The Newest Negroes: Black Doctors and the Desegregation of Harlem Hospital, 1919-1935

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The Newest Negroes: Black Doctors and the Desegregation of Harlem Hospital, 1919-1935

A dissertation presented

by

Adam Lawrence Biggs

to

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Abstract

This study examines the desegregation of Harlem Hospital between 1919 and 1935. Beginning with the appointment of Louis T. Wright, it chronicles the efforts of Harlem's civic leaders to challenge New York City's segregated hospital system and explores how the construct of the New Negro factored into their campaign. Although Wright's initial appointment was not tied to civic activism, it inspired local medical societies, newspaper editors, labor organizations, political figures, and civic groups to call attention to acts of discrimination in the hospital, stressing the need for greater black inclusion. Their protests and negotiations brought substantive gains, leading to the opening of the nursing school and a handful of appointments for black doctors and interns. In 1930, a major administrative overhaul elevated Wright to the administrative board and brought numerous black practitioners onto the hospital staff.

But, while the hospital's ranks appeared open, intense debates began about its role in addressing the problem of race. Over the next five years, Harlem's black medical community fractured over whether to transform the hospital into a cutting-edge integrated research facility or a separate institution dedicated to the training of black personnel. Bitter rivalries emerged between graduates of black and predominantly white medical schools, between local medical societies, and between the leadership of the National Medical Association and NAACP. While framed as ideological differences, these factions exposed underlying tensions harbored within the black medical community over the meaning of racial progress and the role medicine should play

in advocating for racial equality. Rival factions asserted their legitimacy by presenting themselves as leading embodiments of the New Negro. More than a trope for artists of the Harlem Renaissance, the New Negro functioned within the black medical community as a standard for medical professionalism and model for black health. This study explores its role in the desegregation process and examines the various ways black doctors used it as a tool to address the problem of race through the practice of medicine.

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I spoke with Nancy Guiton only once but enjoyed hearing about her life and experience as a nurse at Alamance General Hospital where she was present when the acclaimed black doctor, Charles Drew, was treated and died.

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For my parents, James and Beverly,
My children, Kareem and Khalila,
And my beloved, Ann

List of Illustrations

Introduction

Black Doctors in African American History

Although members of the most prestigious professional class in America, black medical doctors rarely appear as significant figures in the study of early-twentieth century racial progress. They fall into a category where, medical historian Darlene Clark Hine explains, "long standing scholarly neglect" has impeded our appreciation of their role in American civilization.[1] Nearly absent from works exploring African American intellectual thought, black doctors fall outside the monumental debate between Booker T. Washington and W.E.B. Du Bois over the education and character of African American citizens. In studies of African American literature, they appear to share little with the artists of the Harlem Renaissance and seem uninvolved with emergent forms of creative racial expression intended to affirm African American intellect and cultural refinement. Black doctors rarely appear in the history of civil rights activism, the NAACP's legal campaign for integration, the club and church movements of African American women, black working class labor initiatives, or other ventures for racial justice and liberation. Despite their elevated social status, civic influence, elite educational backgrounds, and unique occupational skills, these highly visible black professionals have strangely eluded the attention of contemporary scholars examining the problem of race in modern America.[2]

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[1] Darlene Clark Hine, *Speak Truth to Power: Black Professional Class in United States History*, (Brooklyn, N.Y.: Carlson Pub., 1996), 181.

[2] There are of course noteworthy exceptions to this statement. A handful of scholars have produced important book-length monographs relevant to black doctors in this time period. Included among them are Vanessa Gamble's *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945* (1995), Gretchen Long's *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation* (2012), Thomas Ward's *Black Physicians in the Jim Crow South* (2003), and Jamie Wilson's *Building a Healthy Black Harlem: Health Politics in Harlem, New York, from the Jazz Age to the Great Depression* (2009). In addition, a number of scholars have published important articles or pertinent book sections. These include Edward Beardsley, Michael Byrd, Christopher Crenner, Dennis Doyle, Darlene Clark Hine, David McBride, Susan Reverby, Todd Savitt, David Barton Smith, Susan Smith, James Summerville, and Karen Kruse Thomas. Dissertations by Lauren Kerr-Heraly, Ayah Nuriddin (forthcoming,) and Meg Vigil-Fowler also expand our understanding of black doctors' historical

Their absence from the historical record is even more curious given the fairly rich body of existing scholarship on black healers, more broadly construed. Black nurses, midwives, mystic and religious healers, folk and lay practitioners already occupy a meaningful place in the canons of African American history.[3] Beloved for their nurturing qualities, feared for their perceived supernatural influences, and respected for their experience and expertise, these historical actors offered meaningful relief from the afflictions facing black communities during the eras of slavery and Jim Crow. As Todd Savitt explains, enslaved black healers facilitated agency by expanding the therapeutic options available to slave communities, offering alternative treatments to those afforded by slaveholders.[4] In her research on slave folk healing practices, Sharla Fett concurs, writing: "In the hands of ordinary, but extraordinary, black men and women acts of healing became arts of resistance, inscribing the vital link between personal health and collective freedom."[5] Darlene Clark Hine's study of black nurses in the twentieth century shows how these black women promoted racial improvement by using their "altruistic caring, self-discipline, and personal sacrifice… to provide health-care services for, and to lift up from the bottom of the American social scale, the entire black race."[6] Not only tasked with meeting the varied healthcare needs of African American communities, black healers played a major role in

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roles and significance. A number of book-length biographies on black doctors exist as well. The self-published work of Robert Hayden on Louis Wright, *Mr. Harlem Hospital: Dr. Louis T. Wright: A Biography* (2003) stands out among these as particularly relevant to this study. Black doctors, themselves, have also made substantial efforts to record their historical experiences through autobiographies and biographical works. Among these, Montague Cobb's numerous contributions to the *Journal of the National Medical Association* have proven to be particularly valuable.

[3] Included among these works are studies by Deirdre Cooper-Owens, Sharla Fett, Gertrude Jacinta Fraser, Eugene Genovese, Rana Hogarth, Darlene Clark Hine, Marie Jenkins Schwartz, Albert Raboteau, Todd Savitt, Stephen Stowe, David Barton Smith, and Wilbur Watson.

[4] Todd Lee Savitt, *Medicine and Slavery : The Diseases and Health Care of Blacks in Antebellum Virginia*, (Urbana: University of Illinois Press, 2002), 184.

[5] Sharla M. Fett, *Working Cures : Healing, Health, and Power on Southern Slave Plantations*, (Chapel Hill: University of North Carolina Press, 2002), x.

[6] Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*, (Bloomington, Indiana: Indiana University Press, 1989), xvii.

facilitating the larger cause of racial improvement.

Black doctors would appear to be a fitting subject-matter for the established historiographic tradition of African American studies, which emphasizes service in the cause of racial liberation and civic equality. Indeed, throughout much of the twentieth century, they personified the image of the "New Negro," an iconic figure that came to prominence among black civic reformers during the 1890s as part of a directed effort to challenge stereotypes of racial degeneracy and affirm their race's "fitness" for modern society. Embodying the Progressive Era ideals of character, discipline, refinement, and purity, New Negro doctors emerged in this period as representative "race men" and prominent symbols of hope to black communities suffering from the pangs of Jim Crow discrimination.[7] According to Carter G. Woodson, black doctors were "outstanding" members of their communities, respected individuals who built the finest homes, married the most desirable spouses, and had children in the best schools available.[8] Active in local churches, fraternal societies, business enterprises, and political organizations, many worked to address racial disparities and provide African Americans with greater access to modern civic resources. They appeared regularly in newspapers and

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[7] Henry Louis Gates and Gene Andrew Jarrett, *The New Negro : Readings on Race, Representation, and African American Culture, 1892-1938*, (Princeton, N.J.: Princeton University Press, 2007), 10-14. Scholarship on the New Negro movement has occupied an important vein in the field of African American studies for some time. Some of the most pertinent works relevant to this project include: Nathan Irvin Huggins, *Harlem Renaissance*, (New York, Oxford University Press, 1971); Shannon King, *Whose Harlem Is This, Anyway? : Community Politics and Grassroots Activism During the New Negro Era*, (2015); Chad Louis Williams, "Vanguards of the New Negro: African American Veterans and Post-World War I Racial Militancy," *Journal of African American History* 92, no. 3 (2007); Chad Louis Williams, *Torchbearers of Democracy : African American Soldiers in World War I Era*, (Chapel Hill: University of North Carolina Press, 2010); Davarian L. Baldwin, *Chicago's New Negroes : Modernity, the Great Migration, & Black Urban Life*, (Chapel Hill: University of North Carolina Press, 2007); Barbara Foley, *Spectres of 1919 : Class and Nation in the Making of the New Negro*, (Urbana: University of Illinois Press, 2003).

[8] Carter G. Woodson, *The Negro Professional Man and the Community: With Special Emphasis on the Physician and the Lawyer*, (Washington, DC: The Association for the Study of Negro Life and History, Inc., 1934), 27. Echoing Woodson's sentiments, T.J. Johnson, the biographer of Joseph Walker, an African American physician, described black doctors as being "as popular in Negro life as money is in business." Johnson asserted that "with Dr. before a man's name [one] immediately became the community leader, the outstanding figure that received the honor, respect and admiration of the entire populace. Everybody looked up to him and felt complimented to pay homage to him." T. J Johnson, *From the Driftwood of Bayou Pierre*, (Louisville, Kentucky: Dunne, 1949), 28.

biographies as well as popular works of fiction, representing educated, wealthy, self-sufficient individuals who affirmed the intellectual and moral character of their race, indicative of its potential to cast off the legacy of slavery and reconstruct itself in the image of respectable middle-class citizenship. To many, black doctors appeared proverbial "cures" for the nation's race problem, uniquely capable of transcending racism and leading African Americans into a future of social equality.

In the existing historical research on black doctors, scholars have generally embraced this heroic narrative framework. Focusing on efforts to gain access to the segregated institutions of professional medicine, many explore the ways black practitioners struggled against discrimination to, as Thomas Ward writes, "rise up and become doctors."[9] Black doctors often appear in these works as vibrant symbols of race pride and civic achievement, affirming the capacity of African Americans to obtain equality during an era of extreme racial prejudice. In others, they emerge as critical agents of racial health, occupying a central role in providing disease-afflicted black communities with greater access to modern medical care and public health resources.[10]

But noteworthy discrepancies appear in these efforts to align black doctors with heroic narratives of racial activism. While celebrated publicly, in practice, black doctors often struggled to live up to their image as saviors of the race. Describing them as "prisoners of American racism," Edward Beardsley maintains that black doctors, as a group, were severely handicapped in their efforts to raise "the overall level of health of the Southern black populace."[11] According

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[9] Thomas J. Ward, *Black Physicians in the Jim Crow South*, (Fayetteville: The University of Arkansas Press, 2003), 299.

[10] The works of Edward Beardsley, Michael Byrd, Lauran Kerr-Heraly, Vanessa Gamble, Robert Hayden, Darlene Clark Hine, Gretchen Long, David McBride, Todd Savitt, James Summerville, and Thomas Ward generally fit into this narrative structure.

[11] Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century*

to Darlene Clark Hine, many struggled to obtain the skills, training, and resources required for modern practices. Without access to mainstream institutions—including medical schools, hospitals, and professional associations—most black physicians were ill-equipped to provide black communities with the greater benefits of modern medicine and many struggled to earn the trust of black patients. In her study of Meharry Medical College in the early-twentieth century, Hines writes that "such a cloud of incompetence, suspicion, and lack of confidence hung over Meharry and [the affiliated] Hubbard [Hospital] that blacks in Nashville suffered the indignities accompanying requests for medical treatment at the segregated white hospitals rather than risk their own and the lives of loved ones at Hubbard 'for the colored.'"[12]

Furthermore, while generally depicted as symbols of racial equality who affirmed the virtues of integration, black doctors as a group were strong advocates for the development of separate black medical institutions. As Vanessa Gamble shows in her work on the black hospital movement, the largest representative body of African American practitioners, the National Medical Association, was a strong supporter of separate black hospitals throughout the first half of the twentieth century, at times, clashing vehemently with the leaders of the NAACP who more consistently advocated for desegregation.[13] In her study of the Hill-Burton Act, Karen Kruse Thomas demonstrates how even those who appeared resolute advocates for desegregation acquiesced to the maintenance or development of segregated facilities for political expediency and practical benefit. Among them, Louis T. Wright, a graduate of Harvard Medical School and leading advocate for the desegregation of Harlem Hospital, compromised his overarching

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South, (Knoxville, TN: University of Tennessee Press, 1987), 77.

[12] Darlene Clark Hine, "The Pursuit of Professional Equality: Meharry Medical College, 1921-1938, a Case Study," in *New Perspectives on Black Educational History*, ed. Vincent P Franklin and James D Anderson (Boston, MA: G.K. Hall & Co., 1978), 174.

[13] Vanessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*, (New York: Oxford University Press, 1995), xv-xvi, 56-7.

integrationist vision for a "non-discrimination clause" in the Hill-Burton Act that increased the level of federal funding available to black patients in North Carolina while still accepting the principle of segregation.[14]

Even more concerning, while touted as courageous race leaders and advocates for black health, scholars have demonstrated that many black doctors appeared more concerned with achieving individual professional goals than advancing the greater cause of racial improvement. Although some went to extreme lengths to serve marginalized communities, many concentrated their practices in urban areas and northern states where they had greater opportunity for individual career growth but were largely inaccessible to the vast majority of African Americans in need of medical care.[15] According to Todd Savitt, many black doctors neglected their commitment to patient care and racial progress in their efforts to garner status and wealth. The "broad ideal of racial betterment," he writes, "did not receive as much attention as other goals once black doctors actually entered practice."[16] Edward Beardsley also recounts that some black physicians gained reputations for dealing "sharply, and sometimes harshly, with patients in matters of fees" and, to many, appeared more concerned with financial remuneration and taking part in conspicuous consumption than restoring health and wellbeing.[17]

Even among their contemporaries, black doctors came under scrutiny for their failures to serve. Writing in the 1930s, one practitioner from Baltimore lamented that too many of his

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[14] Karen Kruse Thomas, "The Hill-Burton Act and Civil Rights: Expanding Hospital Care for Black Southerners, 1939-1960," *Journal of Southern History* 72, no. 4 (November 2006): 837-40.
[15] Karen Kruse Thomas, *Deluxe Jim Crow : Civil Rights and American Health Policy, 1935-1954*, (Athens: University of Georgia Press, 2011), 221,248. Black doctors were acute reflections of demographic patterns found among most medical doctors at the time, race notwithstanding. See also Nancy Tomes, *Remaking the American Patient : How Madison Avenue and Modern Medicine Turned Patients into Consumers*, (2016), 54.
[16] Todd L. Savitt, "Entering a White Profession: Black Physicians in the New South, 1880-1920," *Bulletin of the History of Medicine* 61, no. 4 (Winter 1987): 508.
[17] Beardsley, 98.

colleagues were "careless and unscientific" in their approach to medicine, failing to utilize modern technology or to advise patients fully of their treatment options. Others pointed to unprofessional behavior in black-run medical institutions. Evaluating one hospital in Jacksonville, Florida, Midian O. Bousfield, a black practitioner from Chicago working on behalf of the Duke Endowment, maintained the staff was woefully ill-prepared for their administrative tasks. Characterizing the hospital as a "pitiful" and "dreary place," he called attention to how petty infighting and administrators "playing five up and finding fault" impeded the hospital's governance. Similarly, Peter Murray, an influential figure in the National Medical Association, uncovered grossly unprincipled behavior in a black hospital in Columbia, South Carolina. Murray's investigation exposed endemic practices of fraud and embezzlement taking place at the expense of black patients.[18]

Indeed, if black doctors were the cure for America's race problem, they were strange cures. Exhibiting the problematic qualities E. Franklin Frazier once ascribed to members of the black bourgeoisie, black doctors often seem to fit more readily into the critique of early-twentieth century racial leadership exhorted by Kevin Gaines in his work *Uplifting the Race* (1996). Grouped among other middle class black professionals who advocated for what Gaines refers to as "bourgeois evolutionism" or a "civilizationist" approach to racial improvement, black doctors in Gaines' work seem analogous to those black elites who, under the pretense of racial uplift, adopted a guise of status and prestige in order to exploit the vulnerabilities of the poor and working classes for personal benefit. Specifically citing the Tuskegee Syphilis Study as the

[18] Edward H. Beardsley, "Dedicated Servant or Errant Professional: The Southern Negro Physician before World War Ii," in *The Southern Enigma: Essays on Race, Class, and Folk Culture*, ed. W.J. Fraser and W.B. Moore, vol. 105 (Greenwood Pub Group, 1983), 98; Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South*, 148-50; Gamble, 54. See also Aubre de L. Maynard, *Surgeons to the Poor: The Harlem Hospital Story*, (New York: Appleton-Century-Crofts, 1978), 83.

penultimate example of such exploitation, Gaines contends the black medical practitioners involved were so invested in class differentiation in their efforts to "forge a sense of personal worth and dignity" that they willingly exploited the study's black subjects in a manner comparable to the medical atrocities of the Third Reich, perceiving their diseased lower class brethren as "beyond moral consideration, and valuable to authorities only as instruments of medical and scientific curiosity."[19]

Even where black doctors seem to demonstrate an unambiguous commitment to the cause of racial improvement, enigmatic contradictions appear. In her study of the Mississippi Health Project—a mid-twentieth century effort by Alpha Kappa Alpha Sorority to provide impoverished black communities in the rural South with basic public health services—Susan Smith reveals how difficult it was for those involved to avoid the pitfalls that came with the class stratification embedded in their professional identities. Although indisputably committed to addressing black health care needs, Smith contends, this uniquely dedicated group of service-oriented black practitioners perpetuated a "class gap" in their ministrations to black patients, considering themselves "superior to the black poor" and perceiving their goal of racial improvement as "intertwined with efforts to secure their middle class position."[20] Smith reveals similar findings in her work pertaining to the Tuskegee Syphilis Study. In an interview with Paul Cornely, a well-known African American physician from Howard University, she recalls that Cornely knew about the study from its beginning in 1932 but never questioned it until after the 1972 exposé.

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[19] Kevin Kelly Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in the Twentieth Century*, (Chapel Hill: University of North Carolina Press, 1996), on bourgeois evolutionism 20-21, 34-37, on black Tuskegee doctors 254.

[20] 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), 150-1. For additional discussion relevant to this notion of a class gap see Evelyn Brooks Higginbotham, "African-American Women's History and the Metalanguage of Race," in *"We Specialize in the Wholly Impossible" : A Reader in Black Women's History*, ed. Darlene Clark Hine, Wilma King, and Linda Reed (Brooklyn, N.Y.: Carlson Pub., 1995).

While Cornely considered himself a black public health advocate who would get "hot and bothered about injustice and inequality," he accepted the study's legitimacy and incorporated it into the courses he taught at Howard, explaining his actions as extensions of the profession's unspoken classification of black patients as "expendable."[21]

Racial Therapeutics

To explain this seeming paradox of race-serving black doctors perpetuating the very discrimination they sought to eradicate, scholars have offered several rationale. Similar to the reasoning utilized by Edward Beardsley in his seminal work, *A History of Neglect* (1990), many consider these actions the consequence of a desperate struggle, waged by a severely marginalized group, to achieve a semblance of status within the medical profession and provide basic medical services to African American communities. Reminding us of the endemic racism circumscribing their personal and professional lives, Beardsley questions whether it reasonable to expect black doctors facing professional discrimination and the acute subjugation of the Jim Crow era to place the mantle of racial improvement above their individual professional needs. He writes that prejudice and discrimination "blighted" their professional training and "stalked" their careers, making it uniquely difficult for them to meet both the needs of patients and their own professional goals.[22] As victims of racial oppression, Todd Savitt continues, their efforts to achieve professionally laid a critical foundation for future racial advocacy.[23] Even with notable

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[21] Susan L Smith, "Neither Victim or Villain: Eunice Rivers and Public Health Work," in *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, ed. Susan Reverby (Chapel Hill: University of North Carolina Press, 2000), 355. In her 1996 study of Charles Drew, *One Blood: The Death and Resurrection of Charles Drew*, Spencie Love also documents how the heroic narrative surrounding black doctors led to the distortion of facts concerning the death of Charles Drew, a well known black doctor known for his research into the separation and storage of blood plasma.
[22] Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South*, 99. See also Ward, 299.
[23] Savitt 540.

costs, these scholars maintain that black doctors' ability to obtain professional standing represented a valuable achievement indicative of the agency and progress made by African Americans as a whole during an era of institutionalized discrimination and endemic racial violence.

Other scholars have attempted to explain these contradictions arguing black doctors conceptualized their practices through a broader lens of racial health, affording them an expanded appreciation of what qualified as "treatment." In response to the criticisms leveled against black practitioners involved with the Tuskegee Syphilis Study, Susan Smith and the leading scholar of the study, Susan Reverby, argue in their respective texts that black practitioners considered their work part of an ongoing effort to address racial health disparities and provide black patients with better care. Both scholars contend that Eugene Dibble, the director of Tuskegee's John A. Andrews Hospital and the most notable African American doctor involved, saw the program as a means to expand treatment opportunities for the local black community and the race as a whole. By garnering recognition for the hospital and Tuskegee Institute in a manner that would build public support and court additional funding to address African American health care needs, Reverby explains, Dibble likely envisioned the study as a means to dispel biologically deterministic theories of racial health and expand opportunities for African Americans to benefit from future advances in medical science. In addition, Dibble recognized that federally sponsored research programs brought valuable resources to the Institute, enhancing the hospital's capacity to serve the growing number of indigent black patients who came to Andrews from around the state seeking care. Recognizing potential benefits such as these, both authors maintain, Dibble saw fit to invite the federal government to

make use of Tuskegee's facilities and resources.[24]

Likewise, in their consideration of Eunice Rivers—the African American nurse who served as the chief liaison between the study's subjects and administrators—both scholars contend Rivers saw her involvement as an extension of her role as a public health worker. Aware the study was not designed to provide curative treatments for syphilis, Rivers still believed the men received significant medical benefits and that the benefits outweighed the risks.[25] Particularly during its early years, when treatments for tertiary stage syphilis were painfully long with uncertain efficacy, Reverby explains, Rivers possessed a more expansive understanding of what treatment embodied and saw educating the men on hygiene, sanitation, and modern medical resources as viable forms of care.[26] Both scholars show that Rivers considered the men relatively well "treated" because they received access to advanced diagnostic care, some palliative and curative therapeutics, as well as some social and financial support (most notably funding for burial expenses), benefits otherwise inaccessible to their community and, during the Depression era, even to many of those who could afford professional care.[27]

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[24] Smith, "Neither Victim or Villain: Eunice Rivers and Public Health Work," in *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, 354; Susan Reverby, "Rethinking the Tuskegee Syphilis Study: Nurse Rivers, Silence, and the Meaning of Treatment," in *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, ed. Susan Reverby (Chapel Hill: University of North Carolina Press, 2000), 368-70; Susan Reverby, *Examining Tuskegee : The Infamous Syphilis Study and Its Legacy*, (Chapel Hill: University of North Carolina Press, 2009), chapter 8.

[25] Smith, "Neither Victim or Villain: Eunice Rivers and Public Health Work," in *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, 359.

[26] Reverby, "Rethinking the Tuskegee Syphilis Study: Nurse Rivers, Silence, and the Meaning of Treatment," in *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*; Reverby, *Examining Tuskegee : The Infamous Syphilis Study and Its Legacy*, 173-4.

[27] The notion of racial, or race-specific, therapeutics has a noteworthy history in the history of medicine. In his study of the Lafargue Mental Health Clinic in Harlem, Gabriele Mendes discusses how Fredric Wertham deemed the social context of black patients—their exposure to endemic practices of discrimination—a necessary consideration when determining effective treatment methods. See Gabriel N. Mendes, *Under the Strain of Color : Harlem's Lafargue Clinic and the Promise of an Antiracist Psychiatry*, (2015). See also Dennis A. Doyle, *Psychiatry and Racial Liberalism in Harlem, 1936-1968*, (2016); Jonathan Metzl, *The Protest Psychosis : How Schizophrenia Became a Black Disease*, (Boston: Beacon Press, 2009); Keith Wailoo, *How Cancer Crossed the Color Line*, (Oxford: Oxford University Press, 2011); Keith Wailoo and Stephen Gregory Pemberton, *The Troubled Dream of Genetic Medicine : Ethnicity and Innovation in Tay-Sachs, Cystic Fibrosis, and Sickle Cell Disease*, (Baltimore: Johns Hopkins University Press, 2006).

Predicated on this broader interpretation of racial health, Smith and Reverby's expanded conceptions of treatment allow for a more generous accounting of the study's therapeutic value. But they also suggest the need for a more refined understanding of factors that may fall outside the technical boundaries of therapeutic intervention yet exert meaningful influence over therapeutic efficacy. As Stephen Pemberton writes, "effective healing transcends the technical framing of disease management that often dominates our descriptions of contemporary medicine."[28] By establishing "class gaps" between themselves and their clientele, some evidence suggests black doctors provided a means for black patients to affirm or elevate their own sense of civic worth and class standing.[29] While often maligned for misleading its subjects, Reverby, Smith, and other scholars have shown that the men participating in the study were neither naïve nor submissive concerning the potential risks of their involvement. Rather, they were familiar with the South's Jim Crow climate and past accounts of racial exploitation in medicine and joined the study nonetheless, in part, to gain a sense of importance from an "official association with both the prestigious Tuskegee Institute and the federal government."[30] Conducted in rural Macon County, Alabama, in a community that faced ongoing social marginalization, several men considered the study appealing enough that they agreed to participate even though they were asymptomatic.[31] Though perhaps difficult to conceive of through a contemporary lens, at the

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[28] Stephen Gregory Pemberton, *The Bleeding Disease : Hemophilia and the Unintended Consequences of Medical Progress*, (Baltimore: Johns Hopkins University Press, 2011), 10.
[29] Rima Apple makes similar claims in her works Rima D. Apple, *Perfect Motherhood : Science and Childrearing in America*, (New Brunswick, N.J.: Rutgers University Press, 2006); Rima D. Apple, *Mothers and Medicine : A Social History of Infant Feeding, 1890-1950*, (Madison, Wis.: University of Wisconsin Press, 1987).
[30] Reverby, "Rethinking the Tuskegee Syphilis Study: Nurse Rivers, Silence, and the Meaning of Treatment," in *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, 115-6; Smith, "Neither Victim or Villain: Eunice Rivers and Public Health Work," in *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, 356; Vanessa Northington Gamble, "Under the Shadow of Tuskegee: African Americans and Health Care," in *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, ed. Susan Reverby (Chapel Hill: University of North Carolina Press, 2000), 433-5; Smith, "Neither Victim or Villain: Eunice Rivers and Public Health Work," in *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, 357.
[31] See "Interview with Four Survivors, Department of Health, Education, and Welfare Study, 1973" in Susan

time it took place, the study provided the men with a means to affirm their social value and middle-class aspirations, addressing their essential need for social distinction and garnering envy from other residents of their community not included in the subject pool. While often viewed as a prototypical example of racial exploitation in medicine, the Tuskegee Study provided the men involved with something *they* deemed worthwhile, valuable enough that many willingly participated for the entire forty-year duration.[32]

More than a *quid pro quo* of black patients subjecting themselves to medical experimentation in exchange for social status, however, these findings suggest the need to explore the value of *status as a constituent element of modern therapeutic practices*.[33] As Charles Rosenberg has explained, most early-twentieth century therapeutics functioned effectively as placebos, relying heavily on the willingness of patients to surrender their personal judgment to their doctor's recognized expertise. During the ritualized exchanges that took place between doctors and patients—particularly so for illnesses like tertiary stage syphilis that often lacked overt symptoms—symbolic gestures that conveyed the doctor's professional authority and respect for patients helped frame diseases and treatment measures in ways that affirmed patients' dignity, civic value, and social standing, with critical implications for their perception of therapeutic success.[34] As John Burnham informs us, during the first half of the twentieth century, patient perceptions of medical care stemmed disproportionately from the quality of their

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Reverby, *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, (Chapel Hill: University of North Carolina Press, 2000), 132-33. The subjects in the first, second, and fourth interviews in this source explain they did not know they were sick before being recruited for the study.

[32] Smith, "Neither Victim or Villain: Eunice Rivers and Public Health Work," in *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, 356-7.

[33] For further discussion about quid pro quo exchanges in medicine see Barbara Bates, *Bargaining for Life : A Social History of Tuberculosis, 1876-1938*, (Philadelphia: University of Pennsylvania Press, 1992).

[34] Charles E Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America," *Perspectives in Biology and Medicine*, no. Summer (Summer 1977): 485-7, 503-4. See also Charles E Rosenberg, *The Care of Strangers: The Rise of America's Hospital System*, (New York: Basic Books, Inc., 1987), chapter 13.

interactions with doctors rather than their technical appreciation for the efficacy of a particular diagnostic or treatment method. Patients expecting affirmation and support responded negatively to doctors who failed to maintain sacerdotal dispositions or who performed their ministrations with callousness or disregard.[35] For African American patients in particular, uniquely aware of their marginalized social status and sensitive to the possibility of exploitation, the ability of doctors to inspire confidence and build trust by affirming patients' social worth, middle-class aspirations, and civic value was critical to the success of their therapeutic interventions.

Significant room still exists to explore how patients perceived status as a factor in modern treatment methods. But there is a wide body of evidence that affirms doctors recognized its importance. As numerous scholars in the history of medicine have demonstrated, early-twentieth century doctors took great pains to cultivate an image of status and distinction—to establish a "class gap" between themselves and patients.[36] While the rise of modern medicine is often attributed to the centralization of medical authority and the expanded use of research based laboratory science, it was the cultural value of these developments—their symbolic impact on the public's perception of doctors as esteemed professionals—more than their technical benefits, that led to medicine's increase. According to Paul Starr, science was central to medicine's growth in status, working "greater changes on the imagination than it worked on the processes of

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[35] John C. Burnham, "American Medicine's Golden Age: What Happened to It?," in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, ed. Judith Walzer Leavitt and Ronald L. Numbers (Madison, Wisconsin: University of Wisconsin Press, 1997), 287-88. Nancy Tomes explains that without the ability to independently gauge a doctor's skill or ability, patients placed greater emphasis on the appearance of their buildings, offices, and reception spaces to garner a sense of their capabilities. See Tomes, 56.

[36] Gerald Markowitz, David Rosner, and E. Richard Brown illustrate how late-nineteenth and early-twentieth century educational reform efforts in medicine limited the access of the poor and working class Americans to the profession. See E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America*, (Berkeley: University of California Press, 1979), esp. 83-88; Gerald E Markowitz and David Karl Rosner, "Doctors in Crisis: A Study of the Use of Medical Education Reform to Establish Modern Professional Elitism in Medicine," *American Quarterly* 25, no. 1 (March 1973).

disease."[37] John Warner concurs that "it was the cultural more than the technical value of science" that elevated the profession's social standing.[38] "Once people began to regard science as a superior and legitimately complex way of explaining and controlling reality," Starr continues, they wanted access to doctors' privileged medical knowledge and desired "physicians' interpretations of experience regardless of whether the doctors had remedies to offer."[39] "For the great majority of hospitals and medical men," Rosenberg writes, science functioned more as "rhetoric than reality," allowing doctors to bolster their professional standing and advance their careers by "cloaking themselves" in its "mantle."[40] Works by numerous other historians of medicine further illustrate how this use of science elevated the status of the profession more as a source of cultural authority than as a technical enhancement, imbuing healers with the legitimacy needed to "interpret signs and symptoms, to diagnose health or illness, to name disease," and to cure.[41]

But while science's cultural value played an important role in elevating medicine, it was only part of a larger effort by medical professionals to build status and prestige. At a time when, as Gail Bederman writes, "a variety of 'civilized' arts and graces had become indelibly associated with the middle and upper classes," organized doctors were initiating an extensive campaign to mold the conduct, attitudes, personal manners, and appearances of their colleagues in ways that would generate distinction.[42] These practices were acutely evident within the

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[37] Paul Starr, *The Social Transformation of American Medicine*, (New York: Basic Books, Inc., Publishers, 1982), 18.
[38] John Harley Warner, "The History of Science and the Sciences of Medicine," *Osiris* 10 (1995): 178.
[39] Starr, 19.
[40] Rosenberg, *The Care of Strangers: The Rise of America's Hospital System*, 144.
[41] Starr, 14. See the works of Rima Apple, Gerald Geison, Evelynn Hammonds, Bert Hansen, and Judith Walzer Leavitt, to name a few. Britt Rusert also challenges the dichotomy between "culture" and "science." See Britt Rusert, *Fugitive Science: Empiricism and Freedom in Early African American Culture*, (2016), 20-21.
[42] Gail Bederman, *Manliness & Civilization: A Cultural History of Gender and Race in the United States, 1880-1917*, (Chicago: University of Chicago Press, 1995), 30.

African American medical community. In her work on Matilda Evans of South Carolina, Darlene Clark Hine explains how black doctors like Evans successfully administered their practices by conjoining "subtle and brilliant intellectualism to the physician's professional skill and the black club woman's politics of respectability, piety, and service."[43] Referring specifically to those efforts by Progressive Era racial reform leaders to shape the "manners and mores" of African Americans in ways that would challenge racial stereotypes and affirm their middle-class aspirations, as Hine employs it here, the "politics of respectability"—a construct first introduced by Evelyn Brooks Higginbotham in 1993—functioned within the black medical profession as a means through which black doctors could build standing and invite deference by regulating the behavior of their colleagues.[44] Through the cultivation of refined bourgeois manners and appearances, black doctors sought to gain patients' trust by presenting themselves as representatives of racial modernity or, in the language of the era, embodiments of the New Negro. By projecting this persona, they promised benefits that went beyond the technical treatment of disease, affirming their patients' middle-class aspirations and offering relief not only from somatic afflictions but also the denigrating effects of racial prejudice and discrimination.

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[43] Darlene Clark Hine, "Matilda Evans: Health Care Activism of a Black Woman Physician," in *South Carolina Women : Their Lives and Times: Volume 2*, ed. Marjorie Julian Spruill, Valinda W. Littlefield, and Joan Marie Johnson, vol. 2 (Athens: University of Georgia Press, 2010), 286.

[44] Evelyn Brooks Higginbotham, *Righteous Discontent: The Women's Movement in the Black Baptist Church, 1880-1920*, (Cambridge, Mass.: Harvard University Press, 1993), chapter 7. See also Higginbotham, in *"We Specialize in the Wholly Impossible" : A Reader in Black Women's History*. See also Michele Mitchell, *Righteous Propagation : African Americans and the Politics of Racial Destiny after Reconstruction*, (Chapel Hill: University of North Carolina Press, 2004). Outside African American history, the larger concept of respectability has been explored in other fields contemporaneously with Higginbotham's work. Among the most pertinent to this study is John C. Burnham, *Bad Habits : Drinking, Smoking, Taking Drugs, Gambling, Sexual Misbehavior, and Swearing in American History*, (New York: New York University Press, 1993).

The New Negro in Medicine

Concerns about racial modernity had been paramount for black doctors since their earliest efforts to organize professionally. At the Atlanta Exposition of 1895, where the New Negro movement effectively began, a small cadre of influential practitioners organized the first nation-wide medical association open to members of their race, forming the National Association of Colored Physicians, Dentists, and Pharmacists, which later became the National Medical Association.[45] Scholarship on the New Negro tends to focus heavily on the trope's function as a discursive act of negation, the effort to distinguish modern and progressive "new" Negroes from antiquated and disreputable "old" ones. But turn-of-the-century Americans, both within and outside black civic discourse, were equally if not more familiar with *competing* images of the "new" black citizen. Popular media frequently depicted post-emancipation blacks in pejorative terms. Propagating romantic images of docile and contented slaves, they described free blacks as members of a degenerate race.[46] Lacking the refining influence of slavery, this "new" Negro was a deceitful social menace. Claims of racial barbarism yielded hyper-sexualized images of lascivious black women and savage black brutes undermining the foundations of white civic morality. Threatening the sanctity of American civilization, they provided a rationale for practices of racial exclusion and justified acute forms of discrimination and violence, including

[45] The Atlanta Exposition (also known as the Cotton States and International Exposition) has often been designated as the New Negro movement's "official" starting point. See Gates and Jarrett, 34-5. See also Dennis B. Downey, *A Season of Renewal : The Columbian Exposition and Victorian America*, (Westport, Conn.: Praeger, 2002), xi-xix, 6. On the origins of the National Medical Association see Herbert M Morais, *The History of the Negro in Medicine*, (New York, Washington, London: Publishers Company, Inc., 1967), 62-69, 74-75. For a discussion of the New Negro's place in the National Medical Association see Margaret Geneva Long, *Doctoring Freedom : The Politics of African American Medical Care in Slavery and Emancipation*, (Chapel Hill: University of North Carolina Press, 2012), 168-71.

[46] Gilbert Osofsky, *Harlem, the Making of a Ghetto : Negro New York, 1890-1930*, (Chicago: Ivan R. Dee, 1996), 25; Leon F. Litwack, *Trouble in Mind : Black Southerners in the Age of Jim Crow*, (New York: Knopf, 1998), 197-98.

lynching and rape.[47]

Early-twentieth century black civic leaders responded to these denigrating portrayals by cultivating their own models of modern black citizenship. Challenging images of racial savagery, they effectively rebranded the "New Negro" as a progressive racial trope, designating it a proper noun (requisitely capitalized) and implementing bourgeois styling to affirm its modern standing. New Negro men were law-abiding and industrious citizens who protected their women and provided for their families. New Negro women were chaste, devoted wives, and good mothers that served as the moral foundation for black communities. Culturally regenerated and eugenically fit, *these* New Negroes were the embodiment of respectable manhood and womanhood, characterized by middle-class manners, self-control, cultural refinement, moral character, and accumulated wealth.[48]

This image of the New Negro permeated African American reform efforts throughout much of the twentieth century. But competing models also emerged. In the years following World War I, growing communities of black migrants in the urban North, frustrated by enduring discrimination and surging racial violence, embraced images of the New Negro that diverged significantly from middle-class standards of respectability. Particularly notable in New York City's Harlem, organized labor leaders like Chandler Owens and A. Philip Randolph, and Pan-

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[47] For more on the stereotype of the hypersexual black rapist see George M Fredrickson, *The Black Image in the White Mind: The Debate on Afro-American Character and Destiny, 1871-1914*, (New York: Harper and Row Publishers, 1971), chapter 9; Litwack, 210-12. For more on perceptions of black supremacy see Eric Foner, *A Short History of Reconstruction, 1863-1877*, (New York: Perennial Library, 1990), 150-55.

[48] See Glenda Elizabeth Gilmore, *Gender and Jim Crow : Women and the Politics of White Supremacy in North Carolina, 1896-1920*, (Chapel Hill: University of North Carolina Press, 1996), chapter 3; Mitchell, 11-13; Martin Anthony Summers, *Manliness and Its Discontents : The Black Middle Class and the Transformation of Masculinity, 1900-1930*, (Chapel Hill: University of North Carolina Press, 2004), 8-9. See also T. J. Jackson Lears, *Rebirth of a Nation : The Making of Modern America, 1877-1920*, (New York: HarperCollins, 2009), introduction; Adele Heller and Lois Palken Rudnick, *1915, the Cultural Moment : The New Politics, the New Woman, the New Psychology, the New Art & the New Theatre in America*, (New Brunswick, N.J.: Rutgers University Press, 1991). These two works illustrate how the themes of rebirth and regeneration were popular in this era of American history.

Africanist leaders like Marcus Garvey, adopted more radical, militant, and nationalistic approaches to racial activism and challenged bourgeois cultural standards as antiquated and inept. Harlem's avant-garde cultural leadership—figures like Langston Hughes, Zora Neale Hurston, and Claude McKay—heralded the need for more diverse racial representation and also challenged middle-class standards of respectability, crafting more complimentary depictions of the poor and working classes.[49] Re-characterizing their opponents as examples of the new "Old Negro," black civic leaders routinely debated the nature of racial modernity and sought to position themselves as its leading representative or, in the rhetoric of the time, as the *newest* of the New Negroes.

Black doctors were equally invested in this process. Many settled in Harlem during the Great Migration looking for expanded professional opportunities and a more egalitarian racial climate than that found in the Jim Crow South. Despite its reputation as a "Promised Land" or "Mecca" of black civic life and culture, however, black doctors (like other migrants) encountered segregated neighborhoods, inflated housing costs, poor health conditions, high unemployment,

[49] Davarian Baldwin demonstrates how the construct of the New Negro was a contested discourse sometimes used in derogatory ways even within intraracial discourse. See Baldwin, 28-30. Baldwin also provides a rich account of the historical evolution of the New Negro movement and recent trends in New Negro scholarship. See Davarian L. Baldwin, "Introduction : New Negroes Forging a New World," in *Escape from New York: The New Negro Renaissance Beyond Harlem*, ed. Davarian L. Baldwin and Minkah Makalani (Minneapolis: University of Minnesota Press, 2013). See also the updated version of Henry Louis Gates, Jr.'s seminal essay from 1988, co-written with Gene Jarrett, Gates and Jarrett. Other important works pertinent to the movement's history include Foley, 1-69; Williams, "Vanguards of the New Negro: African American Veterans and Post-World War I Racial Militancy."; Martha Jane Nadell, *Enter the New Negroes : Images of Race in American Culture*, (Cambridge, Mass.: Harvard University Press, 2004); Anne Elizabeth Carroll, *Word, Image, and the New Negro : Representation and Identity in the Harlem Renaissance*, (Bloomington: Indiana University Press, 2005); Yuichiro Onishi, "The New Negro of the Pacific: How African Americans Forged Cross-Racial Solidarity with Japan, 1917-1922," *The Journal of African American History* 92, no. 2 (2007): 191-93; Ernest Allen, Jr., "The New Negro: Explorations in Identity and Social Consciousness, 1910-1922," in *1915, the Cultural Moment: The New Politics, the New Women, the New Psychology, the New Art & the New Theatre in America*, ed. Adele Heller and Lois Palken Rudnick (New Brunswick, N.J.: Rutgers University Press, 1991); V. P. Franklin, *Living Our Stories, Telling Our Truths : Autobiography and the Making of the African-American Intellectual Tradition*, (New York: Scribner, 1995), 122-25, 147-58; Summers; David L. Lewis, *When Harlem Was in Vogue*, (New York: Penguin Books, 1997).

prejudicial law enforcement, and restrictive job opportunities.[50] As practitioners, they faced segregated hospitals and medical societies which hindered their ability to establish a place for themselves amidst the city's otherwise abundant medical resources.

Frustrated by these impediments, black doctors were among those leading efforts to challenge discrimination in the city's medical institutions, most notably Harlem Hospital. Founded in 1887, Harlem Hospital emerged after World War I as both a vital institution for maintaining the health of Harlem's growing black population and for the training of surgeons and other specialists. With no black practitioners on its staff and rising concerns about discrimination against black patients, black doctors spearheaded efforts to dismantle the hospital's unwritten, but endemic, policy of segregation.[51] In 1919, Louis T. Wright became the first black doctor to join the hospital's out-patient department and, over the next decade, a select group of black practitioners, including nurses, interns, residents, and specialists, gained positions on staff. In 1930, during a major administrative overhaul, Wright received an appointment to the hospital board and several other black practitioners were added to the in-house staff.

But, while a meaningful victory, desegregation proved not to be a "magic bullet" for the problem of race at Harlem Hospital. Shortly after the reorganization, conflicts emerged over who should receive the coveted appointments and whether the hospital should be transformed into a elite integrated research facility or an institution dedicated to training the greater masses of black

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[50] For more on the demographic development of Harlem as a black neighborhood see Osofsky, chapter 9. and Cheryl Lynn Greenberg, *"Or Does It Explode?" : Black Harlem in the Great Depression*, (New York: Oxford University Press, 1991).

[51] This study is in line with a growing body of scholarly works critical of efforts to distinguish *de jure* from so-called *de facto* forms of racial segregation including Matthew F. Delmont, *Why Busing Failed : Race, Media, and the National Resistance to School Desegregation*, (2016); Matthew D. Lassiter, "De Jure/De Facto Segregation," in *The Myth of Southern Exceptionalism* (New York: Oxford University Press, 2010); George Lipsitz, *How Racism Takes Place*, (Philadelphia: Temple University Press, 2011); Andrew R. Highsmith, *Demolition Means Progress : Flint, Michigan, and the Fate of the American Metropolis*, (2015); Richard Rothstein, *The Color of Law : A Forgotten History of How Our Government Segregated America*, (New York ; London: Liveright Publishing Corporation, 2017).

medical personnel. The North Harlem Medical Society, a local black medical organization, split in two over the tensions and Harlem's black medical community divided between those who supported the new hospital administration's vision of medical excellence and those who opposed it. Bitter rivalries formed between graduates of black and predominantly white medical schools. Not isolated to Harlem, the conflict also attracted the interests of the National Medical Association, NAACP, and the national black press, as well as prominent churches, political leaders, and labor organizations throughout the city. As a representative of the hospital administration and graduate of Harvard Medical School, Louis Wright became a focal point of contention. Opponents labelled him an "Uncle Tom" while supporters characterized the attacks against him as petty envy.

More than strict ideological differences, Harlem's rival factions staked their claims to legitimacy on their competing visions of racial modernity embodied in the New Negro figure, a construct which came to function within the black medical community as a standard for professional legitimacy. Not a static construct, factional membership in Harlem often proved fluid as doctors switched their allegiances (sometimes repeatedly) to those they deemed most representative of the New Negro. Not simply a contest over staff appointments, the conflicts that emerged were emblematic of unresolved tensions evident in the profession at large. Rather than a miracle cure, desegregation proved to be a platform for debate over professional standards and the proper role of medicine in addressing the problem of race, revealing endemic and protean forms of exclusion deeply embedded within existing constructs of medical professionalism and unaddressed by the hospital reforms.

The Desegregation of Harlem Hospital

No book-length historical study of desegregation at Harlem Hospital currently exists. But portions of this story appear in a handful of scholarly works. The first and most notable of these is Vanessa Gamble's *Making a Place for Ourselves* (1995). Framed in the context of the black hospital movement, Gamble examines the desegregation campaign as part of a larger effort undertaken by the National Medical Association and National Hospital Association to build new (or repurpose existing) hospitals to serve the needs of African American practitioners and communities. Gamble's work offers the first scholarly examination of Louis T. Wright and explores the main episodes of the desegregation campaign, highlighting the debate over whether to transform the hospital into a cutting edge integrated research facility or a separate institution dedicated to the training of black practitioners. It also examines a charged conflict that emerged in 1930 surrounding inquiries by the Julius Rosenwald Fund into constructing a separate black hospital in Harlem.

Complimenting Gamble's work, Robert Hayden's self-published biography of Wright, *Mr. Harlem Hospital* (2003), provides additional insight into the desegregation effort through a detailed chronicling of Wright's life. Situating the desegregation campaign in the context of Wright's life-long effort to "vindicate" his race and affirm racial equality in medicine, Hayden's work provides meaningful insights into the personal experiences that influenced Wright's career on the medical staff and hospital board. Hayden also provides a detailed examination of the NAACP's controversial investigation into allegations of discrimination at the hospital after the reorganization.

Jamie Wilson's study, *Building a Healthy Black Harlem* (2005), explores the desegregation campaign in relation to other lay and professional efforts to address the healthcare

needs of Harlem's black residents. By situating the campaign along an expanded continuum of health-care activism, Wilson shows how the effort to desegregate the hospital took place in the context of parallel efforts by folk and religious healers in Harlem as well as independent health-related civic aid organizations to provide black residents with treatment. In particular, Wilson highlights the tensions that emerged between professional and lay healers as well as political conflicts that took place during the campaign.

These works each use rich sources and compelling analytical frameworks to construct meaningful narratives about desegregation. But none critically examine the role of the New Negro in the desegregation effort. Where my study differs most notably from these is in the centrality it gives the New Negro as a defining element of black doctors' professional identities and determining influence in the desegregation process. Infused with cultural, professional, and political values that both unified and divided Harlem's black medical community, it examines how black doctors used the notion of racial modernity to define their professional legitimacy and conceptualize their role as civic activists.

The Newest Negroes consists of six chapters exploring the desegregation process both chronologically and thematically. The first provides an overview of the campaign's initial stages, from the appointment of Louis Wright in 1919 to the 1930 administrative overhaul. It also traces the historic relationship between black doctors and the New Negro movement, illustrating how the movement influenced their professional identities and inspired Harlem's greater black community to rally behind the cause of desegregation.

Chapter two examines the conflicts and tensions that emerged within Harlem's black medical community leading up to and resulting from the 1930 reorganization. More than strict ideological differences, it shows how underlying tensions around race, regionalism, and

modernity—embedded in standards of professional legitimacy— revealed themselves in the desegregation process to shape the contours and composition of the evolving factions.

The third chapter relates the story of Godfrey Nurse, an established black practitioner who played an active role in the desegregation campaign but lost his hospital appointment after being implicated in an "ambulance-chasing" scandal at the hospital. This chapter explores how derogatory stereotypes plagued black doctors and the medical profession throughout the late-nineteenth and early-twentieth centuries and shows how anti-quackery campaigns served as part of an ongoing effort to raise the status of black practitioners by more stringently policing not only their practices but their public image as well. In doing so, it also examines how gendered notions of manhood and respectability factored into early-twentieth century definitions of the New Negro and influenced standards of professionalism.

