessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945* (Oxford: Oxford University Press, 1995), 22.
[86] Ibid., 26-27.

Mossell's efforts were widely hailed by other physicians, and he later became a leading voice in the hospital movement while writing for the *JNMA*. However, Mossell's story was not easily replicated in the South where the color line was much more rigid and funding was harder to secure.

When the John A. Andrew Hospital at the Tuskegee Institute opened its doors in 1913, the hospital was met with great fanfare. Many prominent members of society – including Seth Low, a president of Columbia University, and Julius Rosenwald, the president of Sears, Roebuck, and Company and major contributor to African American education – traveled to Tuskegee in celebration. Dr. Booker T. Washington expressed gratitude for the significant donation – a sum of $55,000 – made by Elizabeth Mason, a wealthy Bostonian and granddaughter of the hospital's namesake who had served as the governor of Massachusetts in the 1860s. Dr. George Hall, a well-known surgeon from Chicago, delivered the opening remarks for the hospital. In short, the opening of John A. Andrew could not have been more different than that of Frederick Douglass Memorial.[87]

The John A. Andrew Hospital benefitted greatly from the reputation of the Tuskegee Institute and its founder. Not only did the hospital receive tremendous support from African American communities both local and national, but it also saw significant monetary donations from wealthy, White northerners. Furthermore, the institute was able to attract prominent Black physicians who visited and provided medical care and surgeries to help the local population and promote the medical facilities. The success of the hospital's opening was thus mitigated by the fact that its popularity was incredibly difficult to reproduce. Nonetheless, the facility served as an ideal goal for the hospital movement. While neither the Frederick Douglass Memorial Hospital

[87] *Journal of the National Medical Association* 53.2 (March 1961), 103-118, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2641895/pdf/jnma00690-0004.pdf.

nor the John A. Andrew Hospital were easily replicable, they both existed as inspirational facilities as noted by the *JNMA*.

The first *JNMA* article explicitly regarding hospitals was, appropriately enough, penned by Dr. Mossell. His essay, "The Modern Hospital: Its Construction, Organization and Management," provided historical analysis of hospital design and the rise in prominence of thoughtfully constructed hospitals.[88] Mossell's attention to detail transformed his essay into a blueprint for readers who might have been interested in building or contributing to a hospital. The publication of the article implies that such a readership existed, or at least suggests that the *JNMA* was working hard to promote the construction of hospitals. Along with the discussion of hospital organization, Mossell made an important claim that would be echoed throughout the *JNMA* over the following decade: hospitals were not just necessary for patient care, but also for the training of medical professionals.[89] Once more, the *JNMA* placed utmost emphasis on professional standards.

Following Dr. Mossell's article in the same issue, the *JNMA* expanded upon its argument for Black hospitals. In an unattributed article, the journal addressed a recent essay published in *Colored American Magazine* in which Dr. E. Elliot Rawlins made a plea for a Black hospital in New York City.[90] The *JNMA* response bordered on incredulity that no such hospital existed given the city's size and resources, and the use of Rawlins's article was clearly intended as a declaration of a crisis in Black health. The article made the argument that Black patients were better served by Black physicians and nurses. However, the key point was that, without Black hospitals, the likelihood of producing exceptional Black physicians was low. This sentiment is

[88] *Journal of the National Medical Association* 1.2 (April-June 1909), 94-102, http://www.ncbi.nlm.nih.gov/pmc/issues/173361.
[89] Ibid., 101.
[90] Ibid., 104-105.

echoed in the article's final plea: "Let New York now fall in line with a hospital controlled by Negroes, with a Negro staff, and in a few years we may point to an eminent Negro surgeon among her distinguished physicians."[91] Combined with the publication of Mossell's article, the *JNMA* was clearly commencing a campaign for Black hospitals and its driving argument primarily revolved around the profession rather than the patient.

One year later, the *JNMA* published a report from its medical education committee that more directly described the need for Black hospitals:

> …with the advent of the Negro in the medical profession, there should have also arisen a need for Negro hospitals; for, in order to keep abreast with the times, in order to enable his patients to enjoy the advantages of modern methods of treatment, the Negro practitioner must command the same opportunities for the scientific study and treatment of disease under the favorable environments of a hospital ward as are enjoyed by other practitioners.[92]

The article lamented the fact that hospital construction had not matched the production of physicians and questioned how effective those physicians could be without hospitals as places of training and research. Additionally, the *JNMA* implied that one of the major barriers for the Black hospital movement was, in fact, physicians themselves: "The small number of colored hospitals in this great country of ours certainly seem to indicate that the Negro doctors do not properly estimate the value of the hospital."[93] This sentiment is partially self-explanatory: if Black hospitals were not prevalent, neither were opportunities for Black physicians; why, then, would Black physicians feel a particular affinity for hospitals as a place of practice? Another likely explanation is the simple fact of finances. Hospitals were expensive projects and not necessarily a priority in many communities. More importantly, a Black hospital was more likely

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[91] Ibid., 105.
[92] *Journal of the National Medical Association* 2.4 (October-December 1910), 283, http://www.ncbi.nlm.nih.gov/pmc/issues/173371.
[93] Ibid., 287.

to serve African American communities without financial means, and so the concern was that physicians would take great monetary risk by working within one.

On this note, the dissenting voice of Dr. J.Q. McDougald emerged to argue that hospitals were a profit-losing venture for physicians:

> The hospitals are about to make doctors beggars. What shall we do with free hospitals and free dispensaries? If the committee recommends more hospitals, there ought to be some means of distinguishing between those patients who deserve free treatment and those who do not.[94]

McDougald did not seem to attract many supporters in any of his arguments, but his concern reflected the recurring theme of addressing how the hospital movement would benefit the profession. Nonetheless, the *JNMA* took a decisive stance: hospitals were good for the patient and great for the physician.

The *JNMA* frequently published articles detailing the opening or expanding of hospitals, and the purpose of these articles was clearly twofold: they celebrated the growth of the field and reminded physicians of the work that still remained. When the George W. Hubbard hospital wing opened at Meharry Medical College in 1911, the journal published a detailed review of the new facilities. More importantly, however, the article noted that the hospital was funded by the local African American community in Nashville suggesting that it was possible to build hospitals without relying on White investment. The journal also noted the importance of the hospital for the area:

> The new hospital will be of great benefit to the colored people of Nashville, and through them of personal benefit to the Whites. It is designed to allay diseases among the colored race and instruct them in the laws of health and cleanliness. It is designed to supply graduate colored nurses for the sick, and it is intended to do all the good that such an institution can do for the human race, regardless of color.[95]

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[94] Ibid., 289.
[95] *Journal of the National Medical Association* 3.1 (January-March 1911): 107, http://www.ncbi.nlm.nih.gov/pmc/issues/175393.

The description appealed to three arguments. First, the hospital would clearly benefit the local Black population. Additionally, the facilities offered greater professional opportunities for Black nurses. The final claim, most interestingly, suggested that the hospital might assist in improving race relations. Taken alone, the article's intent likely revolves around improving the health of all people. However, this article begins a trend within the *JNMA* of noting how Black hospitals were effective ways of showing the abilities of African American communities.

