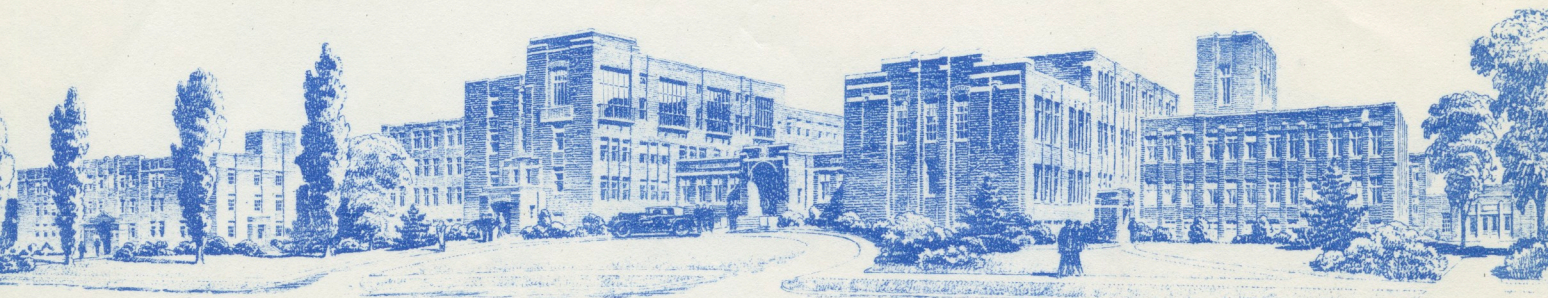


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MEHARRY MEDICAL COLLEGE



NASHVILLE 8, TENNESSEE

December, 1948

MEMORANDUM

TO: Interested Readers

FROM: Health and Medical Care Collection

SUBJECT: The Negro Physician

Material describing the professional status of the Negro American Physician provides interesting commentary upon the social order.

Those who feel it necessary to reiterate the thesis that there is no such thing as "Negro Health" must face the reality that most white physicians prefer a practice exclusive of Negro patients. It must be admitted, too, that as the emphasis in medical care turns again to an understanding of the patient as a psychosomatic unit, there is a growing need for physicians who are able to accept their patients as heredo-environmental resultants, individually unique.

The best physician available for the Negro patient is generally a member of his own socio-economic caste. Yet the Negro in medicine is discriminated against in obtaining the pre-medical, medical and post graduate training which he needs in order to become a competent member of his profession.

For a better understanding of the problems faced by the Negro physician, we present the attached selected annotated bibliography.

Attachment

Farmer, Harold E., M.D., "An Account of the Earliest Colored Gentlemen in Medical Science in the United States." Bulletin of the History of Medicine, Vol. 8, 1940, pp. 599-618.

The Massachusetts Magazine published in 1792 the Symptomatology and Treatment for Poisoning by a Negro called Caesar. . . . The first properly trained physician was James Durham (or Derham), born a slave in Philadelphia in

1762. His article on the epidemics of Angina Maligna of 1746 and 1760 which appeared in the Gentlemen's Magazine of London in 1769 is said to have been the first American medical contribution to a foreign journal. . . . James McCune Smith matriculated at the University of Glasgow because he had had difficulty in getting into the leading schools of this country. His degrees are dated: B.A. 1835, M.A. 1836, M.D. 1837. . . . Doctors William Taylor, John H. Fleet, John V. de Grasse, Thomas J. White, Martin R. Delaney, and David J. Peck are among the other gentlemen mentioned here.

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Cobb, W. Montague, M.D., Ph.D. The First Negro Medical Society. The Associated Publishers, Washington, D.C., 1939.

An interesting account of the first and oldest Negro medical society formed in America, the Medico-Chirurgical Society of the District of Columbia, is presented here.

This organization, formed in 1884 by a small group of white and Negro physicians, was the outgrowth of the refusal of the Medical Society of the District of Columbia to accept Negro physicians as members. Dr. Cobb very ably traces the Society's development, pointing out its contributions, programs, and publications of its outstanding members.

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Kenney, John A., M.D. Minutes of the National Medical Association. (Richmond, Virginia, 1905.) Tuskegee Institute Steam Print.

A historical document containing speeches made by outstanding members. In his article, "The Necessity of Self-Sufficiency and Solidarity of Colored Medical Men,"

Dr. C.V. Roman stated that in order for Negroes to answer the charge of being the "veriest sciolists in medicine and tactless imitators in surgery," Negro doctors must become sufficient in themselves for all aims and purposes. Dr. John E. Hunter informed the group that ". . . in the borders of this society we have some of America's best physicians and surgeons. One of the first successful operations, if not the first, on the heart, in all the world, was done by a member of this society--Dr. Dan Williams." Dr. H.F. Gamble read his paper on "The Country Doctor." He stressed the great need for doctors in rural areas to keep in touch with current changes in methods and treatment.