Chapter four explores how tensions at Harlem Hospital continued to evolve after the 1930 reorganization, shaping black medical communities both locally and nation-wide. This chapter relates the divisions that formed within Harlem's local black medical association, the North Harlem Medical Society, and led to the creation of its rival, the Manhattan Medical Society. It also shows how the conflict had implications within the National Medical Association and NAACP, and influenced efforts by the Julius Rosenwald fund to build a separate black hospital in Harlem. Lastly, it shows how these tensions provided the impetus for an external investigation of Harlem Hospital.

Chapter five explores the relationship between medical science and the New Negro. It unpacks the reasoning used by Wright and his supporters to justify transforming Harlem Hospital into an integrated research facility by illustrating the various ways black doctors used scientific research to combat discrimination in medicine, establishing a scientific foundation for the

existence of an evolutionarily fit, biologically equivalent, New Negro citizen.

The sixth chapter explores the NAACP's investigation into charges of racial discrimination leveled against Louis Wright and the hospital administration following the 1930 reorganization. This chapter ends with the riot of 1935, which effectively marked the end of this historical episode.

The conclusion of this study looks at Harlem Hospital in the aftermath of the desegregation campaign and considers some of its unexpected consequences. It examines how artists of the Harlem Renaissance—including the literary works of George Schuyler and Rudolph Fisher as well as the murals of Charles Alston—offered insight and commentary on the desegregation effort and explores how the theme of interracial passing factored into understandings of the New Negro. Lastly, it shows how the construct of the New Negro provided black doctors with a standard for professional legitimacy, a model for racial health, and functioned as a therapeutic agent to promote healing for patients and community members.

The New Negro in Harlem Hospital

Opening Doors

Although black civic activists had been advocating to desegregate New York City's hospital system since the early 1910s, black practitioners would not gain entrance to these facilities until the nation's wartime effort placed a burden on medical staffing that could not be ignored.[52] With fewer doctors available, in 1918, a small number of black practitioners began acquiring low-level appointments in municipal institutions. Perry Cheyney, C. B. Powell, and U. Conrad Vincent quietly accepted appointments as interns and residents at Bellevue and Fordham hospitals. In 1919, Louis T. Wright and Coral E. Smith became the first black doctor and nurse to join Harlem Hospital. In January 1920, Douglas B. Johnson accepted a position similar to Wright's in the outpatient department.[53] Although not the culmination of a directed campaign to

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[52] The NAACP and National Urban League were both part of these early efforts. See Michael L Goldstein, "Black Power and the Rise of Bureaucratic Autonomy in New York City Politics: The Case of Harlem Hospital, 1917-1931," *Phylon* 41, no. 2 (2nd Quarter 1980): 191-92. See also "Physicians Ask for Square Deal at the Harlem Hospital," *New York Age* (New York, NY), 3 May, 1919.

[53] Louis Tompkins Wright, I Remember…, unpublished autobiography, unpublished, Louis T.Wright Papers, Box 130-1, Folder 12, Manuscript Division, Moorland Spingarn Research Center, Howard University, 93; Maynard, 21; *The Negro in Harlem Hospital*, *Louis T. Wright Papers, Box 130-7, Folder 3* (Manuscript Division, Moorland-Spingarn Research Center, Howard University, Washington, DC: 1935?); W. Montague Cobb, "Louis Tompkins Wright, 1891-1952," *Journal of the National Medical Association* 45, no. 2 (March, 1953 1953): 140; "Civil Rights Action Begun against New York Hospital: Colored Nurse Accepted for Postgraduate Course," *New York Age* (New York, NY), 1 November, 1919; "Bellevue Trustees Reinstate Nurse at Harlem Hospital," *New York Age* (New York, NY), 29 November, 1919. From the available sources, it is difficult to determine with absolute certainty, beyond Wright, the chronological order that black physicians joined Harlem Hospital's medical staff. Ironically, the seemingly most reliable source, "The Negro in Harlem Hospital," is also the most difficult to verify because its author and date are uncertain. It appears in the Wright collection at the Moorland-Spingarn Research Center, Howard University, and its contents suggest it was written shortly after the Harlem riot of 1935. But its third person narrative voice, which discusses Wright in the third person as well, suggests an author other than Wright, himself. The chronological narrative it provides about the early stages of desegregation is also more precise than that offered in Wright's autobiography, which appears to be written well after the riot. The content of "The Negro in Harlem Hospital," however, is further substantiated, if not definitively, by some newspaper accounts of the episode, which also contend Johnson followed Wright in joining the hospital staff. See "Another Physician Appointed," *Chicago Defender* (Chicago, IL), 8 May, 1920. The autobiographical accounts of Aubre Maynard and Louis Wright also mention two other black doctors who obtained positions at Bellevue. They do not provide their full names and each source uses different spellings. Both, however, reference Forde (or Ford) and Case (or Kess) as appointees. Wright also mentions that some black doctors served at Gouverneur Hospital. See Wright, 92; Maynard, 18. For more on Vincent's position at Bellevue Hospital see W. Montague Cobb, "Ubert Conrad Vincent, B.S., M.D., 1892-1938," *Journal of the National Medical Association* 67, no. 1 (January, 1975 1975): 74-76.

promote integration, these appointments carried important symbolic value for many local and national black communities, appearing in prominent black newspapers as small but hopeful signs of civic inclusion and expanding opportunities for African Americans in medicine.[54]

But while needed to fill war depleted staffs, the appointments generated controversy. The central administrative body for New York's municipal hospitals—the Board of Trustees of Bellevue and Allied Hospitals—frowning on the prospect of future black hires, stripped Harlem Hospital's superintendent, Cosmo D. O'Neil, of his administrative duties and reassigned him to a menial position in the outdoor booth at Bellevue, where he was responsible for directing ambulance traffic and inspecting the kitchen and morgue.[55] O'Neil's demotion became a clarion call for the Harlem community, which rallied to support him and the cause of desegregation.[56] In January of 1921, George Harris, an African American alderman and editor of the newly established *New York News*, launched a media campaign to promote hospital reform.[57] Harris used O'Neil's removal to highlight ongoing discrimination at the hospital and within the greater municipal system. Describing it as an unfair and callous act that marked the administration's intent to maintain segregation, he condemned the superintendent's treatment as unjust, characterizing O'Neil as a loyal employee and family man who had served the city for twenty-five years and was just short of receiving a pension. Now, Harris lamented, O'Neil had been

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[54] "Another Physician Appointed," *The Chicago Defender (Big Weekend Edition) (1905-1966)* (Chicago, Ill.), 1920 May 08, 1920, ProQuest Historical Newspapers: Chicago Defender.
[55] Wright, 93. It is not clear why, if black doctors were already practicing at other municipal institutions, there was such a reaction to the appointments of Wright and Johnson at Harlem Hospital. However, Harlem Hospital was coveted by aspiring white physicians and surgeons because of the unique opportunities it provided for surgical training. See also "Prejudice at Harlem Hospital," *New York News* (New York, NY), 13 January, 1921.
[56] O'Neil appeared to maintain good relationships with the black press. In reporting his return from a vacation, the *Chicago Defender* described him as one of the "most affable and genial men to be met in the public service." Later, he also expressed his openness to integrating more black doctors onto the hospital staff. "Harlem Hospital Supt. On Vacation," *The Chicago Defender (Big Weekend Edition) (1905-1966)* (Chicago, Ill.), Sept 14, 1918, ProQuest Historical Newspapers: Chicago Defender; "Harlem Hospital Denies Rumor," *The Chicago Defender (Big Weekend Edition) (1905-1966)* (Chicago, Ill.), 1919 May 24, 1919, ProQuest Historical Newspapers: Chicago Defender.
[57] A snippet account of the origins of the *New York News* can be found in Osofsky, 120.

"placed on the toboggan…simply because he recognized men on their merits and not on their color."[58]

Other articles called attention to the hospital's neglect of black patients. Recounting the details of a twenty-five thousand dollar wrongful-death suit, the *News* reported on the untimely death of a woman and her newborn child. Emphasizing her physical fitness and faithful dedication as a spouse, it explained she was an "unusually healthy woman" who initially held doubts about the hospital but, at her husband's request, had agreed to deliver their child there. After the baby was born, hospital staff placed the "comely, trusting and faithful young wife" under an open window in wet bedclothes where she was exposed to snow and damp air for several hours until she became sick with pneumonia. Lamenting that she had been left unattended in a pool of her own vomit, the article described her treatment as "too revolting in most instances to print."[59] Similarly disturbing images appeared throughout the Harlem media. According to one resident, doctors at Harlem Hospital operated on her husband without consent and, while transferring him to another facility, left his wound open and exposed. Another man, a bereaved widower, reported he was required to pay an excessive fee for his wife's death certificate and described the hospital's policies as callous.[60]

As these appeals grew, the city's local civic leaders responded. Mayor John F. Hylan, facing an upcoming election, appointed O'Neil as the Deputy Superintendent of Fordham

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[58] "Prejudice at Harlem Hospital."
[59] "Suit for $25,000 against Harlem for Wife's Death," *New York News* (New York, NY), 14 April, 1921.
[60] A. J. Gary, "Harlem Hospital Hearing Ends with Fresh Charges of Graft and Promises of Future Square Deal: Spectacular Expose of Gross Abuses Practiced Upon Colored Patients and Denial of Rights to Colored Doctors and Nurses Comes to Close—Colored Nurses to Be Admitted," *New York News(?)* (New York), ?, 1921? as found in Louis T. Wright papers in the Harvard Medical Library in the Francis A. Countway Library of Medicine, H MS c56 Box 13. For additional accounts of poor conditions at the hospital see "Patients Say Hospital Was Germ Breeder," *The Chicago Defender (National edition) (1921-1967)* (Chicago, Ill.), 30 April, 1921, ProQuest Historical Newspapers: Chicago Defender; "Word Liar Used; Harlem Hospital Stirs Hatred," *The Chicago Defender (National edition) (1921-1967)* (Chicago, Ill.), 14 May, 1921, ProQuest Historical Newspapers: Chicago Defender.

Hospital.[61] That April, under the supervision of David Hirshfield, the Commissioner of Accounts, a small group convened to discuss the steps needed for integration.[62] In addition to Alderman Harris, the convening body included the influential assistant secretary of the NAACP, Walter White; black Civil Service Commissioner, Ferdinand Q. Morton; Allen B. Graves, a representative from the North Harlem Medical Society, a local black medical association; the chairman of Harlem Hospital's Executive Committee, Lewis K. Neff; and several representatives from the Board of Trustees of Bellevue and Allied Hospitals, including its president, John W. Brannan.[63] At the hearing, Harris maintained that, given the large percentage of black patients who received care at the hospital, Harlem residents felt there should be a more proportionate representation of black practitioners on its staff and in its administration. With Hirshfield's recommendation, Brannan conceded the appeals were justified and pledged to appoint two black doctors to the medical staff and two more to the board in the upcoming months.[64]

The hearing appeared a success. But many of Harlem's leaders still had doubts. Three years earlier, in March of 1918, administrators had reneged on an agreement to appoint black interns to Bellevue, rescinding their invitation to U. Conrad Vincent after learning his racial identity.[65] With the support of an influential faculty member from his alma mater, the University

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[61] Hylan apparently maintained a close relationship with Ferdinand Morton who kept him abreast of Harlem's community sentiments. Facing re-election in 1921, he willingly supported the integration of Harlem Hospital and, upon hearing of O'Neil's demotion, ordered him reassigned as Superintendent of Fordham Hospital. Wright, 93.
[62] There are two spellings of the Commissioner's name in the historical records, "Hirshfield" and "Hirschfield." I have chosen the former, because it is seems most consistently used by those most closely connected with these historical events—the *New York News*, *New York Amsterdam News*, and Aubre Maynard.
[63] The North Harlem Medical Society had formerly been known as the Manhattan Medical Dental and Pharmaceutical Association. The name change came after Harlem's dentists and pharmacists amicably sought separate organizations. It is unclear precisely when this change took place but it appears the name had changed by the 16 April 1921 meeting. See Goldstein 192; Louis Tompkins Wright, *Address* (North Harlem Medical Society: 1928-1930 correspondence and related material, 1928-1930. Louis Tompkins Wright Papers, 1879, 1898, 1909-1997, H MS c56, Box 4, Folder 70 Countway Library of Medicine, Center for the History of Medicine, 1928), 1.
[64] "Negroes Win Medical Jobs," *New York Times* (New York), 16 April, 1921; *Bellevue and Allied Hospitals Twentieth Annual Report*, (New York, NY 1921).
[65] "Bellevue to Admit Colored Internes," *New York Age* (New York, NY), 16 March, 1918.

of Pennsylvania Medical School, and at the urging of a local alderman who feared substantial political repercussions, Vincent secured the position. But, while his appointment would open doors for future black applicants, civic leaders recognized this episode as a poignant indicator of the administration's readiness to back out of commitments made to its black constituents.[66]

Particularly wary of promises made to appease black voters during election cycles, that July, the NAACP sent an open letter to Mayor Hylan, renewing its request for the appointment of two African Americans to the hospital board.[67] Through the *New York News*, George Harris continued his campaign to expose discrimination. Characterizing the hospital in sinister terms, he described it as "a menace to the health of Harlem" and asserted that "only the imagination can picture the rough and inhuman deal meted out to the helpless, ignorant and poverty-stricken black man, woman or child who goes there."[68] In the November issue of the *Crisis*, the official organ of the NAACP, editors attested that, with "so many rumors and statements of alleged graft, mistreatment and neglect" floating about Harlem Hospital, neighboring hospitals were receiving disproportionately high admissions from Harlem residents.[69] According to Walter White, the hospital occupied an ominous place in Harlem's local urban folklore, as residents adopted the saying: "When any member of your family goes to Harlem Hospital, telephone the undertaker."[70] Known for pervasive levels of prejudice, abuse, and exploitation, one Harlem observer wrote that, for many residents, Harlem Hospital was a place they went not to heal but, rather, to die.[71]

Additional meetings between hospital administrators and Harlem's civic leaders brought

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[66] Cobb, "Ubert Conrad Vincent, B.S., M.D., 1892-1938," 74.
[67] "Wants Negroes on Board," *The New York Times* (New York), 9 July, 1921.
[68] "Harlem Hospital: The Complaint; the Cure," *New York News* (New York, NY)192? as found in Louis T. Wright papers in the Harvard Medical Library in the Francis A. Countway Library of Medicine, H MS c56 box 13.
[69] "Case of Harlem Hospital," *The Crisis* (November 1921).
[70] Walter Francis White, *A Man Called White, the Autobiography of Walter White*, (New York,: Viking Press, 1948), 63-4.
[71] Maynard, 18.

the conflict into sharper focus. As Harris and other advocates stressed the need for administrative representation, the governing board resisted their efforts, at times appearing condescending and distainful.[72] In 1922, with tensions inflamed, Harlem's representatives retained two prominent black attorneys, William Colson and Aiken Pope to lead an investigation and formally present their findings to the Commissioner.[73] When the hearings took place, Colson and Pope argued Brannan, the president of the municipal trustees' board, had acted in bad faith and considered African Americans unfit to serve.[74] Ultimately, the hearings led to Brannan's dismissal and Hirshfield's recommendation for an increase in black representation.

But even before the hearings had concluded, hospital administrators recognized the need to increase the African American presence on staff and appointed a small number of black doctors to Harlem Hospital's outpatient department.[75] Upon its completion in 1923, black practitioners started occupying "provisional" positions on the in-house staff where they held departmental affiliations and admission privileges on a probationary basis. The first provisional appointments included Louis T. Wright, Douglas B. Johnson, Lucien M. Brown, James T. W. Granady, Peter M. Murray, U. Conrad Vincent, Allen Graves, and Marshall Ross.[76] In addition,

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[72] Ibid., 19-20; "The Negro in Harlem Hospital," 1-3.

[73] See Maynard, 19-20; "Morton Raises Color Question against Pope," *New York Amsterdam News* (New York, NY), 31 October, 1923. Colson and Pope were both Harlem residents and World War I veterans active within Harlem's militant post-war New Negro movement. Colson was affiliated with the radical black magazine *The Messenger* and Pope was a leader in the League for Democracy (LFD), a politically active group of black veterans that originated in Harlem. For more on these two men and their respective organizations see Williams, "Vanguards of the New Negro: African American Veterans and Post-World War I Racial Militancy," 354-60; Williams, *Torchbearers of Democracy : African American Soldiers in World War I Era*.

[74] While Brannan maintained white patients would not accept care from a black physician, the Harlem committee presented the superintendent of the outpatient department, Mrs. Jennie Armstrong, who testified white patients were often more satisfied with their treatment from black doctors than they were with that from white practitioners "The Negro in Harlem Hospital," 3. also Wright, I Remember…, 93.

[75] "Negroes Win Medical Jobs."

[76] The existing documents for this period in Harlem Hospital's history make it difficult to determine with certainty who and how many African American doctors obtained appointments prior to, during, or as a result of the hearings. Sturges and Corwin, in their investigation of Harlem Hospital titled *Opportunities for the Medical Education of Negroes* (1936), write that the number of appointments and resignations (and deaths) during the early years of desegregation made it difficult to determine precisely when the black doctors named, other than Louis Wright and

that January, the Harlem Hospital nursing school began accepting applications from prospective black students.[77]

While a meaningful step toward desegregation, the expanded presence of African American personnel caused notable tensions. As a provisional appointee to the Department of Surgery, Wright found many of his white colleagues attempting to ostracize him. In one instance, Wright was told to stay away from white patients in the women's ward. In another, the Surgical Director, William H. Luckett, objected to Wright examining a black patient who was also Luckett's personal servant. One surgeon, Dr. Eccehevara, refused to speak to Wright throughout his provisional trial. While acknowledging Eccehevara's surgical expertise and mental acumen, Wright was stunned by the senior practitioner's enduring resentment. "For one year," he wrote, Eccehevara "made rounds with me every morning and [never spoke or said] 'Good morning'….I would go to the operating room on Mondays, Wednesdays and Fridays and see him operate on all cases. He still did not speak to me." At one point, a group of white doctors threatened to bring charges against Wright, claiming he was a "constant source of trouble." When Wright vowed to mount a vigorous defense, they backed down.[78] One distinguished neurologist, Leizer Grimberg, attempted to have Wright transferred, only to resign later after his efforts failed.[79]

Douglass Johnson, joined the hospital staff. Suffice it to say, however, while the precise order of appointment may be unclear, they were all at some point involved with this early stage of the integration process. Wright, I Remember…, 93; Maynard, 21; "The Negro in Harlem Hospital."

[77] Maynard, 22. The desegregation of the Harlem Hospital nursing school took place contemporaneously with a larger movement to expand opportunities for black women in nursing. See Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*, especially 43-45, 99, 137-39, 143-45. Black nurses had already gained admission to Bellevue's nursing program in 1921. See M. Alisan Bennett, "A History of the Harlem Hospital School of Nursing: Its Emergence and Development in a Changing Urban Community, 1923-1973" (Columbia University, 1984). For additional context see also Jane E. Mottus, *New York Nightingales : The Emergence of the Nursing Profession at Bellevue and New York Hospital, 1850-1920*, (Ann Arbor, Mich.: UMI Research Press, 1981).

[78] Wright ironically described these doctors as his "friends."

[79] Wright, I Remember…, 93-4. Note, Wright's autobiography has two pages numbered 93. This "page 93" is the second of the two.

Newly admitted black nursing students, greater in number than the appointed black doctors, were also targets of abuse and discrimination. Shortly after admitting them, nursing school officials quietly implemented a segregated curriculum. Among the first to protest this policy, George Harris called attention to the program's segregated classes and argued they could open the door for similar practices throughout the hospital.[80] Lamenting a pamphlet distributed by hospital administrators that suggested the nursing school was reserved for African Americans, Harris contended many of Harlem's residents were deeply offended and disturbed by the brochure.[81] The nursing students, themselves, were outspoken about the indignities they suffered. One graduate nurse, Ada Joiner, reported that black graduate nurses were often supervised by less qualified white nurses and, rather than performing bona-fide nursing tasks, were relegated to menial jobs, such as making beds and cleaning wards.[82]

As students and employees, African American nurses regularly encountered gross neglect and indifference. After receiving a standard preventative inoculation, Joiner contracted diphtheria. While not an uncommon side-effect of the treatment, Joiner's subsequent care fell short of expectations. At one point during a routine transfer, with a temperature of one-hundred and four, she was forced to walk outside in the cold and snow "without proper clothing and in bedroom slippers."[83] Citing inadequate supplies and sanitation, black nurses generally found the

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[80] "Alderman Harris Replies to O'hanlon," *The New York Amsterdam News (1922-1938)* (New York, N.Y.), 1923 Apr 18, 1923, ProQuest Historical Newspapers: New York Amsterdam News. See also "Alderman Harris Protests Color Line in Nurse Training Course Established by Hospital Board" *New York News*, Mar. 3, 1923, as found in "Scrapbook 1921-" Louis T. Wright papers in the Harvard Medical Library in the Francis A. Countway Library of Medicine, H MS c56 Box 13.

[81] "Breaks Up Jim Crow in Hospital" *New York Amsterdam News*, May 30, 1923, p.1. "Alderman Harris Protests Color Line in Nurse Training Course Established by Hospital Board" *New York News*, Mar. 3, 1923, as found in "Scrapbook 1921-" in Louis T. Wright papers in the Harvard Medical Library in the Francis A. Countway Library of Medicine, H MS c56 Box 13.

[82] "Flays Harlem Hospital Jim Crow School" *New York News*, March 17, 1923, as found in "Scrapbook 1921-" in Louis T. Wright papers in the Harvard Medical Library in the Francis A. Countway Library of Medicine, H MS c56 Box 13.

[83] "Flays Harlem Hospital Jim Crow School" *New York News*, March 17, 1923, as found in "Scrapbook 1921-" in

hospital indifferent to their health and wellbeing. “Soap of any kind is scarce,” wrote Joiner, “antiseptic solutions for cleansing the hands of nurses are not furnished, so that after handling even the most revolting cases the nurse is unable to disinfect her hands before going to her meals.”[84] When nurses did become ill, hospital policy dictated that the intern staff provide the first line of care. While intended to address their health care needs, many of the nurses found the policy humiliating as interns—primarily young white men—were assigned to perform pelvic exams under the impression that, as black women, the nurses were prone to carry sexually transmitted infections.[85]

For many of the white nurses and doctors on staff, the presence of African Americans proved untenable. Shortly after their arrival, the hospital saw a mass exodus of white practitioners who transferred or resigned. Those who remained often took their discontent out on the new black hires. Rachel H. Bridge, a member of the first entering class, recalled bitter attitudes from her white colleagues. “When we appeared on the ward,” she explained, “the white nurses walked off.” These tensions carried over to less formal settings as well. In the cafeteria, she continued, seating arrangements were segregated. “We were forced to eat by ourselves,” she explained.[86] Several white physicians were equally, if not more, adamant in their protests against integration. In one instance, Luckett, the director of surgery, was so appalled at the idea of working with an African American nurse that he “pulled off his gloves [in the operating room] and stated that he would not operate in front of a ‘nigger nurse,’” Shortly thereafter, he

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Louis T. Wright papers in the Harvard Medical Library in the Francis A. Countway Library of Medicine, H MS c56 Box 13.

[84] “Flays Harlem Hospital Jim Crow School” *New York News*, March 17, 1923, as found in “Scrapbook 1921-“ in Louis T. Wright papers in the Harvard Medical Library in the Francis A. Countway Library of Medicine, H MS c56 Box 13.

[85] Wright, I Remember…, 95; Maynard, 23.

[86] Barbara Campbell, "Harlem Nursing Alumnae Recall Early Racial Snubs," *The New York Times* (New York), 8 June, 1973.

resigned.[87]

By 1924, continuing reports of such incidents led black civic activists to make additional inquiries into the hospital's policy toward African Americans. In early February, three prominent Harlem figures, Fred R. Moore, the editor of the *New York Age*; Charles H. Roberts, a local Republican alderman; and U. Conrad Vincent met with Brannan's replacement, John J. McGrath, to discuss the hospital's plans for fully incorporating black doctors into the regular house staff. McGrath assured them there was no policy precluding African American appointments but acknowledged new openings were rare and generally secured by doctors with more experience. He affirmed, however, that when new openings became available qualified black doctors would be given due consideration.[88]

While adequate for some, McGrath's assurances failed to satisfy many local activists who continued to apply pressure. On February 21st, in an open letter to McGrath, black Civil Service Commissioner, Ferdinand Morton, pushed the administration to account for racial inequity at the hospital.[89] That March, civic activists issued additional calls for all the "Negro hating" doctors to be removed and for the opening of a new investigation.[90] A month later, in April, Godfrey Nurse submitted a petition to McGrath and the president of the Harlem Hospital board, Lewis Neff, calling for the appointment of black doctors throughout the hospital's departments and intern staff. With sixty-percent of the hospital's patients now African Americans and signatures of support from several local organizations, Nurse felt justified in demanding African American

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[87] Wright, I Remember…, 93; Maynard, 23.
[88] "Negro Physicians for Harlem Hospital," *New York Age* (New York, NY), 29 March, 1924.
[89] Ibid.
[90] "Anti-Negro Doctors Stir Morton's Ire" *New York World*, March 3, 1924, as found in "Scrapbook 1921-" in Louis T. Wright papers in the Harvard Medical Library in the Francis A. Countway Library of Medicine, H MS c56 Box 13.

doctors occupy at least ten-percent of the hospital's regular positions.[91]

Over the next several months, tensions continued to simmer. In January, 1925, the *New York News* began highlighting discrimination in the placement of interns. Four "brilliant" black doctors, Harris maintained, had been "railroaded" after applying for internships. Harris reported the black applicants—including Chester Chinn, Arthur Williams, V. L. Williams, and Neville Whiteman—had been required to take oral, rather than the standard written exams, and were asked more difficult questions than those presented to white applicants. Arguing these rejections were part of an unwritten policy (not reconciled by the 1922 investigation) to exclude black doctors from the hospital's in-house staff, Harris maintained that Neff had determined in advance that black applicants would fail the examination and decreed that the more Harlem citizens agitated for integration "the tighter the chains of Jim Crowism [would] be drawn."[92]

But while Harris and the *News* rebuked the administration, the editor of the *New York Age*, another black newspaper in Harlem, voiced support. Calling Harris' report a "scare-head article," Fred Moore backed Neff's position that medicine was a competitive profession and that the tests administered were hard but fair. According to the *Age*, fifty-six applicants had applied for the position and forty-eight had been rejected, including the four "colored embryo medicos." Suggesting the *News'* report was inflammatory, the *Age* echoed Neff's sentiments, maintaining the black applicants had been "as 'game' in their failure as they would have been competent in case of success" and that they appeared "to be of a type of manhood not given to crying in the

[91] Specifically, Nurse's petition called for approximately 11 black doctors to be added to the staff, including representation in the tuberculosis, gynecological, and ear, nose, and throat departments; in the medical, surgical, indoor, and dental services. "Admit Prejudice against Negro Internes," *New York Amsterdam News* (New York, NY), 3 June, 1925.

[92] "Colored Doctors Barred as Harlem Internes" *New York News*, January 17, 1925; and "Mayor Hylan to Stop "Jim-Crowism" at Hospital" *New York News*, January 24, 1925, all found in "Scrapbook 1921-" in Louis T. Wright papers in the Harvard Medical Library in the Francis A. Countway Library of Medicine, H MS c56 Box 13.

face of defeat and attempting to throw the blame upon some other cause than their own lack."

Emphasizing that open positions at Harlem Hospital were rare and highly sought after, Neff maintained that unprincipled agitation was an "ill advised" approach. Numerous physicians, he explained, had served the hospital for years before being promoted—including himself, who had served twenty-five years before joining the in-house staff. Given the time and effort the existing staff members had already invested, Neff contended, "it was hardly reasonable to expect men who had devoted many of the best years of their professional life to an institution to step down and out simply because somebody else wanted to get in." He suggested that, rather than rabble rousing, favorable results could only be achieved through mutual "conciliation" and "consideration."[93]

But while the *Age* considered this a reasonable account of the administration's position, other civic advocates saw it as an example of racial discrimination masquerading under the guise of medical professionalism. On May 24th, 1925, the *Amsterdam News* declared that the fight over Harlem Hospital had been "renewed." A delegation comprised of Harris, representatives of the Urban League, and members of the newly formed Citizens Welfare Committee presented a petition to Mayor Hylan, again calling for the appointment of African Americans to the hospital's regular staff of physicians as well as to clerical, manual, skilled, and semi-skilled positions.[94] In presentations by U. Conrad Vincent and Godfrey Nurse, the delegation maintained that, despite several years of protest and lobbying, few African Americans had gained access to

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[93] "Harlem Hospital Officials Discuss Recent Examination for Interneships," *New York Age* (New York, New York), 24 January, 1925. In his unpublished autobiography, Louis Wright writes that Neff had been against desegregation but, once black doctors were appointed to staff, seemed willing to give them a fair chance to succeed. See Wright, I Remember…, 93.

[94] "Citizens Welfare Council Successful in Its Fight for Representation on Staff of Harlem Hospital," *New York Amsterdam News* (New York), 1 July, 1925; "Hospital Fight Renewed," *New York Amsterdam News* (New York, NY), 27 May, 1925; "Race Delegation Has Conference with Mayor on Harlem Hospital," *New York Age* (New York, New York), 30 May, 1925.

the in-house staff and those that had were subjected to abject discrimination and racial prejudice. They argued black doctors were equal in skill and qualifications to their white counterparts and deserved more "liberal representation." Responding to the mayor's concern that the presence of African Americans could cause another mass exodus of white physicians and disrupt the hospital's functioning, Nurse assured him there were sufficient numbers of willing and qualified doctors of both races to maintain the hospital's daily operations. Standing against segregation of any form, the delegation stressed they were not seeking an all-black institution but rather highlighted the ways black doctors could soothe the hospital's relationship with the community and better serve Harlem's health care needs.[95]

Days later, with Hylan's endorsement, the same committee brought its renewed concerns to John McGrath, the president of the Board of Trustees of Bellevue and Allied Hospitals. McGrath affirmed his support of their cause but passed the burden of bureaucratic responsibility to the Harlem board. He explained the hospital had been unwilling to nominate a black doctor for his group to appoint. In the intern exams administered earlier in the year, the meeting revealed that subjective qualities like "personality" and "general appearance" were often given disproportionate weight for black applicants who, faced with prejudiced examiners, struggled to score well in these areas. "If we can find some way to make the Medical Board recommend colored doctors," wrote McGrath, "we'll only be too glad to get them in Harlem Hospital."[96]

By the end of June, the pressure levied by local activists appeared to achieve its desired end. On June 23rd, the board removed the "provisional" titles attached to the appointments of

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[95] "Hospital Fight Renewed."; "Harlem Citizens Ask Mayor Hylan's Aid in Securing Colored Interns for Harlem Hospital," *New York News* (New York, NY), 30 May, 1925. as found in "Scrapbook 1921-" in Louis T. Wright papers in the Harvard Medical Library in the Francis A. Countway Library of Medicine, H MS c56 Box 13.
[96] "Admit Prejudice against Negro Internes."; "Harlem Hospital Medical Board Opposed to Negro Physicians on Hospital Staff," *New York Age* (New York, NY), 6 June, 1925.

Lucien Brown, Louis Wright, Douglas Johnson, James Granady, and Ralph Young, accepting them officially onto the in-house staff.[97] Responding quickly to an article in the *New York Times* titled, "Negroes to Run Harlem Hospital," which suggested the appointments were part of a long-term project to make Harlem Hospital an all-black institution, the *Amsterdam News* stressed the integrated character of the hospital with headings like "Not Negro Institution" and maintained the acceptance of black doctors was a victory for the Harlem community. Explaining how the hospital intended to gradually introduce black doctors onto its staff, the *Amsterdam News* reported that, following the first wave of appointees, the hospital would add ten black interns and bring more black doctors into its specialty departments. "Harlem Hospital," it confirmed, "has opened its doors."[98]

New Negroes

For many, the appointment of black doctors to the in-house staff represented a promising step toward desegregation. But, to some, it signified more. In his weekly column for the *Amsterdam News*, E. Elliott Rawlins, a black doctor himself, characterized the practitioners as

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[97] Maynard, 21.

[98] "Negroes to Run Harlem Hospital," *New York Times* (New York, NY), 24 June, 1925; "Citizens Welfare Council Successful in Its Fight for Representation on Staff of Harlem Hospital." In Jamie Jaywann Wilson, *Building a Healthy Black Harlem : Health Politics in Harlem, New York, from the Jazz Age to the Great Depression*, (Amherst, N.Y.: Cambria Press, 2009). Wilson accredits Fred Moore and the *New York Age* for taking the lead in advocating for desegregation at Harlem Hospital. This interpretation is based largely on sources taken from the *New York Age*, itself. Throughout this early stage of the desegregation process, Moore positioned the *Age* in opposition to Harris and the *New York News*, likely for political reasons explored in Michael L. Goldstein, "Race Politics in New York City, 1890-1930 : Independent Political Behavior" (Thesis, Columbia University, 1973); Marsha Hurst Hiller, "Race Politics in New York City, 1890-1930" (Thesis, Columbia University, 1972). Autobiographical accounts of Aubre Maynard and Louis Wright, however, accredit Harris and *the News* for leading the desegregation campaign. Articles from the *News*, which have been preserved from scrapbooks in the Wright collection at Countway library, also seem to confirm that it was Harris, rather than Moore, who led the protest effort. In an editorial that appeared in the *News* prior to 1925, titled "Credit to Whom Credit Is Due," Harris acknowledged the contributions of the *New York Herald* and *Home News* for their efforts to expose discrimination at Harlem Hospital. He excludes any mention of Moore and the *Age*. Nonetheless, on June 27th, 1925, Moore sought to take credit for the accomplishment with a headline that ran: "The Age's Fight for Negro Doctors at Harlem Hospital Is Won at Last." Goldstein acknowledges this effort of Harlem's black newspaper editors to claim prominence in the fight in Goldstein 192.

representative "race men" who would transform the hospital into a new institution. Since 1909, Rawlins had stressed the need for a hospital where black doctors could hone their skills and attend to black patients in New York. He described the appointees as established "men of the brilliant type," "efficient" in their practices, knowledgeable in their fields, and "conscientious" students of medicine who would garner the community's respect and elevate the hospital to national recognition. Rawlins maintained appointees would alleviate the fears of black patients who doubted professional medicine and create "a spiritual and mental harmony" with the community.[99] Writing only a year after the publication of Alain Locke's celebrated anthology, *The New Negro* (1925), Rawlins aligned appointees with the cultural explosion taking place under the banner of Harlem's New Negro Renaissance. As *bona fied* New Negroes, he contended, these appointments would not only guide black patients to better health but also elevate Harlem's black community to modern status.

Rawlins was not the first to connect black doctors with the New Negro movement. African American practitioners had been intimately tied to the rising rhetoric of racial modernity since the origin of the movement at the Atlanta Exposition of 1895.[100] During the exposition's

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[99] Rawlin's column was titled "Keeping Fit." E. Elliott Rawlins, "Keeping Fit: The "New" Harlem Hospital," *New York Amsterdam News* (New York), August 4, 1926. He first mentions the need for a black hospital in New York in E. Elliott Rawlins, "Wanted: A Negro Hospital in New York City," *The Colored American Magazine* 16, no. 4 (April 1909). His sentiments were also picked up and shared by the editors of the *Journal of the National Medical Association*, see "Wanted: A Hospital in New York," *Journal of the National Medical Association* 1, no. 2 (1909).

[100] In the months preceding the fair, a number of African American civic leaders involved with the fair planning committee, lobbied to include African Americans in the coming display of Southern and national achievements. In a direct appeal to Congress in May of 1894, two bishops of the African Methodist Church, Bishop Gaines, of Georgia, and Bishop Grant, of Texas, along with Booker T. Washington, principal of the Normal and Industrial Institute of Tuskegee, Alabama, spoke on behalf of developing an exhibit on African American progress. According to Walter G. Cooper, author of *The Official History of the Exposition* (1896), the speeches of these African American civic leaders were "the most remarkable feature of the occasion, and that which made the most impression on the committee of the House." Referencing their missed opportunity at the Chicago World's Fair, the speakers maintained the South was the home for the vast majority of African Americans and would offer a unique opportunity for them to show "they were worthy of freedom and citizenship." As Washington recalled, his speech sought to impress upon the committee that African Americans and whites could cooperate in the South with the fair representing an opportunity for "both races to show what advance they had made since freedom" while encouraging them further "to make still greater progress." Bolstered by the support of these speakers, the committee gained

opening exercises, Booker T. Washington delivered one of the most well-known speeches of his era, outlining an accommodationist approach to racial relations while also pronouncing the rebirth of African American citizenship and describing an "awakening" of African Americans into a "new era of industrial progress."[101] Evidence of this regeneration came in the form of a special exhibit on African American progress located in the Negro Building, an impressive edifice covered in decorative pediment that chronicled black achievement since the end of slavery. Appearing alongside a log cabin, log church, rake, and basket, the image of an antebellum slave "mammie" stood in contrast to a more contemporary image of Frederick Douglass, who was accompanied by a stone residence, stone church, and the various accoutrements of science, art, and literature. Inside the building, fairgoers saw a broad range of displays showcasing the technological skills and cultural achievements of black Americans since the Civil War. These installations included agricultural goods and engineered products, displays of educational and civic achievements, business ventures, and examples of fine and domestic artwork.[102] According to the exhibition's official historian, William Cooper, the Negro exhibit was one of the most well attended attractions and "the largest, and first announcement in comprehensive form" of the progress of an "important branch of the human race."[103] Through the exhibit, black civic leaders sought to position their race in concert with the larger civic and cultural regeneration said to be taking place at the turn of the century, affirming to the world

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approval from Congress and made preparations for the construction of an African American exhibit and opening day speaker. See Walter G. Cooper, *The Cotton States and International Exposition and South, Illustrated: Including the Official History of the Exposition*, (Atlanta, Georgia: The Illustrator Company, 1896). and Washington, *Up From Slavery* (1901).

[101] E. Davidson Washington, ed., *Selected Speeches of Booker T. Washington* (Garden City, New York: Doubleday, Doran & Company, Inc., 1932), 31.

[102] Cooper, 60, 98.

[103] Ibid., 57.

their standing as modern citizens.[104]

Amidst these images of a surging racial modernity, a handful of black doctors convened at Atlanta's First Congregational Church to organize the first national black medical association. For years, black doctors had been discussing the prospect of forming a national organization that would operate parallel to the American Medical Association, connecting the numerous local black medical societies formed in response to the racially exclusive practices of the AMA's southern branches. At the exposition, Daniel Hale Williams, the founder of Provident Hospital in Chicago; Miles V. Lynk, publisher of the first African American medical journal *The Medical Observer*; Robert Fulton Boyd, the organization's first president; and a handful of leading practitioners came together to mold their professional identities under the banner of the New Negro movement.[105] In its charter mission, the National Association of Colored Physicians, Dentists, and Pharmacists emphasized the need to build a strong network of black doctors across the country. By establishing a national community of professionals, its members would enhance their practices by exchanging information about their clinical experiences and stay abreast of medical innovations, using their expanded knowledge and resources to improve the health of their communities. As a collective body, they sought to wield a more influential voice on public health matters and medical legislation and to foster within their ranks "a profound race consciousness," putting them at the forefront of addressing the most salient issues facing African American physicians and their communities.[106]

Despite the initial enthusiasm for it, the association maintained a limited membership and met only sporadically in its early years. In 1903, however, a group convening at Meharry

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[104] Gates and Jarrett; Lears, introduction.
[105] Gaines, 34-5; Downey, xi-xix, 6; Morais, 62-69, 74-75.
[106] Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*, 37.

Medical College sought to expand its influence and visibility.[107] Renaming it the National Medical Association, Charles V. Roman and John A. Kenney, well-known practitioners of their era, led the effort to reinvigorate the society by organizing regular annual meetings and increasing membership.[108] In 1909, the NMA began publishing its official organ, *The Journal of the National Medical Association*, and over the next several years held meetings in Boston, New York, Philadelphia, Baltimore, Washington, Hampton, Richmond, and Tuskegee.[109]

Not only a motivating force behind the formation of the NMA, black doctors would come to rely heavily on the New Negro as a driving force behind their professional identities. Deeply invested in efforts to craft and propagate a respectable public image, they were leading proponents of the movement, regularly contributing to racial anthologies and biographical dictionaries designed to contest racial stereotypes. Much like the fair's Negro exhibit, these encyclopedic works stood as testaments to the achievements and capabilities of African Americans. They presented images and narratives of aspiring African Americans, including accounts of black professionals, religious leaders, and respected families. As editors, compliers, and often the subject of individual profiles, black doctors saw these works as part of their larger effort to affirm their race's modern character and propagate the image of the New Negro.[110]

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[107] Initially, the Association may have had a more notable impact on the local than national level. For example, the Palmetto Medical Association for black doctors in South Carolina also began in 1895, inspired by the formation national association. While the national association, itself, may have appeared to start slowly, perhaps it can be said that its more immediate impact was on inspiring the formation of local black medical societies.

[108] At this re-organization the association informally adopted the mission statement: "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 cooperation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of medicine, surgery, pharmacy and dentistry." Morais, 68-70; Miles V. Lynk, MS, MD, LLB, *Sixty Years of Medicine: Or, the Life and Times of Dr. Miles V. Lynk: An Autobiography*, (Memphis, Tennessee: The Twentieth Century Press, 1951), 52-3; John A Kenney, *The Negro in Medicine*, (Tuskegee, Alabama: Tuskegee Institute Press, 1912), 49.

[109] The association's membership was less than fifty in 1904 and, by 1912, was comprised of more than five-hundred Ward, 196.

[110] See Mitchell; Shawn Michelle Smith, *Photography on the Color Line : W.E.B. Du Bois, Race, and Visual*

In Booker T. Washington's centennial work, *A New Negro for a New Century* (1900)—one of the most well-known racial anthologies of its time—black doctors played an important role in demonstrating African Americans had become independent, respectable, and "in every phase of life far advanced over the Negro of 30 years ago." Spread amidst a collection of articles on African American military service, civic organizations, educational development, and the harmful effects of slavery, visual portraits of black doctors appeared throughout the text. Two noted and well-known physicians, J. Frank McKinley and John R. Francis, received recognition as distinguished graduates from esteemed universities. A. R. Abbott and J. Webb Curtis, surgeons, emerged in portraits for their honorable service in the military. One doctor, I. B. Scott, gained notoriety as the accomplished editor of the *Southwestern Christian Advocate*. Ida Gray Nelson, a black dentist, appeared as "The Only Colored Lady Dentist in the Country" who was "very popular" with "a large and lucrative practice in the City of Chicago." The most celebrated portrait in the collection belonged to Daniel H. Williams who, known for performing one of the first successful "open-heart" surgeries, had also "amassed a large fortune," and, as a surgeon, was said to have "few equals of any race or country."[111]

In 1902, D. W. Culp, a black doctor from South Carolina, published an anthology titled, *Twentieth Century Negro Literature; Or, a Cyclopedia of Thought on the Vital Topics Relating to the American Negro*. In a tome of over 600 pages, Culp maintained that other anthologies of

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Culture, (Durham: Duke University Press, 2004).

[111] It is important to note that unlike many of the images appearing in Du Bois' *Health and Physique*, many of the these images are, formally, what Smith calls ¾ turn portraits with "eyes looking upward in quest of higher ideals." Booker T Washington, N B Wood, and Fannie Barrier Williams, *A New Negro for a New Century: An Accurate and up–to–Date Record of the Upward Struggles of the Negro Race*, (Chicago: American Publishing House, 1900), 3, 39, 143, 167, 183, 257, 412, 81. According to David McBride, black doctors were a staple of *Who's Who in Colored America* (1925-1944). See David McBride, *Integrating the City of Medicine: Blacks in Philadelphia Health Care, 1910–1965*, (Philadelphia, PA: Temple University Press, 1989), 88. See also the "Men of the Month" section of Crisis magazine and Henry Louis Gates, Jr., "The Trope of the New Negro and the Reconstruction of the Image of the Black," *Representations*, no. 24 (Autumn 1988).

similar nature had been too short and anecdotal. His was a comprehensive collection of racial achievement including biographical sketches, visual portraits, and articles written by African American civic leaders on matters of race. Not only the editor, Culp appeared in a biographical piece that stressed his intellectual acuity, his capacity to compete with white colleagues, his widely acknowledged reputation, and his commitment to education for himself and his family. In a chapter on African American mortality rates in the South, several African American physicians offered their commentary on the social conditions impacting black health, emphasizing the harmful effect of discriminatory working conditions and segregated housing.

Along with the numerous biographical sketches that regularly adorned the pages of black newspapers, magazines, and periodicals, one noteworthy anthology focused solely on the accomplishments of African American physicians. In 1912, John A. Kenney, secretary of the National Medical Association and personal physician to Booker T. Washington, published *The Negro in Medicine*. Bringing together numerous biographies, two articles, and a catalog of black medical schools and hospital facilities, his text sought to demonstrate to the public "the fact that the Negro [was] proving his ability, his worth, and his right to American citizenship." In the introduction, Kenney emphasized how far African American physicians had come from the folk practices of their ancestors—"the hoodooism of the African jungles and the 'root-docterin' of the benighted Southern slave plantations"—to the use of modern therapeutics.[112] Throughout, African American doctors appeared in full-page images with immaculate houses, offices, and apothecaries, as well as in distinguished individual portraits that affirmed their modern character. These biographies included information about wealth, social background, religion, marriages, families, education, training, professional distinctions, medical discoveries, military service,

[112] Kenney, 5.

successful business enterprises, and their overall reputations. The final article of the anthology, written by Moritz Schauz and titled in German, "Der Neger in den Vereinigten Staaten von Nordamerika" [The Negro in the United States of America], related the unique importance of black doctors to racial progress. According to Schauz, African American physicians had made "the greatest progress of any members of their race" and were the best representatives of its potential for growth and achievement.[113]

Through accounts of patriarchal families, property ownership, education, and professional achievement, such portraits often testified to the modern character of African Americans by affirming the manhood of African American men. At a time when "manhood" was seen as a racially coded evolutionary trait tied directly to modern citizenship, one of the most common means of affirming black manhood was through accounts of military service.[114] Challenging stereotypes of racial inferiority, such sketches demonstrated the patriotism, courage, honor, physical fitness, and civic readiness of African Americans to participate as equal citizens.[115]

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[113] Ibid., 60. A similar text, Gerald A. Spencer's *Medical Symphony: A Study of the Contributions of the Negro to Medical Progress in New York* (1947) also focused solely on the contributions of African Americans practitioners to health care and racial improvement. In an effort to demonstrate how black doctors dispelled myths of African American intellectual inferiority, this text relayed the story of a nineteenth century African American practitioner named David McDonough. Born a slave, Spencer writes, McDonough settled an argument over the intellectual aptitude of African Americans and "caused an immense value to be put upon the intellectual possibilities of the race in this country" by attending college with the financial support of his master. According to Spencer, McDonough attended Lafayette College and produced "phenomenal work," graduating third in his class. From there, he went on to study medicine at the College of Physicians and Surgeons in New York and, later, joined the staff of the New York Hospital and the New York Ear and Eye Infirmary, "where he did excellent work, and was frequently in demand as a consultant." Spencer immortalized McDonough as a symbol of black potential, "showing the versatility and ability of the Negro to assimilate the knowledge of his time and environment and to acquit himself with dignity." Gerald A Spencer, MD, *Medical Symphony: A Study of the Contributions of the Negro to Medical Progress in New York*, (New York: The Arlain Printing Co., 1947), 20, 21.

[114] See also Williams, "Vanguards of the New Negro: African American Veterans and Post-World War I Racial Militancy."

[115] Judy Arlene Hilkey, *Character Is Capital : Success Manuals and Manhood in Gilded Age America*, (Chapel Hill, N.C.: University of North Carolina Press, 1997), chapter 6, especially p. 127; Bederman, chapter 1, especially p.30.; Shawn Michelle Smith also points to the patriarchal nature of these images, a trait also intimately related to late nineteenth century definitions of manhood, race, and civilization. Smith, 104-112. See Long., especially chapter 3

In 1899, Miles V. Lynk, published an account of African American military service titled, *Black Troopers, or the Daring Heroism of the Negro Soldiers in the Spanish-American War*. Also known as the War for Cuban Independence, many black men saw the Spanish-American war as an opportunity to affirm their manly character not only through patriotic military service but also by liberating Cuba, a country with a large diasporic population of African descent, from Spanish colonial rule.[116] Although most of Lynk's text focused on the accomplishments of laymen, he included a profile of Arthur M. Brown, a doctor noted for his rare professional skill and "the only Negro surgeon to serve a regular regiment in Cuba." According to Lynk, Brown joined the military at the beginning of the war as an immune surgeon, later becoming assistant surgeon of the Tenth Calvary and, in 1898, assumed temporary command of his unit. Brown's life and achievements, Lynk wrote, should be "a stimulus to every aspiring Negro youth." "His vim, untiring energy, discriminating judgement, impressible will power, together with his unassuming, dignified bearing" were strong affirmations of African American capacity, civic character, and race pride.[117]

Louis Wright, the first black doctor to join Harlem Hospital's medical staff, also published an article on the wartime contributions of African American doctors. A veteran himself, Wright testified that many had "willingly and gladly" joined the army to meet the demand for medical officers during World War I. "They did so," he explained, "despite home ties and at a great personal loss." Not deterred by their sacrifices, African American doctors had "entered their new work in the field of military surgery with a zeal and earnestness that did not

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for more on the larger symbolic value of wounds obtained by black soldiers in combat.