The growth of the hospital movement provided opportunities for women. Although women were largely excluded from becoming physicians, the *JNMA* became an outspoken advocate for women entering the medical profession as nurses. The *JNMA* equally emphasized high standards of professionalism in nursing careers as it did for physicians, as well. The men who addressed the opening of the John A. Andrew Hospital at Tuskegee were particularly interested in promoting the nursing profession. Dr. John Kenney, for instance, noted that the training of nurses was one of the main reasons for the hospital's existence.[96] Dr. U.G. Mason affirmed this goal and hoped that the emphasis of nurse training at Tuskegee would disseminate throughout the country:

> Oh that there were more hospitals and nurse-training schools in which young women of the race might fit themselves for service in the sick room and to help spread abroad the cheering news that the greatest destroyer of the race is contagious, but it is also preventable and curable.[97]

Dr. Mossell echoed Mason's wish years later with the hope that more hospitals would soon arise and give equal opportunities for Black nurses.[98] Of course, all of these pleas for nurse training

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[96] *Journal of the National Medical Association* 5.2 (April-June 1913), 77-81, http://www.ncbi.nlm.nih.gov/pmc/issues/175393.
[97] *Journal of the National Medical Association* 5.3 (July-September 1913), 151-153, http://www.ncbi.nlm.nih.gov/pmc/issues/175403.
[98] *Journal of the National Medical Association* 8.3 (July-September 1916), 133, http://www.ncbi.nlm.nih.gov/pmc/issues/175420.

also codified the idea that women were nurses and not physicians indicating at least one problematic area for the NMA.

African American, female physicians faced the hardships of both racial and gender inequality and their voices were notably absent in the *JNMA* despite having familiar stories of being unable to find work or internships in hospitals and not being perceived as medical authorities.[99] Moreover, the *JNMA* and other leading Black physicians often appealed to gender stereotypes when recruiting nurses. Dr. Daniel Hale Williams, a leader of the hospital movement in Chicago, for instance, used language that implied women were "natural nurturers" who would make ideal caretakers.[100] Booker T. Washington also suggested that nursing careers would assist a woman in becoming a "better wife, mother, and homemaker."[101] Despite this patriarchal view, women played vital roles in hospitals as well as the hospital movement, eventually organizing into the National Association of Colored Graduate Nurses and asserting their own influence within the reformation.

In 1913, the journal published a series of articles on the opening of the John A. Andrew Hospital at the Tuskegee Institute in Alabama. Dr. John Kenney, the director of the hospital and an editor of the *JNMA*, noted in his address that the Tuskegee hospital represented a dramatic shift in the hospital movement:

> There was a time when the anti-hospital sentiment was so potent that many of our students and teachers, and members of families hesitated to even visit our hospital. They seemed to fear that there was some malady about the place that would contaminate them if they came near.[102]

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[99] Gamble, *Making a Place for Ourselves*, 30-31.
[100] Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989), 12-13.
[101] Ibid., 13.
[102] *Journal of the National Medical Association* 5.2 (April-June 1913), 79, http://www.ncbi.nlm.nih.gov/pmc/issues/175408.

The sentiment described by Kenney was universal, regardless of race, in the United States.[103] However, with fewer Black hospitals established, Kenney and other NMA physicians believed that the anti-hospital fervor was worse among African Americans. With the new facilities at Tuskegee, Kenney saw an opportunity to reach out to people who had previously feared hospitals. And, with this increase in future patients, Kenney and others saw the John A. Andrew Hospital as a great training facility for medical professionals.

Dr. George C. Hall, a prominent voice in the *JNMA*, used the opening of the Tuskegee hospital as an opportunity to speak of the importance of Black hospitals. In an address titled, "The Function of the Negro Hospital," Hall argued that professional development was arguably one of the most important benefits of opening hospitals. The Black hospital, Hall stated,

> …furnishes the young Negro physician positions of internes, the value of which cannot be computed, and from which they are rigidly excluded in other institutions. It emphasizes the value and importance of original investigation. It furnishes laboratory facilities, the need of which would make it impossible for the Negro physicians to do up-to-date work. It helps him by increasing his skill, expanding his experiences, and makes him a stronger, more useful man in his community.[104]

In his claim, Hall listed two major opportunities for professional development – internships and research – that were otherwise largely unavailable to Black physicians. Furthermore, he suggested that working in a hospital improved the leadership qualities of physicians; this might also imply a desire for Black physicians to become great community leaders outside of the hospital, as well.

Three years later, Hall's claims were affirmed by Dr. Nathan Mossell who, as described earlier, had been the most active advocate for Black hospitals in the NMA. In his article, "The Modern Hospital Largely Educational," Mossell laid out his argument for the necessity of

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[103] Rosenberg, *The Care of Strangers,* 237-238.
[104] *Journal of the National Medical Association* 5.2 (April-June 1913), 92-93, http://www.ncbi.nlm.nih.gov/pmc/issues/175408.

opening more hospitals if the physicians of the NMA were seriously interested in professional development:

> The modern hospital is more to the community than a mere dwelling place for the sick—It is truly a great educational center. Physicians cannot be educated without hospitals, neither can they keep abreast with the advancement of modern medicine and surgery without active practice in them or more or less constant association with those who are actually connected with hospital life and practice.[105]

Not only did Mossell deliver the argument for working in hospitals, but he took a step further to criticize physicians who had not done so. Mossell's essay is the first notable instance in the hospital debates where physicians associated with hospitals were categorically described as better medical professionals.

Dr. Mossell received some criticism for his tireless support of Black hospitals, seen by some as accommodationist.[106] However, the arguments put forth in the *JNMA* clearly show that the need for hospitals was about establishing legitimacy for Black physicians rather than an acceptance of segregation in the medical field. Dr. Lylburn C. Downing, an NMA member practicing in Virginia, addressed these concerns with his essay, "Some Points on Developing a Hospital."[107] Downing noted that many hospitals had ethnic or religious associations and did not lose their legitimacy because of those affiliations. The problem, Downing noted, was that Black physicians generally lacked credibility when working in White hospitals in the South. Without a place of their own, Downing argued, Black physicians could not establish professional legitimacy:

> Racial segregation prevents our qualified young graduates from securing interneship in practically all of the hospitals in the country and later on from serving on the visiting staff of the hospitals of their locality, thus forcing us either to abandon the practice of hospital

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[105] *Journal of the National Medical Association* 8.3 (July-September 1916), 133, http://www.ncbi.nlm.nih.gov/pmc/issues/175420.
[106] David McBride, *Integrating in the City of Medicine*, 12-13.
[107] *Journal of the National Medical Association* 11.3 (July-September 1919): 95-98, http://www.ncbi.nlm.nih.gov/pmc/issues/175405.

> medicine and surgery or to conduct institutions of our own… The question becomes then, not whether it be advisable to operate colored hospitals, but whether this or that community can do so and how best to do so.[108]

Additionally, Downing argued that integrated hospitals, managed by African Americans, were a tool against segregation. Downing claimed that, by intentionally organizing a racially inclusive staff, Black hospitals could show the potential of cooperation. Specifically, he argued that White physicians would draw more patients to the hospitals and that these interactions would show positive racial relations: "The patient who comes in under the White doctor—and they do and will come—often leaves a convert to the colored."[109] Mossell agreed with Downing's sentiments; in fact, while at the Frederick Douglass Memorial Hospital, he denied the request of the University of Pennsylvania to send its Black students to train at the hospital unless the medical school also agreed to send its White students.[110] Mossell and Downing represent the growth of the *JNMA* and the support for the hospital movement into the 1920s. As the NMA entered the next decade, its journal had clearly taken a side in the hospital debate: not only were Black hospitals good for the community, but they were also necessary for the proper training of physicians.

The Black hospital movement was ultimately successful in its early years. In 1912, sixty-three Black hospitals were operational; by 1919, that number had increased to 118. The success was due, in part, to the surge of hospital construction throughout the nation. In several instances, if new White hospitals were commissioned, the existing facilities would then be granted to African Americans. For example, Black hospitals arose in such circumstances in both St. Louis

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[108] Ibid., 96.
[109] Ibid., 97.
[110] Gamble, *Making a Place for Ourselves,* 32.

and Kansas City, Missouri.[111] Through the 1920s and 1930s, the growth of the hospital movement continued, and more opportunities were created for Black physicians.