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Harvey, B.C.H., M.D. "Problem of the Colored Student." Jour. Ass'n. Amer. Med. Colleges. Vol. IV, 1929. pp. 208-222.

seems to arise until the clinical year is reached. Dr. Harvey tells of three possible ways in which the work of the clinical years might be done by colored students. He begins with: "First, we might forget that they are colored. . . ." --A nice trick if you can do it in our American culture.

Dr. Harvey, the 1928 Dean of Medical Students at the University of Chicago, discusses the problem of the colored student in Northern schools. No problem

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Kenney, John A. M.D. "Some Facts Concerning the Medical Education of the Negro." Proc. Nat. Conf. Soc. Work. Chicago, 1929.

to put them on an absolutely solid foundation, suitable and abundant hospital facilities, opportunity for training in public health and preventive medicine, better opportunities for contact with medical leaders of the opposite race and fair and equal opportunities for the Negro physician to demonstrate his fitness and ability and be judged by his merits."

Some of the needs of the Negro medical profession as listed by Dr. Kenney in 1929, are still "needs" nearly twenty years later: ". . . to further develop Howard and Meharry and

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An Editorial: "Recognition of the Negro Medical Profession in Public Health Work." Journal of the National Medical Association. Vol. 27, 1935. p. 29.

remain any reason for excusing high mortality rates by exhibiting the old, familiar, foot-note alibi of 'a large Negro population.' . . . If Washington, Nashville, Memphis, St. Louis, New Orleans, or any other city with a large Negro population and a heavy mortality will employ a well qualified Negro Assistant Health Officer and permit him to select a staff of physicians, dentists, and public health nurses to carry out a program of health in the Negro group they will see a demonstration of what can be done with a task that has apparently been considered hopeless."

"If the health authorities of large cities having serious problems of Negro health were to utilize to a greater extent the services of Negroes of outstanding preparation and ability there would not long

- 2 -

An Editorial: "Present Status of the Negro Physician and the Negro Patient." Journal of the National Medical Association. Vol. 28, 1936. pp. 79-80.

patient. And, although progressive physicians of all races are urged to join forces with organized medicine, not a single southern state or county medical society will admit a Negro physician to membership. "The medical profession should banish from its ranks prejudice, segregation and discrimination. When these things are accomplished, the human family will be better physically, mentally and morally."

This editorial reveals that there is not a section of our country where unlimited and whole-souled support and encouragement is given the Negro doctor and the Negro

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Ghee, Euclid P., M.D. "A Plea for the Admittance of Negro Doctors to Municipal Hospital Staffs." Journal of the National Medical Association. Vol. 28, 1936. pp. 102-106.

high Negro death rate can be gradually lowered by the proper training of the Negro physician; and (3) the Negro doctor is not represented in the indoor part of our tax-supported hospitals in proportion to the colored population, and in certain parts of the state (N.J.) he is completely ignored.

Among the summarizing statements in this article we find that (1) the Negro population is large enough to render the solving of the problem of the Negro doctor one of great importance to the whole community; (2) the present

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Frazier, W.H., M.D. "The Rural Negro Physician." (From Opportunity, March, 1937) In National Negro Health News, Vol. 5, No. 4, 1937, pp. 11-16.

Because of the poor economic circumstances of the people, because of the absence of adequate free hospital facilities, and because of the lack of properly organized health programs which would bring him into closer and more satisfactory relationship with a larger group of his people, the rural Negro physician is working at a great disadvantage.

Dr. Frazier observes that the continuation of learning for the rural Negro physician, influenced as it is by his environment, proceeds along an inferior level that is often more practical than scientific.

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Cornely, Paul B., M.D., Dr. P.H. "Post Graduate Medical Education and the Negro Physician." Journal of the National Medical Association. Vol.32, No.1, 1940. pp. 24-30.

advances and new techniques, should regularly engage in formal postgraduate study at a university, a medical school or an extension division. The author concludes by stating that " . . . the Negro medical man should be reminded that in certain quarters it has already been suggested that State Medical Boards should require physicians to pass a medical examination every five years to show their fitness to continue in the practice of medicine."