[116] Gilmore, 78-82; Mitchell, 61-64.

[117] Miles Vandahurst Lynk, MD, *The Black Troopers, or the Daring Heroism of the Negro Soldiers in the Spanish-American War*, (New York: AMS Press, 1899), 38, 37, 43.

abate[…]and the results they attained were those that always follow intelligent and conscientious effort." Honoring the bravery of his colleagues, he surmised, "the very highest type of moral courage is required for one to serve at the front with fighting troops as a noncombatant during an actual engagement with the enemy." Several black doctors received honors for their valor and service. Some, he wrote, only after making "the supreme sacrifice."[118]

The Early Career of Louis Wright

Images of racial modernity were critical to the professional identities of early-twentieth century black doctors, but tensions over the New Negro—the character and qualities of black modernity—were also present in the movement since its onset. While Booker T. Washington's speech celebrated economic development and downplayed political and social activism, more radical voices appeared alongside his accommodationist stance.[119] Following the opening address, one black civic leader, J.W.E Bowen of Gammons Theological Seminary, challenged Washington's position. Outwardly condemning practices of racial discrimination, Bowen called for "equality of opportunity," higher education for black Americans, and protection for black women from racial violence and abuse. Opposing the limited role Washington ascribed to blacks as industrial laborers and political isolates, Bowen asserted that the race would find its own place in society, whether in industry, agriculture, religion, politics, or as "a worker in the realm of the mind contributing to the thought products of mankind." He critiqued Washington's

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[118] Louis Tompkins Wright, "The Negro Doctor and the War," *Journal of the National Medical Association* 11, no. 4 (1919): 195.

[119] As Leroy Davis writes in his biography of John Hope: "The New Negro Movement tended to be both integrationist and separatist, and included both accommodation and confrontation" as modes of representation and resistance. Leroy Davis, *A Clashing of the Soul : John Hope and the Dilemma of African American Leadership and Black Higher Education in the Early Twentieth Century*, (Athens: University of Georgia Press, 1998), 256. See also Baldwin, "Introduction : New Negroes Forging a New World," in *Escape from New York: The New Negro Renaissance Beyond Harlem*, 18-21.

accommodationist position as cowardly and undignified and embraced notions of racial manhood that permeated late-nineteenth century America. The black citizen, Bowen insisted, "must be a man among men, not so much a Black man but a MAN though black."[120] Present at both addresses, Miles V. Lynk, a black doctor who would later take part in the organizational meeting of the National Medical Association, recalled the controversial nature of Bowen's words. Recognizing they left some with "thoughts and misgivings in their minds," he described Washington and Bowen as "gladiators[,] as aggressive contestants as ever appeared in a Roman arena," and foreshadowed the debate that would later take shape between Washington and W.E.B. Du Bois.[121]

Scholarship on early-twentieth century black civic activism still tends to draw sharp distinctions between the ideologies of racial uplift advocated by Booker T. Washington and W. E. B. Du Bois, depicting the two leaders as polar opposites on a scale of protest and accommodation.[122] Despite this characterization, most black leaders in this era (Du Bois and Washington included) approached civic activism in more nuanced ways. In their efforts to desegregate Harlem Hospital, black doctors took many factors into account in their efforts to embody the New Negro and promote the cause of racial improvement. Influenced by their political ideologies, social and civic contexts, professional obligations, as well as personal circumstances and individual dispositions, they embraced different modes and models of activism and representation.

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[120] John Wesley Edward Bowen, An Appeal to the King; the Address Delivered on Negro Day in the Atlanta Exposition, 1895, Daniel A.P. Murray Pamphlets Collection, Library of Congress, Rare Book and Special Collections Division, Washington, DC, 4.
[121] Lynk, 47.
[122] For a critique of this framework see Adolph L. Reed, *W.E.B. Du Bois and American Political Thought : Fabianism and the Color Line*, (New York: Oxford University Press, 1997), introduction. See also Hamilton, Kenneth M. *Booker T. Washington in American Memory,* (University of Illinois Press, 2017.)

These nuances are evident in Louis Wright's early career. While post-war racial militancy played an important role in the larger campaign for desegregation, Wright's experiences present a more complex model of racial activism during this era. Raised in Atlanta, Wright grew up in a prominent family with strong ties to both traditions of protest and accommodation. His uncle, Irvine Garland Penn, was a leading protester against the exclusion of African Americans from the 1893 Chicago World's Fair, worked with Booker T. Washington as director of the Negro Building at the Atlanta Exposition, and helped coordinate the first organizational meeting of the National Medical Association. But while Wright's birth-parents were friends of Washington, when their home came under attack during the Atlanta race riot of 1906, Wright's stepfather, William Penn, a doctor and graduate of Yale Medical School, armed the 15-year-old Wright with a loaded Winchester rifle and instructed him to shoot-to-kill any man who came through their front gate.[123]

Wrights' Atlanta community also embraced a wide range of political and civic views that negate simplistic polarization. Despite Washington's accommodationist influence, Wright described the quiet respect many black Atlantans held for those of their race who stood up against white violence and incursions. Many, he explained, recalled the legend of a black storeowner who "decided to shoot it out with the law" after his wife had been accosted by the police. Holding out for forty-eight hours, this man was said to have killed several white men, including two officers, before escaping to join the 9th Calvary, a well-known black regiment of the US Army.[124] While not openly expressed, Wright recognized the underlying sense of pride many African Americans garnered from this manhood-affirming act of righteous indignation

[123] Wright, I Remember…, 10.
[124] Ibid., 8.

carried out by a black man defending his wife's honor and dignity.[125]

Wright's views on accommodation and protest also evolved in nuanced and complex ways. As an undergraduate at Clark University, he became disillusioned with Washington's accommodationist stance after reading Du Bois' critique in *The Souls of Black Folk*. Wright's burgeoning resentment of Washington surfaced unexpectedly when his mother—who had been friends with the Washington family for some time—asked him to act as a temporary chauffeur for Mrs. Washington. When he refused, Wright inadvertently offended his mother. "I didn't want anything to do with the Washingtons," he wrote.[126] Later, as a medical student at Harvard, Wright also befriended the militant black leader and founder of the *New York Age*, William Monroe Trotter, whom he admired for his courage and sacrifices for the cause of racial justice. In 1915, Wright took part in a protest led by Trotter against the showing of the film "Birth of a Nation," missing three weeks of his medical school courses to participate.[127] After completing his medical education, Wright returned to Atlanta in 1916 and organized the first Atlanta branch of the NAACP.[128]

But despite his strong ties to African American protest traditions, Wright continued to utilize the principles of accommodation in substantive ways throughout his early life and career. While not an accommodationist in any absolute ideological sense, before becoming involved with the campaign to desegregate Harlem Hospital, Wright preferred to "live down" racial prejudice in his professional endeavors rather than protest against it. Instead of filing formal

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[125] For more on the outlaw hero in black culture, see John W. Roberts, *From Trickster to Badman: The Black Folk Hero in Slavery and Freedom*, (Philadelphia: University of Pennsylvania Press, 1989).
[126] Wright, I Remember…, 37.
[127] Ibid., 31, 44-6.
[128] Cobb, "Louis Tompkins Wright, 1891-1952," 138-9. The original members of the Atlanta branch had short-lived involvement with its operations. In 1917, Wright entered the military and in 1918 Walter White also departed to serve in the national branch in New York.

complaints or agitating politically, Wright sought to challenge discrimination by out-performing his white colleagues and compelling them to recognize his abilities.

As a medical student at Harvard, he frequently encountered administrators, faculty, and students who attempted to discourage his educational pursuits. When he first arrived in Cambridge, the school's administrators were hesitant to accept his undergraduate credentials, explaining they had mistaken his degree from Atlanta's Clark University, a black institution, with one from Clark University in Worcester, Massachusetts. They were "amazed" that someone from "one of these funny schools" should come to Harvard "and seriously consider the question of entering as a student" and considered his intent to matriculate "grotesque and even bizaar[sic]."[129] Wright entered a heated exchange with one faculty member who agreed to reconsider his application if Wright submitted to an impromptu oral exam. Wright passed and gained admission.[130]

Even after matriculating, however, Wright found Harvard's faculty hesitant to grant him full access to the clinical training program. When attempting to sign-up for an obstetrics rotation, Wright's professor informed him he would not be allowed to fulfill the requirement at Boston Lying-In Hospital, where obstetrics was regularly offered. Seemingly concerned Wright would be caring for white women and transgressing the unwritten boundaries of interracial contact, the professor explained Wright would have to complete his rotation where "all the colored men [got] their obstetrics," with Samuel Courtney, a prominent black doctor in the area. Wright objected to

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[129] Wright, I Remember…, 10-11; Cobb, "Louis Tompkins Wright, 1891-1952," 134. Prior to Wright's appointment, some African Americans had found Harvard administrators willing to accept them into their student body and, indeed, some of the University's most well-known graduates—including William Hinton, who became known for his groundbreaking research on the treatment of syphilis, and Wright's classmate Clyde Donnell, who later served as medical director of the North Carolina Mutual Life Insurance Company in Durham, North Carolina—were African Americans.

[130] Wright, I Remember…, 11.

the arrangement and, with the support of several classmates, persuaded the professor to admit him to the standard program.[131] By the end of the summer, Wright had delivered approximately 150 babies without complaint and, although not his intent, opened the door for future black medical students to fulfill their obstetrics requirement with their classmates.[132]

Wright faced similar obstacles during his military service in World War I. When stationed in training camp at Fort Des Moines, Iowa, during World War I, Wright fell into disfavor with the officers in charge, who considered his outspoken nature disruptive and insubordinate. Although Wright made perfect scores on his exams, he did not receive a promotion, while several of his colleagues with lesser scores were raised to captains.[133] Later, while stationed as an Army lieutenant in a black regiment at Camp Upton in Long Island, Wright crossed paths with a higher ranked officer, Lieutenant Colonel Boyer, who questioned whether the regiment was prepared for deployment. After a heated exchange, Boyer pledged to never promote Wright.[134] Tension between the two extended into Wright's service in France when, at a meeting in Saint-Dié-des-Vosges, Wright challenged Boyer for criticizing the work performed by his medics when Boyer had not been to the front lines to witness the conditions they worked under. Two weeks later, Boyer met Wright at the front and acknowledged the quality of their work. Admitting he had sent Wright there "to get shot," he declared Wright to be "the best doctor in the division" and transferred him to run the triage hospital. Without every filing a formal complaint, Wright earned a promotion to captain before returning home from his tour of duty.[135]

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[131] Ibid., 22-5.
[132] Ibid. See also Robert C. Hayden, *Mr. Harlem Hospital : Dr. Louis T. Wright : A Biography*, (Littleton, MA: Tapestry Press, 2003), 27-8.
[133] Wright, I Remember…, 75-6.
[134] Ibid., 76-7.
[135] Ibid., 83, 90-91.

But Wright's desire to prove himself in the face of discrimination was perhaps nowhere more evident than in his recollection of those moments when he sensed his performance had failed to transform the racial views of prejudiced white colleagues. In the months preceding his medical school graduation, Wright expressed grave disappointment for not receiving admission to the medical honor society, Alpha Omega Alpha. Presuming entrance to the society was based on academic standing, he began to question his scholastic capabilities and became depressed, writing "I felt that maybe I wasn't as good a student as I thought I was." Haunted by shame and doubt, Wright questioned whether he would be eligible to graduate.[136]

Even after learning he had fulfilled the requirements for the degree, Wright took little joy in the achievement. While his parents travelled from Atlanta to attend his graduation and celebrate, Wright donned the cap and gown only for their sake and "went through the motions" of the ceremony. Shortly after graduation, Wright learned he was ranked fourth in his class, only a fraction of a percentage behind the class leader, and that several students of lower rank had been admitted to the society while he had not. Although his name had been submitted for consideration by the dean's office, racial animosity directed toward him by the existing members of the society likely led to his rejection. Although he came to realize that membership in the fraternity did not always reflect the highest academic achievement, Wright still struggled with his apparent failure to win over his colleagues. He eventually sought council from William "Gus" Hinton, a black physician who had graduated from Harvard in 1912 and one of a handful of black doctors in the Boston area that provided support to Wright. Hinton reminded Wright that "having a key doesn't make you a better doctor."[137]

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[136] Ibid., 43.
[137] Ibid., 54-5.

Although Wright would later prove an outspoken and relentless critic of racial discrimination in medicine, throughout most of his early career he did not consider himself a representative "race man" or an activist for racial equality and seemed reluctant to embrace organized protest as a means to address institutionalized discrimination in medicine. After graduating from Harvard in June of 1915, Wright moved to Washington, DC, to serve as an intern at Freedman's Hospital, one of the few hospitals open to African American doctors at the time. There he frequented the home of Charles Houston, the African American lawyer who laid the foundation for the NAACP's legal campaign against segregation. Although Wright admired Houston's commitment to using the law as a tool to fight discrimination, he had difficulty seeing himself in a similar role.[138] "I think I was primarily too selfish to become interested in Negro uplift," he wrote. Not driven by the cause of racial justice *per se*, Wright seemed more concerned with establishing his career and developing his professional skills. Describing his commitment to activism as one of professional self-interest, he explained: "I became interested every time I ran my head against a stone wall of prejudice." While Houston encouraged Wright to finish his training and return to Howard to train other black doctors, Wright contended, "I was much more interested in getting good training myself."[139]

When he returned from serving in France, Wright still appeared disinterested in fighting discrimination on a larger scale. After moving to New York with his wife in the Spring of 1919, his first goal was to establish a private practice. When he opened an office next door to the home of the famed black comedian, Bert Williams, Wright seemed resigned to accept the limitations

[138] For more on Charles Houston's work with the NAACP and at Howard see Genna Rae McNeil, *Groundwork : Charles Hamilton Houston and the Struggle for Civil Rights*, (Philadelphia: University of Pennsylvania Press, 1983).
[139] Wright, I Remember…, 65.

imposed on Williams and himself during that era. Claiming he "didn't know any better," Wright conceded, "I accepted race prejudice as a necessity in those days."[140]

Although Wright may have been overstating his political naïveté and understating his commitment to racial activism, even his landmark appointment to Harlem Hospital's staff seemed more an extension of his professional ambitions than an effort to embrace large scale racial protests. In seeking the position, Wright's primary intent was to use the hospital to build a medical practice that would support himself and his expecting wife. Such appointments were generally unpaid but doctors valued them because they served as a way to develop specialties, provide more extensive treatments to private patients (including surgery), and build their reputations.[141] Through a personal connection with his uncle and the city's Commissioner of Health, Royal C. Copeland, Wright was able to secure a position in Harlem's venereal disease clinic, which paid forty dollars a week, before obtaining the position in Harlem Hospital's outpatient clinic. In fact, it was not until public voices of criticism began to emerge, critiquing the hospital's racial status quo, that Wright made a greater commitment to protest-oriented forms of activism in medicine, advocating not only for himself but also for the greater interests of Harlem's black patients and medical community.

Chaos Reigned and Reorganization

But regardless of their initial motives, once African Americans were appointed to Harlem Hospital's staff, their presence had a destabilizing effect. After the 1926 ruling, as their numbers

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[140] Ibid., 55. See also Hayden, 58.
[141] Maynard, 2. For more on the development of municipal hospitals see Morris J Vogel, *The Invention of the Modern Hospital: Boston 1870-1930*, (Chicago: University of Chicago Press, 1980); David Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York, 1885-1915*, (Cambridge: Cambridge University Press, 1982); Rosenberg, *The Care of Strangers: The Rise of America's Hospital System*.

increased, racial antagonisms flared. Several white practitioners expressed their opposition through verbal protests, belligerent conduct, or formal resignation.[142] When Harlem Hospital formally opened its internship program to African Americans—admitting Aubre Maynard, May Edward Chinn, and Ira Alex McCown—several white doctors and lower ranking staff members resigned, including a well-known dermatologist, Howard Fox; two chief gynecologists, Arthur Stein and Thomas Cherry; and the chief of obstetrics, G. L. Brodhead.[143]

Some white doctors displayed open hostility toward their black colleagues, harassing and sabotaging their work. In his autobiography, Wright explained "the white surgeons did everything possible to embarrass the colored surgeons, and at the same time gloss over gross malpractice on the part of some of the white members." He recalled incidents where white physicians were excused for operating on the wrong body part or unintentionally scalding "all of the skin off of a patient's leg." However, even the smallest error in judgment by black doctors elicited harsh public criticism. In one instance, Wright recalled a group of white surgeons viciously heckling an African American surgeon engaged in a difficult operation.[144]

As African American nurses became more permanent fixtures in the hospital, they too became focal points of abuse. One African American graduate nurse, Agnes Boozer, gained public notoriety after she struck a white switchboard operator who verbally accosted her. Under the headline "Another Row at Harlem Hospital," the *Amsterdam News* reported that Boozer was attempting to make a telephone call when the operator, Legassi, left his post to find her and, when he did, called her a "nigger." In response, Boozer "slapped his sassy face" and the other nurses gathered around and "dared Legassi to lay hands on her." Although the hospital

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[142] Wright, I Remember…, 93; Maynard, 23.
[143] Wright, I Remember…, 93; Maynard, 23.
[144] "The Negro in Harlem Hospital," 5-6.

superintendent, Rupp, sought to have Boozer arrested for the incident, he could find no police officer willing to make the arrest and the following day Boozer was dismissed from duty.[145]

Nurses were not the only ones involved in such explosive exchanges. In July of 1927, tensions reached an apex as the *Amsterdam News* reported a riot was "barely averted" in the hospital dining room after a white intern threw water in the face of Aubre Maynard, a senior black resident. The intern accused Maynard of calling his room several times the prior night, disturbing him during off duty hours. "If you do that again," he threatened, "I'll break your goddamn neck!" Maynard did not respond but his silence infuriated the intern whose "pent-up hostility erupted" until he doused Maynard with a glass of water. Considering the incident a "greater indignity than a physical blow," Maynard wrote that, although consumed with anger, he remained silent, staring at his assailant—embodying a model of manly restraint—until the intern recognized his own impetuousness and retreated from the dining room.[146] According to the *Amsterdam News*, racial tensions at the hospital were so high that a "physical encounter" could have led to "very grave consequences." Maynard filed a report of the incident but did not pursue additional charges and the intern was suspended. In fact, the newspaper reported, Maynard had been assaulted a month prior in front of a superintendent and, in an effort to keep racial tensions minimized, had chosen not to press charges.[147]

While racial tensions festered at the hospital, patient care and professional standards suffered, leading to a flood of horror stories involving ambulance chasing scandals, fee splitting schemes, drug store rackets, and patient neglect. Most apparent in the outpatient clinics where resignations and irregular staffing significantly hurt the department, Maynard recalled, "patients

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[145] "Another Row at Harlem Hospital," *New York Amsterdam News* (New York), 22 August, 1927.
[146] Maynard, 43.
[147] "Barely Avert Riot at Harlem Hospital," *New York Amsterdam News* (New York), 6 July, 1927.

became the hapless victims of dissension and neglect."[148] Louis Wright would later write that "chaos reigned."[149]

One of the most infamous incidents of neglect came in April, 1926, when a patient, John Tyler Hines, left Harlem Hospital with a six-inch knife blade lodged in his head. Having been stabbed in an altercation with a "friend" where the blade had broken off under the surface of the skin behind his jaw, Hines obtained treatment from Harlem Hospital where doctors had sutured the wound but failed to detect the embedded knife blade. Hines left the hospital and returned to work for nearly a month before he sought treatment at the Edgecombe Sanitarium, a private facility, where an African American practitioner discovered and removed the blade.[150]

For critics of the hospital, this incident became a rallying point to highlight the mistreatment of black patients. Recalling a similar incident, ten years earlier, when an operating needle was mistakenly sown into the body of a young black girl, editors of the *New York News* used these as examples of white disregard, noting that in both instances a black doctor ultimately discovered the item and provided the appropriate remedy. Other incidents included a woman's claim that her cousin's death was caused by mistreatment at Harlem Hospital. She maintained her cousin was moved from her bed against the doctor's orders and, in the process, fell to the floor, which caused bleeding that led to her death. Other accounts recalled poor hygienic conditions, patients developing bedsores, and a pregnant woman in labor, sent "into the streets" to give birth at home to stillborn twins.[151]

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[148] Maynard, 56.
[149] Ibid., 43; "Barely Avert Riot at Harlem Hospital."; "The Negro in Harlem Hospital," 5-6.
[150] "Negro M.D.'S in Rare Operation," *New York Amsterdam News* (New York, NY), 21 April, 1926; "Works a Month with 6-In. Blade Lodged in Head," *New York World* (New York, NY), 15 April, 1926. See "Scrapbook 1921-" in Louis T. Wright papers in the Harvard Medical Library in the Francis A. Countway Library of Medicine, H MS c56 Box 13.
[151] "Harlem Hospital's Neglect," *New York News* (New York, NY), 24 April, 1926.

Cornelius Patterson, a Harlem resident, complained that Harlem Hospital often discriminated by treating white patients before black. Patterson, who had been receiving treatment at the hospital for several months for tuberculosis, noticed that the white patients who came in behind black patients were often admitted first. In some instances, he noted, it seemed like "the attendants and physicians stopped to play cross-word puzzles before attending to the colored patients." After Patterson complained, the doctors hurried to dismiss him, giving him a cursory examination and discharging him although he felt he had not yet received adequate care.[152]

Other reports told of white Harlem Hospital doctors assaulting black citizens outside the hospital. In one instance, Dr. Charles Casazza verbally accosted a black student from New York University and wrestled him to the police station after the student, in the process of shoveling the sidewalk, accidentally threw snow onto the hood of a taxicab Casazza was riding in.[153] In another instance, a pregnant black woman seeking immediate entry to the hospital maternity ward was forced to give birth in the hallway after being turned away by a white physician who told her she was not ready to deliver. Another account told of a white doctor slapping a black woman because she would not take a stomach tube. According to this report, "among the nurses, dietitians and other employees of the institution, there is said to exist a strong racial feeling which reduces their efficiency to a marked degree."[154]

Coupled with racial antagonism, overburdened departments opened the door for unethical endeavors. In 1926, Harlem Hospital received a slew of unflattering press when several members

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[152] "Hospital Criticised," *New York Amsterdam News* (New York, NY), 11 April, 1926.
[153] "Physician Accused: Harlem Hospital Doctors Abused Student of New York University," *New York Amsterdam News* (New York, NY), 11 February, 1925.
[154] "Barely Avert Riot at Harlem Hospital."

of the hospital staff were exposed for taking part in an "ambulance-chasing" scheme where fees were paid to physicians, ambulance drivers, clerks, and other hospital personnel for referring, coercing, or manipulating patients to pursue liability insurance claims for their injuries. In some cases, physicians charged personal fees for services otherwise provided gratuitously by the hospital or referred patients to their private practices in order to receive compensation for extended care.[155]

In an example of how "white physicians in Harlem Hospital prey upon members of the colored community," one report told of a white doctor who sought to charge a ninety-year-old "ex-slave" additional fees for his hospital service. James Wilson was an "aged man…hardly able to hear or see…unable to work and supported largely by his sons" who slipped on an ice patch in front of his home and was taken to Harlem Hospital for treatment. Wilson was initially denied entry because he lacked a police escort and his injuries were not considered emergency grade. Once admitted, he received X-rays, treatment, and returned home expecting a follow up consultation. After sending for the results of his X-rays, however, an individual claiming to be sent by the hospital, Dr. Levinsky, came to Wilson's home to redress the bandage. Upon completing his services, Levinsky asked for a fee of five dollars, which Wilson and his family considered excessive—nearly twice what most physicians charged. Although they paid it begrudgingly, Wilson later refused Levinsky's follow-up services. When reported to the hospital superintendent, Levinsky received no reprimand for his actions.[156]

With racial tensions hurting professional functions and patient-care, Harlem Hospital was in a state of disarray. Led by community appeals and inflammatory press coverage, in 1929,

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[155] Maynard, 45-9.
[156] "Hospital Physician Exacted Fee of $5," *New York Amsterdam News* (New York), 4 Februrary, 1925.

Mayor James Walker initiated a dramatic reorganization of the entire municipal hospital administration, installing a central Department of Hospitals with a new Commissioner, William Schroeder, to perform a complete investigation of patient care and the professional staff.[157] Although Schroeder would resign before the investigation was completed in 1930, his replacement, J. G. William Greeff, used the report to initiate an extensive overhaul of the Harlem Hospital medical board and staff, ultimately dismissing twenty-three white and two black physicians while appointing twelve new black doctors and placing John F. Connors and Louis Wright onto the hospital medical board as president and secretary, respectively.

These developments were a pivotal move in the process of desegregation, making Harlem Hospital the first such municipal facility in the nation to actively encourage racial integration. Within the course of a year, approximately forty percent of the physicians on staff were African Americans. Editors from the *New York Age* lauded the reorganization as a positive step for racial achievement and public health and looked forward to these practitioners taking on a greater role in integrating municipal hospitals throughout the city. “As their experience grows and their special abilities become apparent,” it followed, “it would be well if these colored physicians could be distributed through the other city institutions, where their services may be employed to the best advantage.”[158] With similar sentiments, Aubre Maynard later wrote that these changes were critical to restoring order and control in the hospital and cleared the way “for resumption of professional and scientific activities in an atmosphere of fraternity and mutual respect.”[159]

Even with these needed reforms, however, order did not last long. The 1930

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[157] Shannon King accounts for numerous tensions festering between Harlem’s residents and the city’s municipal institutions at this moment in time, resulting in a riot in 1928 that provided additional motivation for the hospital reforms. See King, 177-83.
[158] "Harlem Hospital Changes," *New York Age* (New York), 22 February, 1930.
[159] Maynard, 61-65; "Harlem Hospital Staff Is Reorganized, Giving Place to Nineteen Negro Doctors," *New York Age* (New York), 22 February, 1930.

reorganization represented a major step toward desegregation but not all those involved saw it as a triumph of the New Negro over the Old. Tensions soon re-emerged, not only between the new black appointees and established white faculty, but also within Harlem's African American medical community over the goals and intentions of the reorganization process. While several dismissed white doctors voiced their grievances, arguing their removals were motivated by unfair political machinations and challenging the qualifications of the black appointees, Harlem's black doctors also questioned whether the new black hires were the embodiment of racial modernity they claimed to represent.

Harlem's medical community would soon descend into a vitriolic debate over the role of racial politics in medical reform. At a time when medical standards were closely correlated to racial, regional, gender, and class differences, Harlem's doctors engaged in a contested dialogue over the virtue, benefits, and intentions behind the integration campaign, intensely debating the standards by which they would affirm their professional qualifications and their status as leading representatives of the New Negro.

Newer Negroes

Dissenting Voices

Many celebrated the hospital's reorganization. But many others did not. Louis Friedman, one of the dismissed white surgeons, was an outspoken opponent. Where some saw hopeful signs of cooperative racial achievement, Friedman saw a woeful neglect of professional standards and patient care in the name of political expediency. In a bitter letter to the New York County Medical Society in 1930, he complained that patients would suffer as "men of long experience and ripe judgment" were being replaced by others with significantly fewer credentials. Friedman agreed black and white practitioners should have equal opportunity for advancement at the hospital but questioned whether the new medical staff (race notwithstanding) would be capable of providing the services required.[160] Alleging political goals and personal vendettas were at the root of these changes, Friedman lamented the lack of regard for the twenty-three dismissed white physicians, many of whom had served the institution for over twenty years. Sarcastically characterizing their treatment as "an example of municipal gratitude," he bemoaned that dedicated physicians had been "unceremoniously dropped," given "no accusation or chance of defense, no redress, resignation not asked for; not even a simple letter of thanks; just kicked out!"[161]

Friedman's concerns about political influences were not without some merit. He sensed a close affinity between John Connors, Louis Wright, and Harlem's influential Civil Service Commissioner, Ferdinand Q. Morton, a figure closely allied with the city's Democratic Tammany Hall administration. Although Connors was already director of surgery and an

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[160] "7 Physicians Quit as Consultants in Protest of Ouster," *New York Amsterdam News* (New York), 19 March, 1930.
[161] Ibid.

influential figure within the hospital, he relied on Wright's political connections with Morton as a means to push the reorganization and to advance his position during this period of public outcry. Wright was an active member of the NAACP and maintained intimate political ties with Morton, who was also the leader of the United Colored Democrats, a group that was gaining influence in municipal politics. Wright's strong political connections were perhaps most evident in 1928 when he accepted an appointment as the city's Police Surgeon. At a dinner held in Wright's honor and organized by Morton, Wright discussed the hospital with Mayor James Walker, who later put his support behind the construction of the Women's Pavilion and a new nurses' home.[162]

According to Friedman, these political connections also led to the 1930 reforms. Friedman accused Connors and Wright of plotting the reorganization well in advance of Commissioner Greeff's investigation and scheming to remove staff members who did not conform to their political agendas. Although Greeff was confident that a substantial number of African American doctors were available to meet the hospital's staffing needs, Friedman contended Greeff acquired these names, not from an impartial investigation, but from Connors and Wright. According to Friedman, Wright and Connors provided a list of black doctors for the investigating committee to appoint *before* the committee had any chance to investigate. While he acknowledged there were some black practitioners "capable and deserving" of promotion, he submitted, many of those appointed had been elevated through "political pressure and favoritism" rather than merit.[163]

Considering himself invested in the fight for "quality against mediocrity," Friedman

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[162] Wright, I Remember…, 97. For more on the politics behind the reorganization, see Goldstein; Hiller.
[163] "7 Physicians Quit as Consultants in Protest of Ouster."

chafed at the political influence wielded by Harlem's growing African American community and the local Democratic Party in the restructuring process. Sensing Connors, as the director of surgery, had admitted African American physicians to the hospital staff in an effort to palliate the public's surging outcry, Friedman considered his willingness to yield to political influence a detriment to the overall functioning of the hospital, lamenting the chaotic impact of the appointments, which led to the exodus of large numbers of white staff.

Friedman's critique of the reorganization focused on the influence of municipal politics on hospital policy. But personal differences between Connors and Friedman exacerbated their dispute. Describing Connors as "the perfect stereotype of the chauvinistic, cocky, wearing-of-the-green Irishman," Aubre Maynard explained the surgical director's personality was "demonstrably blunt and laconic" and "disdainful of those who did not fit his concept of rugged masculinity and rectitude." In contrast, Friedman embraced an image of cultural refinement. "The most technically proficient" on staff, wrote Maynard, he was "the epitome of elegance" and in dress and manner embodied the "perfect representation of the fashionable surgeon of that era."[164] While not explicit in their exchanges, Connors' and Friedman's contrasting styles functioned as an underlying source of resentment between the two men throughout the conflict.

In addition, despite his expressed commitment to upholding professional standards, Friedman's faction carried the taint of racial prejudice. Some of Friedman's strongest supporters appeared to side with him, not from a shared view of professional qualifications, but rather out of racial antagonism toward African Americans. One of Friedman's most notable allies, Henry Pascal, was known for his "crass bigotry" and openly expressed his aversion to the idea of desegregation. While he brought limited professional influence to Friedman's efforts, Pascal and

[164] Maynard, 59, 62.

physicians of like mind played a significant role in shaping the image of the Friedman cabal as generally opposed to desegregation on the basis of race.[165]

But while the tag of racial prejudice stuck with the Friedman-Pascal faction, several doctors aligned with this group complicate this portrayal. Despite Pascal's noted bigotry, a significant contingency of African American doctors joined the cabal, expressing their own concerns about racial prejudices harbored by the Connors-Wright faction. Before the reorganization, in 1928, many of Harlem's black doctors expressed their doubts about Connors' views on race when he allowed the hospital medical board to overlook the promotion of Peter Marshall Murray, a black gynecologist and graduate of Howard University, in favor of a white candidate whom many considered less qualified. His actions sparked protest from the North Harlem Medical Society and from Louis Wright who arranged to have telegrams sent to the homes of the hospital board, the leaders of Tammany Hall, and Mayor Hylan. In these messages, which arrived at two o'clock in the morning, Wright challenged the board's decision and called for the resignation of the director of gynecology, Salvatore DiPalma, who approved it.

Connors confronted Wright the following day, angered the messages had arrived at such a late hour. Wright responded that the board had violated a "gentlemen's agreement" made with the black doctors on staff, which promised they would be promoted on the basis of merit and not race. He arranged for the 2:00am delivery to underscore their dishonor, suggesting the board members were not respectable men likely to keep regular sleeping hours. Connors responded: "Do you think I am going to take orders from these Negro doctors up here?" Wright returned: "I don't know what you're going to do. All I know is when you're right, we'll hold your hands up and when you're wrong we'll give you Hell and you no longer have the right to be called

[165] Ibid., 62.

gentlemen." Connors would go on to berate Wright for an hour but, the next day, he reconvened the hospital board, which reversed its decision and appointed Murray.[166]

But even after Murray's promotion, many of Harlem's black doctors never relinquished their doubts about Connors. Some went further, questioning Wright's motives for maintaining such a close association with him. While Wright had informally directed Murray's appointment and the appointments of a handful of black interns during the mid-1920s, Murray and several other doctors in Harlem doubted his greater commitment to the African American medical community. Many noted that the candidates Wright appointed were largely from northern, predominantly white, medical school programs, rather than black medical institutions. With the support of graduates from Howard and Meharry, a group that comprised the majority of African American doctors in Harlem, Murray was one of a notable contingency that sensed Wright, as a graduate of Harvard, "derogated the Negro medical schools and was therefore biased against the graduates of Howard University." At times, their doubts about Wright went so far as to question whether this apparent favoritism went beyond professional matters to reveal an internalized racial animus, suggesting that Wright was not only "anti-Howard" but also "anti-Negro."[167]

Although seemingly extreme, these concerns were not wholly unwarranted. In his unpublished autobiography, Wright conveys a distinct tone of resentment and distrust toward black doctors from southern states. His reservations about the capabilities of black medical school graduates stemmed from his experiences as an intern at Freedman's Hospital in Washington, DC, and the early years of his private practice in Atlanta. While applying to Freedmen's, Wright witnessed rampant cheating among the other candidates on the entrance

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[166] Wright, I Remember…, 94-5; "The Negro in Harlem Hospital."; "Dr. P. M. Murray Wins Promotion at Harlem Hosp.," *New York Age* (New York), 16 July, 1927.
[167] Maynard, 53.

exam. He wrote in disgust that "everybody that took the examination as far as I could see cheated. They had books, notebooks, and wrote notes to each other to and fro, which was another source of embarrassment to me because I was trained on the honor system."[168] As an intern, Wright was singled out by hospital administrators because of his Harvard education. He recalled the surgeon-in-chief, William A. Warfield, warning other interns that he would be a source of trouble. Warfield told him: "We don't like anyone coming from the North telling us how to run our hospital." "It seems," Wright wrote, "[they] resented me because I was not a Howard graduate."[169]

After completing his internship, in 1916, Wright encountered similar tensions in Atlanta where he entered private practice with his stepfather, William Fletcher Penn, a graduate of Yale Medical School. As graduates of esteemed northern institutions, their presence evoked jealousy and doubt from many of their black colleagues who lacked comparable training and skills. Wright lamented that southern black doctors "did not want anything to do with graduates of northern medical schools [because] none of them could do surgery" and, when in need of a surgical consultation, generally called upon white physicians—"whether competent or incompetent"—to treat their patients. Discussing how professional jealousy and competition led many of his black colleagues to undermine his capacity as a surgeon, Wright bemoaned: "They had no faith in their own. Or, if they had faith, they had no desire to let the Negro public know that some other colored man could do something they couldn't do. The result was that they carried on grapevine propaganda against all Negro graduates from northern medical schools and this included me. And it was not that they did not like us personally but professionally they

[168] Wright, I Remember…, 57.
[169] Ibid.

certainly did not mean to help."[170]

Wright's criticisms of southern black doctors were so embittered, at times, they resembled derogatory racial caricatures. In relating his experience with one practitioner from Atlanta, Wright describes his colleague as a virtual buffoon. Although he did not know him well, Wright had agreed to assist him with a hysterectomy. What was intended as a professional courtesy, however, soon turned into a real-life minstrel farce. During the course of the surgery, Wright came to realize the doctor was "trying to learn surgery at the expense of his patients." From the start, he identified several procedural errors that had disastrous consequences. Describing the patient as an obese woman with a fibroid tumor that could have been left untreated, he explained, the surgeon cut down "through about 6 inches of fat" to the uterus but "didn't pack the intestines away with gauze sponges," as was the standard practice. Instead, he "attempted to put clamps down on the uterine arteries and [then]…cut out the uterus." As the doctor moved to extract the organ, the patient began bleeding uncontrollably. After several failed attempts to stop the blood, the doctor panicked, called out: "Oh, My God" and fainted.[171] With the lead surgeon unconscious, Wright saw the medical team collapse into disarray. Traumatized by the uncontrolled bleeding and a disabled leader, the anesthesiologist "got scared and let the woman out of anesthesia." With chaos ensuing around him, Wright assumed control of the operation and took steps to prevent a catastrophe. When the lead surgeon revived, he rescrubbed and resumed operating. Ten-minutes later, however, the inexperienced practitioner fainted again, leaving Wright to complete the procedure on his own. Disgusted by the surgeon's lack of skill and professional ethics, Wright left the scene incensed, informing the doctor "in no uncertain

[170] Ibid., 69.
[171] Ibid., 69-70.

terms" he would never take part in any medical endeavor of his again.[172] Remarkably, Wright's intervention led to an uneventful recovery for the patient. But experiences like this left him doubtful about the ability of southern black doctors to contribute meaningfully to modern medical enterprises.

Wright's underlying doubts about southern black doctors were not lost on those who supported him at Harlem Hospital. According to Aubre Maynard, a resident at the time, Wright was greatly comforted when, in his search for interns, he received numerous applications from black graduates of northern medical schools. Maynard believed "this influx from outstanding white schools represented a heartwarming triumph" for Wright. Although he also "expressed great satisfaction" in appointing qualified graduates from black medical schools, Maynard sensed Wright considered "the Harlem Hospital venture as critical to the future of the Negro in medicine…[and] was more inclined to risk its success with black graduates of outstanding white schools, whom he believed to be better trained."[173]

Race or Reform?

Before assigning Wright a peculiar internalized racial animus, however, we should note he was not the only graduate from Harvard to express doubts about the capabilities of medical practitioners serving in regions outside the Northeast. While attempting to establish a practice in Nebraska, another Harvard graduate commented on the stark difference between his professional expectations and the standard practices in the region. Astonished at the area's limited technological resources, he remarked that, in 1912, at a time when the study of microbes was

[172] Ibid.
[173] Maynard, 53.

becoming increasingly important to medicine, "his microscope was the only one in that section of the country."[174] Although many in Harlem considered Wright's views a form of intra-racial prejudice, his opinions were characteristic of those held by many reform-oriented practitioners and in line with the emerging standards implemented by Abraham Flexner and the American Medical Association in the early-twentieth century.

Based largely on its impact on black medical institutions, numerous scholars have argued Flexner's early 20th century reform efforts were laden with racial prejudice. Todd Savitt writes that Flexner's survey contained "negative white attitudes toward black physicians during an era of increasing racial tension" and sought to demean African American practitioners by overstating their inadequacies. More than describing poor conditions at black medical schools, his report "prescribed a limited role for black physicians in their practices [construing them as glorified sanitarians] and hinted that black physicians possessed less potential and ability than their white counterparts." Kenneth Ludmerer also acknowledges that "Flexner was not always impartial in reporting what he had observed."[175]

But this commonly held image of Flexner has recently been challenged by the work of Karen Kruse Thomas, who views Flexner's evaluations through the lens of stark regional disparities in medical education. According to Thomas, when taken in the context of "his equally gloomy appraisal of white southern schools," Flexner appears "a tough but fair critic of American medical schools at a time when they warranted extensive rehabilitation, and his remarks about the inadequacies of all southern schools accurately reflect the region's lack of

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[174] Kenneth M. Ludmerer, *Time to Heal : American Medical Education from the Turn of the Century to the Era of Managed Care*, (Oxford ; New York: Oxford University Press, 1999), 5.
[175] Kenneth M. Ludmerer, *Learning to Heal : The Development of American Medical Education*, (New York: Basic Books, 1985), 185.

financial capital and the primitive state of its higher education system." Thomas goes further showing Flexner was a committed advocate for Meharry and Howard and held views on race that compared favorably to those of the era.[176]

But while Flexner may have applied his evaluative criteria fairly, the standards he utilized were not without bias. As Gerald Markowitz and David Rosner have argued, the chief impetus behind early twentieth century reforms was not therapeutic improvement but, rather, to make medicine more financially lucrative for practitioners by limiting their numbers.[177] With the endorsement of the AMA, reformers used the Johns Hopkins Medical School as a model, implementing a criteria that heavily favored schools in northeastern states where influential contributors, like the Carnegie Foundation, made their greatest investments.[178] Stressing the need for better funded laboratories, medical libraries, and credentialed faculty, along with hospital affiliations and expanded access to clinical training, these reforms significantly increased the cost of medical education, pricing out schools that lacked substantial endowments and students that lacked substantial resources. As E. Richard Brown explained, they "enabled the profession to draw its recruits from the 'better' classes."[179] While they carried noteworthy educational benefits for students, their most notable impact was not improved therapeutic outcomes for patients but, rather, the reduction of new practitioners and elimination of nearly half the nation's existing medical programs with a disproportionate impact on black medical schools, women's institutions, and schools in the southern and western states.[180] Emerging at a time when the

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[176] Thomas, *Deluxe Jim Crow : Civil Rights and American Health Policy, 1935-1954*, 19, 22-3.
[177] Markowitz and Rosner 93-5.
[178] Ibid., 100.
[179] Brown, 87.
[180] For more information about African American medical schools that closed due to Flexner's evaluation see, Todd L. Savitt, "Abraham Flexner and the Black Medical Schools," in *Beyond Flexner: Medical Education in the Twentieth Century*, ed. Barbara Barzansky and Norman Gevitz, vol. 34, *Contributions in Medical Studies* (New York: Greenwood Press, 1992); Ward, chapter 1. For the reforms' regional implications see Markowitz and Rosner

American electorate was becoming more racially and ethnically diverse, these reforms effectively sought to make the medical profession more exclusive, elevate its socio-economic status, and improve its public image by manipulating its class orientation—with significant racial, regional, and gender implications—to fit with Progressive Era notions of what it meant to be "modern."[181]

These leanings were particularly evident in Flexner's evaluation of regional differences in medical education. His recommendations display noteworthy favoritism toward the Northeast as a future center for the development of professional medicine. In his evaluation of New York's medical schools, Flexner highlights the civic and institutional wealth of the region, heralding the state's structural and demographic strengths as the reasons for its promise. Citing a well-distributed population, easy communication, good roads, abundant educational facilities, and "superabundant" doctors, he felt there was "no section of the Union which is at this moment readier for an upward step." New York could "be fairly asked to do more than produce [excellent] doctors," he continued, the "vast hospital and university resources" of the state presented an opportunity for it to become a virtual Mecca for modern American medicine. Describing it romantically as a "Berlin or Vienna of the continent," Flexner construed New York as the future epicenter of medical training and professional development, "a genuinely productive contributor to medical progress; the center to which, in the intervals of a busy life, physicians will repair to freshen their knowledge and to renew their professional youth; to which the young graduate from the interior—from schools of Pittsburgh, Ann Arbor, Madison, Iowa

97, 104.

[181] A similar argument to this is made by Moya Bailey in "The Flexner Report: Standardizing Medical Students through Region-, Gender-, and Race-Based Hierarchies." *American Journal of Law & Medicine* 43, no. 2-3 (May 2017): 209-23. https://doi.org/10.1177/0098858817723660.

City—will look for the extension of his scientific and clinical experience."[182]

While Flexner celebrated New York and Northeastern medical programs, his evaluations of southern institutions—black medical schools among them—reveal his doubts about their capacity to produce competent practitioners. Again, Flexner relied notably on the language of class and modernity in his critiques. Contending the South was over-saturated with schools that lacked adequate resources, he wrote these institutions were "conducted by old-time practitioners, who could not use improved teaching facilities if they were provided." Calling for their elimination, Flexner pushed for the development of well-funded regional institutions that could provide medical training for students from several states. Recognizing that the recent reorganization of Tulane University's medical program had placed "imported men of modern training and ideals" in charge of its vital medical programs, Flexner described it as one of the few southern schools worthy of continued investment and saw potential for the institution to train physicians who could practice throughout the southern region.[183] In a similar vein, Flexner looked to the Medical Department of Washington University in St. Louis as an institution of value and significance for the southwest.[184]

Although Flexner's regional model never came to fruition, his evaluations had a devastating impact on southern and African American medical schools. While larger Northeastern universities were able to draw on funding from wealthy foundations, institutions outside the Northeast relied on substantially fewer resources, garnering support for their programs primarily from student tuition and individual state budgets.[185] While Flexner called for

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[182] Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching*, (New York: Arno Press and The New York Times, 1972), 275.
[183] Ibid., 233.
[184] Ibid., 258-9.
[185] Markowitz and Rosner 93-5.

medical school applicants to have two years of collegiate training as a prerequisite for matriculation, many schools in the South were struggling to fill their rosters with students possessing adequate high-school backgrounds. Without independent endowments, black medical schools had to rely disproportionately on federal contributions and student fees to generate revenue. Like their southern counterparts, they found Flexner's more stringent admission standards creating an even smaller pool of qualified students from which to draw applicants. Many turned to philanthropic organizations like the John D. Rockefeller and Julius Rosenwald foundations for additional support but, even with generous funding from these organizations, they often struggled to remain financially solvent.[186]

Black Reformers: Daniel Hale Williams

In his effort to maintain modern professional standards, Wright was not the only black doctor to become the center of conflict within the black medical community. The celebrated black surgeon, Daniel Hale Williams, known today for performing the first successful "open-heart" operation and founding the integrated Provident Hospital in Chicago, encountered opposition throughout his career in his efforts to promote reform. Although well-respected within medicine's most influential circles and a pillar within the African American medical community, Williams struggled to garner support for many of his efforts to implement laboratory-based scientific practices and structural changes in black medical institutions. Rather

[186] In the 1910s, when George W. Hubbard, president of Meharry Medical College, and Wilbur Thirkield, president of Howard University, approached these foundations for support, they encountered reluctance. The endowments feared they would be obligated to make large repeated contributions over an extended time period in order to support the schools. In a letter to the Foundation president, Henry S. Pritchett, Andrew Carnegie expressed his concern that once his foundation began providing funding to African American medical colleges it would not be able to stop. According to Savitt, "their needs, he felt, were too great, and their allies who might help in the funding too few." Savitt, "Abraham Flexner and the Black Medical Schools," in *Beyond Flexner: Medical Education in the Twentieth Century*, 76.

than a cutting-edge medical reformer, Williams appeared to many an elitist outsider with ideals oriented more toward opportunistic self-promotion than the needs and interests of African Americans.

In many respects, Williams was an outlier within the black medical community. He possessed a family background, education, and professional experiences unique for most black doctors of his era. In 1856, when most African Americans were raised in the South and born enslaved or the immediate descendants thereof, Williams was born in Pennsylvania to free, politically active, Unitarian parents. Unlike most black Americans who struggled to obtain a rudimentary education, Williams received his secondary education at an upscale private school in Janesville, Wisconsin. His first experiences with professional medicine came as an apprentice to Henry Palmer, the Surgeon General of Wisconsin and Vice-President of the American Medical Association. With Palmer's support, Williams attended one of the preeminent medical schools in the country, the Chicago Medical College of Northwestern University, completing his degree in 1883. With an education and training superior to most doctors of the era regardless of race, he went on to teach clinical instruction and anatomy at his alma mater and built a strong private practice in Chicago with an interracial clientele.[187]

For an African American doctor, Williams was uniquely engaged with the mainstream medical community. Unlike most of his black colleagues who were excluded from their local branches of the American Medical Association, Williams was a member of the Chicago branch; served as a delegate to the International Medical Congress in 1887; and, in 1889, joined the Illinois State Board of Health.[188] At a time when the majority of black doctors were struggling to

[187] Helen Buckler, *Daniel Hale Williams, Negro Surgeon*, (New York: Pitman Pub. Corp., 1968), chapters 1-5.
[188] For a more detailed discussion about African American membership in the AMA see Ward, chapter 7.

gain access to hospitals, Williams was on the surgical staff of the South Side Dispensary; maintained privileges at Cook County Hospital; and, later, held an attending position at St. Luke's Hospital, facilities that were otherwise closed to black doctors. With a strong education, influential professional ties, and a notably fair complexion, Williams' superior training and unique level of access provided the foundation for his success. In 1891, with the support of an interracial constituency, Williams founded Provident Hospital in Chicago as an integrated institution dedicated to training African American medical personnel according to developing professional standards.