While the hospital movement was in some ways a response to growing health concerns among African American communities, the rise of Black hospitals was certainly linked to the health of the medical profession itself. In *An American Health Dilemma*, Michael W. Byrd and Linda Clayton argue that Black hospitals "evolved largely out of medical-social rather than public health or scientific medical needs."[112] Vannessa Northington Gamble affirms that opinion in *Making a Place for Ourselves*: "Black-controlled hospitals should not be viewed solely as reactions to a segregated, exclusionary society, but also as a growing out of the African-American community's longstanding tradition for its members."[113] And David McBride argues, in *Integrating in the City of Medicine*, that the growth of a Black healthcare system was mostly a reaction to Black health concerns.[114] Undoubtedly, all three are correct. However, the emphasis on professional development and excellence found in the *JNMA* and in the writings of other prominent Black physicians provide yet another context for the hospital movement. Without a strong development system for Black physicians, the hospital movement could not fully address any of the medical or social concerns of African American communities.

The hospital movement served as another building block for the professional legitimacy arguments made by Black physicians. By the time the hospital movement truly hit its peak, most Black medical schools had been closed. Post-education training thus became exponentially more important. Although fewer Black people were graduating from medical schools, emerging Black

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[111] Ibid., 8-10.
[112] Michael W. Byrd and Linda Clayton, *An American Health Dilemma: A Medical History of African Americans and the Problem of Race* (New York: Routledge, 2000), 53.
[113] Gamble, *Making a Place for Ourselves,* 11.
[114] David McBride, *Integrating the City of Medicine: Blacks in Philadelphia Health Care, 1910-1965* (Philadelphia: Temple University Press, 1989), 1-4.

physicians experienced growing opportunities for professional development because of the hospital movement. Additionally, existing Black physicians were able to cement their reputations as medical authorities. They were exposed to more patients and had more opportunities to practice and specialize in various fields. The importance given to the hospital movement by the *JNMA* further reflects how and why the journal's contributors stressed professional development. And, this emphasis allowed for greater opportunity in the future. The next chapter will analyze how Black physicians further sought professional legitimacy, engaged with the public, and capitalized on the efforts made in medical education reform and with the hospital movement.

# CHAPTER III: ENGAGING WITH THE PUBLIC

The dominant theme of professionalism in the early volumes of the *JNMA* served multiple purposes. When addressing education reform and the hospital movement, the journal focused on the development of professional standards both for the advancement of medicine and as a way to build the reputation of budding Black physicians. However, the emphasis on professional development played a larger role as the *JNMA* encouraged experienced Black physicians to engage with the nation on issues of public health and the racial disparities within the healthcare system. The progressive-minded journal highlighted the problems of economic inequality, sanitation, and education as leading causes for poor health among African Americans. Medicine alone could not solve the health crisis among the Black population. Additionally, the journal underlined the interdependent relationship between public advocacy and professional legitimacy. When physicians contributed to public health concerns, they displayed a professional authority that assisted in improving their reputations; and, as their professional authority increased, physicians gained power in the public sphere.

As the journal further stressed public advocacy, its definition of professionalism expanded. Physicians were increasingly expected to use their medical expertise not only with patients, but also with legislation and public health initiatives. Instead of treating tuberculosis on a case-by-case basis, for instance, physicians could lobby for better housing conditions and sanitation that would reduce the number of patients afflicted with the disease. The journal's rhetoric thus represented an acceptance of preventative medicine and the promotion of public health initiatives. The growth of professional authority was encouraging for the journal in its efforts to address the limitations of medicine and shape the future of healthcare practices. By defining physicians as healers of body and community, the *JNMA* shifted the boundaries of

professionalism in medicine and encouraged Black physicians to assume leadership positions within the African American community and the nation as a whole.

The *JNMA* faced many unique problems in the effort to develop professionalism among Black physicians. First, trust issues plagued Black physicians. While they were racially discriminated against by both White patients and White medical professionals, they also found mistrust among African American communities as well. The perception that Black medical education was inferior affected all minds, not just those of White people. Additionally, African Americans had a long history of being mistreated by the medical field; thus, many Black people simply feared medicine regardless of the practitioner. Second, economic disparities affected the business success of Black physicians. With the majority of their patients coming from impoverished means, Black physicians were unable to charge – and collect – the same rates as their White peers. On the other side of the issue, poor African Americans who wanted and needed medical care often went without it because they could not afford a doctor's visit. Third, Black physicians faced an uphill battle against existing systems of healthcare that were not as prevalent among White patients. Many African Americans who had long been excluded from mainstream medicine had developed their own system of care that could be traced back to African ancestors. Folk healers, midwives, and homeopathic remedies constituted the healthcare of many African Americans in the south, and replacing that existing system was difficult for the growing profession of the Black physician.[115] For Black physicians, then, developing a strong scientific understanding of medicine and health was just the first step towards professional

[115] For the history of African American health practices, see Sharla Fett, *Working Cures: Healing, Health and Power on Southern Slave Plantations* (Chapel Hill: The University of North Carolina Press, 2007); Stephanie Mitchem, *African American Folk Healing* (New York: New York University Press, 2007); and Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge: Harvard University Press, 2006).

legitimacy; the cultural and socioeconomic hurdles facing African Americans, however, proved to be the toughest barriers to break.[116]

Physicians writing for the *JNMA* address several important themes of public engagement during the twentieth century. Journal contributors spoke of public health education drives, becoming more involved in social and civic organizations, focusing more on medical research, understanding the legislative process, lobbying the government, and contributing to military efforts in the Great War. While many of these concepts intersected and were explored simultaneously, they are best analyzed individually. For organizational purposes, then, this chapter will reveal these ideas thematically rather than strictly chronologically.

In the first volume of the *JNMA*, chief editor Dr. Charles V. Roman detailed the priorities and relationships of physicians, emphasizing the importance of medicine as "a profession and not a trade."[117] Roman, who served as the moral compass of the journal during its formative years, described how the profession was growing rapidly, not only in numbers but in the demand of its practices. "The field of medicine is too broad for one mind now," he noted, arguing that medicine was becoming further complicated and that physicians should seriously consider learning specialties.[118]

However, his argument arguably had a dual meaning. Later in the article, Dr. Roman suggested that physicians should teach their patients about sanitation and healthy lifestyles.[119] He

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[116] See Todd L. Savitt, *Race and Medicine in Nineteenth- and Early-Twentieth-Century America* (Kent: The Kent State University Press, 2007); Thomas J. Ward, Jr., *Black Physicians in the Jim Crow South* (Fayetteville: The University of Arkansas Press, 2003); W. Michael Byrd and Linda Clayton, *An American Health Dilemma: A Medical History of African Americans and the Problem of Race* (New York: Routledge, 2000); and Harriet Washington, *A Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Anchor Books, 2006).
[117] *Journal of the National Medical Association* 1.1 (Jan-March 1909), 20, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[118] Ibid., 21.
[119] Ibid., 22.

also warned of medical charlatans who were diminishing the authority of the profession and endangering the lives of Americans:

> The growth of what has fitly been denominated 'The Great American Fraud,' the patent and proprietary medicine business, has resulted as much from the ignorance and carelessness of physicians as from the gullibility of the public and the rascality of the promoters.[120]

The broadening of the field, then, did not just apply to the new specialized forms of medicine, but also to public engagement and the higher standards of accountability. If the physician's goal was to increase the wellbeing of others, doctors must venture from their comfort zones and utilize their training outside of hospitals and private practices.