This article shows the deplorable situation existing in postgraduate medical education for Negro practitioners. Dr. Cornely advises that the general practitioner, in order to continually keep abreast of scientific

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Turner, J.P., M.D. "Some Contributions of Negroes to the Medical Profession." The Weekly Roster and Medical Digest, Philadelphia, 1938-39. pp. 111-113.

forms the reader that "Disease is no respecter of people--rich and poor--black and white and yellow--all fall victims to the many maladies affecting the human family. I am appealing to Federal, State and Municipal authorities to give the Negro physician an opportunity to aid in the terrific battle against disease. . . . As scientist, specialist, teacher, and just plain doctor, the Negro is contributing his share in the struggle for health and happiness."

Some of the contributions sketched were those of Doctors James Derham, Benjamin Rush, Daniel H. Williams, Julian Lewis, Louis T. Wright, Charles H. Garvin, William S. Quinland, W. Harry Barnes, and Professor George W. Carver. Dr. Turner in-

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Olesen, Robert, M.D. "Better Training for Negroes." Modern Hospital, 1939. 53: No. 2, 61.

is a plea for greater opportunities for the gaining of experience by qualified Negroes. He suggests that these objectives may be realized either by increasing the efficiency of existing Negro hospitals or by designating portions of white hospitals for the care of Negro patients and by providing better training for Negro medical students and physicians.

There is one white physician to 744 white persons and only one Negro physician to 3,000 Negroes. Dr. Olesen states that his discussion

- 4 -

Bousfield, M.O., M.D. "Internships, Residencies, and Post Graduate Training." Journal of the National Medical Association, 1940. 32:1, 24-30.

in the practice of medicine among colored people were given as Tuberculosis, Dermatology and Syphilology.

Dr. Bousfield presented informative statistics on internships, residencies and hospitals. He mentioned the need for Negro experts in the fields of psychiatry and orthopedic surgery. Other important subjects

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Kenney, John A., M.D. "The Present Status of the Negro Physician in the United States." Interne, N.Y., 1942, Vol. 8, pp. 136-139.

were more graduates than there were internships available. In 1942 the situation had reversed itself. Although the Negro doctor is already playing an important role in the health program of the nation, the author feels that if the bars were let down in many of the white colleges and hospitals, the Negro could be of much greater service.

After briefly tracing the history of the Negro in medicine from the "root doctors" of the plantations up to 1923, Dr. Kenney stated that 118 to 125 doctors were being graduated annually at that time. In 1923 there

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Brown, Lawrence G., M.D. "The Hospital Problem of Negro Physicians." Journal of the National Medical Association, 1942. Vol. 34, pp. 83-85.

he can no longer be an indifferent spectator to this great medical drama. He must either become a part of the cast, or surrender his place to those who will. It is folly to attempt to meet the medical demands of today with the obsolete methods of yesterday." Dr. Brown further states that unless the Negro doctor can integrate himself into the hospital organization he will be forced face-to-face with "professional bankruptcy."

The old-fashioned, disorganized home practice can no longer compete with the organized practice of today which has the hospital as its pivot. To the Negro doctor this "unfolds . . . the cruel fact that

- 5 -

Cornely, Paul B. "Opportunities for Postgraduate Study for Negro Practicing Physicians in the South." Journal of the American Medical Association, Feb. 14, 1942. Vol. 118, pp. 524-528.

This analysis shows that only twelve of the Southern states have postgraduate programs for Negro physicians. The number of these activities is definitely insufficient since facilities and personnel are available in the

South. The author suggests that Negro hospitals develop refresher courses for physicians in their locality, that the medical schools in the South become more concerned about the postgraduate education of Negro physicians, and that Negro medical societies discontinue neglecting their responsibilities in this sphere.

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Lawlah, John W., M.D. "The Negro Physician." Interne, N.Y., November, 1943. pp. 250-252.

In this discussion of how facilities could be expanded to meet the present shortage of Negro doctors, Dr. Lawlah states that the expansion of the programs of the two Negro medical schools

(Meharry and Howard) "to the nth degree" would still leave a shortage. This shortage could be greatly relieved by a more liberal approach to the problem by many of the other 74 medical schools which could increase the number of graduating Negro physicians.

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Stewart, Maxwell S. The Negro in America. Public Affairs Pamphlet No. 95. 1944. (Summary of An American Dilemma By Gunnar Myrdal)

Mr. Stewart has this to say about the Negro in medicine: "In contrast to teaching and the ministry, the medical profession has been almost closed to Negroes. In 1940 there were only 4,000 Negro physicians and surgeons

in all of the United States. Negroes find great difficulty in gaining entrance to white medical schools. Only a few hospitals admit Negro and white doctors on a basis of complete equality. Negroes are likewise barred from specialized work. This accounts for the widespread but unfounded belief that Negro physicians are ill trained. Since most Negro physicians draw their patients entirely from the Negro community, their incomes are far below those of white physicians of similar training and ability. The same applies to dentists and nurses."