Williams' most celebrated contribution to medicine—his highly touted heart operation—occurred July 9th, 1893, at Provident Hospital. After receiving a patient with a stab wound to the chest, Williams operated to repair a damaged artery and suture a laceration to the pericardium, the thin membrane of tissue surrounding the heart. At the time, few surgeons had successfully repaired injuries to the cardiac muscle or surrounding tissue and many considered the procedure beyond the capabilities of modern surgery. In some instances, physicians were reluctant to operate on the heart because of its symbolic resonance, recognizing its religious iconography as the "seat of the soul."[189] In successfully repairing the pericardial sac, Williams helped to affirm medicine's capacity to heal and became an important symbol of African American achievement.[190] A 1893 newspaper article reporting on the operation acknowledged Provident's

[189] See Scott Manning Stevens, "Sacred Heart and Secular Brain," in *The Body in Parts : Fantasies of Corporeality in Early Modern Europe*, ed. David Hillman and Carla Jane Mazzio (New York: Routledge, 1997); Katharine Park, *Secrets of Women : Gender, Generation, and the Origins of Human Dissection*, (New York: Zone Books, 2006), especially the introduction and chapter 1.

[190] As a surgeon, Williams was part of an elite class of medical practitioner who, according to Charles Rosenberg, represented "the innovative spirit of science made clinical reality." "Surgery," Rosenberg writes, "meant an activist, intrusive style of practice" and physicians and patients, alike, "were influenced not only by the hope of healing, but by the image of a new kind of medicine—precise, scientific, and effective." Rosenberg, *The Care of Strangers: The Rise of America's Hospital System*, 149-150.

greater contribution to racial progress, maintaining it was "one of the surprising yet encouraging signs of [African American] progress and adaptability." "It is certainly a great credit to the colored people of Chicago and to the entire country," it continued, "that an operation of this character can be performed in an institution of their own, where surgeons and trained nurses of their own race are in attendance."[191]

But while notable at the time and celebrated historically, the initial impact of Williams' operation was relatively limited. While historical portraits tend to highlight Williams' heart operation as the signature achievement of his career, it primarily garnered attention from within the Chicago medical community and local news media. Among his contemporaries, Williams' reputation stemmed more from his overall corpus of clinical work, his service as a hospital administrator, and his efforts as a leader of medical reform. In 1894, as part of a directed effort to upgrade training programs for African American doctors, Williams accepted an invitation to serve as Surgeon-In-Chief at Freedmen's Hospital in Washington, DC. During his tenure there, he made significant reforms to the organizational structure and overall direction of the hospital, enhancing its nurse-training program, introducing a new system of internships, updating standards for surgical training, lobbying to replace the hospital's army-style barracks with a more modern building, and gaining the trust of the local community. The value of Williams' reform efforts was particularly evident to one of his students and successors, William A. Warfield, who appreciated the emphasis Williams placed on precision, skill, and emergent scientific techniques. Describing the antiseptic and aseptic standards Williams implemented, Warfield wrote that prior to Williams' reforms surgical procedures at Freedmen's were performed with decidedly less regimentation. In describing an amputation, Warfield explained: "the field of operation was

[191] *Daily Inter Ocean*, 22 July 1893.

sprayed with a weak solution of carbolic acid and the ligatures in the case of an amputation were left long enough to hang out of the lower end of the wound to rot off." "We heard much of 'laudable pus,'" he wrote sardonically, "and there *was* much of it."[192]

Williams also sought to improve the hospital's reputation in the surrounding community. He regularly hosted public clinics in the surgical theater at Howard's medical school, allowing laymen to witness first-hand the high level of skill maintained by Freedmen's surgeons. Although these clinics lasted for only a short time, Williams used them to build trust with the local community, assuring the public that the hospital could provide beneficial care. In 1897, Williams also garnered widespread regard when he performed a successful caesarian section on a dwarfed mother who, weighing only seventy-two pounds, gave birth to a seven-pound fourteen-ounce baby. As only the second caesarian performed in the District of Columbia, Williams' operation further strengthened his reputation as an elite surgeon and assured the public that major surgical procedures were becoming more common and successful at the hospital.[193]

As a surgical instructor, Williams mentored Freedmen's surgeons by connecting them with well-known practitioners who adhered to modern standards. According to Warfield, Williams regularly brought staff from Freedmen's to the Johns Hopkins School of Medicine to meet with members of its faculty including: Howard A. Kelley, a well-known specialist in gynecology and obstetrics; William S. Halsted, the head of surgery at Hopkins; and Hugh H. Young, an established surgical urologist.[194] According to historians Thomas Holt, Cassandra Smith-Parker, and Rosalyn Terborg-Penn, Williams' reforms had an undeniable impact on the

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[192] John A Kenney, "Second Annual Oration on Surgery: The Negro's Contribution to Surgery," *Journal of the National Medical Association* 33, no. 5 (1941): 204.
[193] Thomas Holt, Cassandra Smith-Parker, and Rosalyn Terborg-Penn, *A Special Mission: The Story of Freedmen's Hospital, 1862-1962*, (Washington, DC: Howard University, 1975), 33.
[194] Kenney, "Second Annual Oration on Surgery: The Negro's Contribution to Surgery," 204.

development of African American practitioners. The physicians and nurses trained at Freedmen's later "staffed and supervised major hospitals throughout the country" and became "a dominant force in the development of blacks in the medical profession."[195]

Throughout his career, Williams demonstrated his commitment to developing African American medical practitioners. In 1895, he was a founding member of the National Medical Association.[196] He traveled the country regularly, offering lectures, clinics, and seminars for surgeons, black and white, on modern surgical techniques. For African American physicians, in particular, he willingly traversed long distances to provide training or assistance in complicated operations. According to J. Edward Perry, a graduate of Meharry Medical College practicing in Missouri, Williams came to his aid and performed a mastectomy on a woman suffering from cancer who had been denied admission to a segregated hospital. With two other African American physicians in attendance, Williams gave an impromptu clinic, discussing the anatomy of the breast, the effect of cancer on the mammary glands, and describing the surgical method he intended to use. During the operation, he gave a step-by-step account of the procedure and responded to questions.[197]

In 1899, Williams began traveling annually to Nashville as a visiting professor of clinical surgery at Meharry, spending as long as a month providing instruction to the students of Meharry and Nashville's local practitioners. In his clinics, which historian James Summerville described as "the highlights of each school year at Meharry," Williams performed operations that were considered rare and difficult at the time, removing fibroid tumors, ovarian cysts, and appendixes. Williams' clinics had a profound impact on Meharry and the greater Nashville medical

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[195] Holt, Smith-Parker, and Terborg-Penn, 35.
[196] Morais, 68.
[197] Buckler, 202-3.

community.[198] By 1913, he had established an unparalleled reputation as a surgeon and was part of the charter membership of the American College of Surgeons, a prestigious society that essentially set the standards for modern surgical practices, cementing his place and stature in the history of modern surgery.

Williams' unique qualifications and commitment to reform, however, also brought him into noteworthy conflicts with African American colleagues who lacked similar training and experience. Coupled with a callous and abrupt personality that many felt discouraged collegial bonding, Williams was often the focal point of controversy. According to his contemporary, Midian O. Bousfield, Williams' "boorishness" caused him to be "expelled from a fraternal organization at the very hey day of his success" and distanced him from many of those who supported his early medical training. "No man," wrote Bousfield, "ever made less effort to make friends."[199]

Upon his appointment at Freedmen's, Williams garnered resentment from the departing surgeon-in-chief, Charles B. Purvis, who characterized him as a tool of the newly elected Democratic administration, accused him of being unaware of the hospital's needs and the best interests of the surrounding community. Viewed as a northern carpetbagger, his arrival met resistance from several local constituencies including the president of Howard University, Jeremiah E. Rankin, who feared Williams would impinge on the medical school's relationship with the hospital.[200]

Although Williams soon gained their respect, his reforms attracted criticism throughout

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[198] James Summerville, *Educating Black Doctors: A History of Meharry Medical College*, (University, Alabama: University of Alabama Press, 1983), 45-6.
[199] M. O. Bousfield, "An Account of Physicians of Color in the United States," *Bulletin of the History of Medicine* 17, no. 1 (1945): 75.
[200] Holt, Smith-Parker, and Terborg-Penn, 29.

his tenure. When Williams opened surgical clinics to the public, some denounced them as unscrupulous attempts at self-aggrandizement and unethical compromises of patient confidentiality rather than bona-fide efforts to build public confidence in Freedman's. In his efforts to reorganize the hospital and upgrade the internship programs, Williams came under further scrutiny as his plans to reduce the resident staff and expand the roster of student interns led some to accuse him of putting patient care at risk.[201]

Williams resigned from Freedmen's amidst conflict in 1898 and his tenure continued to exact bitter feelings until well after his departure. Although his reform programs were generally in-line with developing medical standards, Williams fell under scrutiny as accusations of financial impropriety and mismanagement trailed his departure. According to some, Williams' professional ambitions were the impetus behind his reform efforts. In a personal correspondence to the president of Howard in 1908, Purvis maintained that Williams "caused much trouble [during his tenure] as he persistently sought to force himself into the faculty of the college to be a professor of surgery and made it quite clear that unless his ambition was gratified the college could not expect very many advantages or favors from the hospital." Although this assertion is otherwise unsubstantiated, Purvis' opinion of Williams was unmistakably vitriolic. Challenging his credentials as a surgical instructor, Purvis asserted Williams "was not equipped for the work of a *teacher in any sense*" and characterized his reforms as largely cosmetic. Williams' efforts to modernize the nursing school, Purvis suggested, were unnecessary and superfluous. The original director of the Howard nursing school, himself, Purvis vented that Williams "was arbitrary" and that "he destroyed a training school for nurses established by the college and started another" at

[201] Ibid., 33-5; Buckler, chapter 8.

Freedmen's to satisfy his own personal ambition.[202]

Williams' opinion of Freedmen's was equally scornful. In 1909, Midian Bousfield visited Williams to discuss the prospect of serving as an intern at Freedman's. "Nothing about the place suited him," he wrote. "He told me that he would rather see a boy of his selling newspapers on the street."[203]

Conflict also followed Williams in his return to Provident. In 1898, with racial segregation having gained legal endorsement and black migration northward increasing, Williams encountered a growing constituency of African American doctors ready to challenge the interracial makeup of Provident. But while aware of the debilitating effects of segregation on the African American medical community, Williams was reluctant to adopt a race-centered policy, having founded Provident as an interracial institution, not based on the ideal of integration, but rather to meet the pragmatic demands of maintaining modern standards. Recognizing that only limited numbers of black doctors had the requisite training, Williams employed qualified white doctors to help meet the requirements for research and patient care. As an integrated institution, Provident provided numerous opportunities for the development of African American physicians but Williams' standards also excluded a large portion of African American practitioners who held irregular credentials and lacked the requisite scientific background. At a time when most hospitals had not yet adopted the emerging professional standards, Williams' efforts to establish a hospital based on these cutting-edge criteria appeared to many beyond the needs and interests of the African American medical community.

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[202] Purvis to Wilbur P. Thirkield, President of Howard University, 11 December 1908, as found in W. Montague Cobb, "Charles Burleigh Purvis," *Journal of the National Medical Association* 45, no. 1 (January, 1953 1953): 81. Emphasis in original.
[203] Bousfield 75.

The contours of these tensions were most notable in Williams' relationship with George C. Hall, a conservatively trained black doctor who led the effort to transform Provident into an exclusively African American facility. Before Williams assumed his position at Freedmen's, Hall had struggled to gain admittance to the Provident staff. Holding a diploma from Bennett Medical College, an eclectic medical school in Chicago, Hall found Williams reluctant to accept him onto the Provident staff. With the support and urging of his colleagues, Williams eventually granted Hall an introductory position in the pediatrics department. While Williams was away at Freedmen's, Hall obtained a conservative allopathic degree from Harvey Medical College and advanced to higher positions at Provident in obstetrics, gynecology, and general surgery. Over time, Hall became an influential member of Provident's administration, eventually making his way onto the board of trustees and house committee.[204] By the time Williams returned, Hall had already begun to cultivate support for transforming Provident into an exclusively African American institution.

Although it may be tempting to categorize Williams and Hall, respectively, as opposing representatives of the ideals of integration and separatism neither adhered strictly to either principle. Williams shared the enthusiasm maintained for higher education held by W. E. B. Du Bois and participants of the Niagara Movement but also had a meaningful relationship with Booker T. Washington, the foremost African American advocate of racial accommodation at the time. In establishing Provident's nurse training school, Williams insisted on the exclusive enrollment of African American students, arguing that sufficient opportunities already existed for nurses of other races in Chicago. In turn, Hall was a close friend of Washington but actively

[204] Buckler, 77, 175-7; John W Lawlah, "George Cleveland Hall, 1864-1930: A Profile," *Journal of the National Medical Association* 46, no. 3 (May, 1954 1954): 208.

collaborated with the NAACP and, like Williams, had pragmatic reasons for wanting to reform Provident into a separate African American institution. Rather than following an ideal of racial separatism, Hall may have recognized that Provident's success had created a surplus of African American physicians who were unable to acquire positions in Chicago's segregated institutions, leaving many with limited access to medical facilities outside of Provident. In response to this growing demand, Hall sought to restructure Provident as a facility dedicated to the training of black practitioners.[205]

Williams viewed Hall's proposal as backward and expressed his personal distain. According to some accounts, Williams "did not hesitate openly to refer to Dr. Hall as a 'butcher'" and on occasions berated him so loudly patients "could overhear him saying that Dr. Hall was so poorly prepared to do major surgery that it was lamentable that any unsuspecting patient would select him as a surgeon."[206]

Soon, the conflict extended beyond the halls of Provident, taking on a bitter and disgraceful tone. In 1904, at the annual conference of the National Medical Association, in Lexington, Kentucky, Williams insisted Hall be removed from the schedule of surgical clinics and refused to perform his session if Hall, a man he considered incompetent, was allowed to

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[205] According the Buckler, Hall sometimes encouraged graduates of Provident to begin their medical careers outside the Chicago area. Buckler maintains that Hall did this to discourage competition but her narrative is heavily skewed toward Williams and leaves her characterizations of Hall somewhat unreliable. It seems equally viable that Hall encouraged students in this way only to account for the limited facilities available to African American physicians at the time. Hall was the product of public school in Ypsilanti, Michigan, and earned his first medical credentials along eclectic lines. Possessing a dark complexion, he had few of the opportunities available to Williams to engage with the mainstream profession and was more aware of the limitations facing African American practitioners in the era of segregation. In addition, Hall held stronger political connections within the African American community than Williams and may have been more in tune with the specific needs of African American practitioners. In contrast, Williams encouraged African American physicians to remain in the Chicago area, maintaining that modern medical resources were more accessible in an urban environment where medical communities were vibrant and where, in Chicago, African American doctors could participate in the local branch of the American Medical Association. Buckler, 177.

[206] Lawlah 208.

participate. Williams' session was highly anticipated and he leveraged it to compel the program coordinators to remove Hall's scheduled operation. Although Hall was slighted, he and a small group of physicians arranged to hold an alternative session in a nearby private facility unaffiliated with the conference.[207] A year later, at the annual NMA conference, Williams and Hall clashed again at a surgical clinic where Williams was discussing the potential complications of a procedure. In an effort to embarrass him, Hall interrupted the demonstration saying, "If it's too much for you why don't you come out and close up?" Incensed, Williams completed the operation in silence and departed the session abruptly. Sometime thereafter, he withdrew from the NMA and ceased participating in its annual conferences.[208]

Williams' departure from the NMA, along with his declining influence at Provident, was the beginning of what became his near-complete separation from the African American medical community. By 1912, several members of Provident's administrative board had come to appreciate the growing surplus of African American physicians in Chicago and recognized the need to transform Provident into in a facility reserved for their exclusive use. Keenly aware of the limited opportunities available to African American doctors, the committee restructured the hospital to accommodate those excluded from other institutions, deciding that only practitioners without alternative hospital affiliations would be allowed to admit patients to Provident. Williams, who held privileges at several other facilities in Chicago and who had recently

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[207] Ibid., 208-9.

[208] Buckler, 246-7. While Buckler attest to Williams' eventual departure from the NMA, he remains involved in significant ways at least until the mid-1910s. In the minutes from the 1909 annual meeting, Williams is present. He delivers a paper and is nominated for president, although he does not win the post. He comes in second to P.A. Johnson of New York, receiving 38 votes to Johnson's 62. "Minutes," *Journal of the National Medical Association* 1, no. 1 (Jan-Mar 1909): 31-32. Hall is also present at this meeting. Both men, separately, performed two of the three surgical clinics offered at the meeting held in New York City at Lincoln hospital. See "Our New York Meeting," *Journal of the National Medical Association* 1, no. 1 (Jan-Mar 1909): 34. After 1913, however, references to Williams are not as evident in the *Journal* or the Meharry newsletter, "The Meharry Medical News," a pattern that would be consistent with his departure from Provident.

acquired an attending position at St. Luke's, found himself directly affected by the change in policy. Accountable for approximately eighty-percent of the clients admitted to Provident, Williams was compelled to transfer his patients to other facilities, making numerous beds available for the patients of less established practitioners.[209] Sensing his conflict with Hall had played a significant role in orchestrating this change, Williams resigned from his position on the board. Feeling exiled from the hospital he founded, he remained bitter and resentful, predicting that without his involvement the hospital would close down in a few months.[210] After his resignation, Williams made less of an effort to engage with the African American medical community. Soured from his experiences with Freedmen's, Provident, and the NMA, he disassociated himself from many of the medical institutions he had played a central role in creating.

According to some accounts, Williams' name fell into near oblivion among African American medical professionals for a time. Helen Buckler, Williams' most prominent biographer, maintained that a few years after his resignation, a group of physicians visiting Provident had heard so little about him they presumed he was dead.[211] After a stroke in 1926 and his death in 1931, at least one of Williams' obituaries made no mention of his racial identity and there were reportedly few African Americans in attendance at his funeral services. While Hall's name went on to appear in visible memorials throughout Provident after his death in 1930 and

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[209] In his 1954 biography of George C. Hall, John W. Lawlah maintains Williams took approximately 80 percent of the hospitalized patients. With approximately 65 beds, according to Buckler, this would have amounted to 52 patients. With Williams' practice occupying such a large percentage of hospital space, it seems clear the board's reforms were directed at him and that Williams' departure undoubtedly created numerous opportunities for African American physicians to bring in new clientele. See Lawlah 208; Buckler, 174. The most creditable discussion surrounding the shift of Provident to an exclusively African American hospital and the rationale behind Williams resignation can be found in Allan H. Spear, *Black Chicago; the Making of a Negro Ghetto, 1890-1920*, (Chicago,: University of Chicago Press, 1967), 98-100.
[210] Lawlah 208.
[211] Buckler, 269.

was later memorialized in the Chicago Public Library, Williams' role as the founder of Provident went unrecognized for a time.

U. Conrad Vincent's Clinic

The tensions Williams encountered in his career foreshadowed those at Harlem Hospital. As the process of desegregation was unfolding, animosity festered between graduates of predominantly white northern medical schools and the graduates of Howard and Meharry.[212] One of the earliest indications of such tensions took place shortly after the provisional assignment of black doctors to the Harlem Hospital indoor staff in June of 1924. The president of the Association of Former Internes of Freedman's Hospital, E. C. Terry, invited U. Conrad Vincent, a urologist and graduate of the University of Pennsylvania Medical School, to perform a clinical demonstration at his group's annual meeting. While Vincent had proved himself a strong clinical researcher and innovative scientific thinker, some of the group's members protested, claiming Vincent had made "unethical remarks" about "Howard men in particular and colored doctors and leaders in general." Among these voices of opposition, Peter Murray stood out. According to Murray, Vincent had fabricated his professional status and deceitfully defamed members of Harlem's aspiring class of black doctors.[213]

Despite these protests, Vincent went on to perform the demonstration and his clinic gained recognition throughout Harlem's newspapers as an overwhelming success. According to the *Amsterdam News*, the allegations against Vincent had been dismissed as he "triumphed" over

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[212] Charles Roman makes reference to these conflicts extending reaching back to the early meetings of the NMA. See C. V. Roman, *Meharry Medical College : A History*, (Nashville: Sunday School Publishing Board of the National Baptist Convention Inc., 1934), 185.
[213] "Howard Internes Battle over Vincent," *New York News* (New York), 7 June, 1924; "Ny Medicos Attempt to Ostracize Vincent," *New York Age* (New York), 14 June, 1924.

his “enemies” and held a “brilliant” clinic. Likewise, the *New York News* maintained several members of the convention pronounced Vincent’s clinic “the finest and most highly scientific demonstration ever witnessed by them” and characterized the accusations leveled against him as having “every appearance of being inspired by professional jealousy.”[214]

Tensions such as these continued to appear throughout the desegregation process. As Harlem’s black medical community sought to affirm their professional status and assert their standing as embodiments of racial modernity, they propagated the dichotomy between “New” and “Old” practitioners. Many engaged in an organized crusade against “Old Negro” practitioners, spearheading campaigns against quackery, unethical practices, and folk or religious healers practicing in Harlem. But while framed as an effort to protect patients and maintain standards, black doctors used these campaigns to affirm their status as representatives of racial modernity, positioning themselves as New Negroes while labeling their targets as antiquated, unethical, and incompetent. Their efforts played out in unexpected ways as notions of manhood and respectability factored into standards of black professional legitimacy and lead to unexpected conflicts that would redefine the relationships of those most committed to the desegregation process.

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[214] "Dr. U. Conrad Vincent Triumphs over His 'Enemies' at Internes' Convention," *New York Amsterdam News* (New York), 11 June, 1924; "Vincent Enemies Beaten When He Holds Clinic," *New York News* (New York), 14 June, 1924. Similar tensions can also be found in the history of Philadelphia’s Mercy-Douglass Hospital. See Vanessa Northington Gamble, *Making a Place for Ourselves : The Black Hospital Movement, 1920-1945*, (New York: Oxford University Press, 1995), 26-8; Elliott M. Rudwick, "A Brief History of Mercy-Douglass Hospital in Philadelphia," *The Journal of Negro Education* 20, no. 1 (1951): 51-52; Long, 164-67.

The Godfrey Nurse Affair

"It was a putrid performance," recalled Aubre Maynard, "that has never lost its stench." Writing in 1978, fifty years after Godfrey Nurse was discharged from his post at Harlem Hospital, these were the words that Maynard, still reeling from feelings of resentment and betrayal, used to describe the events surrounding Nurse's removal. A senior resident in 1928, Maynard sensed Nurse had been unfairly implicated in a highly publicized "ambulance chasing," fee-splitting scandal that stigmatized the hospital shortly after black doctors joined its regular staff. One of several Harlem doctors accused of collecting illicit fees, Nurse denied any wrongdoing but acknowledged he had referred accident victims to a local white attorney implicated in the scandal. He received no compensation for the referrals and considered them an informal service to the community, an aid to his private patients who were otherwise unfamiliar with the legal system. Despite his claims of innocence, however, Nurse's association with the attorney in question proved enough for the hospital's administrative board to approve his dismissal.[215]

Harlem's black medical community responded with outrage. Members of the North Harlem Medical Society came out in support of Nurse, claiming his dismissal reeked more of hospital politics and personal grievances than ethical violations. Describing it as a gross miscarriage of justice, many characterized his removal as part of an overall policy to demoralize those who had been active in the campaign for desegregation by placing them in demeaning roles as "semi-lackeys" or middling helpers for white doctors on staff. Alleging black doctors with seniority were being leapfrogged by white physicians who were not required to perform probationary service, protestors called for an extensive investigation. Nurse, himself, responded

[215] Maynard, 57-8.

with defiant indignation. Maintaining his actions were in line with ethical standards, he deemed it his obligation, as a professional and community leader, to provide such assistance to patients in need. Pledging he would continue to offer such referrals in the future, Nurse contended his dismissal was due to resentment stemming from his decade long effort to desegregate the hospital and his "refusal to assume a servile attitude" toward white administrators.[216]

Many spoke out in Nurse's defense. But one notable figure remained silent. Louis Wright, who served as a close advisor to the hospital board, accepted Nurse's dismissal without challenge or inquiry. Bewildered by his inaction, Maynard described Wright's silence as "deafening" to the point that it "could be interpreted only as tantamount to approval" and the "shameful desertion of a man with whom he had [previously] made common cause."[217] For those who already doubted Wright's commitment to the African American medical community, his silence fed into views he was harboring internalized prejudice toward members of his own race, leading some to suggest he had played an active role in Nurse's dismissal. The *Amsterdam News* reported that sharp criticism was being aimed at the influential "Negro assistants" at the hospital and that many questioned Wright's commitment to the cause of desegregation, accusing him of working covertly to limit the access of his black colleagues in order to boost his own status.[218]

More than a self-serving act of racial perfidy, however, Wright's silence speaks to the complex racial, political, and professional tensions facing black doctors during the desegregation process. At the time the allegations surfaced, administrators had been working assiduously to alleviate public doubt about the quality of care provided at Harlem Hospital. Their commitment

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[216] "Ousting of Dr. Nurse Precipitates Another Harlem Hospital Fight," *New York Amsterdam News* (New York), 16 January, 1929.
[217] Maynard, 59-60.
[218] "Ousting of Dr. Nurse Precipitates Another Harlem Hospital Fight."

to desegregation was part of this effort but Nurse's ethically questionable actions coupled with his defiant response raised the ire of the hospital board and proved difficult for administrators to accept. Nowhere was this tension more evident than in Nurse's relationship with the director of surgery, John Connors. Connors' "demonstrably blunt and laconic" disposition and embrace of "rugged masculinity" stood in stark contrast to that of Nurse. Independently wealthy and "unrestrained in his zeal" for desegregation, Nurse projected a guise of "independence…inflexibility, and an air of hauteur" that made him a "target of animosity" among hospital administrators who tended to find his persona of a medical dandy contemptuous. Connors openly expressed his distaste for the "frills," "sham," and "dissimulation" he associated with Nurse, an attitude that fed into beliefs he harbored racial prejudice toward black practitioners.[219]

But Connors was not alone in his distaste for Nurse's stylized demeanor. Said to be "kindred spirits," Wright and Connors possessed similarly "blunt, tough, and too often undiplomatic" dispositions that proved hostile to Nurse's culturally refined persona. Their shared sense of manliness provided the basis for a strong professional bond between Connors and Wright that influenced hospital policy. In one example of this, Connors discontinued a practice that required sick nurses to receive examinations from hospital interns. While intended to maintain the health of the hospital staff, these exams demeaned and humiliated the women involved. Wright had informed Connors of the policy's problematic nature and, based on this recommendation, Connors made other arrangements for the provision of nurses' care, asserting he did not intend to have "ignorant" interns using the nursing staff to learn procedures.

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[219] Maynard, 59. Monica Miller's work places Nurse's stylistic affect into historical context. See Monica L. Miller, *Slaves to Fashion : Black Dandyism and the Styling of Black Diasporic Identity*, (Durham: Duke University Press, 2009).

According to Wright, Connor's actions boosted morale and saved the nurses from the endless shame and degradation that came from being exposed to the young men with whom they interacted on a daily basis. This shared sense of duty to protect the honor and dignity of the black women in the hospital solidified the bond between Connors and Wright and, at the time the ambulance-chasing controversy broke, may have made it difficult for Wright to speak out on Nurse's behalf.[220]

But Wright may have had other reasons for withholding support. Despite claims he preferred graduates from northern medical schools, he may have doubted Nurse's medical background. A graduate of Long Island Medical College, an institution that struggled in the wake of the Flexner reforms to maintain its accreditation, Wright may have questioned whether Nurse had adequate training in contemporary standards.[221] Additionally, in 1919, Nurse was involved in a highly publicized love-triangle. Local newspapers reported Nurse had married a woman already engaged to another man. His love-interest, Bessie E. Miller, had been "sweethearts for several years" with Henry S. Pope, a black pharmacist in New York. When Nurse learned Pope had secured a marriage license and made wedding arrangements, he travelled to Miller's home in Washington, D.C., and convinced her to marry him instead.[222] Although relatively minor, as black doctors were working to build a respectable public image, Wright's knowledge of these

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[220] Wright, I Remember…, 96. Wright had advocated for the right of African American women to be treated with gentility throughout his career. As a student, he chafed when he overheard colleagues boasting of their sexual conquest and, as an intern at Freedman's Hospital, openly berated the Commissioner of Health who neglected to remove his hat while surveying the women's ward in a visit to the hospital. Ibid., 38, 62-3.

[221] Ludmerer, *Time to Heal : American Medical Education from the Turn of the Century to the Era of Managed Care*, 51.

[222] "Two Doctors Get License to Wed One Young Woman," *New York Age* (New York, NY), 26 April, 1919. Incidents such as this carried implications beyond salacious media accounts. As Michelle Mitchell explains, "since slavery had purportedly engendered wanton sexual behavior and warped how black women and men interacted with each other, striving race members of the postemancipation period considered it critical that women radiate inviolable modesty, that men embody controlled manliness, that couples marry and establish patriarchal households." Mitchell, 11. Nurse's actions here may have earned Wright's scorn.

details concerning Nurse's medical training and personal life may have made him hesitant to offer his full support.[223]

Old Negro Medicine

Wright's concerns about Nurse's public image were not unwarranted. Black medical professionals had been battling the spread of pejorative stereotypes for decades and some felt Nurse's stylized demeanor too easily reinforced the denigrating caricatures found regularly in vaudeville minstrel shows and traveling theater. Similar to the figures of Sambo, Jim Dandy, and Zip Coon, caricatures of black doctors appeared regularly in popular American culture as pretentious and incompetent dandies. These figures spoke in dialect, touted false credentials, and practiced extreme forms of quackery, eliciting laughter by contrasting medicine's elevated professional standing against the degraded status of black Americans. Depicted with outlandish clothing, abstruse language, preposterous manners, and flawed erudition, they lampooned black attempts to achieve social elevation.[224]

While these caricatures first emerged in the mid-nineteenth century, they persisted well into the twentieth. In one blackface performance titled, "The Sham Doctor," a woodcutter named Liverheel impersonates a physician to impress his love interest. Adopting a façade of

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[223] According to Maynard, Nurse's dismissal was "almost predictable" given his personal differences with Connors. "By personality and temperament," he wrote, Nurse "was ill-suited to survive the hurly-burly and intrigue that characterized the hospital environment of that period." Much like Friedman, Nurse's refined sense of manhood clashed with Connors' more rugged conception of masculinity. "As soon as Dr. Nurse was identified as allied with the opposition [to Connors and Wright]," wrote Maynard, "his professional career at Harlem Hospital was doomed Maynard, 59-60.

[224] Robert C. Toll, *Blacking Up: The Minstrel Show in Nineteenth Century America.*, (New York: Oxford University Press, 1974), 68-9. Language and wordplay were major components of American minstrelsy and served as markers of social class and societal fitness. Minstrel doctors used pompous diction and parodied formal oratory to emphasize the ludicrousness of elevating African Americans above their debased racial status. See Huggins, 265-9. Also Eric Lott, ""The Seeming Counterfeit": Racial Politics and Early Blackface Minstrelsy," *American Quarterly* 43, no. 2 (June 1991): 235, 240-6; Toll.

professional distinction, Liverheel dresses in extravagant clothing and mimics medical erudition. He takes the pulse of one patient and diagnoses that "de sassage ob his smugular canables am out ob order, kase de sweat of de what-do-you-call-'ems—am—dat's 'zackly de state of de case precisely."[225] In another work, the main character, Dr. Squash, lampoons the notion of black professional legitimacy by asserting his medical qualifications through song. Boasting of his unique talent, Squash sings:

A doctor I am ob wonderful skill,
I can bleed, I can purge, I can cure, I can kill;
I can cut a man's leg off—his arm or his head,
I can kill off de living, and raise up de dead.

When a very small boy, my name I made big
By inwenting a squeal for an invalid pig;
And as I grew older, my science progressed
Till I turned out a doctor right square up and dress'd

I knows all de flowers dat grows in de field,
All de wonderful vartues dat roots and yarbs yield;
And all dat may try me will certainly find
I can cure all diseases of body or mind.

I can cure de cholera, cholic, or cramp,
I can cure de worst fevers, coast, typhus, or camp;
I am death on de diarreah, can physic off fits,
And can drive oft de small-pox, widout leaving pitts.

[Chorus:]

So come to me, all you niggers what's ill,
For I am a doctor ob wonderful skill![226]

Full of contradictions, ignorant assertions, and unfounded grandiose statements, Squash

[225] C White, *The Sham Doctor: A Negro Farce in One Act and Three Scenes*, (New York: Happy Hours Company, n.d.), 14.
[226] John W Smith, *The Quack Doctor: A Negro Farce in One Act and One Scene*, (New York: Samuel French, Publisher, 1851), 11-12.

admits he knows little about "book larnin" but insists: "Ise got it in me nateral, and dat's worth all de physiology, anatomology, ictheology, zoology, entemology, geology, or debbilology in all de books between dis and California."[227]

In shows filled with slapstick comedy, practical jokes, and other forms of comic mischief, the minstrel doctor's outlandish cures or patented nostrums were signature absurdities. In treating patients, Squash extracts healthy teeth, removes an eyeball with his thumbnail, and sends scared clients running from his "electro-magnetic" pills and slapstick physical therapy.[228] Dr. Snowball, boasts of a homemade nostrum he sells called "Kerfoozlem" which he claims can cure any ailment, including "sore eyes, bald heads, pains in the back, bad tempers, toofache or tight shoes" and that, he insists, doubles as a "splendid hair wash, a pow'ful vermin killer, a first rate pickle, an' a good substitute fo' turpentine."[229]

At their conclusion, minstrel doctors frequently became the victims of their own treatments, affirming their incompetence and ineptitude by literally receiving a dose of their own medicine. Squash becomes the target of an angry mob, full of former patients who enact their revenge by subjecting him to the treatments they received.[230] Likewise, Snowball becomes the butt of the joke when he instructs another character, Pompey, to bring him a glass of wine but, mistakenly, receives a glass of Kerfoozlem. After taking a sip of his cure-all, Snowball jumps up and drops his glass coughing and sputtering: "Wh—wh—what's dis yo's giben me?" Pompey replies: "De wine, doctah, out ob de bottle on de boss's table." Exasperated, Snowball exclaims:

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[227] Ibid.
[228] Ibid., 21.
[229] James Barnes, *Doctor Snowball: A Negro Farce in One Act for Three Male Characters*, (New York: Dick & Fitzgerald, Publishers, 1897), 8. See also *The Black Doctor: A Negro Entertainment*, (Manchester: Abel Heywood & Son, Printers, Oldham Street, 1882), 8-9.
[230] Smith, 21.

"Dat's whar I put de Kerfoozlem! I's pisened!"[231]

Such images were a significant part of American popular culture into the early-twentieth century. In 1899, the famous black comedy team of Bert Williams and George Walker wrote and composed sheet music titled "The Medicine Man: A Coon Song" that included the caricature of a black doctor on its front cover. "Dr. Post Mortum" appears with exaggerated lips, a blank look on his face, a handsaw in his medical bag, and carries a duck-handled umbrella signifying his "quack" status. These denigrating satirical images depicted black Americans as unsuited for professional occupations and undermined notions of a legitimate black professional class.[232]

But while black doctors suffered acutely from denigrating stereotypes, medical doctors as a group were also regular targets of American satire. Although recognized as a distinct professional class, throughout much of the late-nineteenth and early-twentieth century they struggled to build creditable reputations. Riddled with sectarian factions, late-nineteenth century "orthodox," "regular," or "allopathic" physicians routinely competed against domestic healers, folk practitioners, and "irregular" sectarians—including homeopaths, hydropaths, Thomsonians, Christian Scientists, eclectics, empiricists, and others—each of which had their own criteria for determining health and treatment. Disputes over therapeutic measures were common between and within medical sects and, in the minds of many Americans, such factional tensions raised doubts about the quality of care doctors could provide. Many came to view them as an opportunistic group that adopted a professional veneer only to accrue unwarranted wealth and prestige.[233] Arthur E. Hertzler, a practitioner from Kansas, encapsulated late-nineteenth century

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[231] Barnes, 9. See also *The Black Doctor: A Negro Entertainment*, 8-9.
[232] Bert Williams and George Walker, *The Medicine Man: A Coon Song*, vol. Mark Stern Vocal Ragtime Folio, No. 3 (New York: Jos. W. Stern & Co., 1899). https://repository.library.brown.edu/studio/item/bdr:23506/. See For more on caricatures of black doctors in the late 19th century see Long, 168.
[233] Ronald L. Numbers, "The Fall and Rise of the American Medical Profession," in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, ed. Judith Walzer Leavitt and Ronald L. Numbers

doubts about American medicine when he wrote, "It was generally believed by the laity in our community that…two-thirds of the doctors went to hell."[234]

Popular caricatures often aimed their critical lens at the disordered state of professional medicine and highlighted doctors' shortcomings. In one cartoon from *Puck*, a variety of healers appear on stage performing a "death dance" before an audience of skeletons representing former patients. Wearing suit-tails, an allopath and homeopath kick their legs high, while an anthropomorphic nostrum bottle, with a banjo in its hands, dances on a stool marked "eclectic." To the right, a naked man with a bucket on his head, holding a gigantic clyster, sits in a large bowl, atop a chair labeled "hydropathy." Center stage, a giant duck wearing the crown of quackery and the title "champion slaughterer," sits on a coffin filled with patent medicines and a sign that promises "Death Guaranteed or —NO PAY—." Despite the wide range of available healing practices, an accompanying editorial suggests doctors shared one belief: "They all agree that death is death and ought to be treated as such." Their unceasing desire for profit was still evident, however. "We do not despair of some of them finding a remedy for this," it continues, "price, $1; small bottles, 50 cents."[235] (Figure 1)

(Madison, Wisconsin: University of Wisconsin Press, 1988; reprint, 1997), 226-7; Richard Harrison Shryock, *The Development of Modern Medicine: An Interpretation of the Social and Scientific Factors Involved*, (Madison: University of Wisconsin Press, 1979), 249; John Duffy, *From Humors to Medical Science: A History of American Medicine*, (Urbana and Chicago: University of Illinois Press, 1993), 7, 81; Steven M. Stowe, *Doctoring the South : Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century*, (Chapel Hill: The University of North Carolina Press, 2004); John Harley Warner, *The Therapeutic Perspective : Medical Practice, Knowledge, and Identity in America, 1820-1885*, (Princeton, N.J.: Princeton Unversity Press, 1997); John Harley Warner, *Against the Spirit of System : The French Impulse in Nineteenth-Century American Medicine*, (Baltimore, MD: Johns Hopkins University Press, 2003); John C. Burnham, *Health Care in America : A History*, (2015); Regina Markell Morantz-Sanchez, *Sympathy and Science : Women Physicians in American Medicine*, (New York: Oxford University Press, 1985).

[234] Arthur E Hertzler, MD, *The Horse and Buggy Doctor*, (New York and London: Harper and Brothers, 1938), 32.

[235] Joseph Keppler, "Quackery—Medical Minstrels Performing for the Benefit of Their Former Patients—No Other Dead Heads Admitted," *Puck*, 19 Nov, 1879. See also Suzanne White Junod, "Progressive Era Skeptics: From Political Activists to Consumer Advocates" (paper presented at the American Association for the History of Medicine 81st Annual Meeting, Rochester, New York, April 11, 2008). Some caricatures suggested doctors were so pretentious their logic ran contrary to common sense. In one titled, "A Marvellous Cure," a doctor discussing a case with a layman, boasts: "It was the most difficult case I ever saw. I exhausted every resource on him, and at last I was

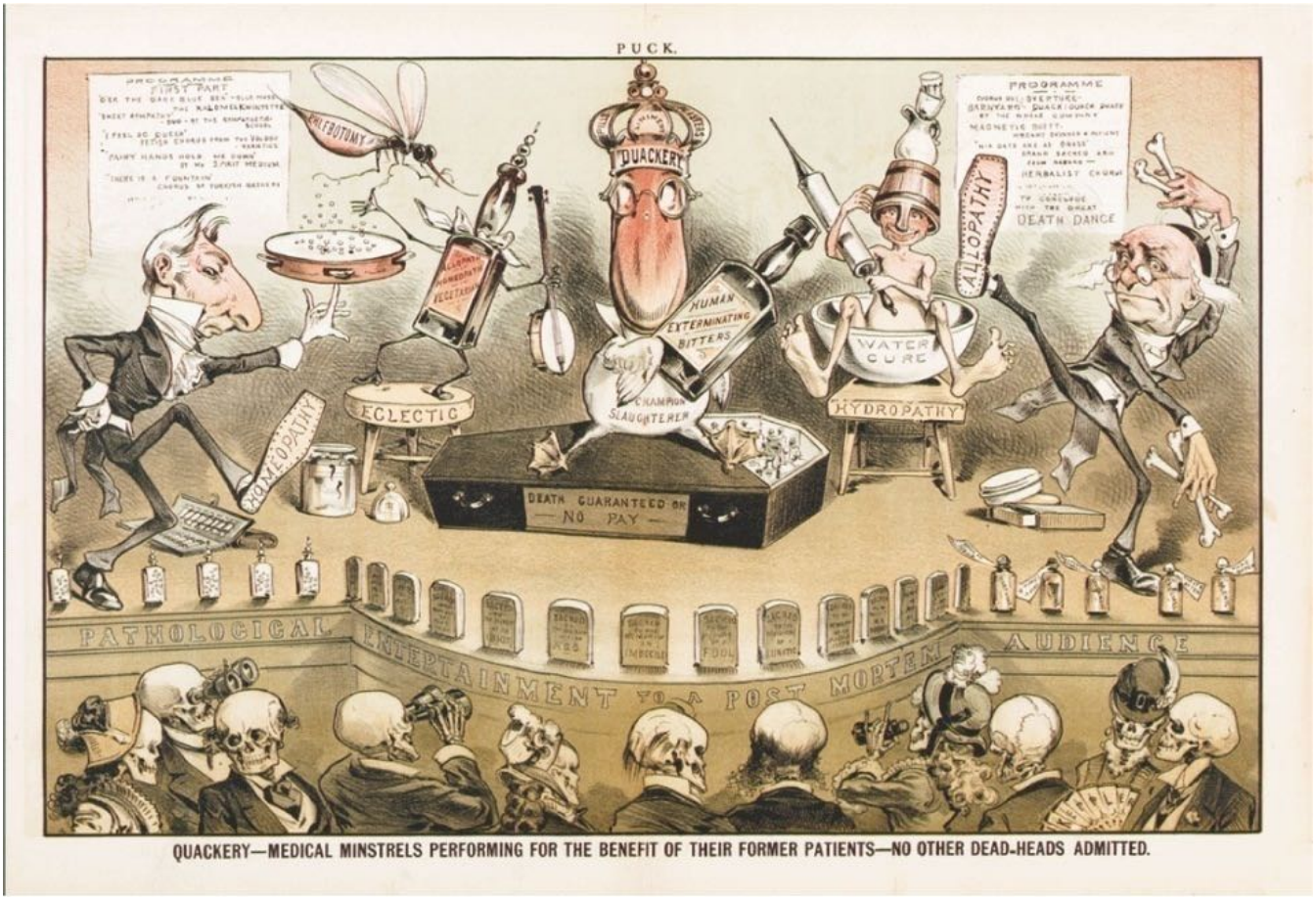

Figure 1: Death Dance

Doubts about the character and qualifications of medical doctors allowed for folk and domestic healing practices to thrive. In rural communities and impoverished urban areas, midwives, family members, and other lay healers often assumed primary responsibility for caring for the sick and provided a significant portion, if not the majority, of health care services. Gaining their authority from age, personal experience, and intimate community ties, midwives were frequently well-known older women who assumed their roles after years of informal apprenticeships, bearing children of their own, or assisting with other childbirths. Family

successful with a complicated system of injections of cocaine." "But, doctor," replies the layman, "he died." "I know very well he died," returns the physician, "but he died cured." "A Marvellous Cure," *Harper's Weekly*, 30 May, 1891.

members often devised their own remedies or used proprietary drugs, domestic health care manuals, or well-known folk treatments to care for the sick.[236] Without strong personal ties to these communities, doctors found their formal credentials often lacked meaning and influence among rural (or migrating) Americans who expected to receive care from loved ones, friends, or well-known members of their communities.[237]

Doubts about the character of professional medicine and the capabilities of black practitioners—held both outside and within black communities—had a devastating impact on the ability of black doctors to practice professionally. Writing in 1895, one young practitioner lamented that a "lack of race pride" was one of the most serious obstacles facing black doctors in the early stages of their careers. "It seems," he maintained, "that many of our good people have not as yet learned to appreciate the merits of the doctors of their own race. There are those who not only fail to give their own patronage, but take every reasonable opportunity of throwing obstacles in the way of their progress."[238] Prudential Insurance statistician, Frederick Hoffman, commented on the difficulties black doctors faced in establishing their practices. While his statistical compilations bolstered theories of biological determinism and racial inferiority, Hoffman nonetheless recognized black practitioners often had to "charge less and give more credit" than white doctors to attract patients.[239] Writing in 1934, Carter Woodson noted that rural black communities had little exposure to black medical doctors and, as a result, "usually doubt the ability of those of African descent who dare to invade this field; and…sometimes show as

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[236] Duffy, 90-1.
[237] Ibid., 80, 90-94.
[238] L T Burbridge, "The Colored Man in Medicine," in *The History of the Negro in Medicine*, ed. Herbert M Morais, *International Library of Negro Life and History*, ed. Charles H Wesley (New York: Publishers Company, Inc., 1895), 227.
[239] Frederick L. Hoffman, *Race Traits and Tendencies of the American Negro*, (New York: Published for the American Economic Association by Macmillan, 1896), 63.

much disinclination to accept such professional service as the whites do."[240]

Doubts about black doctors were often intertwined with more general fears about the motives and intentions of professional healers. According to folk historian Gladys-Marie Fry, medical doctors occupied an ominous place in African American folklore, emerging frequently in the late-nineteenth century as distorted mythical figures, or "night-doctors," who lurked in the darkness to abduct, kill, and dissect human remains.[241] As a vulnerable population that lacked social and legal recourse, these fears were not wholly unfounded. Southern medical schools relied disproportionately on the bodies of indigent African Americans for clinical subject matter, frequently using their cadavers for post-mortem dissections and anatomical instruction. Well into the twentieth century, professional healers evoked acute fears of torture, experimentation, and subjugation for many black communities.[242]

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[240] Woodson, 39. Historian Thomas Ward also writes that African American communities generally believed "'real' doctors were associated with whiteness, and a black physician seemed not only aberrant…but also inadequate" Ward goes on to remind us that, in many instances, African American physicians could not provide their patients with the most up-to-date care. Faced with discrimination, they often had to transfer patients needing advanced therapeutics to white physicians with hospital privileges and access to more modern technology. In doing so, their standing in the eyes of black patients often declined. Ward, 124-6. In other instances, African American medical facilities were so inadequate compared to white treatment centers that black patients chose to endure the burden of segregation in order to receive better care. See Darlene Clark Hine's account of Hubbard Hospital in Hine, "The Pursuit of Professional Equality: Meharry Medical College, 1921-1938, a Case Study," in *New Perspectives on Black Educational History*, 174.

[241] See Gladys-Marie Fry, *Night Riders in Black Folk History*, (Athens and London: The University of Georgia Press, 1991), chapter 6; Todd Lee Savitt, *Medicine and Slavery : The Diseases and Health Care of Blacks in Antebellum Virginia*, (Urbana: University of Illinois Press, 1978), 283.

[242] Todd L. Savitt, "The Use of Blacks for Medical Experimentation and Demonstration in the Old South," *Journal of Southern History* 48, no. 3 (August 1982). See also Susan E. Lederer, *Subjected to Science : Human Experimentation in America before the Second World War*, (Baltimore: Johns Hopkins University Press, 1995); John Harley Warner and James M. Edmonson, *Dissection : Photographs of a Rite of Passage in American Medicine, 1880-1930*, (New York: Blast Books, 2009); Robert L. Blakely and Judith M. Harrington, *Bones in the Basement : Postmortem Racism in Nineteenth-Century Medical Training*, (Washington: Smithsonian Institution Press, 1997); Stephen C. Kenny, "The Development of Medical Museums in the Antebellum American South Slave Bodies in Networks of Anatomical Exchange," *Bulletin of the History of Medicine* 87, no. 1 (2013); Deirdre Benia Cooper Owens, *Medical Bondage : Race, Gender, and the Origins of American Gynecology*, (2017); Gamble, "Under the Shadow of Tuskegee: African Americans and Health Care," in *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*; Harriet A. Washington, *Medical Apartheid : The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*, (New York: Doubleday, 2006), 115-42; Aaron D. Tward and Hugh A. Patterson, "From Grave Robbing to Gifting: Cadaver Supply in the United States," *Journal of the American Medical Association* 287, no. 9 (2002), accessed 12/18/2019; Michael Sappol, *A Traffic of Dead Bodies: Anatomy*

Consequently, folk and domestic healers pervaded rural African American communities and the most prominent "doctors" tended to be religious or spiritual healers—root doctors, voodoo practitioners, and mystic conjurers—who employed systems of highly dramatized spiritual divinations involving magic, incantations, charms, concoctions, and other mystical enterprises to improve the health of their clients. Often carrying the title of "doctor" despite their lack of training or professional credentials, these figures frequently held positions of status in black communities. One late-nineteenth century ethnographer, Lafcadio Hearns, documented the significance of a folk practitioner from New Orleans, Jean Montanet, who earned the distinction of being the "last" of the major voodoo practitioners. According to Hearns, "Doctor John" combined the endeavor of "fortune-telling" with Creole medicine and "arts still more mysterious" to build a practice that commanded reverence from people across race, gender, and class lines. Hearns reported that Montanet received large sums for his potions, amulets, and medicines and that nearly everyone familiar with him was willing to testify to his "remarkable skill in the use of herbs." During a deadly yellow fever epidemic in 1878, Montanet reportedly saved the lives of his own children by employing a concoction that he devised from a special weed taken from a street gutter. At the apex of his career, Montanet was said to possess status and wealth "worthy of a planter," owning a carriage, pair of horses, and fifteen of his own slaves.[243]

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and Embodied Social Identity in Nineteenth-Century America, (Princeton University Press, 2002); David C Humphrey, "Dissection and Discrimination: The Social Origins of Cadavers in America, 1760-1915," *Bulletin of the New York Academy of Medicine* 49, no. 9 (1973).