Dr. W.S. Lofton, a prominent dentist and contributor to the *JNMA*, affirmed some of Dr. Roman's claims in his article, "Duties of the Profession to the Laity." Like Roman, Lofton emphasized the importance of public health advocacy. Lofton focused on Black health, however, and argued that instructing the public on preventative medicine could significantly decrease the racial disparities in health:

> We hear on all sides the statements of large mortality among the colored people from consumption. I do not believe it is because they are more susceptible to the disease, but first, because of their ignorance of the laws of hygiene and sanitation; second, ignorance of the laws of prevention when brought into daily contact with the disease; third, failure on the part of the physician to request the health authorities to fumigate the house when a consumptive has moved or died. Last, but by no means least, and to the same of the American people, blinded by commercialism, the glitter of the almighty dollar and race prejudice, the almost utter impossibility for persons of our race to get decent houses to live in…[121]

Lofton thus succinctly described the demands on Black physicians. First, he refuted racial discrepancies in medical statistics, arguing that socioeconomics were skewing rates of disease among White and Black people. Second, he described how public health education, regarding

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[120] Ibid., 22.
[121] *Journal of the National Medical Association* 1.2 (April-June 1909), 118-119, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

both personal hygiene and the issues of contamination, would improve the livelihood of African Americans. Third, he detailed the necessity of physicians becoming involved in civic affairs, decrying the issues of racially discriminatory sanitation and housing practices. The issues Lofton presented were identified often in the early volumes of the *JNMA*.

In addressing the problems defined by Dr. Lofton, one theme became prevalent among journal contributors: public engagement. In a presidential address of the Alabama Medical, Dental, and Pharmaceutical Association, Dr. G. H. Wilkerson hailed the increasing number of Black physicians as a way of increasing professional authority: "A magnified presence has helpful effects on race consciousness and confidence, and appeals stronger to pride and patronage in a helpful way..."[122] The statement also emphasized racial solidarity within the profession.

Dr. P.A. Johnson, president of the NMA, agreed with Dr. Wilkerson in a speech given at the NMA's Boston meeting in 1909:

> We should fail to realize that what tends to elevate us in public estimation must be of our own creation. If we do not wish to lag behind in the progressive march of our several professions, we are to take the initiative in such things as will keep us abreast of the times, and show to the public that we are ready to meet the exacting demands of professional life, and nothing is better calculated to achieve this object than the principle of fraternal solidarity and of cooperative unity of action.[123]

Both speakers focused on the public perception of Black physicians. They highlighted the importance of reputation as the key to future success, arguing that skill alone could not advance the profession's legitimacy. As the profession grew, the *JNMA* continued to emphasize this point of appearance.

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[122] *Journal of the National Medical Association* 1.3 (July-September 1909), 149, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[123] *Journal of the National Medical Association* 1.4 (October-December 1909), 191, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

Dr. David H.C. Scott addressed the Alabama Medical, Dental, and Pharmaceutical Association as its new president in 1910 to both affirm and expand upon his predecessor's arguments. He discussed the relationship between the physician and the public, and how any semblance of unprofessionalism among physicians could damage the developing reputation of their practice:

> Sad to acknowledge, but the laity looks upon our ethics as a sort of conspiracy, in order to delude them into an embarrassing attitude in relation to us. We should in so far as possible, and it is possible, to teach them that our code is our sacred law and by it we govern our conduct toward each other and through this method the public is protected as well as we are.[124]

To combat this problem, Scott emphasized professional solidarity between physicians, dentists, and pharmacists as well as the discouragement of quacks or otherwise unqualified medical professionals.[125] Scott's recommendations reflect the journal's early focus on creating a unifying identity for Black physicians before entering the realm of public health.

In 1910, Dr. A.M. Townsend was elected as the incoming NMA president and his address reflected Dr. Scott's emphasis on professional unity. "Our object, as I see it," he said, "is first to help ourselves and second to help others."[126] He warned against greed and demanded that physicians hold each other accountable for maintaining ethical conduct.[127] The goal, in his mind, was to "bring about a closer relationship and better understanding and stimulate friendly intercourse among us."[128] If physicians could develop that professionally competitive and collaborative nature, they could influence the broader community. For physicians, Townsend believed that the success of the NMA would encourage more local medical societies to emerge.

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[124] *Journal of the National Medical Association* 2.2 (April-June 1910), 100-101, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[125] Ibid., 101.
[126] *Journal of the National Medical Association* 2.4 (October-December 1910), 35, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[127] Ibid., 38.
[128] Ibid., 35.

And, that growth, he believed, would make a positive impact on the public as physicians could focus on health education. The end goal, as Townsend saw it, was to instill "the importance of patronizing and having confidence in Negro physicians. To teach them that it is to their interest when sick to send for Negro doctors."[129] Townsend's arguments were not uncommon in the earliest volumes of the *JNMA* because Black physicians were still fighting for credibility, even among African American communities.

Professional legitimacy was a recurring theme in presidential addresses of Black medical societies during the 1910s. Dr. J. Walter Williams, President of the Georgia State Medical Association of Colored Physicians, Dentists, and Pharmacists, stressed internal growth within the medical professions: "As a race, our advancement and achievements in the future will depend on our own efforts, and will be determined comparatively and in proportion to our opportunities."[130] In his second presidential address of the Alabama Medical, Dental, and Pharmaceutical Association in 1911, Dr. David H.C. Scott expanded upon his previous arguments to label Black medical practitioners as "leaders of the race," but that their success as leaders rested largely upon their professional growth.[131] The incoming NMA president in 1913, Dr. John Kenney, affirmed this belief and accentuated proper professional development: "If the Negro is to hold his own in the science of medicine, he must of necessity give due attention to the matter of preparation."[132]

In his presidential address for the Arkansas State Medical Association, Dr. S.W. Harrison laid out the issues facing Black physicians:

> The average office of the colored physician has long been a great source of just criticism, not only from the white profession, but from the colored patrons as well, and has not only

[129] Ibid., 35.
[130] *Journal of the National Medical Association* 3.3 (July-September 1911), 212, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[131] *Journal of the National Medical Association* 3.3 (July-September 1911), 217, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[132] *Journal of the National Medical Association* 5.4 (October-December 1913), 217, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

> turned dollars from our door to the physician of the other race, but has destroyed a great amount of confidence in our ability among our people.[133]

Harrison summarized succinctly, "The Negro physician is forever on trial."[134]

The question of how Black physicians could assert their professional authority was often asked in the journal. With its attention to education reform and the hospital movement, the *JNMA* devoted plenty of discussion to assuring that budding physicians were receiving proper training. However, skill alone was not enough to establish the legitimacy of Black physicians. Contributors to the journal recognized this shortcoming and, as the decade rolled on, articles emerged on the subject of public engagement. In his 1911 NMA presidential address, Dr. A.M. Curtis discussed the importance of creating relationships between physicians and communities. In particular, he stressed the emerging trend of focusing on sanitation and hygiene education as well as the crucial necessity of preventative medicine:

> Society appreciates the saving of a sick person's life by the skilled physician, but fails to see the priceless gifts to the human race made by preventive medicine and sanitary science. He views everything in detail and misses the perspective. We have failed to secure the support of the masses to much-needed reforms, because we have appealed to them as one individual to another without the weight of an authoritative organization. That our people are ignorant of medical affairs is due to bad education rather than a willful prejudice.[135]

Engaging with the public solved two problems. Not only would public education improve the health of the community, but it would also allow physicians to display their expertise and push Black communities away from healing habits described as outdated by practitioners of modern medicine.