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Isaac, Benoit C., M.D. "The Negro Physician and the Distribution of Medical Care." Jour. Med. Soc. N.J., 1946. Vol. 43, pp. 506-507.

A special appeal to all Negro physicians in New Jersey to join and support the State Medical Association in order to keep abreast of scientific progress, to keep apprised of trends

in medical economics, and to be able to coordinate the group of physicians with the professional and lay community of New Jersey. Doctor Isaac mentions the probability that if Socialized Medicine should come about, the job of distributing care under this system would consider the Negro professional group last of all.

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Malmberg, Carl. 140 Million Patients. Reynal & Hitchcock, New York, 1947. p. 83.

Mr. Malmberg deals extensively with the inadequacies of the present health services in America. He discusses at

length the high cost of medical care, the quality of medical services and the shortcomings of voluntary health insurance plans. In regard to medical care for the Negro, the author states: "... Many doctors in the South will not treat Negroes except in cases of dire emergency. ... Thus Negroes in many parts of the South are dependent for sympathetic and decent treatment mainly upon the few widely scattered Negro physicians and such Negro hospitals as there are. ... There are six counties in northwestern South Carolina where there are 70,000 Negroes and only two Negro physicians, a ratio of one physician to 35,000 population. In all the area there is not a single Negro dentist..."

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Hospital Care in the United States. Commission on Hospital Care. New York. The Commonwealth Fund, 1947. p. 166.

This report, which is a summary of a two-year survey of general hospitals in the United States, answers many vital questions about current hospital service.

Re the Negro physician and hospital service: "The Negro physician finds it difficult to develop and maintain his proficiency because of lack of access to hospital service. In recent years the young Negro physician has been far better educated than formerly. ... Participation in staff meetings and attendance at clinics, seminars, and ward rounds will be of great value to him. Although it is recognized that the details of assignment to services rest with individual hospitals, it is recommended that:

Qualified Negro physicians should be admitted to membership on the medical staffs of hospitals on the same basis as are other physicians."

- 7 -

Negro Year Book. Published by The Department of Records and Research, Tuskegee Institute, Alabama, 1947. p. 331.

The Negro Year Book is an excellent reference source where historical and sociological data on the Negro are needed. In this issue

the specific information re physicians shows that in 1942 there were 3,810 Negro physicians, or a rate of 1 for every 3,377 Negroes; "as compared with a total of 176,191 physicians in the United States serving 132,000,000 persons, or a ratio of 1 to 750. The suggested wartime minimum for civilian safety of 1 physician to 1,500 persons indicates the serious disadvantage of the Negro population. The lowest ratio of Negro physicians is to be found in the South. As is true of physicians generally, there is a concentration of Negro physicians in the large cities, North and South. Nearly 600 Negro physicians served in the Armed Forces during the war."

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Cobb, W. Montague. Medical Care and the Plight of the Negro. Published by The National Association for the Advancement of Colored People. New York, August, 1947.

Dr. Cobb gives a frank and authoritative picture of the "health plight" of Negro Americans, stressing the need for improvement of hospital facilities, and the need for better pre-medical, medical

and post-graduate training for Negro physicians. The solution to this health problem is not simply another medical school for Negroes, not more "separate but equal" facilities, but the total abolition of the color line in medicine. "Negro professional personnel today comprises about 4000 physicians . . . It is not our premise that the number of Negro physicians in the United States should be determined by the number of Negroes, but if physician-population ratio is considered on a racial basis, there should be 9,334 colored physicians today, assuming the Negro population to be 14,000,000."

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Cobb, W. Montague. Progress and Portents for the Negro in Medicine. Published by The National Association for the Advancement of Colored People. N.Y., Oct., 1948.

This study is a sequel to Dr. Cobb's Medical Care and the Plight of the Negro. In his summary he states: "A situation in which Negro students are not admitted to 26 of 78 approved medical

schools, . . . a third . . . of the nation's training facilities (in this professional field) urgently demands correction. . . . The recent action of the American Medical Association in rejecting an amendment to its constitution to exclude other than professional considerations from qualifications for membership demonstrates clearly an outlook hopelessly behind the times and affirms a thinking in alignment with that of the 'fourth party' or 'Dixiecrats.'"