[243] Lafcadio Hearn and Simon J. Bronner, *Lafcadio Hearn's America: Ethnographic Sketches and Editorials*, (Lexington, Ky.: University Press of Kentucky, 2002), 143-47. For an additional reference to "Dr. John" see also John W. Blassingame, *Black New Orleans, 1860-1880*, (Chicago,: University of Chicago Press, 1973), 5. Many folk healers became established during the slave era when they served as an important source of agency and independence for African American communities. For a discussion of folk medicine in slave communities see Savitt, *Medicine and Slavery : The Diseases and Health Care of Blacks in Antebellum Virginia*, chapter 5; Eugene D Genovese, *Roll, Jordan, Roll: The World the Slaves Made*, (New York: Pantheon Books, 1974), 223-31; Fett; Marie Jenkins Schwartz, *Birthing a Slave : Motherhood and Medicine in the Antebellum South*, (Cambridge, Mass.:

Many prominent black doctors began their medical careers as domestic or self-trained healers. Before pursuing his medical degree, the first editor of the *Journal of the National Medical Association*, Charles Roman, provided remedies learned from a local root doctor.[244] One practitioner from New Jersey, James Still, began his medical practice after reading only a handful of books on botany, anatomy, and disease. Although he lacked a formal medical education, Still built his practice by exploiting the interstices of professional medicine, challenging the authority of regular practitioners, and agreeing to treat patients that many professional healers deemed incurable.[245] In one case, Still assumed care for a young girl suffering from an acute case of scrofula and devised a unique remedy that, after a few weeks of treatment, he claimed, dramatically improved her condition. Asserting that he could "fill volumes" with cases where he had cured patients that trained physicians had pronounced untreatable, Still wrote that "great and learned men are not foremost at all times" and contended that the greatest contributions to medicine and humanity frequently came from "unlearned and poor men with great brains."[246]

Folk and domestic healers continued to be prominent elements of African American communities throughout the early-twentieth century as they followed the migration patterns of the Great Migration into more urban areas and northern states. In 1921, the *New York Times* reported that one such healer, Dr. D.D. Murphy, a member of the "Live and Never Die" church sect, built a "small fortune" off a large interracial clientele in Atlanta.[247] Large numbers of folk

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Harvard University Press, 2006).
[244] See W. Montague Cobb, "Medical History," *Journal of the National Medical Association* 45, no. 4 (July 1953): 301-2.
[245] Morais, 23.
[246] James Still, *Early Recollections and Life of Dr. James Still*, (Freeport, N.Y.: Books for Libraries Press, 1877), 5-6, 78-9.
[247] "Quack Left a Fortune," *New York Times* (New York, NY), 26 June, 1921.

practitioners also established themselves in New York. According to one 1924 report, there were approximately 3500 such practitioners in the state and 1500 in New York City, itself.[248] Among Harlem's growing black population, folk healers maintained a variety of successful practices which included "'spiritualists,' 'herb doctors,' 'African medicine men,' 'Indian doctors,' 'dispensers of snake oils,' 'layers-on-of-hands,' 'faith healers,' 'palmists,'" and others.[249]

Medical Reform and the Politics of Respectability

Reform oriented black doctors in Harlem like Louis Wright recognized the need to confront derogatory racial stereotypes and offer more trustworthy alternatives to established folk healing traditions. Along with the educational and structural reforms implemented in the early-twentieth century, organized doctors began a concerted effort to reconstruct their public image, effectively rebranding themselves in ways that would inspire confidence and assure patients of their ethical character and technical skill. Like other groups of emerging professionals, doctors recognized their professional legitimacy was contingent on their ability to project the image of modern citizenship and middle-class standing. Aspiring professionals, writes Burton Bledstein, came to appreciate the benefits of appearing as "one who defends images of moral probity and ethical integrity, whose character and clean-cut appearance could be held up to youths, who respects religious values and affiliation, who condemns license and intolerance, and who bequeaths democratic freedoms to posterity." Presenting themselves as driven by their desire to serve humanity and contribute to society's development, doctors construed their privileged knowledge and skills as tools for the benefit of mankind. But while, as Bledstein concedes, "the

[248] "Topics of the Times," *New York Times (1923-Current file)* (New York, N.Y.), 1924 Feb 16, 1924, ProQuest Historical Newspapers: The New York Times.
[249] Osofsky, 143-4. More information on folk practitioners in Harlem appears later in this chapter.

line between conventional greed" and the greater social good was often blurred, medical doctors came to rely on the presumed certainty of these distinctions as the basis for their status and authority.[250]

As crafting a respectable public image became an important component of professional legitimacy, guidebooks on medical professionalism soon became an essential part of medical training. First emerging in the late-nineteenth century, these texts coached doctors on how to project a respectable bourgeois image, offering strategies and techniques to generate status and prestige. The most popular, D.W. Cathell's *The Physician Himself*, first appeared in 1881 and went through a dozen editions before its final revision in 1922. In the text, Cathell instructed physicians on the mores and etiquette of medical practice, emphasizing that "Professional Tact and Business Sagacity" were as important to the physician "as the mariner's compass is to the navigator." Maintaining there was "nothing more pitiful" than to see a worthy physician "perfectly acquainted with the scientific aspects of medicine" fail in practice because he lacked the quality of professional refinement, Cathell advised young physicians they could generate reverence by decorating their offices with "diplomas, certificates of society membership, pictures of eminent professional friends and teachers, anatomical plates, […] pathological or anatomical specimens, and mementos of [their] dissections." In practice, Cathell encouraged them to "make use of instruments of precision—the stethoscope, ophthalmoscope, laryngoscope, the clinical thermometer, magnifying glass and microscope, […] urinary analyses, etc." These accoutrements would not only assist in diagnosis, but also aid "greatly in curing people by heightening their

[250] Burton J. Bledstein, *The Culture of Professionalism : The Middle Class and the Development of Higher Education in America*, (New York: Norton, 1976), 7, 69. See also Mary Hunter, *Borrowed Authority: Exposing the Realist Façade in Henri Gervex's Avant L'opération*, *Joint Atlantic Seminar for the History of Medicine* (Harvard University: 2004).

confidence in you and enlisting their co-operation." Emphasizing the importance of personal appearance, Cathell urged physicians to dress cleanly and neatly. "If you dress well," he wrote, "people will employ you more readily, accord you more confidence—expect a larger bill and pay it more willingly." Cathell even went so far as to instruct physicians on their personal lives. "Prefer to spend your idle hours in your office," he began, "or at the drug stores, or with other doctors at the medical library, instead of lounging around club rooms, cigar stores, billiard parlors, barber shops, etc. No ordinary man ever conceived a more exalted opinion of a professional man by fraternizing with him at such places." In the office, Cathell insisted, physicians should occupy idle moments with "professional duties and studies," rather than "reading novels, making toy steamboats, or other non-professional pursuits" that would reduce their status among clientele. "Public opinion," he assured his readers, was "the creator, the source of all reputation, whether good or bad, and should be respected." Reputation, he explained, was "a large, a very large part of a doctor's capital."[251]

Black doctors used similar methods to boost their professional status. Articles in the *Journal of the National Medical Association* frequently offered advice on how to craft a public image that would gain the trust and respect of African American communities.[252] Writing in 1915, one physician from Virginia, W. W. Johnson, stressed the need for black doctors to project an aura of status and prestige, urging them to guard their sense of social distinction. Cautioning his colleagues from becoming too collegial with the public, Johnson wrote: "So-called 'popularity' often degenerates into a 'commonism' that permits every corner urchin to 'Doc' the physician as he passes by; thereby robbing the physician of his due deference and respect."

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[251] Daniel Webster Cathell, *The Physician Himself, and What He Should Add to His Scientific Acquirements*, (New York, Arno Press, 1972 [c1882], 1972), 9, 11, 18, 19, 12, 23.
[252] For more on how black doctors use the *Journal* to fashion their image as New Negroes see Long, 168-71.

While cautioning them from appearing unnecessarily aloof or pretentious, Johnson emphasized that a doctor "should be courteous, polite, sympathetic, and approachable but ever demanding respect by his gentlemanly demeanor."

In addition, Johnson emphasized that a doctor's fiscal reputation was a critical part of maintaining a reputable public image. Cautioning that speculative investments could hurt social standing, he wrote that "every time such an enterprise fails it endangers the influence of the physician in that locality…[while also robbing] him of his hard earned coin." Rather than investing in "wild-cat" schemes, Johnson encouraged colleagues to rely on their practices as their primary source of income. "The successful physician," he declared, "cannot run a store, preach, be the principal of a public school, run a blacksmith shop and practice medicine at the same time." Rather than seeking additional vocations, Johnson underscored the importance of collecting due remuneration from patients. "Regardless of how or when you collect," he advised, "collect your bills." This practice alone created a sense of legitimacy. "Your patients will think more of you," he wrote, "if you demand from them what is due you."[253]

Johnson also encouraged black doctors to play an active role in their communities and local churches. As members of local congregations, they had access to the most influential civic institution in African American communities, a place where their reputations and a network of potential clients could be established. A young doctor could "choose no wiser course than to identify himself with some religious body, in the community where he locates," wrote Johnson. Church affiliations also helped doctors project a more virtuous character. "The blaspheming and swearing physician belongs only to the age of war and butchery," he continued, "the greatest

[253] W. W. Johnson, "The Physician and the Patient," *Journal of the National Medical Association* 7, no. 1 (1915): 24-5.

physicians of all ages have been men of high moral and religious proclivities." As faithful churchgoers, black doctors would not only grow their practices but also have better therapeutic results. "Hope and health," he contended, "are as contagious as fear and disease." "In the hour of gloom," the doctor's "strong faith in the goodness of Providence" could "inspire confidence in the patient" and improve the chance of recovery.[254]

Like Johnson, many contributors stressed the professional benefits of demonstrating civic character outside the realm of medicine. In one article, Henry Floyd Gamble related the story of a young black doctor who established a successful practice by using his social influence to organize neighborhoods and promote community improvement. The doctor, Gamble explained, went beyond his duties as a practitioner and "gave frequent practical talks on home making, health, [and] industry…organized a civic league…encouraged and assisted everyone whom he could to buy homes." Through his efforts this doctor literally built a community, helping hundreds of citizens achieve a level of status, success, and security by acquiring "comfortable, respectable and happy homes." In serving this way, he not only improved the health of patients by bettering their living conditions but also garnered status and recognition through his effort at collective racial improvement. This type of community involvement endeared physicians to the public, improving their professional image and bolstering their practices. "The critical world," wrote Gamble, "admires and approves and finally honors the man who devotes his life to a labor of love for his fellow man."[255]

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[254] Ibid.
[255] Henry Floyd Gamble, M.D., "The Physician and the Community," *Journal of the National Medical Association* 4, no. 4 (Oct-Dec) (August 27, 1912 1912): 304-5.

The New Negro in Practice: The Early Career of J. Edward Perry

There are few better illustrations of the importance of public image in medicine than the early career experiences of J. Edward Perry. Perry was a graduate of Meharry Medical College who used the image of the New Negro to establish his first practice. After graduating in 1895, Perry traveled to Missouri looking for a community to serve and encountered deep-seated skepticism toward African American doctors. One of Perry's first stops was the Lincoln Institute in Jefferson City. Already familiar with the school—an institution created by black Civil War veterans to educate African American freedmen—Perry felt the town would be a good place for him to begin his career. Upon arriving, he encountered a group of boys who had never before seen an African American physician and were "incredulous" about his claim to be one. The students, Perry explained, invited him to their dormitory where the "spokesman of the crowd" questioned his credentials and, after looking through an "old dictionary that contained some medical words," said to him, "What does such-and-such a word mean?" When Perry answered correctly, the student turned to his group and said, "He is a doctor all right or he would never have known the meaning of the word." After this brief interrogation, Perry found the boys enthusiastic about his presence, looking to him with admiration and inquiring about the steps involved in becoming a physician. Soon thereafter, Perry met with the president of the Institute who also doubted his credentials. In their meeting, Perry wrote, "the learned gentleman was very terse and regarded the idea of beginning my work in the city as a fallacy." Cynical, the president felt Perry "had not the money or experience to cope with the local situation" and advised him to "get out of town as quickly as possible."[256]

[256] J E Perry, *Forty Cords of Wood: Memoirs of a Medical Doctor*, (Jefferson City, Missouri: Lincoln University Press, 1947), 140.

Perry left Jefferson City and traveled to the town of Mexico, Missouri, where he encountered resistance from the moment he stepped off the train. Upon arriving in the station, Perry identified himself as a physician and asked a member of the crew for directions. The porter responded, "A doctor! Lawd! Man, you curtanly made a mistake even stoppen in dis town; de folks are fighten mad at nigger doctors and I know dey will run you out o' town soon as dey know you are heer." Perry soon learned of the recent exploits of a "corn doctor," or charlatan, who had visited the town for a few days, "made some wild promises and possibly collected a few dimes and hurriedly left the city."[257] He realized he would need to challenge this image and assuage the lingering resentment to build a successful practice.

After leaving the station, Perry went first to the city's business district where he opened a bank account and introduced himself to local physicians. He then sought out the local Baptist minister, a man who Perry learned was also skeptical, having made it clear to others he "[didn't] want no 'nigger doctor' around [his] house." When meeting with the clergyman, Perry underwent a brief interview intended to test his legitimacy. "He quizzed me for a few moments," wrote Perry, "and was evidently satisfied with the answers." As their conversation continued, Perry gained his trust by engaging in a discussion of scripture. "Being a minister," Perry explained, "he began discussing some Biblical subject…[of] how Joseph was sold by his brethren." Incidentally, Perry recognized the story as one of his favorites—a tale of jealousy, forgiveness, and redemption with implications for members of the black professional class—and the two were able to take part in "a splendid exchange of ideas." Soon thereafter, the minister "became exuberant" and invited Perry to stay for dinner.[258]

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[257] Ibid., 141.
[258] Ibid., 142.

Even with the minister's support, however, Perry still struggled to gain further acceptance in the community. While seeking overnight accommodations, he soon learned "no one cared to house one claiming to be a doctor." Eventually, he met the principal of a school who cautiously offered him an overnight stay. As with the minister, Perry endured an extensive interview before earning the principal's trust and respect. For several hours, according to Perry, the principal tested his intellect by engaging him in a variety of subjects including arithmetic, algebra, US history, medieval and modern history. "Weary from traveling and anxiety," Perry hoped his exam was at an end but watched as the professor pulled out his "old-time gospel hymn book." The two "sang a number of songs, concluding with an anthem." "Though very tired," Perry found his experience "amusing and entertaining" and recognized it as a necessary step in the process of earning the community's trust.[259]

Perry soon secured a residence and, using it jointly as a medical office, posted a sign to advertise his practice. The patience and character he exhibited in his early meetings with the minister and principal soon paid off for him as a local daily reported his arrival and described him in a favorable light as "a young colored man, a graduate of a recognized medical school." Although Perry maintained he had "no funds with which to purchase office equipment or the payment for space," he found the newspaper article emphasizing his good fiscal character, reporting he was "no pauper" and that "the first business place visited after his arrival was First National Bank." The announcement, Perry wrote, "was quite an advertisement." Over the next few days, he began to attract the community's attention. "The first few days as I passed on the streets," Perry wrote, "one person would call another and the two, a third one and say, 'He's him'."

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[259] Ibid., 143.

That Sunday, Perry attended a local church service. At a Methodist church, Perry received an enthusiastic endorsement from the "presiding elder" who, referring in part to the Methodists origins of Meharry Medical College, announced Perry's presence to the congregation. "For many years," said the minister,

> we have been planting an orchard in Nashville, Tennessee, that has been bearing fruit. All of these years I have not seen until the other day a single apple in this section from our orchard. If you were to spend money and time in growing an orchard, surely you would not be so silly as to say I will not used the fruit from my own trees. I have to show you this morning that you have never seen before, a colored doctor, an apple from your own orchard.

After this endorsement, Perry recalled "the crowd surged forth to shake my hand" and he liberally distributed "a bountiful supply of [business] cards." Later that same day, Perry attended a Baptist service and gained similar recognition, receiving an invitation to join the church choir. "It was a day well spent," he wrote, "as regards praise, service and incidentally introductions to a large number of people."[260]

After that Sunday, Perry began receiving calls to attend sick patients. In one instance, he and a white practitioner received calls to attend the same client. Perry was preparing an injection when the white practitioner, Dr. Holly, arrived. Perry navigated the awkward situation by inviting Holly to administer the injection. Holly courteously declined and the two discussed the case afterwards. Perry's professional tact earned him Holly's admiration.[261] When the two met again, Holly shared his enthusiasm about the arrival of an African American doctor, saying: "Well sir, I have been here eleven years and have been looking for you every[sic] since I came." "If there is any one thing the people need here above all others," he continued, "it is a colored doctor."

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[260] Ibid., 144-5.
[261] Ibid., 146.

Perry soon learned from Holly that he was a "Democrat and from Kentucky" with little affinity for African Americans but, as a professional, Holly assured him, "it never rains too hard, it is never too hot, never too cold and the snow is never too deep for me to go and help a brother physician, it makes no difference if he is black as charcoal or white as snow. If you need me you only have to call." Aware that "Democrat…meant hostility to Negro progress and a tenacious holding to the traditions and customs of anti-bellum days," Perry was encouraged by Holly's willingness to adhere to the ethics of professional conduct. "In my opinion," he wrote, Holly "cared nothing for me as a Negro, but since I was a doctor, the Hippocratic Oath made it mandatory that he extend the usual courtesies that are applicable to members of the profession." "The statement," he continued, "impressed me as an ideal ethical attitude that should exist between physicians."

As the two men became better acquainted, Perry's competence and respectable character not only garnered Holly's professional regard but also led him to appreciate the greater potential of African Americans. In one conversation between the two, Holly inquired about Perry's upbringing, presuming he was the child of a physician. Perry explained that, in fact, both his mother and father were former slaves. Upon hearing this, Holly remarked, "Only vision, toil and sacrifice could have possibly produced such results in a brief span of thirty years!" Perry became an inspiring marker of racial progress and achievement to Holly who, in turn, opened his medical library and equipment for Perry's use. In addition, Holly willfully availed his services to Perry. "If you perchance to have a surgical case," he began, "I will come and do the operation and let you give the anesthetic, or," in a gesture unheard of between white and black physicians, "I will give the anesthetic and let you do the operation. Any way to help you!" Initially astonished by the offer, Perry listened as Holly explained: "I am trying to pay homage to that illiterate mother

and father who possessed such ideals as I believe I see in you!" As an embodiment of racial progress, Perry inspired an otherwise skeptical white doctor to not only recognize his skill as a medical professional but to also develop a greater appreciation for the capabilities and potential of African Americans as a whole.[262]

The Anti-Quackery Movement

But while manners and mores played an important role in affirming doctors' status and legitimacy, organized medicine also took directed measures to police practitioners deemed illegitimate. Throughout the early decades of the twentieth century, local and national medical organizations coordinated extensive campaigns against folk healers, patent medicine proprietors, and unethical licensed practitioners. Among the first meaningful steps taken against these practices was the Pure Food and Drugs Act of 1906, a legislative achievement initiated by Harvey Washington Wiley, a trained physician and chemistry professor, which forbade the manufacture and sale of harmful proprietary medications.[263] Other crusaders focused their efforts at educating the public about the dangers of quackery. In 1905, Samuel Hopkins Adams, a freelance journalist and experienced medical reporter, began an extensive muckraking exposé on the patent and proprietary drug industry. Published in *Collier's* and titled "The Great American Fraud," Adams' series sought to reveal the deceptive nature of the patent medicine industry by demonstrating how misleading marketing fueled the sale of many popular nostrums. Illustrating how hidden or diluted ingredients such as alcohol, opium, cocaine, heart depressants, liver

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[262] Ibid., 144-8.
[263] James Harvey Young, *The Medical Messiahs : A Social History of Health Quackery in Twentieth-Century America*, (Princeton, N.J.: Princeton University Press, 1992), 32-35. Young has published extensively on this subject. See also James Harvey Young, *The Toadstool Millionaires; a Social History of Patent Medicines in America before Federal Regulation*, (Princeton, N.J.,: Princeton University Press, 1961).

stimulants, and other substances were often the active ingredients in such nostrums, Adams contended these remedies were more likely to lead patients to addiction and poor health than remedy disease. “Far in excess of other ingredients,” he wrote, “undiluted fraud,” was the most salient ingredient.[264]

Concerns about quackery were also prevalent in New York City as local medical associations and anti-quackery crusaders initiated their own campaigns against illegitimate practices. Concurrent with the AMA’s national campaign, in the first decade of the 1900s, medical organizations at the state, county, and community level, sought ways to educate the public and discourage the use of proprietary nostrums and non-professional healers. At its annual dinner, in October 1905 (with Samuel Adams present), the New York Medical Association called attention to the dangers of patent medicine marketing and encouraged local newspapers to reject their advertisements. Several newspapers, including *The New York Times,* played active roles in supporting anti-quackery endeavors. The *Times* ran numerous articles stressing the danger, cost, and fraudulent nature of quackery and estimated illicit medical practices in the city were costing victims a million dollars annually. Highlighting fraudulent marketing schemes, the paper sought to expose the presence of harmful ingredients in proprietary nostrums such as

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[264] American Medical Association., *Nostrums and Quackery : Articles on the Nostrum Evil and Quackery Reprinted, with Additions and Modifications, from the Journal of the American Medical Association*, (Chicago: American Medical Association Press, 1912), 7-9; Young, *The Medical Messiahs : A Social History of Health Quackery in Twentieth-Century America*, 31, 129-32. Adams’ exposé served as the basis for the comprehensive catalogue of patent medications, *Nostrums and Quackery*, first published by the American Medical Association in 1911. The compiler of this volume, Arthur J. Cramp, would later become the director of the AMA’s Propaganda Department (later renamed the Bureau of Investigation), whose duty it was to provide information about fraudulent practices to the public and various organizations, including newspaper editors. In addition to publishing regular reports in journals and newspapers, Cramp published additional volumes of *Nostrums and Quackery* in 1921 and 1936, calling attention to tens of thousands of fraudulent practices in an effort to educate the public their harmful nature. For more on twentieth proprietary pharmaceutical advertising see Nancy Tomes, "The Great American Medicine Show Revisited," *Bulletin of the History of Medicine* 79, no. 4 (2005): esp. 635-645. A provocative critique of these efforts appears in Susan Strasser, "Sponsorship and Snake Oil: Medicine Shows and Contemporary Public Culture," *Public Culture: Diversity, Democracy, and Community in the United States* (2008). Jamie Wilson also begins to explore the specifics of these efforts in Harlem in Wilson, chapter 2.

chloroform, prussic acid, cannabis indigo, morphine, hydrocyanic acid, and alcohol. Several reports attested to the toxic—or illusory—effect of these remedies and claimed the treatments added to the health burdens of consumers rather than alleviating them.[265]

In April of 1915, some of the more tangible benefits of the New York campaign became evident when municipal law enforcement officials orchestrated a city-wide raid against several medical "museums." These enterprises used sensational wax figures to illustrate the harmful impact of disease on the human body and scared patients into investing large sums of money in unproven treatments. Museum proprietors frequently diagnosed patients with tuberculosis or cancer and implored they would need expensive treatments applied over long periods of time to rectify their ailments. Proprietors made hundreds-of-thousands of dollars in annual profits with the most successful reaching into the millions. In a sting facilitated by the New York County Medical Society, city police were able to shut down 24 such museums and arrest 43 illicit practitioners, making a virtual clean sweep of the city.[266]

By the mid-1920s, New York's anti-quackery crusaders were directing their attention toward licensed doctors engaged in unethical endeavors. While they continued their efforts to curtail medical charlatanry and the sale of fraudulent proprietary nostrums, in November 1923, news of a large scale licensing scandal, facilitated by a Connecticut medical board, forced reformers to consider the extent to which inadequately trained doctors were practicing with legitimate credentials. According to reports, around the country, unscrupulous laymen were

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[265] "Doctors Assail Patent Medicine Advertising: Tell of the Harm Done by Newspapers That Print It. Church Press Guilty, Too an Evidence of the Prevalence of Graft, Dr. Van De Water Says -- Dinner of Physicians," *New York Times (1857-1922)* (New York, N.Y.), 19 October, 1905, ProQuest Historical Newspapers: The New York Times. Additional legislative efforts were directed at curtailing quackery through policing of mail fraud in the 1910s.

[266] "43 Alleged Quacks Caught in 24 Raids: Police Descend on "Free Medical Museums" All over the City Precisely at 3:30. Sleuths Pose as Patients Chief Prisoner Said to Have Had 14,000 Clients -- Profits for Two Years, $500,000. 43 Alleged Quacks Caught in 24 Raids," *New York Times (1857-1922)* (New York, N.Y.), 22 April, 1915, ProQuest Historical Newspapers: The New York Times.

obtaining degrees from fraudulent medical schools—diploma mills unaffected by (or emerging subsequent to) the Flexner reforms—that granted unsubstantiated medical degrees through the mail for a fee. After purchasing their degrees, several "graduates" were able to obtain licenses from Connecticut's State Eclectic Examining Board, an organization that liberally afforded certification.[267]

News of the scandal raised fears about the far-reaching and endemic nature of medical illegitimacy. "The quack is not the product of any special community or district," wrote one crusader, "he thrives everywhere, working harm on a scale not even suspected until a few days ago." Large urban areas, New York City in particular, harbored disproportionate numbers of these charlatans as municipal law enforcement generally focused their efforts on more pressing crimes, allowing the quacks to go virtually undetected.[268]

In response to these growing concerns, that December, the city's District Attorney, with the support of the Departments of Health and Police, as well as several state and county medical societies, announced the appointment of a special investigator to examine complaints about unethical practitioners in the city.[269] In January 1924, State Senator Love, a physician, introduced a bill to allot funds to investigate illegitimate doctors practicing statewide and their

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[267] "Quack Trail Leads to Ocean Liners: Connecticut Investigators Also Suspect Penetration of Veterans' Hospitals. Evidence before Coolidge Hundreds Registered in State and Practiced Elsewhere -- Eclectic Examiner Disappears," *New York Times (1923-Current file)* (New York, N.Y.), 27 November, 1923, ProQuest Historical Newspapers: The New York Times; "Quacks Revealed in Cuba and Mexico: Records at the Hartford Inquiry Show South America Also Is Infested. Examiners to Meet Today Prosecutor Calls on Eclectic Board to Oust Fake Doctors Unmasked by Grand Jury," *New York Times (1923-Current file)* (New York, N.Y.), 28 November, 1923, ProQuest Historical Newspapers: The New York Times.

[268] James C Young, "Fight on Bogus Doctors Is Spreading: Inquiry into Diploma-Mill Physicians Extends from Connecticut to Other States," *New York Times* (New York, N.Y.), 2 December, 1923, ProQuest Historical Newspapers: The New York Times.

[269] "Round-up of Quacks Ordered by Banton: Assigns an Aid to Push Drive against Bogus Doctors and Dentists. Diploma Mills Inquiry Julius Spiegel, Accused of Operating One, Also Said to Have Offered Law Degrees. Seek Formal Complaints Victims of Fake Practitioners Are Urged to Make Their Experiences Known to Prosecutor," *New York Times (1923-Current file)* (New York, N.Y.), 13 December, 1923, ProQuest Historical Newspapers: The New York Times.

impact on public health.[270]

Crusaders in Harlem

Concerns about quackery were particularly pertinent in post-war Harlem, which had a reputation for being an "open market" for mystical folk healers and cure-all nostrums. Reports from the *New York Age* attested to "infestations" of medical charlatans who fleeced Harlem's public and threatened the community's health. "Medical fakirs," quacks, nostrum peddlers, herb and root doctors, and spiritual healers appeared regularly on the city's streets, increasing with the influx of rural black migrants from the American South and Caribbean during the Great Migration. These individuals sold "corn," "rheumatic," and "blood" remedies that had little therapeutic value. Typical street healers attracted patrons with alluring performers, exotic props, and "picturesque language." Average healers could earn two to three hundred dollars a week off their exploits. One popular faith-healer drew in more than three times that much. Sister P. Harreld impressed audiences in daily mass meetings where she performed mystical healings: restoring the speech of a mute woman, the vision of a blind man, and an invalid's mobility. The *Age* lamented the harmful effect of such sensational practices on Harlem, attesting the community was being "preyed upon by a crowd of conscienceless bloodsuckers and avaricious money hunters."[271]

Black doctors in Harlem were among those most committed to the anti-quackery

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[270] "Asks State Quack Quest.: Senator Love Wants Albany Commission to Hold Inquiry," *New York Times (1923-Current file)* (New York, N.Y.), 3 January, 1924, ProQuest Historical Newspapers: The New York Times.
[271] "Medicine Fakirs Thronging Harlem, Selling "Cure-Alls"," *New York Age* (New York, New York), 23 September, 1922; "Street Salesman Hawking Nostrums Are Infesting the Streets of Harlem," *New York Age* (New York, New York), 2 June, 1923; "White Woman Healer Gets Thousands of Dollars from Both Races in Harlem Hall," *New York Age* (New York, New York), 21 July, 1923; "Harlem Infested with Pest of Quacks, Medical, Fortune Telling and Spiritualist," *New York Age* (New York, New York), 25 August, 1923.

campaign throughout the 1920s and 30s. In 1929, as president of the North Harlem Medical Society, Louis Wright affirmed the society's ongoing effort to curtail "the exploitation of the unsuspecting public" by waging "an unrelenting war against the sale of patent medicine" and eliminate "the illegal practitioner and quacks."[272] Peyton F. Anderson, writing in 1934, declared on behalf of the Central Harlem Medical Society that his organization's primary objectives included the control of quackery. Considering charlatans a curse upon the profession, he chafed at the idea of patients being "swindled of their money," "debased mentally," or "injured physically by fakirs." Anderson avowed that his society could "record itself as worthy of existence by instigating and consummating war upon these parasites." "A war which should not terminate," he continued, "until our drug stores are purged of their horrors and until the last medical fakir is driven from our midst."[273]

On the national level as well, African American doctors took part in anti-quackery campaigns. The early issues of the *Journal of the National Medical Association* carried several articles that spoke out against charlatans. Robert T. Burt, of Clarksville, Tennessee, explained how illicit practitioners dissuaded the sick from seeking professional care by downplaying the severity of their afflictions. Pointing to the high incidence of tuberculosis within African American communities, Burt stressed public education could help curtail these unethical enterprises. "If the public could see the various organs of the body in which the disease has made such horrible ravages," he wrote, they would "consign to the sewer—the proper place—the great host of advertising consumption cures and nostrums, whose only effect is to deceive and soothe,

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[272] Louis Tompkins Wright, *The Aims and Purposes of the North Harlem Medical Society*, *Louis T. Wright Papers, Box 130-4, Folder 5* (Manuscript Division, Moorland-Spingarn Research Center, Howard University, Washington, DC: 1929), 2-3.
[273] Peyton F. Anderson, MD, *Central Harlem Medical Society, Presidential Address*, *Louis T. Wright Papers, Box 130-10, Folder 15* (Manuscript Division, Moorland-Spingarn Research Center, Howard University, Washington, DC: 1934), 6-7.

as by the touch of Morpheus, till the golden moment for cure is lost."[274]

The Trial of Godfrey Nurse

It was in this context of ongoing concern about quackery that Godfrey Nurse faced accusations of professional impropriety. In May 1929, five months after Nurse's dismissal, the *Amsterdam News* began an exposé on Harlem physicians collecting illegal commissions from local pharmacists in exchange for referrals. According to this five-week report, doctors were directing patients to fill prescriptions with pharmacists who inflated prices and shared their additional profits with the prescribing doctors. In some cases, such commissions doubled the patient's expense. Describing the practice as "abominable and unethical," the paper alleged the greater majority of doctors in Harlem took part in such arrangements. Particularly critical of Harlem's black physicians, the editors described the practice as "extensive enough to be called universal among Negro physicians in cities, but among Negro physicians in Harlem it is said to reach the peak." The number of those not involved in such practices, they maintained, was "almost negligible" and residents would be surprised to learn that some of Harlem's "most illustrious" and civic-minded doctors took part in such endeavors "without the least shame."[275]

Estimating these commissions cost the Harlem community more than $122,000 a year, the *Amsterdam News* asserted the true price went beyond financial burdens. By inflating the cost of needed medicines, cash commissions threatened the overall health and wellbeing of Harlem's residents. Describing the practice as a "menace," the paper asserted that higher prices

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[274] Robert T Burt, "Tuberculosis: The Negro's Most Cruel Foe," *Journal of the National Medical Association* 1, no. 3 (1909): 150-1. See also Charles Victor Roman, "The Deontological Orientation of Its Membership and the Chief Function of a Medical Society," *Journal of the National Medical Association* 1, no. 1 (Jan–Mar 1909).
[275] "Cash Commissions Paid to Doctors Boost Drug Prices," *New York Amsterdam News* (New York), 29 May, 1929; "Over $122,850 Overcharged for Harlem's Prescriptions," *New York Amsterdam News* (New York), 5 June, 1929.

discouraged patients from obtaining needed treatment and incentivized pharmacists to substitute inferior, less expensive, drugs to maximize profits without regard for patients' well-being.[276]

Such unethical practices not only hurt the credibility of the medical profession, they undermined the legitimacy of black doctors and carried implications for the efforts of other black professionals throughout Harlem. Maintaining that illicit commissions were particularly hurtful to their businesses, black pharmacists lamented that, by directing customers to less ethical white pharmacists, black physicians were undercutting their efforts to provide Harlem with quality pharmaceuticals.[277] Similar viewpoints emerged from black attorneys who chafed at reports of black doctors—like Godfrey Nurse—directing potential clients to white lawyers. With little sympathy for their professional brethren caught in corruption scandals, the *Amsterdam News* reported that black lawyers felt "not at all kindly toward their brothers in the medical profession."[278]

To avoid over paying for prescriptions and contributing to the detriment of legitimate black druggists, the *Amsterdam News* advised its readers to be on guard for illicit schemes, encouraging them to select their own pharmacist and to deliver their own prescriptions. "Your physician may or may not be telling the truth when he tells you that there is only one drug store which carries the medicines he prescribes," the report maintained, "but it may be safely accepted as an untruth when it is considered along with the fact that there are about 500 drug stores in Harlem."[279]

Harlem's black practitioners responded to the exposé by characterizing the paper's claims

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[276] "Over $122,850 Overcharged for Harlem's Prescriptions." See also "Druggist Charged Patient $1.90 for $1.25 Bottle of over-the-Counter Medicine," *New York Amsterdam News* (New York), 12 June, 1929.
[277] "Cash Commissions Paid to Doctors Boost Drug Prices."; "Over $122,850 Overcharged for Harlem's Prescriptions."
[278] "Harlem Physicians in 'Ambulance' Quiz," *New York Amsterdam News* (New York), 11 April, 1928.
[279] "Over $122,850 Overcharged for Harlem's Prescriptions."

as exaggerated. They urged the editors to reveal the names of the doctors and pharmacists involved for sanctioning. Louis Wright's response received headline recognition as he characterized the acceptance of fees or commissions on behalf of doctors as a serious ethical offense, worthy of expulsion from responsible medical societies, including the North Harlem Medical Society. Wright conceded that unethical practices took place, but challenged the paper's claim they were ubiquitous in Harlem. "I have never received a commission from a druggist in my life," he wrote, "and the majority of physicians in this community are likewise innocent of such practices." Characterizing the editor's allegations as "unwarranted and extravagant," Wright felt the editorials were overly inflammatory and used blanket statements, "insinuation and innuendo" to tarnish the reputation of Harlem's black doctors without regard for the many who adhered to ethical standards. He encouraged the *Amsterdam News*, if sincere, to furnish the offenders' names so that the North Harlem Medical Society might take the appropriate action.[280]

Other respondents voiced similar views about the exposé, questioning the newspaper's intent and calling upon it to submit names for disciplinary action. Describing the report as inflammatory and unfair, Oscar H. Williams, a Harlem pharmacist, feared the *Amsterdam News* sought to smear the image of Harlem's black doctors and pharmacists by broadly associating them with unethical practices. In the operation of his own pharmacy in Harlem, Williams asserted that, in the year and a half of its existence, he had never received a request "or even a suggestion" about commissions from the "scores" of doctors he worked with. Although the paper contended the practices were widespread, in his ten years of pharmaceutical practice, Williams maintained he saw little evidence of them. Like Wright, although he conceded that some such

[280] "Louis T. Wright, M.D., President of Harlem Medical Organization, Hits Prescription Fee Doctors," *New York Amsterdam News* (New York), 5 June, 1929.

practices may have taken place, he urged the *Amsterdam News* to better qualify its assertions, asking: "Why indict or impute to the entire group of a profession or business the derelictions of comparatively few members of such group?" According to Williams, the *Amsterdam News* should have documented its allegations for the State Board of Medical Examiners or the State Board of Pharmacy so they could initiate an investigation and, if need be, discipline the parties involved. The public gained little, he believed, from the paper's method of exposé.[281]

Responding to these accusations, the *Amsterdam News* reasserted the validity of its claims. "At least 101 per cent" of doctors and pharmacists "disavow the practice individually," the paper proclaimed, "but admit that it exists in Harlem and elsewhere, among white and colored physicians and druggists alike."[282] While unwilling to submit reports to professional organizations, in the upcoming months, the paper included a number of reports on doctors and pharmacists arrested for engaging in illicit practices. In the July 3rd issue, it ran the headline, "Unlicensed Drug Clerk Placed Under Arrest: Omitted Ingredient from Prescription of Harlem Doctor," and maintained the paper had "concrete proof" of the illegal activities of local drug stores. Covering the arrest of a white drug store clerk, the newspaper reported that Morris Gadelowitz had been mixing and distributing prescribed drugs from Publix Drug Store without a license. In filling a prescription for Mrs. Emma Brown, Gadelowitz had knowingly left out the central ingredient, codeine, and overcharged her for the medication. Familiar with the ongoing exposé, Mrs. Brown and her doctor, Aubrey Magill, discovered the omission and reported Gadelowitz to the police and the *Amsterdam News*.[283]

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[281] "Amazed: Harlem Pharmacist Takes Issue on Drug Commission Articles," *New York Amsterdam News* (New York), 19 June, 1929. Other correspondents feared factionalism could have played a role in the exposé. See "Questions Motive: This Correspondent Believes Exposé Was to Favor Some Group," *New York Amsterdam News* (New York), 26 June, 1929.
[282] "Druggist Charged Patient $1.90 for $1.25 Bottle of over-the-Counter Medicine."
[283] "Unlicensed Drug Clerk Placed under Arrest: Omitted Ingredient from Prescription of Harlem Doctor," *New York*

Emboldened by these breaking reports, the editors of the *Amsterdam News* asserted they had "proven beyond reasonable doubt that a conspiracy exists whereby many Harlem physicians mulct their patients." Directing their comments at the North Harlem Medical Society and other medical associations, they raised the question: "What…are [these organizations] going to do about this situation, now that these unethical practices have been exposed to the discredit of their professions?" Encouraging an extensive investigation, the editors recommended the groups devise a process for certifying legitimate pharmacies and publicizing their findings widely in the interest of the public.[284]

Harlem's medical community also weighed in on the scathing reports. Arthur Miller, a pharmacist, characterized the practice of employing unqualified people to measure and distribute medication in a pharmacy the "eating cancer" of the profession. Miller lamented that such practices sullied the reputation of all pharmacists, "jeopardized the live of innocent babies," and "cheat[ed] the suffering," all in an effort to create an unfair competitive advantage for a particular drug store.[285]

The upcoming weeks and months included additional coverage of illicit practices among pharmacists and medical doctors. On July 19th, Ronald Felix was arraigned for impersonating a doctor—examining, diagnosing, and attempting to treat an undercover police officer.[286] Later,

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Amsterdam News (New York), 3 July, 1929. Adjacent to this headline, another bold banner appeared reading: "Chicago Doctor Jailed in Abortion." This front-page article told the story of two black doctors in Chicago, Anna Schultze and James White, who were arrested for allegedly performing an illegal abortion on a nineteen-year-old white woman that ultimately led to her death. Reporting that "professional circles were rocked" by the arrests, the *Amsterdam News* maintained Schultze and White were among the most prominent physicians and respected members of Chicago's South Side and denied they had performed an illegal act. "Chicago Doctor Jailed in Abortion: White Woman Dies; Chicago Physicians Held for Homicide," *New York Amsterdam News* (New York), 3 July, 1929.

[284] "Time for Action: Behind the Drug Commission Expose," *New York Amsterdam News* (New York), 3 July, 1929.

[285] "Anent Drug Stores: Unlicensed Persons Who Dispense Drugs and Compound Prescriptions Are "Eating Cancer"," *New York Amsterdam News* (New York), 17 July, 1929.

[286] "Laboratory Manager Arrested as Unlicensed Medical Practitioner," *New York Amsterdam News* (New York), 24 July, 1929.

that October, the newspaper heralded the exposé's success by reporting, with headline coverage, that Joseph Warren, a Harlem physician, was before the State Grievance Committee, charged with improper medical practices, specifically, writing prescriptions in "code," a practice often associated with illicit commissions. During the hearing, the editor of the *Amsterdam News,* William M. Kelley, testified that the paper had received two prescriptions written by Warren—voluntarily submitted by different patients who suspected a commission fee scheme—and forwarded them on to the Grievance Committee.[287]

These ongoing doubts and concerns about the legitimacy of African American physicians set the stage for Nurse's dismissal, the 1930 reorganization, and the bitter conflicts that ensued thereafter. In their efforts to promote desegregation, Harlem's black doctors entered into a vitriolic battle with both the larger medical community and within their own ranks to assert their professional legitimacy, their commitment to racial improvement, and standing as representatives of the New Negro.

[287] "Physician Heard on Prescription Charge: Dr. Joseph R. Warren Appears before Medical Committee," *New York Amsterdam News* (New York), 16 October, 1929.

Harlem Divided

Harlem Politics

After Nurse's dismissal, Harlem's medical community descended into a state of disarray. Louis Friedman argued the new board members—John Connors and Louis Wright—had used their political connections to orchestrate the removals. Rather than an impartial investigation, he alleged, Connors and Wright provided the chief investigator, George Stewart, with a list of individuals to drop and retain. He noted that "grave charges of incompetence and inefficiency" had been brought against Connors prior to the reorganization and ignored by the investigating committee. "Instead of receiving gratitude and appreciation," the surveyors should have been given "the highest degree of censure…for allowing such a politico-medical fiasco to take place."[288]

Several members of the Harlem Hospital community shared Friedman's sentiments. A month following the reorganization, seven white doctors on the hospital's consulting staff resigned in protest. Expressing their discontent in a letter to William Greeff, the hospital commissioner, they protested that "skilled and long-service" practitioners were being dismissed "without cause or hearing, under the guise of deception of an alleged survey." One of the resigning physicians, Lewis K. Neff, had served as the head of the hospital's medical board for twenty-eight years and noted that, prior to the reorganization, many doctors considered their consulting staff positions as marks of distinction. Greeff's mass reorganization, however, had stripped the positions of their honor.[289]

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[288] "7 Physicians Quit as Consultants in Protest of Ouster."

[289] Consulting staff members were not part of the regular hospital staff but called upon only to assist in unusual or difficult cases. As a result, these resignations would have had limited impact on the hospital's daily workings. According to Neff, commissioner Greeff intended to abolish the board during the reorganization and to reappoint the members at a later date. "Resignations of Seven Physicians from Harlem Hospital Consulting Staff Does Not Affect the Service," *New York Age* (New York), 22 March, 1930. The New York County Medical Society also conducted

Numerous black doctors also opposed the restructuring. Charles Petioni, secretary of the North Harlem Medical Society (NHMS), wrote that while African Americans could congratulate themselves about their expanded numbers on the hospital staff and medical board, there was no doubt politics had played a central role in the reorganization. Concerned that younger, less experienced black doctors were taking the place of more seasoned practitioners, Petioni wrote that while some of the appointments went to well qualified and deserving candidates, others were filled with individuals who would hurt the larger cause of integration. These "obscure men" would soon be under the microscope of the larger medical community and "subject to the critical or hostile scrutiny of practitioners of the other race who will lose no opportunity to find reasons in support of their desire to exclude Negroes from such institutions." Fearing the appointments would be detrimental to black doctors' morale and reputations, Petioni warned that the removal of experienced practitioners, such as Godfrey Nurse and U. Conrad Vincent, and the promotion of younger ones without regard to seniority could prove disruptive and hurt the hospital's reputation. Lastly, if the dissatisfied parties resorted "to politics and knavish tricks," Petioni maintained the political aspects of the reorganization could discourage "men of intelligence, of self-respect and of independence" from pursuing affiliations with the hospital.

While Petioni approved of Wright's appointment to the medical board, he expressed concerns about Wright's political connections and influence in the selection of personnel. Bothered that commissioner Greeff and the hospital board had not responded to inquiries by the NHMS regarding Godfrey Nurse's removal and various staff promotions, Petioni noted that Louis Wright was serving as president of the NHMS and as an "ex-officio" member of hospital committees involved with the reorganization during much of this time. Petioni maintained

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an investigation into the reorganization. "7 Physicians Quit as Consultants in Protest of Ouster."

Wright, as president of the NHMS, was obligated to discuss the matter with the society's membership but had failed to. Conveying a notable sense of distrust, he asserted his notions of professional ethics were clearly "at variance" with those of Wright.[290]

Petioni was not the only member of Harlem's black community to question the reorganization. In an editorial titled "The Tiger Goes in for Hospitalization," the editors of the *Amsterdam News* critiqued the role civic politics played in the reformation. While characterizing the reforms as a victory for the training and development of black doctors, the editors stipulated that the victory had come "on the back of the Tammany Tiger." Due to Wright's political ties with Ferdinand Morton, hospital officials had ignored the charges leveled against Connors, gave no account of appointments made, and offered no explanation for dismissing several doctors who played meaningful roles in the desegregation process. Asserting the newspaper was proud of its own efforts to bring black doctors onto the hospital staff, the editorial echoed Friedman's critique, expressing concern that "men whose ability is beyond question" were being replaced with "men of little or no experience" because of their affiliation with the United Colored Democracy or some other political entity. Referring to these political allegations as the "DIRTY HAND of Tammany Hall," the editors asserted medicine demanded its leaders be above "petty politics" and that professional distinctions should "be made to mean more than personal differences and political affiliations." With the health of patients at risk, they appealed, "the Tammany Tiger must not be permitted to feed on human lives."[291]

These concerns over political influence in Harlem Hospital reflected the dynamic and shifting nature of civil politics in post-war Harlem. While black Americans continued to align

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[290] "Medico 'Debutants' Replace Veterans at Harlem Hospital," *New York Amsterdam News* (New York), 19 February, 1930.
[291] "The Tiger Goes in for Hospitalization," *New York Amsterdam News* (New York), 19 February, 1930.

themselves with the Republican party in national elections, at the local level their political allegiances were decidedly more nuanced. In New York, candidates and parties recognized the growing significance of Harlem voters and courted their support. In an effort to build patronage, the Democratic administration at Tammany Hall sought to reduce the influence of medical societies in municipal hospital appointments in order to bring the positions under their existing patronage structure. With palpable discontent coming from Harlem over the hospital and other civic enterprises, local leaders had the leverage needed to initiate a major reorganization of the entire municipal hospital system.[292]

But while political influences led many to speak out against the reorganization, there were those who supported the reforms. Shortly after Petioni issued his critique, the North Harlem Medical Society responded. Voting with near unanimity to endorse the hospital reforms, it reprimanded Petioni for releasing an "unauthorized" statement. The reorganization, the group asserted, provided the "Negro medical profession a recognition hitherto lacking" and furnished "a splendid example to the remainder of the country to 'go thou and do likewise." The society went further, sending a letter of commendation to commissioner Greeff and the head of the hospital investigation, George Stewart, in "appreciation and thanks" for the meaningful service they had rendered.[293] In a similar vein, an organization of black dentists, the North Harlem Dental Society, expressed its unequivocal support for the reorganization. They sent a copy of their resolution to commissioner Greeff and declared the reforms would offer "more efficient and better service to the sick" while opening "the door of opportunity for advanced medical and

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[292] Goldstein, 315-31; Hiller, esp. chapter 9; Wilson, chapter 3, 86-7, 91-2.
[293] "Dr. Chas. A. Petioni Resents Rebuke by Quitting as Secretary of Medical Assn," *New York Amsterdam News* (New York), February 26, 1930; "North Harlem Medical Society Votes Reprimand to Dr. Petioni for His Statement About Harlem Hospital," *New York Age* (New York), 1 March, 1930.

dental training to the members of both professions." Believing they would soon see the benefit to Harlem, the associated dentists offered Greeff their "sincere vote of thanks."[294]

The editorial staff of the *New York Age* also viewed the reorganization as a significant step toward racial progress in medicine. In contrast to the more critical response from the editors of the *Amsterdam News*, the *Age* maintained that the reorganization was to be commended for increasing opportunities for African Americans. Responding to the allegations that inexperienced physicians were being promoted above their level of competency, it asserted "it is well to observe that the nineteen physicians appointed on the new staff are almost without exception of the best type obtainable for public service and that the interest of the public are not likely to suffer from the change." Furthermore, the editors looked to the reforms as a model that other institutions throughout the city would hopefully follow. With the experience they would garner, black doctors could use their developed skills to begin the process of integrating other municipal facilities. "That would be a public policy worthy of the greatest and most democratic city in the world," they declared. Characterizing the accusations made regarding the influence of politics in the reorganization as unfounded "rumors," the *Age* asserted "the interests of public health and public instruction are too vital and too important to the well being of all the community, to be jeopardized by becoming the objects of political maneuvering." They considered the changes beneficial to African Americans and the public and commended the administration for its "vigorous and radical action."[295]

In addition to local support, the NAACP offered words of encouragement. Although openly supportive of mayor Walker and the hospital reform effort, W. E. B. Du Bois, editor of

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[294] "Harlem Dental Group Approves Reorganization at Harlem Hospital," *New York Age* (New York), 22 March, 1930.
[295] "Harlem Hospital Changes."