Ironically, White physicians had used public health education initiatives in the past to limit the use of African folk healing in the United States. In *Working Cures: Healing, Health and*

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[133] *Journal of the National Medical Association* 7.3 (July-September 1915), 197, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[134] Ibid., 198.
[135] *Journal of the National Medical Association* 3.4 (October-December 1911), 303, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

*Power on Southern Slave Plantations*, Sharla Fett notes that prominent antebellum medical journals frequently featured articles condemning Black healing practices and promoting health education to convince readers of the benefits of advanced medical science.[136] Nonetheless, the *JNMA* fully endorsed public health education as a method of promoting the profession.

Dr. F.S. Hargrave, the incoming president of the NMA in 1915, encouraged public health education in his presidential address. Arguing that many of the health problems plaguing the African American community were preventable, Hargrave tasked his fellow physicians to engage with the public outside of the hospital and operating room. He lamented a higher death rate among African Americans to certain diseases like tuberculosis: The large majority of all these deaths are not alone premature, but are preventable through public health activities. In correlation of sociological efforts, public health must be given the place of first importance."[137]

That same year, several other physicians offered ideas for how physicians might engage in such education. Dr. S.W. Harrison, president of the Arkansas State Medical Association, argued that Black physicians should "visit the public schools and lecture the children on the simple rules of health."[138] He also suggested that physicians could create bonds with local churches where they could "co-operate with the ministers and give one service a month for the benefit of public health, at which time a sermon can be preached on the subject and the physician can follow with a lecture."[139] The recommendation echoed an idea of Dr. David H.C. Scott who had been pushing for a lecture series that would both raise the profile of Black physicians while also promoting health education.[140] Both strategies were prevalent among Black physicians who

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[136] Fett, *Working Cures*, 47.
[137] *Journal of the National Medical Association* 7.4 (October-December 1915), 246, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[138] *Journal of the National Medical Association* 7.3 (July-September 1915), 199, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[139] Ibid., 199.
[140] *Journal of the National Medical Association* 3.3 (July-September 1911), 220-221, http://www.ncbi.nlm.nih.

sought to use community leadership positions as leverage for their medical practices and general medical authority.[141]

Public engagement also reflected the shift toward holistic medicine for many Black physicians. Dr. G. Jarvis Bowens, in his 1917 NMA presidential address, noted this shift when discussing the idea of being community healers:

> Our work lies along the line of the physical care of the community rather than the individual; it is ours not only to treat the patient with his attack of measles, typhoid, diphtheria, small-pox or tuberculosis but to even more particularly see that by isolation, inoculation and disinfection that the immediate family and community at large are properly protected from the primary source of infection. We have arrived at the point where we are forced to take off our hats to the heathen Chinese doctor, who expends his energy conserving his patient's health rather than attempting to cure when he's ill.[142]

The inclusion of the comparison with Chinese doctors is significant in determining the different development patterns between many Black physicians and White physicians. While most White physicians embraced the twentieth century modernization of medicine, which turned its attention toward disease and away from individuals and communities, Black physicians treating the African American community were constantly reminded of the importance of lifestyle, place, and preventative medicine.[143] Understanding environmental, cultural, and socioeconomic effects on disease shaped the way Black physicians thought about and treated their patients.

The emphasis on a holistic approach to medicine influenced how Black physicians viewed medical research. The *JNMA*'s second major theme of increasing the visibility of Black physicians involved increasing the number of Black researchers. In his 1913 presidential address to the NMA, Dr. John Kenney stressed the importance of medical research:

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gov/pmc/journals/655/.
[141] Savitt, *Race and Medicine*, 275.
[142] *Journal of the National Medical Association* 9.3 (July-September 1917), 128, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[143] For information on the modernization of American medicine, see Charles E. Rosenberg, *Our Present Complaint: American Medicine, Then and Now* (Baltimore: The Johns Hopkins University Press, 2007); and Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: W.W. Norton & Company, 1997).

> We must add something to the stock of medical knowledge, we must discover something not already known… There is a place and a need for more laboratory workers—chemists, botanists, biologists, bacteriologists, histologists, and pathologists.[144]

In 1917, Kenney's concerns were echoed by Dr. Joseph J. France, the president of the Old Dominion Medical Society, who deemed it a failure of the Black medical profession that so few Black physicians had entered into medical research.[145] In an NMA presidential address one year later, Dr. George W. Cabannis suggested that the time was ripe for Black medical schools to push their graduates into research laboratories:

> …it seems opportune to advise our medical schools to raise the standard of their corricula by placing new emphasis on the practical phases of preventive medicine, and to provide ample stimulus for scientific research and experimentation for both graduate and under-graduate alike, so that accepted findings of Negro scientists may abound more abundantly.[146]

The results of the *JNMA*'s encouragement, however, were debatable as seen with Dr. Thomas Roy Peyton's criticism of Black medical research in his 1963 autobiography.[147] Nonetheless, the *JNMA* stressed the importance of contributing to medical science.

The journal also served as an outlet for one of its prescribed duties of refuting racist medical literature. Michael W. Byrd and Linda Clayton explain in *An American Health Dilemma: A Medical History of African Americans and the Problem of Race* that disputing racist medical research was particularly necessary as the rising popularity of eugenics reinforced racist notions about African Americans.[148] For instance, an unattributed *JNMA* article from 1909 highlighted a racist essay that had recently been published in *Hampton Magazine*. The essay in question described the entire Black population as susceptible to vices and poor health. In

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[144] *Journal of the National Medical Association* 5.4 (October-December 1913), 217, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[145] *Journal of the National Medical Association* 9.4 (October-December 1917), 182, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[146] *Journal of the National Medical Association* 10.3 (July-September 1918), 104, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[147] See Chapter Two on the hospital movement, 2-4.
[148] Byrd and Clayton, *An American Health Dilemma*, 76, 127.

response, the unnamed *JNMA* contributor refuted the idea that African Americans were a monolithic people and challenged Black physicians to actively seek out such misinformation: "The race question is up to the Medical Profession, and a crisis is impending. It is up to the colored medical men… The vital question is—What will the Negro doctor do?"[149]

In another article, an unnamed contributor questions the validity of research published in the *Journal of the American Medical Association*. Once more, the author noted that Black people were being described scientifically as a uniformly hopeless race. The *JNMA* contributor highlighted one particularly absurd line of what was supposedly scientific research: "A Negro man will not abstain from sexual intercourse if there is opportunity and there is no mechanical obstruction."[150] In response, the *JNMA* contributor diffused the claim with a joke: "Why the word Negro in that sentence?"[151]

Ironically, historians have noted a large number of White patients afflicted with sexually transmitted diseases who secretly sought out medical care from Black physicians; in fact, this phenomenon also occurred with White patients seeking abortions, assistance with drug and alcohol abuse, or treatment for other potentially embarrassing ailments.[152] Nonetheless, the bulk of scientific research suggested that African Americans were more susceptible, biologically, to these problems. And, although Dr. D.A. Ferguson, in his 1919 NMA presidential address, criticized his peers for not contributing enough medical research to the *JNMA*, the journal's

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[149] *Journal of the National Medical Association* 1.4 (October-December 1909), 235-236, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[150] *Journal of the National Medical Association* 2.2 (April-June 1910), 105, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[151] Ibid., 105. Gretchen Long discusses this exchange as a trend within the journal to confidently diffuse scientific racism with sarcastic humor in her book, *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation* (Chapel Hill: The University of North Carolina Press, 2012), 176.
[152] Savitt, *Race and Medicine*, 285-287, and Ward, *Black Physicians*, 150-151.

emphasis on medical literature increased with each publication and became more vigilant against the racist research coming from the AMA and other institutions.[153]

While many of the racist claims combated by the *JNMA* were anthropological and sociological in nature, the effects on medical data have become increasingly clear. In his recent books on both cancer and sickle cell anemia, Keith Wailoo notes that perceptions of racialized disease were particularly hard to overcome. In the case of cancer, Wailoo posits that the disease was linked to social class and largely ignored in the African American population.[154] And, the chronic pain associated with sickle-cell was racialized and also overlooked.[155] In both cases, disease was essentially detached from science and medicine. As Charles E. Rosenberg explains in *Our Present Complaint: American Medicine, Then and Now*, the classification of disease has always been a cultural process largely dictated by the dominant members of society.[156] The result for Black physicians – and African American health – was the creation of an American health system that ignored or rejected notions of disease that did not affect the White majority. These barriers of health, seemingly invisible to White physicians, were the driving force behind many *JNMA* articles in the 1910s.

One main strategy employed by the *JNMA* to overcome racialized medicine was to explore the relationship between socioeconomic conditions and health. In this vein, the journal emphasized the effects of poor housing conditions and sanitation on the health of African Americans. The response of leading Black physicians was to encourage their peers to become involved in civic and legislative efforts to improve public health. In the same 1913 presidential

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[153] *Journal of the National Medical Association* 11.4 (October-December 1919), 133-137, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[154] Keith Wailoo, *How Cancer Crossed the Color Line* (Oxford: Oxford University Press, 2011), 8.
[155] Keith Wailoo, *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health* (Chapel Hill: The University of North Carolina Press, 2001), 14-15.
[156] Rosenberg, *Our Present Complaint*, 15-19.

address of the NMA where Dr. John Kenney called for more Black researchers, Kenney echoed other claims that physicians needed to engage with the public on health education. However, he also went one step further to demand that Black physicians advocate on behalf of the community and "appeal for better sanitary and housing conditions" before local government authorities.[157] Additionally, he believed that Black people needed representation on health boards.[158] Kenney's arguments were the first in the *JNMA* to articulate just how physicians might contribute to public health outside of purely medical practices.

Dr. A.M. Brown, the incoming NMA president one year later, affirmed Kenney's beliefs and placed the responsibility of municipal leadership upon physicians:

> The profession must endeavor in order to offer the fullest measure of its services to the Negro people to place itself in touch with municipal health officers, legislative bodies, in efforts to influence the city and State authorities to a sense of their duty with regard to ordinances on part of the city, laws on part of the State, preventing or prohibiting the building of insanitary tenements.[159]

Brown's address was the first instance in the *JNMA* in which a contributor defined the political role of Black physicians. And, while he pointed to the government's spending on various conservation projects and wondered why African Americans did not benefit from such programs, he generally placed the responsibility of acquiring government assistance upon Black physicians. The individual doctor, he argued, should sacrifice some of his own success to help the broader community; local, state, and national organizations should spend time and money on becoming lobbying forces.[160] Dr. F.S. Hargrave, in his own NMA presidential address in 1915, agreed with

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[157] *Journal of the National Medical Association* 5.4 (October-December 1913), 220, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[158] Ibid., 220.
[159] *Journal of the National Medical Association* 6.4 (October-December 1914), 218, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[160] Ibid., 220-221.

Brown: "The National Medical Association should investigate health conditions everywhere, should educate the public and foster a sentiment that will force the enactment of health laws."[161]

One year later, Dr. George W. Cabannis penned an article in which he provided a concrete example of why Black physicians needed to be aware of civic affairs:

> Scientific researches are bringing to us every day difficult problems to be solved. For instance, the Harrison Anti-Narcotic Law might be termed as one of those problems. How many of us thoroughly understand the Harrison Act? It is given out by a number of medical societies including members of the American Medical Association, that the Harrison Act is very difficult to understand. Therefore, we as practitioners of medicine should apply ourselves closely to the study of medicine and not only understand thoroughly how to give and apply remedial agents, but to understand the law providing for the use of them.[162]

While Cabannis argued that his peers should know the law itself, his subtle argument about the difficulty of understanding the law suggests that he also believed physicians needed to be more vocal in the legislative process itself. These new demands represented the evolving identity of the Black physician as defined by the NMA and articulated through its journal.

In April of 1917, a new opportunity for Black physicians to assert their professional legitimacy presented itself. As the United States prepared to enter into the Great War, the American military appealed to medical professionals across the country to enlist and utilize their skills for the sake of the country. *JNMA* contributors viewed this as an opportunity to prove the worth of African Americans as a whole. A 1917 editorial posited that involvement in the war was an especially important opportunity for Black physicians:

> This war should be a warning to the Negro to get ready for an effective assault upon the fort of Race Prejudice that bars his road to citizenship. The Northern labor market has suddenly furnished him with an extra strong siege gun. Can he use it? There is a call for

[161] *Journal of the National Medical Association* 7.4 (October-December 1915), 247, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[162] *Journal of the National Medical Association* 8.1 (January-March 1916), 27, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

> intelligent and unselfish racial leadership. The colored physician cannot honorably ignore or escape this call.[163]

The war represented not only a chance for African Americans to gain influence in the United States, but it also appeared to be an opportunity for Black physicians to assume leadership roles among fellow African Americans. Dr. Charles V. Roman echoed this idea in an address at Meharry Medical College in December 1917: "Racially, this war spells for us the most glorious word in the vocabulary of freedom—opportunity."[164] Both arguments represented the *JNMA*'s general support for the war and insistence that Black physicians play a significant role within the military.

In some cases, Dr. Roman and others supporting involvement in the war were correct in their assessment. In 1918, the *JNMA* republished a report stating that President Woodrow Wilson was pleased with the African American support given to the war efforts.[165] In the same year, the 92nd Infantry Division, an all African American unit in the United States Army, received a complimentary letter from the office of the Army's Chief Surgeon. Addressed to the unit's medical officers, the letter praised the "splendid hospital organized and administered by the Medical Department of the 92nd Division."[166] Additionally, the Chief Surgeon's office stated that the success of the medical officers "reflect[ed] the intelligence and training on the part of the officers, nurses and enlisted men of the Medical Department of the 92nd Division, in which pride may be justly felt."[167]

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[163] *Journal of the National Medical Association* 9.4 (October-December 1917), 196, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[164] *Journal of the National Medical Association* 10.1 (January-March 1918), 42, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[165] *Journal of the National Medical Association* 10.3 (July-September 1918), 152, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[166] *Journal of the National Medical Association* 11.2 (April-June 1919), 79, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[167] Ibid., 79.

Dr. Louis T. Wright, a prominent African American surgeon, provided more details of African American success in the war in his 1919 contribution to the journal. He noted that many Black physicians voluntarily left lucrative private practices to enlist, and that they performed above and beyond expectations. In fact, several Black medical officers were awarded for their service: Drs. Clarence S. Jannifer and James R. White were both awarded the Croix de Guerre, a French medal given to allied soldiers for risking their lives to provide first aid in combat; and Dr. Urbane S. Bass, who lost his life while caring for wounded soldiers during a battle, was posthumously awarded the Distinguished Service Cross by the United States Army.[168]

Unfortunately, not all Black physicians who volunteered for military service were accepted as medical professionals. Dr. George E. Cannon, an executive committee member of the NMA, noted that almost 300 Black physicians and an undefined but numerous amount of Black nurses who volunteered their services were not called to active duty during the war.[169] In 1919, the *JNMA* posted an exchange of letters between Cannon and various government officials in which Cannon sought answers as to why the medical professionals had not been utilized. One set of communication took place with Senator David Baird of New Jersey who acknowledged the "merit of the claim that the Negro physician should be utilized in the military service for medical duty," and used his office to investigate why the Army was not doing so.[170] Responding to Baird on behalf of the Medical Corps, Colonel R.B. Miller replied, "It is impossible to assign Negro medical officers to organizations in which the officers are white."[171] When Cannon wrote to

[168] *Journal of the National Medical Association* 11.4 (October-December 1919), 195-196, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[169] *Journal of the National Medical Association* 11.1 (January-March 1919), 21, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.
[170] Ibid., 23.
[171] Ibid., 23.