Crisis magazine, denied allegations the organization was politically partisan. The NAACP, he maintained, was simply asking "that the color bar against the appointment of competent Negro physicians in the hospitals of New York should be broken down." At times, the NAACP did support particular members of the Democratic party. But, according to Du Bois, their support was based not on political favoritism but rather on the best interest of African Americans. "In the appointment of nineteen Negro physicians to the staff of a great hospital in the midst of a black population of 150,000 in New York City," Du Bois affirmed, the NAACP recognized a "great triumph" for the principle it was striving to achieve.[296]

African American voices in support of the reorganization initially overshadowed those against it. But opponents rigidly maintained their position. After receiving his reprimand, Petioni resigned as secretary of the NHMS and alleged the censor stemmed from a personal vendetta and "steam roller methods" orchestrated by Louis Wright.[297] In the meeting where his reprimand was affirmed, Petioni maintained his critique was intended as a personal statement rather than one on behalf of the society. Arguing the right to make such statements, he went further challenging any member present to dispute the validity of his allegations. According to Petioni, Wright was the only member to speak out in support of reorganization and, in doing so, spearheaded the effort to reprimand him. Suggesting Wright exerted undue influence over the society, Petioni noted that "not a single physician," excepting Wright, had "ventured to defend the [hospital] appointments." A substantial portion of the membership, he insinuated, silently shared his opposition to the reforms.[298]

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[296] "Dr. Du Bois Defends NAACP Policy: Praises Appointment of Nineteen Negro Physicians to Hospital," *New York Amsterdam News* (New York), 26 February, 1930.
[297] "Dr. Chas. A. Petioni Resents Rebuke by Quitting as Secretary of Medical Assn."; "Resigns Hospital Post.: Dr. C.A. Petionl Quits Harlem Staff Because of "Political Rule."," *New York Times (1923-Current file)* (New York, N.Y.), February 25, 1930, ProQuest Historical Newspapers: The New York Times.
[298] "North Harlem Medical Society Votes Reprimand to Dr. Petioni for His Statement About Harlem Hospital."

In a matter of weeks, Petioni's allegations began to unfold. During its March 13th meeting, NHMS members voted down a proposal supported by Louis Wright and their president, Charles C. Middleton, to host a dinner celebrating the reforms and honoring Mayor Walker, Commissioner Greeff, Ferdinand Morton, and other hospital officials. In proposing the banquet, Wright stressed the affair would serve a "great good" to their community and profession by emphasizing the benefits Harlem Hospital had to offer. Despite Wright's endorsement, however, the *Age* reported that "strong opposition developed" and "the proposal was voted down by a good sized majority." Referring to suspected political favoritism, opposing physicians maintained the reorganization was "not entirely commendable," that many of the changes were unjust, and that there was no "guarantee future changes would not be made on the same basis." Even physicians who had benefited from the reformation expressed concern that the banquet was an attempt to "win support for the United Colored Democracy[sic]" rather than a bonafide celebration.[299]

Shortly thereafter, two outstanding African American practitioners, Peter M. Murray and James T. W. Granady, also resigned. Although, largely symbolic gestures—both Murray and Granady agreed to continue serving in order to help meet the hospital's staffing needs—their actions publicly indicated their concerns about political favoritism and the level of opposition growing against the reorganization. Nearly concurrent with their resignations, the NHMS, in a meeting that lasted until three o'clock in the morning, officially rescinded its reprimand of Petioni and unanimously adopted a resolution asserting their disapproval of the hospital's reforms.[300] In an editorial titled "Harlem Hospital Suffers Serious Relapse," the *Amsterdam*

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[299] "7 Physicians Quit as Consultants in Protest of Ouster."; "Harlem Doctors Refuse Banquet to Officials," *New York Age* (New York), Mar 22, 1930.
[300] "Drs. Murray, Granady Quit Hospital," *New York Age* (New York), 29 March, 1930; "Drs. Murray, Granady

News asserted that the political nature of the reorganization had "turned out to be a menace to the health of the community and to Harlem Hospital itself." The politically influenced appointments, the editors charged, had proven to be "highly unsatisfactory," even for many of those who appeared to benefit from them. Overall dissatisfaction had reached the point where an official investigation into the hospital seemed necessary and imminent.[301]

Demand for an extensive investigation would prove an enduring factor in the conflict over Harlem Hospital. But, in April, 1930, members of the NHMS met with local officials to quell their concerns. Tensions appeared to subside when Mayor Walker and Commissioner Greeff offered their assurances that there would be "no taint of political favoritism in hospital matters." Shortly thereafter, Peter Murray and James Granady withdrew their resignations and pledged to continue working to advance the hospital's mission.[302]

The Birth of the Manhattan Medical Society

But even as their conflicts appeared to subside, an undercurrent of factional tensions remained. Questioning the NHMS's commitment to resolving past grievances and pursuing continued reforms, the editors of the *Amsterdam News* continued their call for action. Despite the meeting of officials, administrators, and physicians, the *Amsterdam News* maintained the allegations against John Connors had yet to be resolved. "The fight to oust him must go on," they wrote.

Resign; Another Harlem Hospital Shakeup May Follow Protests," *New York Amsterdam News* (New York), 26 March, 1930.

[301] "Harlem Hospital Suffers Serious Relapse," *New York Amsterdam News* (New York), 26 March, 1930; "Drs. Murray, Granady Resign; Another Harlem Hospital Shakeup May Follow Protests."

[302] "Mayor Walker Demands City Institutions Be Kept Free of "Pull"," *New York Amsterdam News* (New York), 16 April, 1930; "Drs. P. M. Murray and J. T. W. Granady Have Withdrawn Resignations from Medical Staffs of Harlem Hospital," *New York Age* (New York), 19 April, 1930; "Drs. Murray, Granady Resign; Another Harlem Hospital Shakeup May Follow Protests."

> In fact, it will go on because the principles involved in the Harlem Hospital situation involve every hospital under control of the City of New York and the entire medical profession, and because there appears to be a determination among other medical societies not to let the matter die out. If the Commissioner of Hospitals does not investigate charges of incompetence lodged against Dr. Connors, the matter should be brought directly to the attention of Mayor Walker, who put him in office.[303]

Factional tensions within the North Harlem Medical Society came to a head on May 17th when thirty-five of the organization's fifty-four dues paying members announced their decision to leave the society and start a new medical organization. Not only substantial in number, the departing group also included the president and secretary, Charles Middleton and Harold Ellis, along with several other notable individuals, including Louis Wright and Aubre Maynard. According to one departing physician, Ernest Alexander, factional tensions within the NHMS had grown to the point that the basic functioning of the organization had been impeded. Referring to the last meeting he attended, Alexander asserted that the conduct at the meeting was "undignified and unworthy of a medical society and far beneath the behaviour to be expected of college men." Alexander reported that "abusive personalities" absorbed disproportionate amounts of time and that time was frequently wasted going back and forth, "voting confidences and cooperation with Harlem Hospital authorities," only to reverse them later. At one particular meeting, Alexander explained, factional tensions were so great the association never reached the intended program, or at least not until after he had left, which was well after midnight.[304]

Alexander was not the only departing member to express such strong sentiments. In his letter of resignation, Aubre Maynard maintained the association had "unfortunately deteriorated into an unstable and unsatisfactory body, not at all representative of fine principles, character or

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[303] "Harlem Hospital Fight Continues," *New York Amsterdam News* (New York), 16 April, 1930.
[304] "Doctors Quit North Harlem Society to Form New Medical Body; Old Body Repudiated," *New York Age* (New York), 24 May, 1930.

ideals that should animate a group of physicians." Maynard contended tensions within the organization were demeaning its members and the medical profession as a whole, lowering their standing in the public eye. "Through its petty squabbles, its vacillating attitude, its unreasoning personal attacks the entire lack of dignity in its proceedings," Maynard alleged, "it has caused the public to look with disfavor and a certain amused contempt upon the physicians of this community." Maynard felt withdrawing from the organization was a necessary step to preserve both his "personal and professional integrity."[305] Another departing physician, Vernon Ayer, mentioned that tensions within the NHMS were having a detrimental affect on medical care. The society, he maintained, had "definitely outlived its usefulness and was definitely committed to a policy of lowering the standard of medical practice and efficiency through unwarranted and abusive attack upon Harlem Hospital." In a jab at Petioni, Robert Wilkinson shared his relief from the burden of associating with the faction-ridden organization where he felt members claiming to speak on behalf of the entire society often hurt the reputations of African American physicians by misrepresenting the society's majority opinion.[306]

By late-May, the departing doctors had successfully organized their own medical association, the Manhattan Medical Society, explicitly dedicated to cooperating with Harlem Hospital and municipal hospital authorities. One member of the new society's executive committee, Allen B. Graves, asserted that the ideals and goals of the new body included:

> To cooperate with the authorities at the Harlem Hospital in the Department of Hospitals, in the Department of Health, and all existing health agencies; to build up for our profession and the community a sound organization composed of sound thinking men to do constructive work for the advancement of the best interests of the community, of the profession, of the hospital and of the race.[307]

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[305] Ibid.
[306] Ibid., 1, 3.
[307] Ibid., 1.

According to the *Age*, members of the new society represented "most of the most progressive and capable men in the profession in Harlem."[308] Noting that some members of the NHMS were not being invited to take part in the new organization, the *Age* reported that "several physicians in the community" who had chosen not to affiliate themselves with the NHMS, were interested in joining the new organization and "only a few of the outstanding physicians of the community elected to remain with the old organization."[309] Members of the MMS asserted they had adopted the position "that the benefit of the race and the profession as a whole transcends individual advancement and promotion."[310]

The NMA, NAACP, and the Rosenwald Survey

With Harlem Hospital's factions now formally represented by rival medical societies, tensions continued to flare. On June 5th, thirteen NHMS doctors resigned from their positions at the hospital. According to the *Age*, the doctors were protesting a new practice implemented at the hospital requiring members of the outpatient staff to undergo an oral examination before being promoted to the indoor staff. The dissenting practitioners maintained these new requirements were a breach of faith with past understandings promotions would take place on the basis of seniority. Oral examinations had never been required at Harlem Hospital or any of New York's other municipal hospitals and many of the departing physicians had been serving at the hospital for several years. After their dedicated service, many questioned whether the exam was a legitimate attempt to affirm their qualifications or a surreptitious effort to exclude them along

[308] "Doctors Who Resigned from North Harlem Medical Society Have Now Formed the Manhattan Med. Society," *New York Age* (New York), 31 May, 1930.
[309] "Doctors Quit North Harlem Society to Form New Medical Body; Old Body Repudiated."; "Doctors Who Resigned from North Harlem Medical Society Have Now Formed the Manhattan Med. Society."
[310] "Doctors Who Resigned from North Harlem Medical Society Have Now Formed the Manhattan Med. Society."

political lines.[311]

Factional divisions became even more firmly entrenched in the following months. On June 19th, the Manhattan Medical Society broadcast its support for Harlem Hospital and intent to cooperate with hospitals administrators by hosting a banquet honoring John Connors, Hospital Commissioner Greeff, and Ferdinand Morton.[312] A week later, nine African American physicians received appointments to the Harlem Hospital staff based on their performance on the controversial entrance exam.[313]

If the hospital supporters appeared to be gaining momentum, however, the opposition was no less resilient. In May, Peter Murray was elected president of the NHMS and, that August, president of the National Medical Association. More than simple recognition, Murray's elevation to president of both organizations signified that the national body was in line with the local society and stood in opposition to the hospital reforms supported by the NAACP. According to Vanessa Gamble, historian of the black hospital movement, while the NMA was committed to developing separate institutions for the development of African American physicians, the NAACP hesitated to advocate for the development of any sort of segregated medical institutions, particularly in northern states.[314] In October, members of the NHMS hosted their own banquet honoring and recognizing Murray's achievements. At the affair, Murray criticized the developments at Harlem Hospital, asserting that most promotions within the hospital were still going to white physicians and that the opportunity to train African American physicians had

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[311] "Thirteen Doctors Quit Harlem Hos.," *New York Age* (New York), 14 June, 1930.
[312] "Dr. John Connors Is Dinner Guest of Local Medics," *New York Age* (New York), 28 June, 1930.
[313] "Negro Doctors Named on Harlem Hospital Staff," *New York Age* (New York), 5 July, 1930.
[314] Gamble writes: "the NAACP considered black hospitals to be Jim Crow institutions. It argued that these facilities hindered efforts at integration because they provided white hospitals with excuses to continue their discriminatory practices." Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*, 61.

"fallen far short" of the mayor's intent.[315]

Members of the NHMS and NMA clashed with the MMS and NAACP in the upcoming months over a survey proposed by the Julius Rosenwald Fund to explore the possibility of building a black hospital in New York. Shortly after the reorganization, in April, members of the NHMS met with the medical director of the Rosenwald Fund, Michael Davis, to discuss the need for additional hospital space for African American physicians and patients.[316] Although the Rosenwald Fund had apparently not yet announced their intent, Aubre Maynard recalled rumors circulating about their desire to organize a separate institution. "The smoke was obvious," he wrote, "so something was burning" and "rumors grew to the point where they could no longer be ignored."[317] On December 8th, members of the MMS met with representatives of the Rosenwald Fund to voice their opposition to the plan for a separate hospital. At this meeting, Ferdinand Morton submitted a letter castigating the proposal. Referencing earlier proposals to reorganize Harlem Hospital as a separate facility which had already been rejected, Morton characterized the notion as "vicious in principle and unsound in policy." Continuing, Morton questioned the benefit of private philanthropy influencing social policy. "While doubtless well intended," he feared many efforts of the Rosenwald fund had done African Americans "more harm than good." "The Negro does not need philanthropy," Morton wrote, "all he asks is a square deal at the hands of the state and he will be able to take care of himself…It is not bounty that we want but simple justice."[318]

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[315] "Dr. Peter M. Murray Heads Medical Assn," *New York Amsterdam News* (New York), 27 August, 1930; "Doctors Honor Peter M. Murray, Head of National and Harlem Medical Men," *New York Amsterdam News* (New York), 29 October, 1930.
[316] "'Doc' Ferdinand Q. Morton Takes over the Practice of Medicine," *New York Amsterdam News* (New York), 17 December, 1930.
[317] Maynard, 76.
[318] Ibid., 77.

While the MMS worked to discourage the construction of a separate hospital, the NHMS encouraged the Rosenwald Fund to push the issue further. On December 18th, Charles Petioni, reinstated as secretary, asserted the benefit of conducting a survey to determine the needs and accommodations available to African American physicians and patients. "No intelligent approach can be made to the proper solution of any problem, " he wrote, "without first ascertaining the facts in the situation under consideration." Positing that other ethnic and racial groups benefitted from the development of separate medical facilities, Petioni asserted that a separate hospital for African Americans could serve as a meaningful way of addressing racial disparities in health and professional medicine.[319] In response to Morton's comments, William Kelley, an advocate of the NHMS, published an editorial in the *Amsterdam News* asserting his disapproval of Morton's position, characterizing his statements as "erroneous and bambastic." Kelley lambasted Morton writing:

> [If Morton's statement] had been due to ignorance, we could easily forgive him; but since it was not due to ignorance, we feel that it is our duty to expose it for what it obviously is: A diabolical and unnecessarily malicious attempt to inject more Tammany Hall corruption into the hospital situation in Harlem at the expense of human life and suffering, and also at the expense of the advancement of the Negro in the medical profession.

Declaring Morton's statements were proof of the political interests behind the reorganization, Kelley asserted the motive behind Morton's words were to "prevent the founding of any hospital here that would jeopardize the Tammanyized staff at Harlem Hospital." Rather than obstructing the efforts of the Rosenwald Fund, he recommended that, if sincere, Morton should direct his efforts at eliminating Jim Crow at his own "Tammanyized Department of

[319] "Harlem Doctors Disagree on Plan Proposed by Rosenwald Fund That Provides for Negro Hospital Here," *New York Age* (New York), 20 December, 1930.

Hospitals."[320]

In an editorial from the *Age*, editors expressed similar concerns about the unwillingness of the MMS to explore the potential benefits of building a separate hospital. "The health situation in Harlem is so acute," they wrote, "that there is need for all the aid that philanthropy and science can give in ameliorating the suffering of the sick and afflicted and stopping the spread of disease." Noting that Morton was, himself, the head of a racially designated political organization, the United Colored Democrats, the *Age* wrote that his rejection of the Rosenwald proposal appeared to be "a trifle inconsistent." The *Age* declared separate hospitals had already proved beneficial to other religious and ethnic groups, particularly Jews, and "if such a survey and hospital" should "contribute any iota toward the wellbeing of the race and the abatement of the ravages of disease" there was no reason to allow political or personal rivalries to stand in its way.[321] In their December 18th meeting, the NHMS released its own statement in support of the Rosenwald efforts. "The North Harlem Medical Society," it began, "goes on record, not only as endorsing but inviting the survey."[322]

Controversy surrounding the Rosenwald survey came to a close in January, 1931, when the MMS released an open letter to Edwin R. Embree, the president of the Julius Rosenwald Fund titled "Equal Opportunity, No More, No Less!" In this letter, members acknowledged that while Embree may have had good intentions, separate hospitals rarely lived up to the standards of modern medical facilities. In segregated institutions, they wrote, "the nursing and interne staffs are poorly trained. The medical and surgical staffs are invariably mediocre in type.

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[320] "'Doc' Ferdinand Q. Morton Takes over the Practice of Medicine."
[321] "When Doctors Disagree," *New York Age* (New York), 20 December, 1930.
[322] "North Harlem Medical Society Endorses and Invites Hospital Survey in Harlem for Rosenwald," *New York Age* (New York), 27 December, 1930.

Medical research is unknown. Inspiration is lacking and the mortality is unwarrantably high." Despite the promise of greater opportunity for black physicians and better community health care, in practice, separate hospitals were always substandard. In its letter, the MMS asserted definitively its belief that "a 'Jim-Crow' set-up *per se* produces a sense of servility, suppresses inspiration, and creates artificial and dishonest standards." Referring to past efforts of the Rosenwald Fund to establish segregated institutions, the MMS contended that such projects in medicine would suggest to African American physicians they were capable of treating only African American patients and would undermine the confidence of both physicians and patients, condemning African Americans to "hopeless mediocrity and a lack of self-respect."[323]

Concurrent with the release of this letter, Commissioner Greeff announced the Department of Hospital's intent to renovate and expand Harlem Hospital's existing facilities. According to the hospital superintendent, Lawrence T. Dermody, the administration was responding to an internal study begun in September of 1930 which demonstrated the need for additional nursing facilities and patient beds. Hospital renovations began shortly after the first of the year where, the *Age* reported, "seventy-eight men from the ranks of the unemployed were at work…preparing and decorating walls and ceilings of the hospital proper, the present nurses' home and the employees' quarters." According to Dermody, the planned renovations included an addition to the hospital that would provide more modern and ample living quarters for nurses and nursing students, an additional operating room, and 200 additional beds. Other renovations centered around improving facilities and upgrading operating rooms. With all the renovations planned, Dermody attested, Harlem Hospital would be able to offer "the best facilities possible"

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[323] Manhattan Medical Society, *Equal Opportunity—No More–No Less!: Open Letter to Mr. Edwin R. Embree, President of the Julius Rosenwald Fund, Chicago, Illinois*, *Peter Marshall Murray Papers, box 76-13, folder 271* (Moorland–Spingarn Research Center: 1931).

in caring for the hundreds of sick patients that sought treatment daily.[324]

With renovations planned, factions within Harlem's black medical community became more harmonious. On May 1st, the *Age* reported, the "burying of factional differences" as a number of doctors from both organizations came together at the annual banquet of the Howard Medical Club of New York City. "There was a spirit of friendliness and bonhomie evident throughout the evening," the *Age* reported, "that indicated the possibility of both groups laying aside their past differences and fraternizing in fraternal harmony." In recognition of his role as president of the NMA, Peter Murray received the status of honored guest at the affair while members of the MMS were also invited to make speeches and contribute. Charles Middleton gave the case history of a Caesarian section performed at Edgecombe Sanitarium and Louis Wright followed Murray's speech offering brief remarks.[325]

This newfound camaraderie gained recognition from the editors of the *Age* who congratulated the physicians for reconciling their differences. Asserting the banquet was comprised of a diverse crowd of physicians from different schools and with varying opinions, all proved "equally devoted to the cause of relieving human suffering." According to the editorial, the banquet offered "an object lesson as to the ability of the doctors to get together and cooperate." Encouraging similar camaraderie in their professional lives, the editors urged the physicians to "exercise this spirit of cooperation in the more vital problems of community life," maintaining such cooperation could solve many of Harlem's most pervasive health problems.[326]

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[324] "Changes in Hospital Heads Are of Interest in Harlem with Sending of Dr. Rapp to Lincoln Hospital," *New York Age* (New York), 10 January, 1931.
[325] "Annual Banquet of the Howard Medical Society Indicates Getting Together of Harlem Physicians," *New York Age* (New York), 9 May, 1931.
[326] "When Doctors Get Together," *New York Age* (New York), 9 May, 1931. For a more detailed investigation of the conflict over the Rosenwald survey, readers should see Gamble, *Making a Place for Ourselves : The Black Hospital Movement, 1920-1945*, chapter 4.

Calls for Investigation

But Harlem's black doctors found it difficult to sustain such feelings of goodwill for long. Ten months later in March, 1932, allegations of racial discrimination surfaced again as Murray issued a public statement challenging the progressive claims of hospital administrators and characterizing the hospital as a *de facto* Jim Crow institution. In an article appearing in the *Pittsburgh Courier*—a paper that carried a national readership and had a substantial audience in Harlem—Murray mentioned the rebuff of the Rosenwald Foundation and asserted Harlem Hospital officials had fabricated claims the Foundation intended to build a Jim Crow hospital rather than simply conduct a survey, attacking a straw-man in order to position themselves as progressive advocates of integration. Murray stressed their arguments were artificially constructed and regularly employed for the benefit of the administration. "Periodically," he wrote, "some mysterious hospital usually some Jim Crow institution or Jim Crow post graduate school which exists only in a disordered imagination is turned down or blocked. These imaginary straw men [were] promptly slain [by the Harlem Hospital advocates] and the frenzied plaudits of the populace awaited by the modest (?) heroes."

By advancing their distorted portrayals, Murray contended the incumbents of Harlem Hospital had manipulated the public to present themselves as proponents of racial integration when, in fact, Harlem Hospital officials were working surreptitiously to keep black doctors out of practice.[327] These "politically subsidized" physicians of the hospital, he suggested, were

[327] Murray insisted the Rosenwald Foundation had never proposed building a separate hospital for African Americans in Harlem but merely supported a survey to be funded and conducted by the New York Academy of Medicine regarding the state of the hospital and opportunities for the training of African American medical professionals.

unwilling to aid in the development of additional and alternative medical facilities for black practitioners. With regard to experience and scientific training, Murray alleged, Harlem Hospital had proved itself "a bitter disappointment to the Negroes of Harlem." By portraying themselves benevolently in the struggle against racial discrimination, he continued, officials sought to detract onlookers from a rising sense of dissatisfaction among the staff. "What better cry for the purpose," he wrote, "that Jim Crow?"[328]

More than an isolated complaint, the following winter, a series of dramatic resignations affirmed tensions still lingering from the 1930 reorganization. The first unexpected resignation came in December 1932, from U. Conrad Vincent, a member of the Manhattan Medical Society and head of the Department of Urology at Harlem Hospital. According to Vincent, who had initially been dismissed during the reorganization but reappointed shortly thereafter, his latest resignation was "an open and vehement protest against the flagrant mismanagement and inefficient and entirely unwholesome conditions prevailing in every department" at the hospital. Attesting there was a "spirit of segregation and discrimination" toward black personnel, Vincent noted the dramatic discrepancy between the percentage of African American patients (75-85%) and African American staff (20%). Alleging acute levels of discrimination among the nursing staff, he wrote, "splendidly educated and highly efficient colored graduate nurses are placed under the supervision and direction of poorly trained and grossly incompetent white nurses." According to Vincent, black doctors faced similar issues. "Colored men of proven ability and superior training," he lamented, "have been ousted, sidetracked, shelved or pushed into specially named departments." In many of these cases, Vincent attested these specialty departments existed in name alone, lacking facilities, staff, and other basic resources.

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[328] "Jim-Crow Hospital Is Storm Center," *Pittsburgh Courier* (Pittsburgh), 26 March, 1932.

In addition, Vincent maintained white doctors with senior positions at Harlem Hospital often held positions at other institutions as well—while dozens of qualified black practitioners were unable to garner appointments anywhere in the city. Vincent castigated Connors and Wright as the greatest influence behind these discriminatory acts, characterizing Wright as the hospital's "Negro Political Boss" who used the institution for personal gain while assuring "other colored physicians are kept in the background." According to Vincent, Wright liked to appoint young inexperienced practitioners who were willing to submit to his authority and overlooked more experienced practitioners who proved less willing to acquiesce.[329]

Vincent's resignation sparked a substantial response from both lay and professional communities. Editors of both the *Age* and *Amsterdam News* called for investigations of the hospital. According to the *Age*, Vincent's accusations were "so grave" an investigation was imperative to assure "the public learn the truth."[330] According to the *Amsterdam News*, the accusations that Wright and Connors were propagating the very discrimination they had ventured to eliminate and that "these twin evils…are more in evidence now than at any other time in the history of the hospital" was an alarming suggestion and, in itself, grounds for investigation.[331] When pressed for comment by the *Amsterdam News*, several African American physicians related similar sentiments. Peter Murray maintained these charges against Wright and Connors had been simmering for over a year and was hopeful Vincent's outspoken words would encourage others from the Manhattan Medical Society and hospital staff to voice their objections. Charles Petioni maintained he had predicted the accusations would surface and

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[329] "Prominent Physician Resigns from Harlem Hospital; Says Conditions Are Intolerable," *New York Age* (New York), 24 December, 1932; "Demand Harlem Hospital Jim-Crow Investigation: Associate Surgeon Scores Wright and Connors in Letter," *New York Amsterdam News* (New York), 21 December, 1932.
[330] "Investigate Harlem Hospital," *New York Age* (New York), 24 December, 1932.
[331] "Investigate Harlem Hospital," *New York Amsterdam News* (New York), 21 December, 1932.

attested the hospital was worse off than it had been before the reorganization. The new president of the North Harlem Medical Society, S. A. Sidat-Singh, stated: "Rumors of dissatisfaction have continually flowed from Harlem Hospital. I think the charges should be investigated. Wright is the 'boss' over at the hospital and conditions would be greatly improved if he were removed." Claiming it was well known that segregation and discrimination took place in the nurses' dining room, Ira A. McCown, one of the first African Americans to serve as an intern at the hospital, stated there was "manifest cause for concern" regarding African American physicians at Harlem Hospital.[332] Long-time adversary of the 1930 reorganization, Louis Friedman, characterized Wright as "drunk with power."[333] Ten days following Vincent's resignation on December 23rd, Marshall E. Ross, a surgeon in the department of gynecology, submitted his resignation and, on the same day, the NHMS passed a resolution calling for an investigation.[334]

On the heels of these highly publicized allegations and resignations, Ira McCown received word, presumably due to his public statements against the administration, that his affiliation with the hospital would be terminated. No longer constrained by hospital politics, McCown provided the *Amsterdam News* with an even more vitriolic commentary. According to McCown, in a recent meeting the medical board had discussed demoting and dismissing several African American physicians without reason. Relaying comments shared with him by Wright, McCown reported that the medical board had agreed "the Negroes in general in Harlem Hospital had been a sad disappointment," that Harlem Hospital alone could not meet the needs of all African American physicians, and that it would be generations before African American

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[332] "Demand Harlem Hospital Jim-Crow Investigation: Associate Surgeon Scores Wright and Connors in Letter."
[333] "Dr. Ross Resigns; Hospital Assailed," *New York Amsterdam News* (New York), 28 December, 1932.
[334] "Harlem Hospital Investigation Asked by Medical Society as Another Physician Resigns," *New York Age* (New York), 31 December, 1932. Ross was specifically protesting the lack of administrative response to Vincent's claims.

physicians were fully integrated into the hospital staff. McCown relayed Wright's comment that: "In the main it would be only for our children and our children's children to share in [the hospital's] opportunities." In the wake of his initial comments, McCown attested that many of his friends and colleagues had informed him he was a "marked man" and would soon be dismissed. McCown characterized the unspoken policy of the hospital as "no one will be permitted to say so much as a word, however, justifiable its cause may be without being ignominiously dismissed from the institution." McCown testified Wright had all but verified this policy when discussing his dismissal. Although Wright was unwilling to discuss the rationale behind it openly, he assured McCown that, if he hoped to be reinstated, it would be better he did not fight the administration. According to McCown, the hospital administrators commonly used such tactics. At the organization of the Manhattan Medical Society, McCown attested that it was Wright's dictatorial presence that led many to join and endorse the new organization at risk of professional reprisal. "We realized that we had better sign on the dotted line," he wrote, "if we were to remain."[335]

With dissent emanating from both outside and within the hospital ranks, from members of both the North Harlem and Manhattan medical societies, public demand for an investigation begin to build. Urging the physicians of Harlem Hospital to put aside their ambition and submit to an investigation, the editors of the *Amsterdam News* questioned whether Harlem residents would continue to support the practices of "doctors who put their own immediate gains before those of the people they are supposed to serve."[336] In another editorial calling for communal

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[335] "Dr. Ira Mccown Fired from Harlem Hospital Because of Published Interview," *New York Age* (New York), 7 January, 1933; "Hospital Surgeon Fired for Expose: Reprisal Seen as Dr. Ira A. Mccown Is Let out of Harlem Hospital after Speaking against Conditions in Institution," *New York Amsterdam News* (New York), 4 January, 1933.
[336] ""Why?"," *New York Amsterdam News* (New York), 11 January, 1933.

action, the editors encouraged Harlem citizens to recognize the need for an investigation. Regardless of ones wealth, social standing, or political connections, they wrote, if a Harlem resident suffers a serious accident in their neighborhood, he or she would be brought to Harlem Hospital for treatment. Recognizing this possibility, the need for an investigation was self-evident. "If the charges of discrimination, segregation, inefficiency and mismanagement are true," they asserted, "the operating table or the consulting room might prove a bad place to find it out."[337]

With such outspoken opposition calling for an investigation, advocates for Wright and the hospital reorganization recognized the need to vocalize their support. In an editorial in the *Crisis*, W. E. B. Du Bois came to Wright's defense characterizing him as "one of the best trained physicians in the United States" and describing him as a "passionate, uncompromising, outspoken believer in efficiency and recognition regardless of color." Recounting Wright's involvement in the desegregation process, Du Bois maintained Wright found himself not only challenging ingrained attitudes of racial inferiority from white officials but also facing the professional ambitions of "every colored physician in Harlem [who] naturally wanted to be appointed." According to Du Bois, in order for Harlem Hospital to excel, Wright was obligated to reject the "old and well-known physicians of wide influence" who fell short of modern standards. He contended that to employ such "dead weight" at Harlem Hospital "was to play directly into the hand of every 'Nigger hater' in the land." Du Bois maintained Wright selected his staff based on high and rigid standards and, in doing so, sparked "personal attack and innuendo of every kind" from his colleagues and laymen. As a result of performing this "thankless and heartbreaking duty," dismissing those who were unqualified "despite their

[337] "Bringing It Home," *New York Amsterdam News* (New York), 18 January, 1933.

influence and newspaper abuse," Wright was now facing calls for an investigation generated by their demands. "Can you beat it?" he wrote.[338]

Du Bois may have been uniquely equipped to appreciate the obstacles Wright faced in his efforts to grow Harlem Hospital into a cutting edge medical research facility that would serve the African American public. In his seminal work, *The Souls of Black Folk* (1903), Du Bois captured the peculiar sense of frustration undoubtedly experienced by Wright. "The would-be black savant," he wrote, "was confronted by the paradox that the knowledge his people needed was a twice-told tale to his white neighbors, while the knowledge which would teach the white world was Greek to his own flesh and blood."[339] Du Bois' own monumental survey of black health, *Health and Physique of the Negro American* (1906), had gone virtually unrecognized since its publication. Wright's opponents viewed his insistence that new black appointees have elite training in medical research as unfairly exclusive and of specious benefit to Harlem's greater African American community. Wright, however, viewed the reorganization of Harlem Hospital as a unique opportunity to expand black doctors' access to the profession while also challenging deeply engrained scientific notions of race. The next chapter will explore his efforts to use medical research as a tool to undermine notions of racial difference and inferiority, laying a foundation for the existence of the New Negro in medical science.

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[338] W. E. B. Du Bois, "Harlem Hospital," *The Crisis* 40 (1933): 44-5.
[339] W. E. B. Du Bois, *The Souls of Black Folk; Essays and Sketches*, (Chicago: A. C. McClurg & Co., 1903), chapter 1.

The Science of Respectability

Critics of Harlem Hospital's reorganization targeted Wright for his leanings towards elite medical research. While they questioned its pragmatic utility for the reorganization, as a group, black doctors recognized the value of these endeavors for elevating their professional status and advocating for racial justice.[340] In the decades preceding World War I, they had witnessed the explosion of eugenic theories, social Darwinism, as well as "medical, psychological, and demographic studies" that linked race with "mental illness, criminality…low intelligence…biological inferiority and susceptibility to infectious disease."[341] Although these studies would begin to cede ground in the inter-war period to more environmental and socioeconomic explanations of racial health, they continued to exert disproportionate influence over medicine for decades.

Maintaining civilization was, itself, a trait passed down genetically from generation-to-generation, scientific characterizations of race suggested black Americans lacked the capacity to

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[340] The different perspectives toward medical research held by Harlem's black physicians illustrates the divergent ways historical actors derived meaning from science in medicine. For a further discussion of this see Warner, "The History of Science and the Sciences of Medicine," esp. 166-173.

[341] David McBride, *From TB to AIDS: Epidemics among Urban Blacks since 1900*, (Albany, NY: State University of New York Press, 1991), 15-16. See also Lee D. Baker, *From Savage to Negro : Anthropology and the Construction of Race, 1896-1954*, (Berkeley: University of California Press, 1998); Fredrickson; Samuel Roberts, *Infectious Fear: Politics, Disease, and the Health Effects of Segregation*, (Chapel Hill: University of North Carolina Press, 2009), chapter 2; Wailoo, 21-26 & chapter 2; Lundy Braun, *Breathing Race into the Machine: The Surprising Career of the Spirometer from Plantation to Genetics*, (2013), chapter 2; Kenneth Manning, "Race, Science, and Identity," in *Lure and Loathing: Twenty Black Intellectuals*, ed. Gerald Early (New York: A. Lane/Penguin Press, 1993); Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*, (Berkeley: University of California Press, 2001); Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*, (Berkeley: University of California Press, 2005); Gregory Michael Dorr, *Segregation's Science: Eugenics and Society in Virginia*, (Charlottesville: University of Virginia Press, 2008); Natalia Molina, *Fit to Be Citizens?: Public Health and Race in Los Angeles, 1879-1939*, (Berkeley: University of California Press, 2006); Terence Keel, *Divine Variations: How Christian Thought Became Racial Science*, (2017). Among some of the most well known examples of these studies are Hoffman; Rudolph Matas, "Surgical Peculiarities of the Negro," *Transactions of the American Surgical Association* 14 (1896). Vanessa Gamble also offers a valuable analytic survey of such works and the responses of black doctors to them in her introductory essay found in Vanessa Northington Gamble, *Germs Have No Color Line: Blacks and American Medicine, 1900-1940*, (New York: Garland Pub., 1989). which also includes a compilation of such studies.

survive in modern civilization.[342] Frequently construing blacks as sources of contagion, Keith Wailoo explains, these denigrating theories functioned as symbolic forms of social control, interpreting "disease statistics as if they told a moral tale about emancipation, about the flight of African Americans from rural plantations, and about the dangers awaiting them in urban America."[343] They also provided a rationale for the use of various legal and extralegal measures to insure white supremacy, justifying Jim Crow segregation, disenfranchisement, racial violence, and other acute forms of discrimination.[344]

Black medical doctors regularly spoke out against the harmful effects of such studies, questioning their rigor and castigating their advocates. Louis Wright was one of the most outspoken opponents and, although the NMA opposed Wright's vision for restructuring Harlem Hospital, many of its prominent members—figures like Daniel Williams, Charles Roman, Montague Cobb, and Julian Lewis—shared his commitment to using medical research to advance the cause of racial justice.[345]

The Black Doctor's Burden: Racial Science

In one of his first encounters with scientific constructions of race, Charles V. Roman, one-time president of the National Medical Association and editor of the *Journal*, found his grade-school textbook portraying "the Negro" as a rural African tribesman, wearing a nose-ring

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[342] More detailed accounts of the distorted representation of blacks in science see McBride, *From TB to AIDS: Epidemics among Urban Blacks since 1900*, chapter 1, esp. 18-22; Fredrickson, chapter 8. For more on civilization as an inheritable trait see Bederman, chapter 1; George W. Stocking, *Victorian Anthropology*, (New York, London: Free Press; Collier Macmillan, 1987).
[343] Keith Wailoo, *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health*, (Chapel Hill: University of North Carolina Press, 2001), 14-5.
[344] For more on the stereotype of the hypersexual black rapist see Fredrickson, chapter 9; Litwack, 210-212. For more on perceptions of "black supremacy" see Foner, 150-55.
[345] Other noteworthy researchers on this subject include W.E.B. Du Bois and Kelly Miller, whose work is discussed in Braun, 48-51. See also Keel, chapter 3; Manning, in *Lure and Loathing: Twenty Black Intellectuals*; Rusert.

and loincloth, holding shield and spear. Contrasted with the image of the Caucasian race—a portrait of a middle-class family dressed in western attire—Roman perceived this nearly nude black figure as an embodiment of the absurd. With "calfless legs," protruding heels and toes, exceedingly long limbs, and "claw-like fingers," Roman and his classmates were baffled by the individual's uncanny appearance, professing: "None of us had ever seen anybody like him." While the text assured them of its scientific veracity, Roman struggled to reconcile his personal knowledge with this representative caricature.[346] Several years later, after obtaining a medical degree from Meharry Medical College, studying in Europe, and training under Daniel Williams, Roman expressed his concerns about the damage such scientific portrayals had on popular perceptions of African Americans. "After a certain distorted caricature…has been impressed upon the public mind as the 'typical Negro,'" he wrote, "it is easy [for the public] to identify with such caricature every person called Negro."[347] Describing it as "one of the meanest phases of the race question," Roman lamented, "from nothing has the American Negro suffered more, than from misrepresentation."[348]

Roman's assertion was far from an overstatement. He was one of many black doctors who recognized how derogatory scientific depictions carried far reaching implications for black health. Writing in 1933, Midian Bousfield, a representative of the Supreme Liberty Life Insurance Company of Chicago, explained "one of the greatest handicaps to all public health work among colored people is the heritage from early white writers, who mistook opinion and prejudice for facts." Primarily concerned with validating white supremacy, he contended, "they

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[346] C. V. Roman, *American Civilization and the Negro; the Afro-American in Relation to National Progress*, (Philadelphia: F.A. Davis company, 1916), 356.
[347] Ibid., 353.
[348] Ibid., 40, 353, 358.

searched only for some glaring characterological contrast, based upon biological differences." These theories endured, often preventing African Americans from receiving aid from public health officials who believed blacks were predetermined for extinction.[349]

Some of the most damaging racial pathologies involved studies of syphilis and tuberculosis. Often classified as "constitutional" afflictions and associated with mental health disorders, racial characterizations of these diseases proved uniquely detrimental to the public image of black Americans. Frequently associated with sexual impropriety, filth, and vagrancy, medical accounts construed their growth within African American populations as indications of biological unfitness and African American's incompatibility with modern society.[350]

Studies of tuberculosis frequently attributed its high occurrence in blacks to degeneration. Claiming the disease was nearly non-existent among slaves prior to the Civil War, these reports maintained that tuberculosis became a leading affliction among African Americans only after emancipation.[351] Freedom, many experts believed, was "an intensely artificial state" for blacks who, in their attempts to enter modern society, experienced unique stresses that made them more susceptible to disease. "It was the great strain of trying to be civilized," they argued, "that broke

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[349] Midian O. Bousfield, "Major Health Problems of the Negro," *Hospital Social Service* 28 (June, 1933 1933): 544-5. Challenging deterministic theories of black health, Bousfield stressed the need for better access to hospitals, sanitariums, and specialized health care in order to treat the most pervasive health concerns facing blacks. Such access was critical for both blacks and whites. "People," he concluded, "are more easily segregated than diseases." Ibid., 551.

[350] In addition to those works covered in this article see Hoffman, 95. For additional analysis by contemporary scholars see Katherine Ott, *Fevered Lives: Tuberculosis in American Culture since 1870*, (Cambridge, MA: Harvard University Press, 1996), chapter 6; Tera W. Hunter, *To 'Joy My Freedom: Southern Black Women's Lives and Labors after the Civil War*, (Cambridge, Mass.: Harvard University Press, 1997), chapter 9; Christina Simmons, "African Americans and Sexual Victorianism in the Social Hygiene Movement, 1910-40," *Journal of the History of Sexuality* 4, no. 1 (July 1993). Keith Wailoo makes a similar argument in his work on sickle-cell anemia. See Wailoo, *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health*, 14-15.

[351] For a more detailed account, see Samuel Roberts, *Infectious Fear: Politics, Disease, and the Health Effects of Segregation,* (Chapel Hill: University of North Carolina Press, 2009), esp. chapter 2.

a black person's health."[352] According to medical researcher Thomas McKie, writing in 1897, tuberculosis disproportionately afflicted "the most elegant, the most refined, well-to-do [black] families…those who seem to put forth the greatest effort to imitate the better class of their white neighbors." At a time when the refined manners associated with the upper and middle classes were seen as determined genetic traits, McKie argued that, for an unfit race, attaining middle class status required "far more than ordinary mental effort on the part of a people who had hitherto been totally unaccustomed to such mental strain, and who are equally unfitted either by nature, education or practice to assume" the "grave responsibilities" of modern civilization. As a "neuroses" or "nerve disorder," tuberculosis represented the "penalty"—nature's punishment—for unnatural striving.[353] So essential was this evolutionary process to the pathology of tuberculosis that Thomas Mays, writing from Philadelphia in 1904, suggested the most effective means of preventing its spread was re-enslavement.[354]

While studies of tuberculosis portrayed African Americans as unsuited for modern society, studies of syphilis (and other sexually transmitted infections) carried the additional stigma of sexual impropriety—a notion in stark contrast with the tenets of sexual restraint and Victorian respectability associated with middle class respectability. There were perhaps few better examples of such derogatory reports than Thomas Murrell's article "Syphilis and the

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[352] Ott, 102-5. For a particular example of this, see Seale Harris' article "Tuberculosis and the Negro" published in the *Journal of the American Medical Association*, 41 (1903): 834-38, and reprinted in Gamble, *Germs Have No Color Line: Blacks and American Medicine, 1900-1940*, 1-5. See also Jim Downs, *Sick from Freedom : African-American Illness and Suffering During the Civil War and Reconstruction*, (New York: Oxford University Press, 2012).

[353] Thomas J McKie, "A Brief History of Insanity and Tuberculosis in the Southern Negro," *Journal of the American Medical Association* 28 (March 20 1897): 538. For additional information and interpretations of tuberculosis among African Americans see Ott, chapter 6; Hunter, chapter 9; McBride, *From TB to AIDS: Epidemics among Urban Blacks since 1900*, chapter 1.

[354] Thomas J Mays, "Human Slavery as a Prevention of Pulmonary Consumption," *Transactions of the American Climatological Association* 20 (1904): 192. This article is available in Gamble, *Germs Have No Color Line: Blacks and American Medicine, 1900-1940*, 6-11.

American Negro," which appeared in 1910 in the *Journal of the American Medical Association*. Murrell, a southern physician and faculty member at the Genito-Urinary Dispensary of the University College of Medicine in Richmond, Virginia, (now Virginia Commonwealth University) sought to affirm the existence of the degenerate Negro by comparing the health of blacks in 1859 with those in 1909. Describing the Fifteenth Amendment, which codified the right of African Americans to vote, as one of the world's "greatest tragedies," Murrell characterized slavery as a "curse" that had been lifted from the white man's shoulders and, tragically, shifted to African Americans under the guise of "freedom." The Negro "was free, indeed," he wrote sardonically, "free as the birds of the air…not to live but to die, and he took advantage of his freedom."[355]

In their struggle to assimilate, Murrell maintained, African Americans faced a unique strain of evolutionary conflicts that led to disease. While many were "ambitious to shine" their efforts represented an unfounded and irrational hope rather than a true reflection of their evolutionary potential. The Negro embodied "the crossed strains of civilization and barbarism" and was a "strange and pitiable creature, whose mind and body [were] traveling in different directions." After Emancipation, these tensions caused the release of previously inhibited urges, leading blacks to engage in a sexual "carnival" that caused the spread of syphilis and other infections as well as the propagation of degenerate offspring. Speaking directly to turn-of-the-century Progressive era Victorian notions that considered sexual restraint one of the defining characteristics of civilized society, Murrell's claims suggested, like primitive animals, African Americans lacked civilization's essential moral character. He attested that few black men would

[355] Thomas W Murrell, "Syphilis and the American Negro: A Medico-Sociologic Study," *Journal of the American Medical Association* 54, no. 11 (March 12 1910): 847.

refrain from sexual intercourse without the presence of a "mechanical obstruction" and that "adultery and fornication [were] literally not regarded as a sin" among most blacks.[356] Describing the "sexual powers" of blacks as "those of a specialist in a chosen field," he contended morality had become "virtually a joke" and that syphilis was nearly universal within the race. The average black girl, he posited, now lost her virginity at the age of fifteen and few blacks remained virgins beyond the age of eighteen. Even the more educated classes of African Americans, according to Murrell, were unwilling to adhere to the basic tenets of moral health and sexual hygiene.

In line with the narrative of the Lost Cause, Murrell contrasted nostalgic images of loyal and affectionate plantation "darkies" with stereotypes of this new racial barbarism. He asserted that syphilis frequently caused severe mental defects that transformed the endearing antebellum slave figure—romantically beloved by many nostalgic Southerners—into a mentally ill, violently depraved, sex-crazed menace. "The Negro who commits the unspeakable crime of rape on the white woman is not a normal well-balanced man," he wrote, "nor…a member of that race which protected the women and children when their masters were at the battle front." Furthermore, the black woman who seduced white men using her respective "charms" was "not the same woman that the Southern child revered and loved to call 'mammy.'" Syphilis had caused an increase in the number of mentally unstable blacks "never confined to asylum walls" who were free to terrorize innocent whites. Black men had become savage brutes and black women crazed jezebels. "The negro of 1859 was a fixed type," he nostalgically recalled. However, evolutionary forces had led to a dramatic change and "the negro of 1889 was a different man" while "the

[356] Ibid., 847-8. For more discussion on the relationship between sexual behavior, race, and civilization see Bederman, esp. 27-31.

negro of to-day"—this New Negro—he warily surmised, "is another."[357]

Dementia Americana

Black doctors often responded to such studies by using their own research and scientific acumen to contest notions of degeneration and lay a foundation for the New Negro as a biological equivalent to whites. Exposing derogatory studies as thinly veiled efforts to disparage African Americans and justify discrimination under the guise of scientific authority, they questioned the rigor behind these works and argued their premises and conclusions reflected, not substantive critical analysis, but racial prejudice.[358]

Members of the National Medical Association were often at the forefront of these efforts. After analyzing many such studies, Charles Roman provided a unique explanation. In a gesture of critical satire, he declared the discovery of a new disease termed "dementia Americana." In a scathing critique, Roman attested the ailment afflicted many southern whites, leading them to become wholly irrational when dealing with matters of race. Simply mention the word "Negro" to the afflicted individual, he wrote, and regardless of his social status or intellect he "at once

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[357] Murrell 848. Like Mays, McKie, and numerous other social critics, Murrell heralded the value of social controls, like enslavement, to improve black health and protect white Americans. He maintained that a "paternal government" with stricter controls and greater surveillance, requiring blacks to register illnesses and receive compulsory treatment, was essential for the nation's future. Evoking images of both deliverance and servitude, Murrell concluded: "The fellowship of the republic is not [the Negro's] birthright or his right. He needs a Moses to bind him with a law." Ibid., 849. Proposals to return blacks to slavery (or some similar condition) appeared regularly in this era. See Nell Irvin Painter, *Standing at Armageddon : United States, 1877-1919*, (New York: W.W. Norton, 1987), 167.