Miller directly, the response was similar, but Miller also added that assigning Black medical officers to white divisions "would be embarrassing to all concerned."[172]

Unfazed, Cannon continued his search for answers and eventually received an audience with the Secretary of War, Newt D. Baker. After Cannon presented the NMA's case to Baker, the Secretary sanitized the earlier response of Miller and simply stated that the Army did not have suitable positions for Black physicians.[173] As for the nurses who were excluded, Baker claimed that many camps did not have the provisions to provide facilities for both White and Black nurses.[174] In both cases, the responses were disheartening and maddening, but Black medical professionals were able to take some solace in the fact that their actual medical skills were not on trial. Cannon, at least, used the situation as motivation for the future of Black medical professionals:

> We have fought a noble fight against the system of race prejudice in the United States Army, and feel that much good will result from our efforts. Although the World War is over, we must not relax our manly fight for just treatment as medical men. We have to measure up to the same standard of preliminary education and medical education, and pass the same State Board Examinations, as all other medical men; and we must insist on our Government judging us by these tests.[175]

Cannon declared a victory – however slight – knowing that Black physicians and nurses had indeed met the standards of excellent medical skills, even if the color line remained rigid.

Over the first ten years of the *JNMA*, the journal's contributors provided the framework of professionalism for Black physicians. The emphasis on professional development not only encouraged better education and training for Black physicians, but it also opened up opportunities for those physicians to engage with the public in a meaningful way. Reflecting on the success of professional societies like the NMA, Dr. William Montague Cobb wrote that such

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[172] Ibid., 24.
[173] Ibid., 28.
[174] Ibid., 28.
[175] Ibid., 28.

organizations had three goals: fostering professional development, improving professional standards, and responding to community needs.[176] Cobb, a prominent NMA and NAACP leader throughout the latter half of the twentieth century, framed those goals as a progression. Using the development described by Cobb as a framework, the NMA's growth and the journal's activity take on their own narrative form. When the organization was first established, its emphasis was producing skillful Black physicians. As the group expanded, its goals shifted to establishing ethical standards and creating an identity for Black medical professionals. And, when the NMA had a strong base of Black physicians, its leaders pushed for public engagement and community development. The arguments found in the *JNMA* reinforce Cobb's idea of a progression in organization goals, and they reflect the widespread belief that physicians needed to earn professional legitimacy and authority before they could exhibit the community leadership that many expected of them.

In *The Social Transformation of American Medicine*, a book widely hailed as the seminal text on the social history of medicine, Paul Starr argues that medical doctors have possessed great authority in both their profession and the public realm because of the authority they command.[177] That authority, he argued, is earned almost solely through the physician's command of science and medicine. However, the story told in Starr's book does not reflect the experience of most Black physicians who battled social and economic barriers to the profession while being expected to become great cultural leaders as well.

In 1939, Dr. William Montague Cobb ascribed lofty ideals to the Black physician:

> Physicians, from the standpoint of required formal education, constitute the most highly and broadly trained group of Negroes. Economically, they are the best circumstanced. Their occupation presents them with a comprehensive cross-sectional view of the

[176] W. Montague Cobb, *The First Negro Medical Society: A History of the Medico-Chirurgical Society of the District of Columbia, 1884-1939* (Washington, D.C.: The Associated Publishers, Inc., 1939), 2-3.
[177] Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, Inc., 1982), 3-9.

> community life of their day and hence with abundant opportunity for the development of penetrating social perceptions. They might be expected to be, therefore, among the most advanced culturally of their group, and to represent individually and collectively the best in the community in intelligence, character, and leadership.[178]

These characteristics of physicians, as defined by Cobb, were only true after deliberate development pushed by the NMA, its journal, and other local Black medical societies. Cobb's statement reflects years of thoughtful discussion on the identity, authority, and actions of Black physicians. His description is the end result of the evolving attitude toward professional growth best described by Dr. Charles V. Roman in an address delivered at the semicentennial of Howard University:

> Let us stand actively and always for civic righteousness whether we are immediately affected or not. Our voice is too seldom heard in public discussion except in our own behalf. Let us become dynamically and aggressively a part of the American public. We must cultivate initiative. To do this we must respect and support our thinkers. We must utilize the exclusive power of a new affection… Let us become more aggressive for the general welfare, aspiring to know and daring to doubt where bigots and phobes are content to assert, wonder and accept.[179]

Initially addressed to other influential African American leaders, Roman's words were reprinted in the *JNMA* and took on new meaning for physicians to transcend individual desire and to utilize their profession for the greater good of the nation as a whole. His words ultimately displayed yet another example of how the journal employed its voice to define the ideal identity of Black medical professionals. And, while the authority and power of physicians has been generally assumed, the early volumes of the *JNMA* describe more clearly the deliberate and conscious campaign for the professional legitimacy of Black physicians.

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[178] Cobb, *The First Negro Medical Society*, 127.
[179] *Journal of the National Medical Association* 9.2 (April-June 1917), 67, http://www.ncbi.nlm.nih.gov/pmc/journals/655/.

# CONCLUSION

In an era of rampant racial discrimination in medicine, the National Medical Association and its journal allowed for Black physicians to deliberate on their professional purpose. The journal was a secure outlet for Black medical professionals to discuss issues of racism in healthcare, and to address ways in which the problems facing African American health could be remedied. Black physicians were able to carefully hone professional standards in education and the workplace. The emphasis on professionalism increased the benefits of public engagement as Black physicians sought to establish a sense of authority and legitimacy outside of their field. And, while most of the articles in the journal focused on medical findings, the *JNMA* provided a space for physicians to comment on society and civic affairs. The encouragement for such a platform in early volumes of the journal fostered a trend that continues throughout the history of the *JNMA*. In the years leading up to the Civil Rights Act of 1964, for instance, the journal regularly published a section of articles relating to strategies for integration.[180] The guidance of early *JNMA* editors like Drs. C.V. Roman and John A. Kenney set the tone for the journal's progressive nature throughout the twentieth century, and the journal's focus on professionalism assisted future Black physicians in both their medical practice and in their efforts for social justice.

In the *Social Transformation of American Medicine*, Paul Starr argues that physicians developed social and cultural authority in the early twentieth century by creating a professional code of conduct, engaging with legislative bodies, and making the profession exclusive by stressing strict standards in education and practice.[181] Physicians, Starr asserts, capitalized on the

[180] "Integration Battlefront," *The Journal of the National Medical Association* 56.1 (January, 1964), 97-111, http://www.ncbi.nlm.nih.gov/pmc/issues/174952.
[181] Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, Inc., 1982), 79-144.

complexities of modern medicine by creating a system of dependency in which society relied on the medical profession to act as an intermediary between science and public health. This "rise to sovereignty," as Starr describes it, gave physicians power and authority not only with their patients, but also with the broader public.[182]

However, Starr's history describes only White physicians and overlooks the rise of Black physicians during the same period. Although Black physicians also stressed professional development, they did not immediately assume the same authority granted to White physicians. Instead, Black physicians struggled to prove themselves to society by strengthening their medical education, creating hospitals, and engaging with the public. Systemic racism persisted, however, and mitigated these efforts. Many medical schools and hospitals remained segregated well into the twentieth century, and both medicine and anthropology continued to describe African Americans as an inferior race. Yet, the efforts made by early Black medical professionals allowed for greater African American involvement in social activism throughout the long civil rights movement.