[358] Christopher Crenner discusses the ways these works challenged medical standards of health and normalcy, focusing particularly on the work of Julius Lewis. See Christopher Crenner, "Race and Laboratory Norms: The Critical Insights of Julian Herman Lewis (1891-1989)," *Isis* 105, no. 3 (2014). Terrance Keel explores some of Charles Roman's work. See Keel, chapter 3. Kenneth Manning does as well. See Manning in *Lure and Loathing: Twenty Black Intellectuals*. Britt Rusert explores some of the different ways African Americans challenged racial science in the antebellum and Civil War era. See Rusert. See also by Crenner, "The Tuskegee Syphilis Study and the Scientific Concept of Racial Nervous Resistance." *Journal of the History of Medicine and Allied Sciences* 67, no. 2 (2012): 244-80. https://muse.jhu.edu/article/471599.

loses his intellectual bearings. Passion supersedes judgment, prejudice usurps the throne of reason, and opinion subverts evidence."[359] Like many others suffering from the disease, Murrell was prone to exaggerate the "exceptional" and "abnormal" aspects of black health while overlooking the shared qualities of racial groups. A classic case of the disorder, Murrell's work contained the distinctive "pathognomonic symptom," being that "in reasoning on the Negro question the victim takes the position antipodal to reason, fact and experience," arguing "exactly the opposite" of what one would expect to find using traditional logic.[360]

By way of example, under the pretense that only southern white men knew anything about the race question, sufferers insisted upon making "sweeping generalizations [about blacks] from a limited personal experience," stigmatizing universal human shortcomings as peculiar racial traits.[361] Responding to Murrell's claim black men would not refrain from sexual intercourse without the presence of a "mechanical obstruction," Roman responded with a dose of his own sardonic humor, asking: "Why the word Negro in that sentence?" Addressing theories of black degeneracy and evolutionary unfitness, he challenged Murrell's attempt to racialize "poverty, disease, and crime" as unique to African Americans. Even where black Americans exhibited the capacity for civic equality by becoming respected professionals and community leaders, he maintained those suffering from "dementia Americana" viewed these as isolated "monstrosities or hypocrites" and chose instead to judge "the diseases, morals, and future possibilities of the entire race by the patients treated in a public clinic."

Apt to make unfounded and grossly misleading generalizations about blacks, sufferers

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[359] Charles Victor Roman, "Seeing Red," *Journal of the National Medical Association* 2, no. 2 (april-june 1910): 104.
[360] Ibid., 106.
[361] Ibid., 105.

relied disproportionately upon subjects from "brothels, saloons and gambling hells," while purposefully avoiding all contact with "Negro churches, lodges or homes" or educated African Americans—people and places where large numbers of morally conscious, civic minded, healthy members of the race could be found. Physicians the world over, Roman attested, recognized "virgins over or under eighteen years are not the material for genito-urinary clinics" and that only the sick, the unfortunate, and the immoral, sought out "genital examination, either in private office or public clinic." Yet, it was here Murrell expected to acquire data that could be generalized to the entire race. "Note carefully," he advised with the tone of serious clinical instruction, "it is the exact antithesis of reason and experience."[362]

Roman's diagnosis played off the evolutionary implications of mental health afflictions to suggest additional significance to his findings. Evoking the shadow of race-specific diseases like Dysaesthesia Aethiopica and Drapetomania—described in 1851 by Samuel Cartwright as explanations, respectively, for black "rascality" and attempts escape slavery (and which continued to appear in medical literature until the mid-1910s)—Roman not only challenged Murrell's reasoning but suggested the mental health of prejudiced white southerners raised questions about their own fitness for civilization.[363]

Roman was not the only doctor to voice his displeasure with Murrell's work. John A. Kenney, a resident physician at Tuskegee Institute and associate editor of the *Journal*, reserved his greatest distain for Murrell's denigrating characterization of the aspiring black middle class—a group essential to substantiating claims of African American progress and conceptions of the New Negro. "What is most unfair," he wrote of Murrell, "is he attempts to condemn even our

[362] Ibid., 104-6.
[363] Gretchen Long offers a similar explanation of Roman's article. See Long, 172-177.

refined classes along with the slum product." "Has there ever been an article more filled with wholesale condemnation of the morals of 'all classes' of the race?" Incensed about the damage Murrell's work sought to inflict on the respectable image he and other racial reformers were cultivating for African Americans, Kenney was incredulous Murrell would claim even educated blacks neglected hygienic standards and lacked cultural refinement. Reinforcing Roman's critique of Murrell's methodology, Kenney pulsed: "Has the writer ever been in any of the beautiful, well appointed homes of the leading Negroes of Richmond? I have, and I have found a careful observance of the laws of hygiene in these as well as a great many homes of Negroes in other places."[364]

Describing Murrell's study as "as anti-Negro as anything from the pens of our most pronounced enemies could be," Kenney also expressed his distain for Murrell's characterization of African American women as hyper-sexual and promiscuous. Kenney maintained that he had examined hundreds of young black women as the resident physician at Tuskegee and expressed how "deeply impressed" he was with the "overpowering percentage" who, regardless of their socioeconomic background, appeared to be virgins. Seeking to protect the virtue and reputations of black women by characterizing them as uniquely virtuous and sexually chaste, Kenney attested that, out of more than five hundred young women at the Institute in a three-year period, he encountered only one unplanned pregnancy and no abortions. Of this "class of Negro virgins…pure and chaste," he continued, many later struggled to consummate their marriages due to overly restrictive hymen.[365] Through these depictions of sexual limitation, bordering on the abnormal, Kenney sought to affirm black women's evolutionary fitness, suggesting their

[364] John A Kenney, "Syphilis and the American Negro—a Medico-Sociologic Study," *Journal of the National Medical Association* 2, no. 2 (April-June 1910): 117.
[365] Ibid.

biological character lent itself to Progressive notions of sexual restraint, middle-class respectability, and civilization.

Kenney, along with several members of the NMA, called upon their colleagues to test the veracity of studies like Murrell's. It was the *Journal*'s duty, he attested, to "plainly and clearly" challenge and expose such unfounded reports.[366] C.W. Birnie, from Sumter, South Carolina, maintained further research was essential for evaluating and addressing African American health care needs. "Is there a degeneracy of the Negro race going on?" he wrote. "Is he physically, morally and socially losing his place in the race of life?…Surely, these are questions of vital importance to us."[367]

But members were challenging deterministic racial science even before Murrell's article. In 1909, one contributor to the *Journal*, E.P. Roberts, contested deterministic theories of tuberculosis. "No one inherits tuberculosis," he wrote. "An individual may inherit a predisposition for it—a weak, debilitated, non-resistive constitution, which would be suitable soil for the germs which produce this disease to remain in and multiply, should they ever enter the system," but this was not evidence of degeneration. Roberts explained that environmental factors increased the chances an individual contracted tuberculosis by weakening the body's "constitutional" defenses. "Colds, excessive use of alcohol and tobacco, bad hygienic and sanitary surroundings, insufficient amount of good, nutritious food, inadequate amount of sound, refreshing sleep, lack of fresh air and sunshine, exhaustion from excessive physical and mental work, immoral conduct, and in brief, whatever tends to dissipate our energy," he continued, can

[366] Ibid., 115-6.
[367] C W Birnie, "The Influence of Environment and Race on Disease," *Journal of the National Medical Association* 2, no. 4 (October-December 1910): 243-4.

lessen one's "resistive power" and represent a "predisposing cause."[368]

Far from a peculiar race trait, Roberts maintained tuberculosis was a nearly ubiquitous human affliction, stressing its capacity to infect patients across regional, class, and racial lines. "No climate is too mild or too severe, no home too palatial or too humble for this, the most deadly foe of man to enter," he professed. "It has been and is at present, the most important causative factor in increasing the death-rate of all races." Given its widespread impact on American health, Roberts encouraged his colleagues to acknowledge tuberculosis as a problem of "transcendent importance" and to recognize its greater implications, characterizing it as not simply a racial disease but "by far the greatest problem of the twentieth century."[369]

Many black doctors recognized the potential for deterministic racial science to become a self-fulfilling prophecy. According to Edward Boyle, of Washington, DC, theories of racial degeneracy led some doctors to forego treating black patients. "It is not infrequent," he wrote, "that colored consumptives are permitted to go from bad to worse because their white attendants have been taught that the Negro is exceptionally predisposed and…bound to succumb sooner or later."[370] In addition, African American patients, themselves, frequently delayed consultations with medical professionals because they feared they suffered from an incurable race-specific illness, downplaying the severity of their condition until "the curable stage [had] passed forever."[371]

Such reports also affected the practices of black doctors. "I remember contending with a colleague on the much-discussed question of the Negro's susceptibility to tuberculosis," wrote

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[368] E. P. Roberts, MD, "Causes and Prevention of Tuberculosis," *Journal of the National Medical Association* 1, no. 2 (April-June 1909): 81-2.
[369] Ibid., 81.
[370] Edward Mayfield Boyle, M.D., "A Comparative Physical Study of the Negro," *Journal of the National Medical Association* 4, no. 2 (Apr-Jun 1912): 126.
[371] Ibid., 126, 129.

Boyle. "Without even enough patience to listen to my argument, he interrupted with the following retort: 'How much evidence do you want? You see for yourself every day how many of our people contract tuberculosis and die.'"[372] At Harlem Hospital, Louis Wright also feared black doctors were prone to accept these theories, writing: "I am sorry to say that some of our naïve physicians and professors have taken these worthless, subtly insidious and damnable statements at their face value, and have been teaching these untruths to our people for truths—not realizing that they were being used as tools to further biased white propaganda."[373] By affecting black doctors in this way, Wright maintained these studies tainted the group most capable of addressing African American health care needs, causing unnecessary suffering, higher death-rates, and endangering "not only the health of the Negro, but the health of all American citizens."[374]

Misleading medical reports could also harden the public to the plight of African American health. Birnie argued such theories frequently led physicians to over-diagnose sexually transmitted infections in black patients. "Every skin disease appearing on a Negro is at once charged to the province of syphilis," he attested.[375] "Almost daily," he continued, "we find newspapers, and magazines teeming with articles endeavoring to prove that the Negro race stands as a menace to the white man socially, morally and physically." These reports severely stigmatized African Americans. "No other diseases have given the same opportunity to make of the Negro a scapegoat," he warned. "Public sentiment is being educated against us."[376]

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[372] Ibid., 126.
[373] Louis Tompkins Wright, "Factors Controlling Negro Health," *The Crisis* (September 1935): 264-5.
[374] Ibid.
[375] Birnie 246-247.
[376] Ibid., 243.

Wright's Response

Louis Wright was a leading figure in the effort to challenge these denigrating studies. As an intern at Freedmen's Hospital, he led a cutting edge research project designed to challenge the racial caveat of the Schick test for diphtheria. During an outbreak of diphtheria in 1915, Wright requested supplies from the National Vaccine and Antitoxin Institute to apply the Schick test to patients and staff at Freedmen's. The Institute, however, was reluctant to aid him because, according to popular medical opinion, the test was ineffective on black patients. The Schick test required an intradermal injection that relied on the darkening of skin pigment to determine a patient's immunity levels to the disease.[377] Because African American patients had darker skin tones, many medical professionals assumed it would have little utility on them.[378] Concerned black patients were erroneously denied a valuable tool, Wright proceeded without the Institute's support.

In 1917, he published an article in the *Journal of Infectious Diseases* that discussed his findings on the usage of the Schick test on "very dark or black skins" and the "degree of natural immunity" found in African Americans.[379] Applying the test to 210 subjects, he emphasized the wide-ranging complexions found among his subjects. "The color of the skin of the persons tested ranged from white to black," he wrote. "Light brown, dark brown, and black skins predominated." When applied, Wright established that patients with darker complexions had proportionate reactions explaining "the darker the skin the darker the pigmentation." "In white and fair skins, the pigmentation was of a light brown color, while in darker skins the

[377] Bela Schick, a Hungarian physician, developed the test.
[378] Wright, I Remember…, 59.
[379] This work represented the first scientific publication from Freedmen's and perhaps any black hospital. See Cobb, "Louis Tompkins Wright, 1891-1952."

pigmentation was darker than the color of the skin of the person tested." Asserting that his conclusions followed what should have been common scientific logic, Wright maintained, "it is only what one would expect […] that a pigmented race should show a greater […] reaction to a pigment-producing stimulus than a non-pigmented race."

In addition to dark patches, Wright established that other notable responses could be used to determine the results of the Schick test. Even in rare cases where doctors encountered a patient who was "literally so black that an increase in pigmentation [was] obviously an impossibility," he explained the appearance of scales provided a useful indicator of a positive reaction. Regardless of skin tone, in "all undoubtedly positive cases," patients exhibited exaggerated "skin lines" and "marked roughening of the skin," slightly elevated and "white or grayish in color, even in very dark-skinned persons." Lastly, Wright used his research to confirm African Americans were not more susceptible to diphtheria than white Americans but, rather, exhibited similar levels of immunity. "The percentage of positive reactions among Negroes," he wrote, was the same in whites and blacks.[380]

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[380] Wright, I Remember…, 59; Louis Tompkins Wright, "The Schick Test, with Especial Reference to the Negro," *Journal of Infectious Diseases* 21 (1917): 265-8. Like Wright, William Beck, a professor of clinical medicine at Meharry Medical College, sought to challenge contentions African American patients were unresponsive to certain treatments for tuberculosis. In his study "Collapse Therapy in the Negro," Beck wrote that, although historically "many well meaning physicians" believed the procedure was ineffective in African Americans, "seasoned experience completely routed this idea." Attesting that "the technical part of collapse in the Negro differs in no way from collapse in the white race," Beck suggested that the reason for these misperceptions stemmed from unequal access to modern medical resources. Beck cited the limited number of spaces available to African Americans in modern hospitals and tuberculosis treatment centers as well as the limited number of African American doctors, trained as specialists in diagnosing and treating tuberculosis. Commenting on the impact of segregated medical schools and training institutions on the development of African American practitioners, Beck proposed that, by removing the obstacle of segregation, African American physicians could gain more advanced training and take on a larger role in the arduous task of treating tuberculosis in African American communities. Even without access to modern hospitals, Beck attested, he regularly provided ambulatory collapse treatments to black patients in his office. "One patient," he continued, "who was unable to secure a bed in any hospital in the state traveled a distance of sixty-five miles each week" to receive the treatment. Over the course of four years, he testified, "we have had no serious embarrassment from such a procedure." Many of Beck's clients received the treatment without complication and, when complications did develop, a small number received supplemental care at local hospitals. Commenting on the large number of African Americans afflicted with tuberculosis, Beck stressed the need for early diagnosis through x-rays and the advanced training of African American physicians, calling for the development of post-graduate

In addition to affirming black patients were responsive to modern treatments, Wright also sought to demonstrate blacks were susceptible to diseases considered characteristic of modern civilization. In the late-nineteenth and early-twentieth century, medical researchers often affirmed white supremacy by maintaining blacks were immune to diseases emblematic of modernity.[381] These researchers contended African Americans lacked the higher intellectual and emotional qualities, the "interior" life, that predisposed whites to cancer.[382] They considered enslaved African Americans part of "the 'natural,' supposedly worry-free South," an environment comparable to the primitive lifestyles of their African ancestors, that granted them near immunity from cancer and other diseases of modernity.[383]

Black doctors responded to these studies by demonstrating African Americans were not immune to diseases (like cancer and ovarian cysts) thought to afflict only civilized races. In his 1928 article, "Cancer as It Affects the Negro," Louis Wright challenged the argument African Americans were immune to cancer. From the "great body" of research work done on the subject, he asserted, "one fact stands out…very clearly, and that is that Negroes do have cancer." Incidents of cancer among African Americans were increasing and, Wright predicted, would continue to increase in years to come. His explanation for this rise involved several factors that

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training centers at Meharry Medical College and the need for additional efforts to cure the disease. See William A. Beck, MD, *Collapse Therapy in the Negro*, *Louis T. Wright Papers, Box 130-10, Folder 23* (Manuscript Division, Moorland-Spingarn Research Center, Howard University, Washington, DC: 1941), 1, 4, 5-8. See also William A. Beck, MD, *Tuberculosis and the Negro*, *Louis T. Wright Papers, Box 130-10, Folder 25* (Manuscript Division, Moorland-Spingarn Research Center, Howard University, Washington, DC: 1942).

[381] See George Miller Beard, *American Nervousness, Its Causes and Consequences : A Supplement to Nervous Exhaustion (Neurasthenia)*, (New York: Putnam, 1881); George Miller Beard and Herbert Spencer, *Herbert Spencer on American Nervousness : A Scientific Coincidence*, (New York: G. P. Putnam's Sons, 1883); Charles E. Rosenberg, *No Other Gods: On Science and American Social Thought*, (Baltimore: The Johns Hopkins University Press, 1997), chapter 5.

[382] Wailoo, *How Cancer Crossed the Color Line*, 5.

[383] Ibid., 41. See also Rana Asali Hogarth, "The Myth of Innate Racial Differences between White and Black People's Bodies: Lessons from the 1793 Yellow Fever Epidemic in Philadelphia, Pennsylvania," *American Journal of Public Health* 109, no. 10 (2019).

stemmed from modern medicine's developing understanding of the disease as well as expanding class differentiations within the African American population. Referring to contemporary research on cancer, Wright conceded the ailment was a "disease of culture"—found mostly in modern civilizations—and that, while "uncivilized" Africans, Native Americans, Eskimos, and other groups considered "savages," rarely suffered from the affliction, African Americans, with their growing proximity and involvement with modern society, were showing higher incidents of the disease, contesting the notion their race possessed a unique immunity.

Acknowledging that significant differences in the cancer mortality-rate existed between whites and blacks, Wright offered other explanations. He argued other afflictions (like tuberculosis) caused fatalities among black Americans before they reached the age where cancer tended to appear. Any significant decrease in mortality rates from these illnesses, he continued, would serve to increase overall mortality rates from cancer. Another explanation was improper diagnosis. "The diagnosis of cancer," he explained, "is by no means always a simple thing." To make an accurate determination, Wright emphasized the importance of performing a microscopic examination of the affected tissue. Where African Americans lacked access to modern diagnostic resources or where postmortem examinations were not performed, cancer mortalities went unrecorded. With improved diagnostic capabilities and a greater number of African Americans "reaching the cancer age due to reduction of Negro mortality from tuberculosis," Wright concluded that the disparity between black and white death rates would begin to dissipate further.[384]

With similar purpose, but preceding Wright, Daniel Hale Williams and Charles Roman

[384] Louis Tompkins Wright, "Cancer as It Affects the Negro," *Opportunity: A Journal of Negro Life*, no. June (1928): 169-70.

published their own respective findings on the occurrence of ovarian cysts in African American women. Where previous surgical observers maintained African American women were less likely to develop these maladies because they occupied a more primitive position on the evolutionary scale, Williams used his clinical research in 1901 to illuminate several mitigating factors, including the prevalence of racial prejudice, that often skewed these clinical reports. Addressing the contemporary state of medical knowledge concerning ovarian cysts, Williams emphasized that the racial disposition of these growths stemmed largely from long-standing surgical "impressions" rather than careful scientific analysis. So deeply engrained were these distorted notions that surgeons treating African American women often misdiagnosed tumors that by all other accounts, except that of race, met the criteria for ovarian cysts.

Echoing Williams' sentiments, Roman recalled the incongruity between his formal education and his practical experience with black patients. "It was taught for years," he began, "in the Northern medical schools that ovarian cysts practically did not occur in Negro women." "Surprised was I to find five cystomas of the ovary during my first year of surgical practice." Discrediting past medical studies on the issue, Roman contended: "The opinions of our distinguished teachers in respect to this matter are untenable. They are established on scanty observations." Although these growths may have been less common in African American women than in whites, "they were by no means rare" and mistakes would be made in treatment if doctors were not more vigilant in their diagnosis. Fearing that beliefs in racial diseases could prevent African Americans from acquiring needed treatment, Roman appealed to his medical colleagues, imploring they would "surely overlook important questions" if they considered these afflictions to be racially specific.[385]

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[385] Roman, *American Civilization and the Negro; the Afro-American in Relation to National Progress*, 335.

Another reason for the misdiagnosis of cysts, Williams contended, was the over diagnosis of uterine fibroid tumors in black women. Critiquing popular claims that black women suffered excessively from these tumors, Williams wrote, "I listened to this teaching while in school; I have heard it from every teacher, and met with the same statement in every text book. In fact, it is so generally accepted that one may not be prepared to read any statements leading to the contrary."[386] While simple observation was the accepted method of the past, he maintained that more modern scientific techniques were needed to explore the racial character of these growths. "He is an indifferent surgeon," he wrote, "who would today extirpate a tumor and base his diagnosis on the naked eye appearance of the specimen." Williams stressed the importance of applying more modern diagnostic tools in the study of these masses. "It is the difference between the old and the new methods of studying cases," he wrote, "on the one hand, an opinion is founded upon a laboratory report; on the other, the diagnosis is guessed at from the naked eye appearance of the specimen in the operating room." Much erroneous reporting stemmed from the fact that few surgeons had the laboratory facilities needed to make a more accurate diagnosis, relying too heavily on past observation than current research.[387]

Williams also felt many doctors had a limited appreciation for the nuances of racial classification and, in determining the frequency of ovarian cysts in African American women, often failed to accurately identify the race of their patients. Relying too heavily on skin color, Williams argued, many doctors made poor *a priori* judgments about the racial identity of their patients. Asserting African American women possessed a wide variety of skin tones, he wrote, "It is a well known fact that in the same family are often found brothers and sisters black,

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[386] Daniel H Williams, "Ovarian Cysts in Colored Women, with Notes on the Relative Frequency of Fibromata in Both Races," *the chicago medical recorder* 20 (1901): 48, 56.
[387] Ibid., 48.

mulatto and white, born of the same parents." Williams pushed for more precise qualifications of the racial characteristics of ovarian cysts, writing: "The color of the skin in this country furnishes no correct index of the purity of the blood of a white person; therefore it may be pertinent to inquire if [the peculiar racial disposition of ovarian cysts] is to be confined to negroes of black skins, brown skins, olive skins, or to any shade of color in the negro." Stipulating that "not one fourth" of the nearly twelve million African American citizens in the United States were "full blooded," Williams asserted that African American women of all complexions were susceptible to ovarian cysts "of every variety." "Not only the fair skinned woman," he wrote, "but the woman of the blackest skin, furnishes many excellent speciment of [ovarian cysts] that she was thought not to develop."[388] By establishing their susceptibility to ovarian cysts and suggesting their capacity to pass for white, Williams sought to further affirm the racial equality of African Americans.

Williams also acknowledged the significance of cultural and socioeconomic factors. Impoverished rural African American women, he explained, were less likely than their white counterparts to seek the aid of professional doctors and more likely to employ traditional folk remedies. "The ignorant and uneducated colored people," he wrote, "have an abiding faith in liniments, ointments, plasters, and a long list of most repulsive panaceas" and were, thus, less likely to obtain professional care. Fear of professional healers and "a natural dislike and horror of hospitals" also dissuaded many African American women from pursuing modern medical treatment. Contending many African American women waited to see a physician until their maladies had become virtually incurable, Williams shared his own experiences at Freedmen's hospital, describing "a great many" of his patients as "moribund…or past the operative stage of

[388] Ibid., 51-2.

their disease." "Others," he wrote, "were kept away on account of poverty or inability to get to a hospital." In some cases, Williams explained, African American women delayed medical care because the tumors had grown large enough to be mistaken for pregnancy. Coupled with frequent misdiagnoses, Williams asserted these delays had potentially disastrous consequences. "A ruptured cyst, a twisted pedicle or a hemorrhage would cause death," he wrote, "and only by an autopsy would we be acquainted with the real cause."[389]

Wright would prove one of the staunchest critics of medical researchers who propagated denigrating stereotypes, castigating those who allowed racial prejudice to lead them to unjustified conclusions under the guise of scientific objectivity. Wright often challenged the rigor of comparative studies of racial health, lamenting that researchers regularly "forgot" to take important socioeconomic, cultural, and demographic variables into account. Referring specifically to the work of S. J. Holmes, an American anthropologist who published an article titled "Differential Mortality in the American Negro," in 1932, Wright challenged the basis of his study, contending it was impossible to determine if Holmes was comparing the nation's entire black population with "a group of Jews in New York's ghetto district," "Italians around 116th Street and First Avenue," or with "a cross-section of whites" from Mississippi or Georgia's mountainous regions.

Such prejudicial science was not only methodologically questionable but morally reprehensible and tantamount to a criminal offense. Advocates of segregation, Wright alleged, regularly used such reports as scare tactics to elicit financial contributions from wealthy donors for continued support for sub-standard segregated medical facilities. "It is a form of financial exploitation of the colored sick," he pulsed, "by whites [who lack the integrity] to stop

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[389] Ibid.

racketeering at the expense of human life." Rather than receiving needed treatments, African American communities were targeted for "experimental purposes," as test subjects for developmental therapies which public officials were otherwise hesitant to administer to white communities. "When new social experiments are to be tried," Wright lamented, "the Negro ranks little above the guinea pig for such purposes…These national and local health organizations feed everlastingly on the Negroes' woes due to illness, and ride financially over all common precepts of decency, social justice and ordinary humanity in a most cold-blooded way." By leading to the exploitation and neglect of African Americans, Wright characterized these derogatory medical reports as part of a larger body of racial violence that sought "the extermination of the Negro citizen scientifically by disease." "It is a form of lynching by indirection," he wrote, "only death is much slower and at times more agonizing."[390]

Wright came from a lineage of doctors who stressed the socioeconomic and environmental factors affecting black health. His stepfather, William F. Penn, a graduate of Yale Medical School and practitioner in Atlanta, encouraged municipal authorities and African American communities to do more to create healthy living conditions. Commenting on the limited access of African Americans to modern health care, he wrote: "It is time that most of the cities of the South have physicians whose duty it is to give their services and medicines free to the poor Negroes." Emphasizing that these resources needed to be substantial, Penn explained that in the few places where health care services were available, the free services were "too meager to do any good." With regard to housing, he pulsed that "city authorities must do their duty in the matter of removing from the Negroes those bad sanitary surroundings to which many of their diseases are attributable."

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[390] Wright, "Factors Controlling Negro Health," 264-5.

In addition to encouraging housing officials to set stricter guidelines for the construction of sanitary residences, Penn believed African Americans themselves could do more to establish a higher standard of living and improve their health. Directing his advice toward the black masses, he wrote: "The Negro must refuse to live in bad houses" and "keep things around them clean." Noting the number of deaths caused indirectly by "exposure" in the workplace, Penn also recommended African Americans stay away from occupations that put their health at risk. Believing many African Americans neglected the sleep needed to maintain their wellbeing, he warned of the health risks concerning inadequate rest, advising that African Americans "must stop drinking whiskey, they must stop spending late hours at churches, lodges and barrooms and gambling dens" so that they could "take at least eight hours' sleep every night." More significant than biology, Penn believed these changes were needed to bring notable improvements to African American health.[391]

Wright's most comprehensive critique of deterministic racial science came in 1935 when he published the article, "Factors Controlling Negro Health," in *The Crisis.* In it, Wright adamantly opposed theories of race-specific illness, attesting there were "no peculiar inherent physical, chemical or physiological defects in [the African American] body economy." Using black American athletes as an example, he asserted the race was not biologically inferior but, rather, "when permitted to compete with athletes of all other racial groups…demonstrated physical strength, physiological response to effort and strain, and the ability to win exactly the same as athletes from any country in the world."[392] Wright contended socioeconomic factors

[391] William Fletcher Penn, "What Are the Causes of the Great Mortality among the Negroes in the Cities of the South, and How Is That Mortality to Be Lessened?," in *Twentieth Century Negro Literature*, ed. D W Culp (Atlanta, Georgia: J. L. Nichols & Co., 1902).
[392] Wright, "Factors Controlling Negro Health," 264.

played an important role in determining racial health and noted the fitness of the race had been improving "slowly but steadily" for two decades, rising "directly in proportion to [its] financial and social position."[393] Rather than biological inadequacies, Wright accounted for the high incidence of tuberculosis in black populations by explaining it stemmed from "bad housing, inability to purchase proper food in adequate amounts, having to do laborious work while ill, [and] little or no funds for medical care and treatment." It was because of "overwork, malnutrition, limited opportunities for recreation, and poor-housing" that African Americans suffered excessively from "pneumonia, influenza, and other acute respiratory tract diseases." With respect to syphilis and other sexually transmitted infections, he explained, high rates of infection were "not due to lack of morals, but more directly to lack of money." Similar reasons explained disproportionately high rates of maternal, infant, and childhood mortality.[394]

Midian O. Bousfield, writing in 1933 from Chicago, pointed to similar "social and geographic conditions" as fundamental influences in the health of African Americans. He maintained the great masses of African Americans were "concentrated in the rural sections of the South where even the bare necessities to maintain life" were at times desperately difficult to obtain. "Poverty, poor housing, lack of medical services, and an unequal and inadequate share of such services where they exist along with ignorance and race prejudice" accounted for African American suffering. Identifying the most acute African American health problems as tuberculosis, sexually transmitted infections, and infant and maternal mortality, Bousfield explained that all these ailments were immediate extensions of poverty, exacerbated by long and expensive treatments, requiring close medical supervision and patient education, which was

[393] Ibid.
[394] Ibid.

unavailable in poor communities. Referring specifically to facilities open to African Americans for the treatment of tuberculosis, Bousfield asserted, "considering the country as a whole one may *almost* make the sweeping statement that there are *no* beds for Negroes and in some parts of the country this is actually true." In Detroit, where health provisions did exist for African American patients, Bousfield maintained, the benefit was clear, writing: "This city has pretty well proven that there will be a material reduction in the [death] rate [of African Americans] when the Negro receives that percentage of care which his death rate demands."[395]

The Discovery of Aureomycin

Ultimately, Wrights' efforts to promote research at Harlem Hospital would come to fruition only after the crisis over desegregation had subsided. In 1948, he and a research team began a clinical study on the value of aureomycin as a developmental antibiotic. With the support of a pharmaceutical corporation, the Lederle Laboratories Division of the American Cynamid Company, they began the study in January, specifically focusing on the efficacy of aureomycin in the treatment of lymphogranuloma venereum, a sexually transmitted infection similar to chlamydia. Wright's team completed its research in late April and submitted their results for publication to the *Journal of the American Medical Association*. Accepted in early May, their article "Aureomycin: A New Antibiotic with Virucidal Properties—A Preliminary Report" appeared in the October 9th issue.[396]

Although the Harlem Hospital report was the first clinical study on the use of aureomycin in humans, another research group studying the drug at the Johns Hopkins School of Medicine

[395] Bousfield 543-6.
[396] Maynard, 126-8.

offered competition. That December, an article by Paul A. O'Leary, a physician associated with the Mayo Clinic, accredited the Hopkins group with the principle study of aureomycin.[397] Although the Hopkins group had begun their research in May of 1948, months after the Harlem Hospital team, their article "Aureomycin: Clinical and Experimental Investigations" appeared in the September 11 issue of *JAMA*, before the Harlem Hospital report.[398] Wright noted this discrepancy in a letter to O'Leary, where he sought to establish the priority of Harlem Hospital's research. O'Leary, however, was unwilling to concede and reiterated the importance of the publication date in establishing precedence.[399]

Wright continued to study the benefits of aureomycin and worked to affirm Harlem Hospital as the leading research team in this field. In 1949, he published a literary review of materials on aureomycin and offered a historical account of the drug's clinical development.[400] Wright explained that the first report from the Johns Hopkins team took place at the New York Academy of Sciences on July 21, 1948 and that this research was the basis for the article they submitted to the *Journal*. As the Hopkins group was completing its first study, however, the Harlem Hospital team was at the same conference presenting results from its second study on the antibiotic, expanding the clinical data pool and offering new results on aureomycin's value in treating granuloma inguinale, another sexually transmitted infection.[401]

While debates over primacy often appear trivial, for the African American physicians at

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[397] See December 8 issue of Mayo Clinic and Mayo Foundation for Medical Education and Research., *Proceedings of the Staff Meetings of the Mayo Clinic*, 38 vols. (Rochester, MN: Mayo Clinic.).
[398] Perhaps the most obvious assumption we can draw is that Morris Fishbein's editorial staff at the *Journal* gave preferential treatment to the work of researchers at the Johns Hopkins because of the greater prestige of their institution over that of Harlem Hospital.
[399] Maynard, 126-8.
[400] Louis Tompkins Wright and Herbert Schreiber, "The Clinical Value of Aureomycin: A Review of Current Literature and Some Unpublished Data," *Journal of the National Medical Association* 41, no. 5 (September 1949).
[401] Ibid., 195.

Harlem Hospital, even passing recognition of their medical contributions was a valuable asset in their effort to establish their hospital's reputation as a valuable center for medical research. Wright's effort to assert the priority of their study was part of an ongoing struggle to demonstrate that Harlem Hospital, as a desegregated medical facility with African American physicians and researchers, could produce cutting edge research for the greater benefit of modern medicine. Shortly after their initial report on aureomycin, Wright spearheaded the formation of the *Harlem Hospital Bulletin*, a medical journal designed to encourage and showcase clinical studies performed by the Harlem Hospital staff. Beyond primacy, Wright wanted to establish Harlem Hospital as one of the leading research facilities for clinical studies of aureomycin in the country.[402]

In a short time, Harlem Hospital researchers published dozens of reports in the *Bulletin* and other prominent journals on the clinical value of aureomycin. Emphasizing its wide-ranging benefits, the hospital's researchers demonstrated that in many respects aureomycin rivaled penicillin, a mid-twentieth century "miracle drug," in its breadth and effectiveness in treatment. According to Wright, the effectiveness of aureomycin stemmed largely from its ability to distribute itself throughout the human body and to its limited toxicity. Found, experimentally, in samples of urine, spinal fluid, placenta, and bile, the research at Harlem Hospital affirmed the potential benefit of aureomycin particularly in treating viral infections affecting the urinary tract, liver, and brain. Beyond lymphogranuloma venereum and granuloma inguinale, aureomycin could be used against a variety of sexually transmitted diseases including, syphilis and gonorrhea; common rickettsial afflictions such as Rocky Mountain Spotted fever and Q fever; diseases stemming from contact with livestock or rodents such as typhus, tularemia, and

[402] Maynard, 126-8.

brucellosis (undulant fever); and diseases of children and the elderly including scarlet fever, pneumonia, and pertussis (whooping cough). Aureomycin was also useful in combination with other antibiotic treatments and effective as a preventive measure in surgical operations.[403]

For the African American physicians at Harlem Hospital, their research on aureomycin placed them on the level of other prominent clinical research teams. Described by some as "one of the most exciting scientific discoveries of the post-war era," their work achieved dramatic results during the emerging pharmaceutical revolution of the mid-twentieth century.[404]

[403] Wright and Schreiber.
[404] Duffy, 240-2. "Miracle Drug: Aureomycin, New Wonder Cure, Was First Used on Humans by Harlem Hospital Medical Team," (>1948): 13.

The NAACP Investigation

Uncle Tom's Anti-Negro Tribunal

But while Wright's commitment to medical research may have reflected his desire to affirm the legitimacy of black doctors and establish a scientific foundation for the New Negro, during the reorganization process, many saw it as a covert method of marginalizing his black colleagues under the guise of elite and unnecessarily rigid professional standards. In 1933, NAACP officials responded to these concerns by opening an investigation into the hospital. Spearheaded by its executive secretary, Walter White, the Association solicited a number of recognized medical experts and distinguished laymen to explore the accusations. White explained in his invitation to potential committee members that the investigation would be based "solely upon the high plane of scientific impartiality" and asserted their primary interest was to assure the health and wellbeing of Harlem. By late-January, White assembled a committee of approximately 15 well-known physicians, laymen, and medical researchers. Included among them were: the president of the American Medical Association, Dean Lewis; the dean of the New York University Medical School, Samuel Brown; William Hinton, a black graduate of Harvard Medical School and pathologist of the Boston Dispensary; John M. T. Finney, a professor of clinical surgery at Johns Hopkins University; Raymond Pearl, a biologist from Johns Hopkins; Ernest E. Just, a black zoology professor at Howard University; and several others. In addition, White solicited a number of the dissenting physicians from the North Harlem Medical Society and Manhattan Medical Society—including U. Conrad Vincent, Marshall Ross, Ira McCown, Charles Petioni, Peter Murray, and Louis Friedman—for detailed statements regarding the hospital.

Many of Harlem's black doctors vehemently rejected the proposed investigation. One of

the most vitriolic responses came from Charles Petioni who lamented the NAACP was attempting to "whitewash the charges against the hospital administration and thwart any real movement for a sincere, authoritative investigation." Petioni argued the investigating committee would reflect the NAACP's bias toward the hospital and against the interests of the NHMS and NMA. Asserting many on the committee were from outside New York and unfamiliar with the local political climate or had already endorsed the hospital policies, Petioni contended the investigation was orchestrated as propaganda and would do little more than provide "another press release for the NAACP" while allowing conditions at the hospital to go unchanged. He claimed many members of the committee were from "Jim-Crow medical organizations, schools and institutions," that excluded and discouraged African American practitioners. Characterizing it as an "anti-Negro tribunal," Petioni declared the NAACP had "shown itself to be a white man's organization for the keeping down of Negroes." Several other responses came from doctors who, doubting its authority and intent, announced they would not cooperate.[405]

Local African American newspapers published scathing editorials criticizing the proposed investigation as intrinsically biased. In an editorial titled "Splash, Splash, Splash," the *Amsterdam News* declared it had successfully confirmed "the rumor" that Walter White was "about to misuse the resources and personnel [of the NAACP] in an attempt to pull Dr. Louis T. Wright out of the hell hole he has dug for himself." Appearing alongside a cartoon depicting a painter literally whitewashing the exterior of Harlem Hospital to cover up accusations of "discrimination," "mismanagement," "prejudice," and "inefficiency," the *Amsterdam News*

[405] Petioni pointed particularly to W.E.B Du Bois' presence on the committee. Du Bois was a member of the investigating committee and influential figure in the NAACP. "NAACP Defends Dr. Wright; Appoints Committee to Make Survey of Harlem Hospital," *New York Age* (New York), 28 January, 1933; "Doctors Attack NAACP for Harlem Hospital 'Whitewash' Quiz," *New York Amsterdam News* (New York), 25 January, 1933.

called for White's resignation, maintaining that, without it, the NAACP would soon lose its status and the support of the African American community.

Figure 2: White Wash

The *Amsterdam News* argued the investigating committee consisted largely of individuals sympathetic to Wright. It noted the close connections between members of the investigating committee—Arthur B. Spingarn, Adam Clayton Powell, Sr., George Schuyler, W. E. B. Du Bois, and Ernest Just—to the NAACP board, which Wright served on. Although not suggesting "any one of these distinguished gentlemen would knowingly countenance discrimination, segregation,

mismanagement and political trafficking in human misery at Harlem Hospital," the *Amsterdam News* was concerned about White's underlying motives. The editors questioned the leanings of several members of the committee and asked why White had "suspiciously avoided" inviting some of the leading members of the National Medical Association and the National Hospital Association (a division of the NMA) to serve on the committee.

Other opponents argued that, without the official support of the hospital administration, the NAACP lacked the authority needed to conduct a thorough investigation and implement substantive changes.[406] Editors from the *Age* wrote that while the idea of distinguished physicians and laymen coming from around the country to evaluate the hospital may appear promising, the impending results would have only "moral effect" with little substantive impact. It would be more fruitful, the *Age* maintained, for the inquiry to be conducted by the hospital commissioner who had the power to compel hospital staff to cooperate and the authority to implement any needed changes.[407] In another editorial which fell under the heading: "Should it be the National Association for the Advancement of CERTAIN PEOPLE?," the *Amsterdam News* contended the "individual fortunes of a Dr. Louis T. Wright or a Ferdinand Q. Morton should not be the direct concern of the NAACP." "The NAACP," it went further, "is not the plaything of Walter White; nor was it conceived to pull his friends out of holes." In order for the Association to maintain its reputation among the masses, it needed to undergo "a complete overhauling…to vindicate itself of charges of favoritism."[408]

In addition to local editorial staffs, a number of otherwise unrelated civic organizations—including labor groups, political associations, and religious bodies—spoke out in opposition.

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[406] "Splash, Splash, Splash," *New York Amsterdam News* (New York), 25 January, 1933.
[407] "Hospital Inquiry Demand," *New York Age* (New York), 28 January, 1933.
[408] ""Colored" or "Certain"," *New York Amsterdam News* (New York), 1 February, 1933.

Urging the Harlem physicians to rally support from the masses, representatives from the International Labor Defense, a communist supported organization; the League of Struggle for Negro Rights; the United Negro Improvement Association, and others, announced their intent to carry "the fight to the Tiger's lair." Extending their focus beyond Harlem Hospital, these organizations called for an investigation of the entire municipal hospital system and the recognition of the "full right" of African American medical personnel to secure positions in all municipal facilities. In addition, they wanted all practitioners previously dismissed from Harlem Hospital to be reinstated, arguing the hospital had become "a butcher shop where incompetent and second rate white doctors practice on the emaciated forms of poor Negroes forced to go there for treatment."

Other voices of support came from the Abyssinian Baptist Church. The militant reverend Adam Clayton Powell, Jr.—whose father served on the investigating committee—promised to make the church's congregation of 11,000 members aware of the conflict and solicit their involvement. The president of the Harlem Lawyer's Association, Louis A. Lavelle, critiqued the NAACP for its collaboration with Ferdinand Morton, whom they believed was "thwarting the efforts of the lawyers to have a Negro appointed to the Magistrates' Court." Likewise, the Harlem Democratic Association, a local political alternative to the United Colored Democracy, criticized the NAACP for supporting Morton, describing the UCD as a "Jim-Crow" organization whose status was "undoubtedly responsible for the condition of political inequality" which was underlying "all the social ills so peculiar to the Negro sections of this city." A representative of the North Jersey Medical Society, W. G. Alexander, offered criticism regarding the failure of the NAACP to include more active African American practitioners on the investigating

committee.[409]

This overwhelming show of support for the NHMS posed a significant threat to the success of the NAACP investigation. Without the authority of the municipal government, as their opponents duly noted, the NAACP had limited means to compel community members to cooperate with their inquiries. To stem the tide of negative coverage, representatives of the NAACP spoke out in their own defense.

In an exclusive to the *Norfolk Journal and Guide*, one anonymous informant from the NAACP explained that, many of the physicians who initially sought an investigation of the hospital were now working to cover up their own shortcomings by ”mud-slinging” to avoid “having their [substandard] records exposed by so distinguished a committee.” Responding to the *Amsterdam News* editorials, Walter White described the whitewash allegations as a “patent absurdity.” Considering the stature and credentials of the investigating committee, he contended, the NAACP “nor anyone else I know of would have power enough to dictate [the outcome of the investigation] to such independent and distinguished medical men.” White maintained it was “an insult to the intelligence of the public that anyone could tell these outstanding figures, both white and colored, what they should do or say.” Responding to the calls for an internal municipal investigation, White asserted that, given the accusations made against the Department of Hospitals concerning political favoritism, the demand for an internal investigation led by those same political influences should appear “contradictory and ridiculous to any intelligent person.” By utilizing distinguished outside investigators, White felt the impartiality of the committee could be preserved. Reiterating the NAACP’s commitment to conducting its investigation, he

[409] "Appeal to Public in Hospital Fight: North Harlem Medical Society and Intern'l Labor Defense to Take Initiative in Effort to Secure Investigation of Institution," *New York Amsterdam News* (New York), 1 February, 1933.

asserted that while the Association had received letters opposing their actions, they had also received many equally strong letters of support.[410]

The NAACP also gained support from a number of black doctors on the Harlem Hospital staff. In interviews with the *Amsterdam News*, many described Connors and Wright as "primarily concerned about the saving of lives, the relief of suffering humanity and scientific advancement." Describing them as "self-sacrificing" and benevolent, J. J. Green contended opposition to the hospital stemmed primarily from "petty jealousies" rather than legitimate professional concerns. Rather than an opponent to black participation in the hospital, another Harlem Hospital physician, Farrow Allen, characterized Connors as a strong endorser of the movement to incorporate African Americans into all municipal hospital staffs. Allen contended that, if the local press and other parties opposing the hospital were willing to acknowledge his efforts, "they would be a far greater service to the community than they are in attempting to injure the reputation of an institution which is efficiently and unselfishly rendering service to thousands of suffering humanity." The chairman of the Manhattan Medical Society, Ernest Alexander, stated Harlem Hospital was working steadily to develop black doctors' skills. Challenging claims that political favoritism was used as a basis for promotion, he wrote, "There is no royal road to success in medicine, and this applies particularly to Harlem Hospital."[411]

Opposition to the NAACP investigation, however, continued to thrive within Harlem's black newspapers. In an article appearing on February 11th, Ira McCown accused Wright of sending the investigating committee assurances of the Manhattan Medical Society's support without the approval of the executive committee. Alleging Wright had usurped the executive

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[410] "NAACP Flatly Denies Charge That It Is Trying to Whitewash Harlem Hospital; Storm Rages," *Norfolk Journal and Guide* (Norfolk, Va), 4 February, 1933.
[411] "Flay Wright Anew in Hospital Fight," *New York Amsterdam News* (New York), 8 February, 1933.

committee's power, McCown acknowledged that while the board did agree to support the NAACP, Wright's actions hid the existence of a minority report that, had it been included, would have better reflected the internal strife taking place within the MMS over the investigation.[412] Responding to Walter White's comments in the *Journal and Guide*, the *Amsterdam News* stated that "regardless of whatever rosy pictures Walter White…may paint of their impartiality in the matter" it would be prudent for the NAACP committee to disband. Referring to the numerous allegations leveled against the Association, the newspaper posited that "there may not be fire, but the smoke is thick enough" and the NAACP should consider withdrawing before "it alienates many of its staunch professional and lay supporters."[413] Some reports suggested that, as a result of opposition forming against it, the NAACP committee had already begun to disassemble. According to one article, two lay members of the committee, Heywood Broun, a New York columnist, and Adam Clayton Powell, Sr., senior pastor of the Abyssinian Baptist Church, had engaged in a "heated debate" regarding the purpose and legitimacy of the inquiry, voicing concerns similar to those articulated by its opponents. Although their motion to disband was rejected, their position as "dissenters" was duly noted by the local news media.[414]

A Red Scare and Monster Meetings

But while Harlem's black newspapers reported internal strife within the investigating committee, black newspapers outside New York told a different story about its progress. According to the *Pittsburgh Courier*, the NAACP committee had recently gained the support of

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[412] "Harlem Hospital Investigation Considered Doomed by Refusal of Medical Societies to Aid," *New York Age* (New York), 11 February, 1933; "Flay Wright Anew in Hospital Fight."
[413] "There Is Time Yet: An Editorial on Harlem Hospital and the NAACP," *New York Amsterdam News* (New York), 3 February, 1933.
[414] "Broun and Powell Oppose NAACP Quiz," *New York Amsterdam News* (New York), 15 February, 1933.

municipal officials. With outspoken communists supporting the opponents of Harlem Hospital, the *Courier* reported, the NAACP had gained administrative support and greater approval from the public to the point where the opposing faction had "all but hoisted the white flag." "What promised to be a fiercely fought war," it maintained, "has been sunk without a trace." With a cynical tone, the *Courier* reported the NHMS was "craving support" and had brought communist sympathizer William Patterson—an "erstwhile Harlem lawyer, who turned to the more lucrative field of revolution"—into the fray by inviting him to speak at their annual banquet where he attacked the NAACP and Harlem Hospital. Shortly thereafter, the "medical outs hitched the Communists to their kite and were soon flying high." Furthermore, the NHMS faction had gained the support of the *Amsterdam News* and *New York Age*, two newspapers it described as "traditionally opposed to everything Democratic," which were disparaging Harlem Hospital by providing disproportionate and biased coverage of the affair, "supplying columns of space [to the NHMS faction] apparently without charge."