In *Deluxe Jim Crow: Civil Rights and American Health Policy, 1935-1954*, for instance, Karen Kruse Thomas notes health rights activism increased dramatically toward the middle of the twentieth century, and that the improving of African American health was one of the driving forces behind health policy under Presidents Roosevelt and Truman.[183] The NMA and its physicians played a significant role in lobbying for health reform throughout the New Deal era. In fact, the NMA was adamantly in favor of a national health insurance program that would, theoretically, mitigate some of the damage caused by the existing institutional racism in

[182] Ibid., 4.
[183] Karen Kruse Thomas, *Deluxe Jim Crow: Civil Rights and American Health Policy, 1935-1954* (Athens: University of Georgia Press, 2011), 3.

medicine.[184] This activism would have been less effective without a successful class of Black medical professionals supporting these reforms and embodying the progress of modern medicine. Black physicians were instrumental in highlighting the vast racial inequalities in health, and their professional rise also gave them the authority to comment on needed reform. Unfortunately, while Black medical professionals were able to assert themselves more often as the century progressed, health disparities continued to plague African Americans.

Despite the efforts of Black physicians to refute racist medical claims, disease diagnosis was continually plagued by racist biases. Segregationist health policy, for instance, exacerbated the effects of tuberculosis among the Black population as argued by Samuel Roberts.[185] According to Keith Wailoo, cancer was overlooked in Black patients throughout the early twentieth century; on a similar note, Wailoo also concludes that the chronic pain associated with sickle cell anemia was largely ignored in medical research because it did not affect the White population.[186] In the field of psychology, Jonathan Metzl argues that schizophrenia was overly diagnosed in Black men, mostly because of racist assumptions about their character and their involvement in Civil Rights activities.[187] With the medical field infected by systemic racism, African American health continued to rely on the rise of Black physicians.

On a structural level, African Americans experienced further medical discrimination throughout the twentieth century. In 1946, Congress passed the Hill-Burton Hospital Survey and Construction Act which designated federal funds for the construction of hospitals; unfortunately,

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[184] Ibid., 112-119.
[185] Samuel Roberts, *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* (Chapel Hill: The University of North Carolina Press, 2009).
[186] See Keith Wailoo, *Dying in the City of Blues: Sickle Cell Anemia and the Politics of Race and Health* (Chapel Hill: The University of North Carolina Press, 2001); and Keith Wailoo, *How Cancer Crossed the Color Line* (Oxford: Oxford University Press, 2011).
[187] Jonathan Metzl, *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2009).

the funds were often used in the creation of racially segregated facilities.[188] Black physicians were denied practice privileges at many hospitals in the South until the Civil Rights Act of 1964.[189] Additionally, David E. Bernstein notes that Black physicians were racially discriminated by state medical licensure boards.[190] Medical organizations remained segregated as well. The AMA, for instance, maintained its policy of racial exclusivity until the 1960s. Until that point, Black physicians had been slowly integrating into local AMA chapters, but they were not recognized nationally until 1968 when the organization established a nondiscrimination policy.[191]

The results of this discrimination are seen today as recent studies of census data show that African Americans remain significantly underrepresented in medicine. African Americans represent around 12% of the population, but only 2.2% of physicians and medical students, which is less than the 2.5% representation that existed in 1910.[192] Including both dentistry and medicine, African Americans still only represent 5% of the medical profession, which has not changed since the 1990 census.[193] While many factors play into this issue, the cumulative effects of historical discrimination are clearly present.

Further studies must be conducted to better understand the development of African American health in the United States. Physicians and patients have both experienced rampant discrimination and callous disregard by mainstream medicine, and the problems clearly remain today. Understanding the historical issues of racism in medicine will better serve health policy in

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[188] Robert Baker, et al, "African American Physicians and Organized Medicine, 1846-1968: Origins of a Racial Divide," *Journal of the American Medical Association* 300.3 (2008), 311-312.
[189] Ibid., 308.
[190] David E. Bernstein, *Only One Place of Redress: African Americans, Labor Regulations, and the Courts from Reconstruction to the New Deal* (Durham: Duke University Press, 2001), 41-44.
[191] Baker, et al, "African American Physicians and Organized Medicine, 1846-1968," 308.
[192] Ibid., 312.
[193] Nelson D. Schwartz and Michael Cooper, "Racial Diversity Efforts Ebb for Elite Careers, Analysis Finds" *The New York Times*, May 27, 2013, http://www.nytimes.com/2013/05/28/us/texas-firm-highlights-struggle-for-black-professionals.html?pagewanted=1&_r=1&.

the future. The studies can also influence public memory about Black physicians who have remained relatively anonymous in traditional American history. The *JNMA*, unsurprisingly, is at the forefront of addressing this historical oversight. In "African Americans in Medicine," Dr. Axel C. Hansen notes the many contributions Black physicians have made to medicine and society; for instance, he highlights Dr. Daniel Hale Williams who was among the first physicians to conduct a successful heart surgery, and Dr. Charles R. Drew who pioneered the storage methods of blood plasma.[194] His writings suggest one evolution of the journal's purpose: continuing to advance the profession while also recognizing its historic roots.

Dr. Hansen reveals, unfortunately, that Black physicians are facing similar issues as their predecessors. In the same article, Hansen decries continued discrimination in medical education and laments, "It is also possible that African Americans may be excluded from or may play only minor roles in the leadership and management of the newly organized health delivery system and HMOs."[195] Hopefully, the study of Black physicians and health can contribute to overcoming this discrimination and correct the lack of attention given to the actions of African Americans in their own healthcare decisions.

The *JNMA* reveals that Black physicians identified three paths to professional legitimacy. First, Black physicians emphasized heightening the standards of medical education. They initiated reforms during a period when many Black medical schools were already facing hardship. Nonetheless, Black physicians and medical educators stressed that proper medical education was the first primary for the profession, and they accepted the loss of the institutions that could not meet higher standards. While only two Black medical schools remained open by 1923, contributors to the *JNMA* spoke positively of the improvements that had been made in

[194]Axel C. Hansen, "African Americans in Medicine," *Journal of the National Medical Association* 94.4 (April 2002), 269.
[195] Ibid., 270.

medical education for African Americans. The *JNMA* ultimately shows that Black physicians played a much larger role in the assessment and reform of medical education during the early twentieth century.

Second, Black physicians were active in the hospital movement during the same period. They were excluded from working in hospitals operated by White medical professionals. The hospital movement was thus, in part, a response to this discrimination. While previous studies argue that Black physicians mostly saw the hospital movement as a response to a crisis of African American health, the *JNMA* shows that they framed the movement as a way to develop their profession. Once more, Black physicians emphasized acting in a way that would give them authority both in the medical field and among the broader community. With medical education standards on the rise, Black physicians began stressing access to career opportunities and further professional training.

Third, Black physicians engaged with the public, utilizing their medical abilities to help the community and to demonstrate their professional legitimacy. Contributors to the *JNMA* highlighted several ways in which Black physicians asserted themselves. Black medical professionals engaged with issues of public health and lobbied local communities, civic organizations, and governmental agencies to affect change that would improve the health of Americans. They volunteered during World War I and refused to be accepted as anything but doctors. Black physicians viewed themselves first and foremost as medical professionals, and they made every effort to display those identities to their peers in medicine and to the public at large. The dedication to professionalism emerges as the major theme within the early volumes of the *JNMA*.

This thesis thus highlights the actions of Black physicians and also reveals the racial discrepancies in the American healthcare system. The focus on the National Medical Association and its journal will lay the groundwork for future analyses of African American health and Black medical professionals. Continuing research can build upon the new understanding of how Black physicians developed an alternative system of healthcare. Ultimately, this thesis serves as the basis for explaining how Black physicians created a sense of purpose and identity, and its conclusions contribute to the growing historiographical trend of reorienting the study of medicine to include African Americans and the actions of Black medical professionals.

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