According to the *Courier*, this broad ranging advocacy for the NHMS inadvertently backfired as "the tail soon began to wag the dog." "The Reds saw in the hospital fight another opportunity to spread their propaganda and further the cause and they played it for all it was worth with characteristic blindness. The result was the swinging of popular sentiment to the hospital administration and increased confidence in the ability and impartiality of the NAACP committee." According to the report, the outspoken communist presence had inadvertently pushed hospital commissioner Greeff to voice his support for the hospital's effort at integration and the NAACP investigation. Reporting that he "wholeheartedly endorsed the committee chosen by the NAACP," Greeff further sided with the hospital administration by defending their integration policy, asserting: "the only reason there are so few Negro doctors there [in Harlem

Hospital] is that there are no other Negro physicians who are competent." As an indirect example of this, the *Courier* reported that the application of Peter Murray, "a power in the North Harlem Medical Society," had been rejected by the New York Academy of Medicine, in part, due to his affiliation with the "fighting doctors and their Red allies." Lastly, the *Courier* sought to dispel the charges made by Ira McCown accusing Louis Wright of suppressing a minority report and submitting an unapproved report to the NAACP investigation on behalf of the Manhattan Medical Society. According to the *Courier*, MMS officials affirmed there was no minority report and that every member present at the regular meeting was in support of the hospital and NAACP except for McCown. In his effort to defame Wright, the *Courier* maintained, McCown now found himself faced with charges of sending false and malicious information to the local city newspapers.[415]

Tensions over Harlem Hospital endured over the next several months as the NAACP investigation took place alongside continued protest and opposition. On March 2nd, the NHMS and its allies hosted a "monster" mass meeting at the Abyssinian Baptist Church to discuss their concerns with the citizens of Harlem. In a gathering which proved to be one of the largest in Harlem's history, attracting nearly 2000 people, Peter Murray, Heywood Broun, U. Conrad Vincent, Ira McCown, and numerous other speakers voiced their charges against the hospital and municipal government. Contending that discrimination practiced at Harlem Hospital had a direct impact on the health and wellbeing of Harlem residents, Murray asserted that by indiscriminately appointing white physicians who did not live or maintain private practices in Harlem and by excluding African American physicians, Harlem's local physicians lacked the opportunities needed to develop and refine their practical skills, leaving Harlem residents subject to a lower

[415] "Medicos Lose Hospital War as Reds Take Side," *PIttsburgh Courier* (Pittsburgh, PA), 18 February, 1933.

standard of care. “Every day a doctor practices without contact of some kind with a hospital,” Murray asserted, “he is slipping back and endangering the health of the community.” Alleging Louis Wright was, ironically, one of the leading propagators of racial prejudice at the hospital, Lionel Francis of the United Negro Improvement Association maintained Wright willingly discriminated against West Indian practitioners and attempted to force them off the hospital staff. Other speakers characterized Wright as an “Uncle Tom,” maintaining internalized prejudice led him to adopt a servile disposition toward white hospital administrators and to propagate their prejudicial attitudes. According to one staff physician, “Wright’s medical kit would be complete with a whisk-broom and shoe brush.” Many speakers, including Williams Patterson and Heywood Broun, encouraged public action against the mayor and hospital administration, calling for a mass march against city hall.[416]

While the *Amsterdam News* continued its critique of the hospital and its challenge to the legitimacy of the NAACP investigation, the *Age* slowly began to soften its voice of protest. Shortly after the mass meeting, the *Age* ran an article raising questions about the commitment of the protesters. Reporting the march against city hall had failed to materialize, the *Age* portrayed the NAACP as calm and steadfast in conducting its investigation. “The investigation of the hospital goes quietly forward,” it reported, “conducted by a committee of experts.” Contesting images of the investigation as a whitewash, the *Age* asserted the NAACP was the standard-bearer for racial justice that would assure the integrity of the probe. “Reflecting upon the Association’s fearless and vigorous campaigns against race injustices,” the *Age* contended, “it is reasonable to assume that should the committee investigating the hospital fail to do justice to the community or the race, the NAACP will be the first to protest and get into the thick of a fight to remedy

[416] "Plan City Hall March in Fight on Hospital," *New York Amsterdam News* (New York), 8 March, 1933.

conditions." In a distinct effort to distance itself from the inflammatory rhetoric of the *Amsterdam News*, the *Age* critiqued the competing weekly, stating the *Amsterdam News* was "prejudging" the investigation and making objections based on unsubstantiated facts. Soliciting the reactions of Louis Wright to the accusations, the *Age* conveyed Wright's contempt for the *Amsterdam News* quoting him as saying, "I have heard these things which have been written and said about me in connection with Harlem Hospital, but I consider that they have come from an unworthy source."[417]

Although the *Age* questioned the initial commitment of the protesters and characterized the intended march as a "failure," in the following month, participants in the mass meeting were able to organize a successful demonstration at City Hall. Although little was said of it in the pages of the *Age*, the *Amsterdam News* reported a crowd of fifteen hundred protesters gathered on the steps of City Hall on April 21st. Protesting conditions at Harlem Hospital and calling for the removal of hospital commissioner Greeff, surgical director John Connors, and medical board secretary, Louis Wright, crowd members carried signs that read: "We Will Not Tolerate Uncle Tom Negroes Like Louis T. Wright" and "The Imitation Hitler, Dr. Connors, Must Go." Led by the voice of reverend Adam Clayton Powell, Jr., the committee leading the protest proffered a resolution to recently-elected mayor John P. O'Brien demanding African American doctors be appointed to the majority of Harlem Hospital's staff, improvements to the hospital's venereal clinic, and a reorganization of the hospital administration so as to appoint a greater number of

[417] Alpha Adam Archer, "Harlem Hospital Protest Parade Fails to Materialize," *New York Age* (New York, NY), 18 March, 1933. For the next several months, the *Age* continued to distance itself from the stronger rhetoric of the *Amsterdam News* and reported, in August, that Louis Wright had initiated a one-hundred forty-thousand dollar lawsuit against the competing weekly, charging defamation of character and libel—news absent from the pages of the *Amsterdam News* itself. L. Baynard Whitney, "Dr. Wright Starts $140,000 Libel Suit: Dr. Louis T. Wright Enters Suit against Local Paper for Libel and Defamation of Character," *New York Age* (New York, NY), August 12, 1933.

black doctors onto the medical board.[418]

The "Secret Report"

Although the findings of the NAACP investigation would not be officially released for several months, the *Amsterdam News* began a series of articles in July based on "inside" information regarding its progress. With bold headlines reading, "Harlem Hospital Inquiry Exposed," the *Amsterdam News* claimed to have secured a copy of the investigating committee's preliminary report. Although the "secret report" depicted Louis Wright and Ferdinand Morton "favorably," the *Amsterdam News* maintained that "virtually every charge of discrimination, segregation, mismanagement and inefficiency made against Harlem Hospital" had been substantiated. According to the weekly, the report exposed conditions that endangered patient lives "in almost every department of the hospital," characterizing the urology department as "a menace to the community," and conditions in the ear, nose, and throat service as "of the poorest." The report described the inadequacies of the hospital's equipment, facilities, human resources, and organization. In the ear, nose, and throat department, it further attested, "the instruments are badly kept and the operating room is fifty years behind the times." In the eye clinic, there were inadequate staff resources to allow for patient follow-up and, in general, the death rate at Harlem Hospital was not only the highest but, in some instances, twice as high as other New York municipal hospitals. Promising to continue its exposé, the newspaper announced its intention to release a series of articles chronicling the failures and inadequacies of the hospital.[419]

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[418] "Body Ask for Firing of Greeff," *New York Amsterdam News* (New York), 26 April, 1933.
[419] "Harlem Hosiptal Inquiry Exposed," *New York Amsterdam News* (New York), 26 July, 1933.

Almost immediately, the exposé appeared to have an impact. The day after its publication, hospital commissioner Greeff announced his resignation, explaining he was stepping down to devote more time to private practice. But the *Amsterdam News* contended his "ousting" represented the first in a series of changes to come as Tammany Hall considered another reorganization of the municipal hospital system. Greeff may have recognized his presence as hospital commissioner was hindering the community's support of Harlem Hospital, but his resignation may have only been a coincidence.[420]

Over the next several weeks, the *Amsterdam News* continued to run articles detailing the findings of the "secret" report. Concurrent with Greeff's resignation, perhaps in an effort to force similar action by Louis Wright, the editors published an article titled, "Secret Harlem Report Exposes Louis Wright." Maintaining the allegations against Wright had been affirmed, it attested he exercised undue influence and discriminated against physicians from black medical schools. Acknowledging that some degree of political influence may have affected the 1930 reorganization, the report described Wright's apparent influence in the selection of black medical personnel as "a cause of resentment on the part of Negro physicians outside the hospital, who maintain that, on account of this arrangement, no Negro can be appointed to the hospital staff who is not in the good graces of Dr. Wright, or who is regarded by him as a competitor."

According to the *Amsterdam News*, the report affirmed the charges against Wright of "Uncle Tomism," portraying him as overly deferential to white administrators and medical authorities. The report noted that of the twenty-seven black physicians on the Harlem Hospital staff, only four were graduates of black medical schools (all from Howard University). Given that there were more than sixty-one graduates of Howard University practicing in Harlem, the

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[420] "Greeff out; Change Seen at Hospital," *New York Amsterdam News* (New York), 2 August, 1933.

paper considered this disparity particularly disturbing. According to the weekly, the report highlighted Wright's preference for graduates of white medical schools, maintaining Wright believed that "only on the basis of competition with white men will the Negro be able to rise and attain recognition."

Investigators further sustained charges of "Uncle Tomism" against Wright by contending he lacked confidence in the scientific research, training, and experience of his black colleagues. Suggesting African American practitioners could not learn medicine adequately in segregated institutions, Wright believed the progress of African American physicians was contingent on their capacity to "learn from their white masters." Even within its own article, however, the editors acknowledged the report ultimately absolved Wright of any wrongdoing, maintaining no censor was warranted and that "it may be taken for granted that Dr. Wright is anxious to promote the interests of his race."[421]

Later articles called more attention to the failings of Harlem Hospital. With a headline reading "Harlem Hospital Tops Whole City in Deaths," one article asserted that in 1932 eleven percent of patients received and treated at Harlem Hospital died there and the death rate grossly exceeded that of all other municipal hospitals and had been growing steadily since the reorganization. Some attributed higher death-rates to popular medical theories of biological inferiority. The *Amsterdam News* maintained much of it stemmed from mismanagement and poor organization of the hospital.[422] Other articles attested to segregation and discrimination among the nursing staff, particularly within the dining hall. Although no official Jim Crow policy existed, the report maintained that various members of the nursing staff generally sat together

[421] "Secret Harlem Report Exposes Louis Wright," *New York Amsterdam News* (New York), 2 August, 1933.
[422] "Harlem Hospital Tops Whole City in Deaths," *New York Amsterdam News* (New York), 30 August, 1933.

according to rank and race.[423]

Another article reporting on the preliminary investigation highlighted "congestion," "overcrowding," and "lack of proper equipment," as fundamental issues in the obstetrics department. The *Amsterdam News* maintained poor management caused overcrowding and made it necessary for the hospital to transfer patients who had been receiving prenatal care to other facilities. According to the report, many Harlem women waited until the advanced stages of labor and delivery before seeking medical attention. These patients usurped a disproportionate percentage of obstetric resources because they had not received prenatal care and were unregistered at Harlem Hospital. As a result, births were more apt to take place in "hall stretchers and ambulances" than in delivery rooms.[424]

Affirming the disparity between the number of white and African American practitioners on the hospital staff, yet another article attested to hiring discrepancies, noting the majority of African American physicians achieved promotion at the hospital through service in the outpatient department while a larger percentage of whites advanced through other means.[425] The final installment of the series contained the report's critique of consultation practices at the hospital. Citing a lack of available specialist, the preliminary probe revealed that some at the hospital considered the consultation of specialists as "just one of those things that doesn't get done." According to the investigators, requests for consultations could languish for days as patients'

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[423] As a result, African American nursing students and graduates often sat apart from their white supervisors. In one noted instance, however, where white and African American social workers sat apart, the report maintained the group of African American social workers willingly chose to sit together because they were "Harlem graduates and…mixed with their friends and classmates at whatever table they desired." "Nurses Segregated in Hospital Dining Room," *New York Amsterdam News* (New York), 6 September, 1933.
[424] "Congestion Deplored in Hospital Findings," *New York Amsterdam News* (New York), 13 September, 1933.
[425] "White Doctors Hold Most of Staff Post at Hospital, Probers Learn," *New York Amsterdam News* (New York), 20 September, 1933.

conditions worsened, in some cases, resulting in death.[426]

"White-Washed" and Reconciliation

While the exposé promised the NAACP investigation would affirm the newspaper's allegations, instead the official report was released in December and generally endorsed the hospital and its administrators. The report concluded that, in the context of New York municipal hospitals, it was difficult to substantiate the charges leveled against Harlem Hospital. With regard to the reorganization of 1930, there was no evidence to support accusations it lowered professional standards, put outpatient care at risk, or that the hospital had become a political football.[427] Compared to other hospitals around the country, the NAACP report characterized Harlem Hospital as uniquely progressive and the only one "where Negro physicians are on the same footing as the white members of the staff," enjoying "exactly the same rights and privileges as the others." Although significant deficiencies were evident in other areas, with respect to its policies concerning race, Harlem Hospital stood out as "sui generis, a type by itself" and represented a model for similar racial practices in other institutions.[428] Rather than substantiating allegations of discrimination or incompetence, according to the *Age*, the report revealed the charges leveled against Harlem Hospital were more a reflection of professional jealousy and "economic rivalry between practitioners in a poor community" as well as differences in their philosophies toward racial progress.[429]

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[426] "Consultation Neglect Revealed at Hospital," *New York Amsterdam News* (New York), 27 September, 1933.
[427] Edward Henry Lewinski Corwin, PhD and Gertrude E Sturges, MD, *Opportunities for the Medical Education of Negroes*, (New York: Charles Scribner's Sons, 1936), 32.
[428] Ibid., 12. Due to financial constraints, the NAACP initially released only portions of the completed report to local newspapers and *Crisis* magazine. It was later published in full in 1936.
[429] "Harlem Hospital "Whitewashed" by NAACP: Report of NAACP Investigating Committee Clears Harlem Hospital Administration of All Charges," *New York Age* (New York, NY), 30 December, 1933.

African American constituencies opposing the hospital administration responded with vigor to the assessment. According to an editorial from the *Amsterdam News*, while opponents had expected Walter White to clear his "personal friends" of most wrongdoing, none "not even the most embittered" anticipated how far he would go to do so. Characterizing the report as a "whitewashing," the editor maintained, White had ignored the results of his own investigation in order to protect his political and personal associates and was selectively celebrating the strengths of the report rather than examining its notable failings. Through this action, White and the NAACP had betrayed the interests of the race, unforgivably sacrificing the health of Harlem's two-hundred thousand residents to protect their allies.[430] With headlines reading: "Will Probe Hospital," the *Amsterdam News* reported the newly elected mayor, Fiorello LaGuardia, had already assured reporters of his intent to invite the new commissioner of hospitals, S. S. Goldwater, appointed after Greeff's resignation, to look into the hospital with an eye for further reforms.[431]

Many African American physicians chafed at the conclusions drawn from the NAACP report. Responding to claims the hospital lacked sufficient space and equipment, Godfrey Nurse questioned how the NAACP could honestly endorse such findings after it had so vehemently opposed the involvement of the Julius Rosenwald Fund in talks of building a new separate black hospital. Rather than highlighting its failings, Nurse maintained the report was being used to persuade the incoming city administration that affairs at Harlem Hospital were "naught but sweetness and light" in an effort to avoid future probes and reforms. Other physicians responded to implications that graduates of Howard and Meharry were inferior to graduates of northern

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[430] "The Hospital "Whitewash"," *New York Amsterdam News* (New York), 3 January, 1934.
[431] "Will Probe Hospital: Investigation Is Sanctioned by La Guardia," *New York Amsterdam News* (New York), 3 January, 1934.

medical schools. Ira McCown argued that considering the vast majority of African American practitioners had graduated from these two schools, the report was seeking to "sow the seed of dissension, jealousy and misunderstanding" among African American medical professionals. Charles Petioni affirmed the competency of Howard and Meharry graduates and maintained that, although the report contended these schools lacked significant resources and equipment, physicians from these institutions still had to pass the same board exams as graduates from other schools in order to practice.[432]

Construing the comments as "slurs" potentially harmful to their reputations, Petioni wrote letters on behalf of the Howard Medical Society to both the NAACP executive board and the Howard board of trustees seeking their defense against the derogatory "innuendos." In his letter to the NAACP, Petioni wrote he was certain the organization had no intentions of demeaning African American physicians but, given the public nature of the suggestion, hoped they would "take the necessary steps to correct this unfortunate impression." In his message to the Howard board, Petioni asked the board to vocally defend its graduates, assuring the public of their training and capabilities and registering an official protest against Harlem Hospital and its reported discriminatory practices.[433]

African American physicians along with members of the Medical Society of New York County also voiced their concerns regarding the inability of the NAACP investigation to uncover political manipulation. The *New York Medical Week* reported, it was to be expected from an investigating committee "unfamiliar with the political background" of New York. As the official

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[432] "Doctors Score Naacp's Committee Report on Harlem Hospital; Rumor City Investigation Petitioned For," *New York Age* (New York, NY), 6 January, 1934.
[433] "Ask Howard University to Protest NAACP "Slur": Howard Medical Society Protests Slur by NAACP on Negro Doctors; Ask Howard Univ. To Defend Self," *New York Age* (New York, NY), 13 January, 1934.

organ of the county medical society, the journal maintained the investigation missed the fundamental premise of the charges against the hospital. A controversy, they argued, that centered around the "political intrigue" engulfing Harlem Hospital. Expressing hopes commissioner Goldwater would conduct his own separate investigation, the *Medical Week* ventured, "there has been too much smoke at Harlem for fire to be entirely absent."[434]

With tensions continuing to plague the hospital, in February of 1934, despite his vindication through the NAACP report, Louis Wright resigned as board secretary and as a member of the intern examining committee. According to the *Amsterdam News*, Wright was motivated by mayor LaGuardia's announcement he would investigate the political endeavors of Ferdinand Morton.[435] Although Wright offered no reason for his resignation, like Greeff, he may have considered that opposition toward him had grown to the point where his presence in an administrative position served to hinder the hospital's future development. Wright may also have resigned to avoid the possible political and professional repercussions of a new investigation. Other evidence suggests he may have stepped down to care for his ailing step-father, William Penn, who had recently moved to New York from Atlanta after falling ill. Less than a year later, in January of 1935, John Connors died unexpectedly, removing another focal point of tension.

With the announcement of Wright's resignation, members of both the North Harlem Medical Society and Manhattan Medical Society appeared more receptive to reconciling their differences. That March they convened a joint body with the intent of beginning a new collaborative association titled, the Central Harlem Medical Society.[436] Maintaining they would

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[434] "The Harlem Report," *New York Amsterdam News* (New York), 10 January, 1934.
[435] "Morton Graft Probe Opened: Mayor Orders Quiz of Commissioner's Political Activity," *New York Amsterdam News* (New York), 14 February, 1934; "Wright Quits Hospital Post: Louis Wright Gives up Two Harlem Jobs," *New York Amsterdam News* (New York), 14 February, 1934.
[436] "Doctors Seek to End Split," *New York Amsterdam News* (New York), 17 March, 1934.

operate without the impetus of political pressure or influence, Peyton F. Anderson, the society's first president, asserted they had come together in the interest of professional harmony in order to "assure for the people of our community the best of medical service, the best of health protection and the best of social and cultural advancement." Making it clear the new society sought to foster a spirit of cooperation, he explained, "We have no desire to destroy any person nor groups nor institutions—nor do we desire to create any new controlling personalities nor factions." Rather, in their efforts to assure the health and wellbeing of others, their association sought to uphold the highest ideals of professional medicine without allowing "personal ambition and commercial motives" to interfere with their professional duties.[437] After years of bitter conflict, Harlem's black medical community appeared to have achieved some measure of peace and unity.

A Troubled Requiem

Tensions dissipated dramatically into an unsettled peace. Even in resignation, Wright continued to attract criticism from opponents who maintained that, as a staff member, he would still exert substantial influence over the hospital administration. John Connors continued to elicit vitriolic commentary from the *Amsterdam News* even in death. Responding to efforts by the Manhattan Medical Society to memorialize Connors as a "friend of the race," the editors wrote, "even John Fox Connors would laugh at such a resolution." "Death," they continued, "succeeded in a fight where scores of Harlem civic organizations and thousands of indignant residents…had failed…The *Amsterdam News* would have hailed this removal during the life of Dr. Connors…It welcomes it no less through his death." The *New York Age* responded, characterizing the editorial as a classless act that disparaged a man unable to defend himself against such

[437] Anderson, 1-2.

allegations.[438]

Tensions lingered until, on March 19th, 1935, a riot broke out. Mayhem ensued in Harlem after rumor spread that a sixteen-year-old boy, accused of stealing a ten-cent pocketknife from a local merchant, had been killed by police. Over the next two days, residents entered the streets by the hundreds directing their anger and frustration at local merchants and the municipal government: breaking windows, looting, challenging police, and damaging public buses. After the rioting subsided, Mayor LaGuardia issued a commission to study the causes that led to the outbreak. While LaGuardia himself presumed Communist influences had incited turmoil, when the study was released a year later the investigators determined that, although inflammatory reports of police violence had sparked the melee (the boy had actually been released without being charged), poor living conditions, limited job opportunities, and years of racial discrimination had created an environment where Harlem's residents were particularly receptive to such rumors and inclined to respond with an outbreak.[439]

Harlem Hospital would continue as a site of conflict in the days following the riot. But, rather than disputes within Harlem's black medical community, attention by-and-large shifted to the quality of care provided at the hospital. The mayor's commission cited inadequate medical resources and limited facilities at Harlem Hospital. Their *New York News* described the outpatient department as "unfit" to provide modern treatment while the institution as a whole was "congested and reeking not only with dirt…but cross mediocrity, inefficiency and

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[438] John Dawson, "Connors a Martyr: Surgeon Connors Battling Champion of Doctor Square Deal, Martyr to the Cause: Famous Harlem Hospital Head Suffers Fatal Heart Attack Due to Strain of Overwork and Unceasing Fight for Principles," *New York News* (New York City), 12 January, 1935; ""Even Unto Death"," *The New York Amsterdam News (1922-1938)* (New York, N.Y.), 12 January, 1935, ProQuest Historical Newspapers: New York Amsterdam News.

[439] Charles V. Hamilton, *Adam Clayton Powell, Jr. : The Political Biography of an American Dilemma*, (New York &Toronto: Atheneum; Maxwell Macmillan Canada; Maxwell Macmillan International, 1991), 55-63.

confusion."[440] Shortly thereafter, a string of infant mortalities called attention to shortcomings in hospital sanitation and the nurses' training program, leading to a picketing of the hospital by local Communist Party members.[441] With their community in arms from frustrations stemming from the local conditions and endemic discrimination, Harlem's black doctors recognized the time for internal discord had passed.

[440] Ibid., 63, 65. "Harlem Hospital Exposed," *New York Age* (New York, NY), 8 June, 1935.
[441] Diana Linden and Larry Greene, "Charles Alston's Harlem Hospital Murals," *Prospects* 26 (2001): 22-3.

The New Negro Placebo

While the well-publicized conflicts that characterized Harlem Hospital for more than a decade were over, unspoken resentments continued to linger within the black medical community for decades to come. "As I look back with charity at that period," recalled Aubre Maynard in his 1978 memoir, "I deplore the fact that I suffered more from the hostility and jealousy of some of my black colleagues than from the antipathy of whites, from whom I expected frank racial animosity."[442] Members of the National Medical Association continued to harbor a "widespread attitude of hostility" toward Louis Wright well into the mid-twentieth century. Despite his numerous contributions to professional medicine, many still viewed him as a race traitor, antagonistic toward graduates of Howard and Meharry. When nominated for the NMA's distinguished service award in 1952, Wright received only one vote.[443]

Public doubts about Harlem Hospital also continued. Ironically, Maynard attested, incorporating black doctors onto its staff had the unforeseen side-effect of diminishing the hospital's reputation among Harlem residents. "Most Negroes in the community were outspoken about racial pride," he wrote, "but when the opportunity arose for them to demonstrate this pride by personal action or decision, it rarely appeared." Black Harlemites remained "curiously ambivalent" toward the hospital and, rather than embrace it, viewed it as a facility "for the indigent." More often than not, they were "critical or uncomplimentary and deprecatory of its services and its professional personnel." The hospital "had become a Negro institution … and, as such, would forever lack that intangible excellence they associated with the totally white hospital." Particularly for the black middle class, "it was a status symbol to be hospitalized in a

[442] Maynard, 51, 75.
[443] Cobb, "Louis Tompkins Wright, 1891-1952."

white institution with white doctors in attendance." In more than one instance, Maynard recalled black patients questioning his professional legitimacy. "You're just another nigger," one told him, "just like me. Ain't no way you can know as much as the white man. I want me a white doctor."[444]

Local political figures and members of New York's medical community held similar doubts. In 1958, when Martin Luther King, Jr., was stabbed during a book signing in Harlem, several questioned the wisdom of taking him to Harlem Hospital. According to one nurse in attendance, "a lot of time was wasted while they argued.…They didn't want to take him to the black hospital."[445] Maynard recalled the Governor of New York, Averell Harriman, along with Harlem Hospital's superintendent, chief deputy, and "a galaxy of physicians and surgeons" from other institutions, deliberating over the decision.[446] It was only after Maynard examined King and assured them, as Director of Surgery, that the hospital was equipped to handle his injuries, that they agreed to admit him. However, even after the wound was repaired, Maynard recalled a member of King's entourage exclaiming incredulously: "I thought that Dr. Maynard was a big white surgeon!"[447]

In addition, while numerous black doctors had worked diligently to gain appointments on the Harlem Hospital staff, many found it difficult to maintain their positions for long. Socioeconomic factors had a deterministic impact on their success. Those with limited financial

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[444] Maynard, 81-2. In his 2015 memoir, Damon Tweedy, a black doctor who interned at Duke University in 2003, recalls similar experiences. After being assigned to a black patient with sickle-cell anemia, Tweedy found the patient expressing doubts about his capabilities. "C'mon man," the patient told him, "we both know what the deal is. I'm sure you did good in school and everything, but they're passin' you off on me. And they think I won't care because I'm supposed to be a dumb nigger. Go tell your boss I don't want no black doctor." See Damon Tweedy, *Black Man in a White Coat: A Doctor's Reflections on Race and Medicine*, 123.
[445] "[IN MY LIFETIME] Goldie Brangman on Saving Martin Luther King's Life" http://www.ebony.com/black-history/goldie-brangman-martin-luther-king-ebonybhm#axzz52aBfbLJ4
[446] Maynard, 185.
[447] Ibid., 187, 190.

resources or demanding private practices struggled to meet the hospital's service requirements. Several who had challenged Wright during the reorganization gained entrance but left or lost their positions due to "poor attendance, poor performance, or both." "The reason they usually advanced for dereliction of duty," Maynard explained, "was that their private practice and making a living had precedence over the hospital demands." Despite their desire to do so, few had the financial means to serve the hospital for extended periods.[448]

Equally ironic, although Harlem Hospital sought to position itself as a cutting-edge medical research institution, at times, even those black doctors with ample qualifications found it less than hospitable. When Thomas Peyton, a graduate of Long Island Medical School, returned from Europe after studying to be a proctologist, he initially encountered doubt and resentment from his colleagues in Harlem. "One of the strangest reactions [I experienced]," he recalled, "was the lack of belief that I had ever been to Europe." Although Peyton had trained with some of the world's leading surgical specialists, he found his professional colleagues—as well as his family and friends—questioning his credentials and challenging the wisdom behind investing such effort toward learning a specialty "no one had ever heard of." When Peyton sought an appointment at Harlem Hospital in 1936, the chief-of-staff was unimpressed. Despite being the only black proctologist in America (and perhaps the world) and despite the high incidence of surgical rectal cases presented at the hospital, Peyton was assigned to the outpatient clinic and, later, passed up for promotion.[449]

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[448] Ibid., 99.

[449] Thomas Roy Peyton, *Quest for Dignity : An Autobiography of a Negro Doctor*, (Ann Arbor, Michigan: UMI, 1993), 75-77. Harlem Hospital would later gain recognition for research related to the treatment of lympho-granuloma venereum, a rectal disease Peyton researched at the hospital.

Magic and Medicine

But such ironic contradictions were not aberrations in Harlem's New Negro Renaissance. As Nathan Huggins eloquently explained, such tensions were intrinsic to constructs of progress and modernity familiar to the New Negro movement. "The problem," he wrote, was "in the metaphor itself." Whether it was the "New Negro" or "New American," "whatever promise the new man has for the future, his name and the necessity for his creation imply some inadequacy in the past." The debut of the New Negro, he continued,

> announced a dissatisfaction with the Old Negro. And since the New/Old dichotomy is a mere convenience of mind—Afro-Americans were really the same people all along—the so-called Old Negro was merely carried within the bosom of the New as a kind of self-doubt, perhaps self-hate.…How can one say that Negroes are worthy and civilized and new men without at the same time acknowledging doubt and denial?[450]

The artists of the Harlem Renaissance drew creative inspiration from the hospital conflict. Those who witnessed the desegregation process used their artistic works to explore the irony embedded in the reorganization. In his 1932 mystery novel, *The Conjure Man Dies*, Rudolph Fisher—a member of the North Harlem Medical Society—commented on the peculiar duality exhibited by Harlem's black medical community. In his text, Fisher juxtaposes his protagonist, John Archer, against his antagonist, N'Gana Frimbo. Trained according to modern standards, Archer represents the respectable New Negro doctor coveted in Harlem. He is a model of bourgeois status, first appearing as a "tall, slender, light skinned man of obviously habitual composure" and displaying a sharp intellect and quick wit.[451] In contrast, Frimbo is a mystic African healer. His office is located above an undertaker and filled with displays of ritual idols. With no formal medical training, Frimbo appears to be an Old Negro charlatan, preying upon

[450] Huggins, 65.
[451] Rudolph Fisher, *The Conjure-Man Dies: A Mystery Tale of Dark Harlem*, (Ann Arbor: University of Michigan Press, 1992), 5.

Harlem's vulnerable public.

As the text progresses, however, we learn Frimbo is more than this reductive caricature. A descendant of African royalty, he has a bachelor's degree from Harvard and possesses extensive knowledge of both modern medicine and African mysticism. Frimbo's office, while thought to be a museum of horrors, is actually a laboratory that exceeds Archer's in its scientific utility. He is well versed in biology, psychology, eugenics, and philosophy, and subscribes to a sophisticated branch of meta-physics that affords him privileged insight into the natural world, including a degree of clairvoyance. Rather than an unscrupulous huckster, Frimbo possesses an unparalleled intellect and mental acuity that Archer comes to respect and admire.

The juxtaposition of Archer and Frimbo reflects the contradictions embedded in the New Negro doctors of Harlem. While Archer is a respected member of the aspiring bourgeoisie, his practice is floundering as he tries to build clientele.[452] Frimbo, in contrast, has a healthy following and is financially well off.[453] As a credentialed practitioner, Archer appears comparable to Louis Wright. But it is Frimbo, not Archer, who possesses a Harvard education and who challenges Archer to think more critically about the tacit assumptions behind professional medicine. Frimbo pushes Archer to reevaluate the basis for modern medical standards and scientific reasoning and, in doing so, reveals the similarities between modern medicine and mysticism. Ultimately, the characterizations of Archer and Frimbo resist one-to-one correlations with Harlem's medical factions. Instead, they demonstrate that the differences—expressed with such strident vehemency during the reorganization—were more protean and symbolic than absolute.[454]

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[452] Ibid., 197.
[453] Ibid., 92.
[454] For more discussion of Fisher's text, see Lakshmi Krishnan's forthcoming work.

Fisher was not alone in calling attention to the specious nature of this dichotomy. In 1936, Charles Alston received a commission from the Federal Art Project to install a series of murals in Harlem Hospital. Alston was an active contributor to the Harlem Renaissance and held intimate ties with many influential figures in Harlem's artistic world. He was also familiar with the hospital's reorganization. Completed in 1940, Alston's murals appeared on opposing walls at the entrance of the Women's Pavilion and offered mirroring depictions of black healers practicing various forms of both folk and professional medicine.[455]

Figure 3: Modern Medicine & Magic and Medicine

The first mural, titled *Magic in Medicine*, centers around the image of a West African figurine. Situated before a backdrop of masks, animals, and countryside that signified their link to African heritage, a group of ritual dancers surrounds the statue. In the lower left of the mural, a row of wooden cabins signifying the history of American slavery, sets the stage for a group of

[455] http://iraas.columbia.edu/wpa/murals.html. Accessed 5 September 2008.

enslaved healers who minister to a sick patient, playing drums while mixing a medicinal concoction. In the lower right, a mystic healer accompanied by a book and crystal ball addresses a small audience situated in front of urban tenement houses comparable to those found in Harlem. These images contrast with those in the corresponding mural, *Modern Medicine*, where the most prominent figure is an image of Aesculapius, the Greek ancestor of medical science. With the Parthenon and a collection of broken ritual drums in the background, a large microscope rests at the center of the mural. Several prominent white doctors, a black nurse, laboratory worker, and an image of Louis Wright directing a small surgical team, surround the instrument and signify the progress of black healers away from folk healing practices to modern medicine.

But these two images (originally positioned facing one another on opposing walls) also signify the tensions over the New Negro that permeated Harlem Hospital during the reorganization. Rather than depicting folk healers as quacks and charlatans, *Magic* presents a dignified legacy of black healing ancestors. While their faces are stylized, they are not caricatures. Their postures and manners are ritually purposeful rather than grotesque. Although relegated to a bygone era, these images honor black healing traditions as sources of pride and empowerment rather than inconvenient indignities. By depicting them in this way, Alston sought to create an image of reconciliation for Harlem's black medical community after a period of disharmony.[456]

Black No More

But even in the effort to highlight similarities, expose contradictions, and cultivate

[456] Linden and Greene 402-406.

harmony, Fisher and Alston's works could not escape the trappings of racial modernity. The works of both artists reinforce the construct of whiteness as a marker of status. In Fisher's text, Archer has a fair complexion while Frimbo is dark skinned. Likewise, Alston's *Magic* depicts its black healers with darker skin tones while *Modern* uses panels of white to accent the black practitioners' lighter complexions. James Baldwin explained such failings as inevitable. "It must be remembered," he wrote,

> that the oppressed and the oppressor are bound together within the same society; they accept the same criteria, they share the same beliefs, they both alike depend on the same reality. Within this cage it is romantic, more, meaningless, to speak of a "new" society as the desire of the oppressed…as, it seems to me, what the rejected desire is, is an elevation of status, acceptance within the present community. Thus, the African, exile, pagan, hurried off the auction block and into the fields, fell on his knees before that God in Whom he must now believe; who had made him, but not in His image. This tableau, this impossibility is the heritage of the Negro in America: *Wash me*, cried the slave to his Maker, *and I shall be whiter, whiter than snow!*[457]

Fisher and Alston were not alone in their depictions of whiteness as a foundational premise of modernity.[458] Their colleague in the Renaissance, George Schuyler, addressed this issue directly in his 1931 work, *Black No More*. A member of the 1934 investigating committee, Schuyler had strong ties with the NAACP and was knowledgeable about the conflict at Harlem Hospital. He used his work to comment more explicitly on the role of whiteness in the reorganization. *Black No More* focuses on the efforts of Dr. Junius Crookman, a black doctor who proposes to solve the nation's race problem by developing a treatment that enables black Americans to pass for white. Rather than serving humanity, however, Schuyler suggests (as does Crookman's name) the doctor's treatment—based on cutting edge medical science—is a ruse,

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[457] James Baldwin, "Everybody's Protest Novel," in *Notes of a Native Son*, ed. James Baldwin (Boston: Beacon Press, 1984), 21.
[458] Grace Elizabeth Hale discusses the use of whiteness as a marker of modernity in her work Grace Elizabeth Hale, *Making Whiteness : The Culture of Segregation in the South, 1890-1940*, (New York: Pantheon Books, 1998).

intended to elicit personal gain more than contribute to society. As his remedy becomes widely popular, Crookman acquires substantial wealth and influence, ultimately gaining an appointment as the US Surgeon General. But, while the treatment leads to social upheaval, it does little to substantively address the problem of race. As black Americans begin to pass, racial hierarchies shift in ways that leave existing social structures largely intact.

Schuyler uses his text to satirize several well-known figures in the NAACP, including James Weldon Johnson, Walter White, and W. E. B. Du Bois. His familiarity with the NAACP, Wright, and the situation at Harlem Hospital, make it likely that Crookman is the satirical representation of Wright, implying an ironic critique and celebration of Wright's role in the desegregation process while also raising provocative questions about the way whiteness functioned within medicine as criteria for professional legitimacy.[459]

This tendency appears regularly in the literature of the New Negro movement. In their efforts to challenge theories of racial degeneration and assert black equality, celebratory biographical works often attested to black doctors' ability, not only to earn the trust and acceptance of white communities but to pass for white. The obituary for Louis Wright's stepfather, William F. Penn, provides an example of this. Appearing in the front-page headlines of the *Atlanta World*, it describes him as a leading national and international surgeon, accepted as an equal among his white colleagues. Penn, the newspaper reports, "was held in high esteem by the white members of his profession" and served on the executive committee of the American Medical Association, an organization usually closed to black doctors.[460]

Racial anthologies regularly made note of interracial recognition and *resemblance* among

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[459] For a rich exegesis of *Black No More*, see Jeffrey Ferguson's biography of Schuyler, *The Sage of Sugar Hill : George S. Schuyler and the Harlem Renaissance,* (New Haven: Yale University Press, 2005): esp. chapter 8.
[460] "Dr. W. F. Penn Dies in New York Hospital," *Atlanta Daily World* (Atlanta), 1 June, 1934.

black physicians. Rodolphe Lucien Desdunes' anthology of Louisiana's Creole population, *Nos Hommes et Notre Histoire*[Our People and Our History](1911), celebrated the achievements of several African American practitioners who gained interracial acceptance. According to Desdunes, Alexandre Chaumette had "the distinction of being the first colored doctor to come to New Orleans as a practicing physician." Although his early years of practice were marred by racial antagonism, Desdunes explains, Chaumette eventually "won the confidence of both of the whites and blacks." Another African American practitioner, Oscar Guimbillotte, built such a strong interracial reputation that, at times, he seemed capable of passing for white. Desdunes describes Guimbillotte as a well-cultivated and respected practitioner with a "prodigious memory" and a "knowledge of literature [that] was as stupendous as was his scientific acumen." "In his physical and mental acuity," wrote Desdunes, Guimbillotte had "every appearance of being a white man."[461]

To Juan Antiga, a Cuban physician and activists of the early twentieth century, the ability of black doctors to measure up to their white counterparts was an example of progress that indicated their race's potential. In a work titled: "El Negro en los Estados Unidos como Profesional [The Negro Professional in the United States]," Antiga praised the professional achievements of black American doctors, using them as examples of racial progress for black Cubans. Exalting them as "uno de los éxitos más brillantes del siglo [one of the most brilliant successes of the century,]" Antiga declared the equality of black doctors to white practitioners in skill and efficacy. "Las estadísticas comparativas de los hospitales [Statistical comparisons of hospitals]," he wrote,

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[461] Rodolphe Lucien Desdunes, *Our People and Our History; a Tribute to the Creole People of Color in Memory of the Great Men They Have Given Us and of the Good Works They Have Accomplished*, (Baton Rouge, Louisiana State University Press, 1973), 75-77, 133.

> han demostrado que aquéllos, manejados por médicos negros, tienen el avérage más o menos igual al de los blancos. Los hospitales de Georgia, Hubbard, Nashville y el de Andrews, en Tuskegee, son servidos por médicos negros para enfermos negros exclusivamente, y en ellos se realizan toda clases de operaciones de alta cirugía con éxitos que en nada tienen que envidiar a los hermanos Mayo.
>
> [have demonstrated that those, managed by black doctors, are on average more or less equal to those of whites. The hospitals of George W. Hubbard, in Nashville, and Andrews Memorial Hospital, in Tuskegee, are providing exclusive services for black doctors and black patients, and performing all types of surgical operations with success rates that need not envy the Mayo brothers.]

Antiga admired African American physicians for earning the respect of white colleagues and patients. "Los médicos negros norteamericanos [North American black doctors]," he wrote,

> gozan no sólo de la confianza de la numerosa clientela de su raza, sino que al mismo tiempo de la alta consideración y aprecio de los colegas blancos, y muchas familias blancas se consultan con ellos por razones de sus competencias profesionales e indiscutible moralidad.
>
> [not only enjoy the confidence of many patients of their own race, but also the high consideration and appreciation of their white colleagues and many white families that consult them for their professional competency and unquestionable ethics.]

Ironically, Antiga perceived that, in their ability to transcend racial differences and measure themselves on the scale of white achievement, black doctors could serve as a powerful motivating force for racial activism.[462]

Images of black doctors passing for white appeared frequently in popular films and novels, as well. Among the most well-known was the film *Lost Boundaries* (1949).[463] Adapted

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[462] For more on Antiga see Gregorio Delgado-García, "El Doctor Juan Antiga Y Escobar Y La Homeopatía En México," *Boletín Mexicano de Historia y Filosofía de la Medicina* 8, no. 2 (2005); Juan Antiga y Escobar, *Escritos Sociales Y Reflexiones Médicas*, (Madrid: Talleres Espasa-Calpe, 1927), 169-173. In addition to racial anthologies, biographies of African American physicians appeared regularly in periodicals like *The Crisis* (1910-) and volumes of *Who's Who in Colored America* (1927-1950).

[463] Other works of fiction containing black doctors and closely related to the theme of passing include, Cid Ricket Sumner's 1946 novel *Quality* (which later became adapted to the screen in the 1949 film *Pinky*,) Charles Chesnutt's

from the 1948 biography of Albert C. Johnson by William White, *Lost Boundaries* tells the story of an early-twentieth century black doctor who passes for white in order to secure an internship and build a professional practice. While "documenting" the existence of a legitimate black middle class—one clearly comparable to whites in terms of skill and ability—*Lost Boundaries* portrayed passing as a necessary step for professional achievement, often stemming from the limited professional opportunities available to black practitioners and as part of their larger desire to acquire wealth.[464] What makes *Lost Boundaries* most valuable, however, is the response it elicited from African American viewers. As Vanessa Gamble informs us, black audiences were generally receptive to the idea of passing as it appeared in the film. Outside a small handful, reviewers seemed open and accepting of it as a professional necessity for black Americans.[465]

Lost Boundaries was not the only well-known incident of interracial passing among black doctors. In his 1906 Atlanta University publication, *The Health and Physique of the Negro American*, W.E.B. Du Bois wrote about a deceased black physician who had "eminent" standing professionally and married a white woman but "did not associate with colored people."[466] In another instance, Kenneth Manning recounts one black doctor who "pleaded" with his alma-mater to remove any indication of his race from his academic record, hoping his light complexion would allow him to hide his identity from patients and community members unaware of his heritage.[467] Other accounts of interracial passing appeared in the African

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1901 novel *The Marrow of Tradition,* and Frances Harper's 1892, *Iola Leroy, Or Shadows Uplifted*.

[464] For a more extensive discussion of *Lost Boundaries* see Allyson Vanessa Hobbs, *A Chosen Exile : A History of Racial Passing in American Life*, (2014), chapter 5.

[465] Vanessa Northington Gamble, "Passing or Passive: Postwar Hollywood Images of Black Physicians," in *Medicine's Moving Pictures: Medicine, Health, and Bodies in American Film and Television*, ed. Leslie J. Reagan, Nancy Tomes, and Paula A. Treichler (Rochester, NY: University of Rochester Press, 2007), 249.

[466] William Edward Burghardt Du Bois, *The Health and Physique of the Negro American*, (Atlanta, Georgia: Atlanta University Publications, 1906), 104.

[467] Manning, in *Lure and Loathing: Twenty Black Intellectuals*, 324.

American press. In December 1929, the *Amsterdam News* and *New York Age* both carried reports of Eugene Nelson, an African American physician born in Charleston, South Carolina, and educated at Meharry Medical College, who had been concealing his racial identity. Nelson was exposed when rumors surfaced that he and his white wife had separated after she discovered his background. According to reports, Nelson's wife was a former New York actress "said to be one of the most beautiful girls in New York and the highest paid dancer on the stage" who had "mysteriously disappeared" two years earlier, eloping with Nelson to marry in Tijuana. Although the two had reconciled by the time the news broke—explaining their two-day separation was the result of an unrelated misunderstanding—Nelson was elusive when pressed about his racial identity. Declining to characterize himself as Negro, he responded: "Well, let us say I am colored."[468]

Other attempts by black doctors to pass for white may have been less well known but, as Kenneth Manning informs us, black doctors struggled to reconcile their professional and racial identities.[469] Like the poets Langston Hughes laments in his essay "The Negro Poet and the Racial Mountain," many preferred to be viewed simply as "doctors" rather than "black doctors." These tensions may have been particularly evident among those who placed a premium on their medical research. In December 1937, William Hinton, a Harvard Medical School graduate who earned prominence for his study of syphilis, sought the council of Louis Wright regarding a nomination he received for an award from the Manhattan Medical Society for the most outstanding work by a Negro physician. Fearful such recognition would expose his racial identity and discourage acceptance of his findings, Hinton wrote that he was hesitant to have "the racial

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[468] "White Wife Was Jealous, Said Colored Doctor," *New York Age* (New York), 28 December, 1929; "Actress Returns to California Doctor," *New York Amsterdam News* (New York), 12 December, 1929.
[469] Manning, in *Lure and Loathing: Twenty Black Intellectuals*, especially 332-336.

question brought up on account of [his] book," wondering whether or not the time was right for such a revelation. Wright initially agreed and communicated his concerns to the society's executive committee. "They agree with me," Wright responded, "that for you to be publicized at this time would certainly hinder the widespread use of your 'test,' especially in the southern parts of this country." Aware of the sensitive racial politics surrounding his decision, the committee went a step further, advising Hinton not to make his reasons for declination explicit. "Under no circumstances," they counseled, "must you state the exact reasons in black and white." In later correspondence, however, Wright exhibited regret. While still supportive, he confessed to Hinton, "I was rather hoping, for the sake of the Negroes in general, that you could see your way clear to accept this, not for your own sake, because you do not need it, but only that you will have the thorough approval and appreciation of Colored people."[470] Hinton, however, declined the award along with others from the NAACP and Harmon Foundation.[471]

Beyond professional acceptance, however, passing shaped the way black doctors conceptualized their identities in relation to their medical endeavors, particularly research. In his 1951 address to the Harlem Surgical Society at the New York Academy of Medicine, Montague Cobb gave a brief overview of the progress and contributions of African Americans to the field of surgery. Rather than beginning with the work of African American healers, Cobb highlighted the contributions African Americans made as subjects in medical research. In addition to the numerous cadavers shipped illegally across the country for the purpose of dissection and anatomical study throughout the nineteenth century, Cobb referred to the valuable role two

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[470] Hinton to Wright, 1 December 1937; Wright to Hinton, 18 December 1937; and Wright to Hinton, 20 May 1938 in Louis Tompkins Wright papers, 1879, 1898, 1909-1997. H MS c56. Harvard Medical Library, Francis A. Countway Library of Medicine, box 3, folder 48.

[471] Manning, in *Lure and Loathing: Twenty Black Intellectuals*, 334. For other historical accounts of passing among black doctors see Lawrence Graham, *Our Kind of People : Inside America's Black Upper Class*, (New York: HarperCollins, 1999).

enslaved black servants played as subjects in the 1721 smallpox inoculations conducted by Cotton Mather in colonial New England. Cobb also referenced the enslaved women who were subjects in J. Marion Sims' studies of vesico-vaginal fistulas—particularly highlighting the sacrifices of Anarcha, who underwent numerous procedures at Sims' behest. Although contemporaneous accounts depicted Sims' research as an example of medical exploitation, Cobb celebrated the sacrifices of these women as valuable contributions to modern medicine. "To refer to Anarcha, and the five other vesico-vaginal patients whom Sims treated with her, as human guinea pigs, would be grossly unfair," he wrote. Sims "achieved immortality for himself and permanent relief for his patient and countless others since similarly afflicted." Rather than a tormentor, Cobb maintained, "Sims' unswerving persistence must be regarded as one of the great humanitarian as well as scientific landmarks of American surgery."[472]

Julian Lewis, a black doctor and pathologist at the University of Chicago, relates a similar story about the discovery of ether anesthesia. Lewis encouraged black Americans to embrace the innovation with pride. "Anesthesia is an American discovery," he wrote, "and as Americans we should be proud, but as colored Americans we should be still more proud to know that ether anesthesia…was made possible by an unknown and obscure Negro slave."[473] Lewis goes on to explain that, in 1839, in Athens, Georgia, a group of boys and girls were intoxicating

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[472] W. Montague Cobb, MD, "Surgery and the Negro Physician: Some Parallels in Background," *Journal of the National Medical Association* 43, no. 3 (May 1951): 147-8. Noteworthy historical scholarship on the role of enslaved African Americans in medical research includes Cooper Owens; Rana A. Hogarth, *Medicalizing Blackness: Making Racial Differences in the Atlantic World, 1780-1840*, (2017); Deborah Kuhn McGregor, *From Midwives to Medicine: The Birth of American Gynecology*, (New Brunswick, NJ and London: Rutgers University Press, 1998); Savitt, "The Use of Blacks for Medical Experimentation and Demonstration in the Old South." Stephen C Kenny, "Medical Racism's Poison Pen: The Toxic World of Dr. Henry Ramsay (1821-1856)," *The Southern Quarterly* 53, no. 3 (2016); Kenny; Stephen C. Kenny, ""A Dictate of Both Interest and Mercy"? Slave Hospitals in the Antebellum South," *Journal of the History of Medicine and Allied Sciences* 65, no. 1 (2009), accessed 12/16/2019.

[473] Julian H. Lewis, "Contribution of an Unknown Negro to Anesthesia," *Journal of the National Medical Association* 23, no. 1 (Jan-Mar 1931): 23.

themselves, recreationally, with ether when they noticed an onlooking slave boy nearby and invited him to take part. He refused but they insisted and, while he struggled violently against them, the boys wrestled him to the ground and covered his mouth and nose with a handkerchief soaked in ether. "He fought furiously," wrote Lewis, "but the boys persisted, thinking it to be great fun." Eventually, the enslaved boy passed out, remaining unconscious for more than an hour until he was revived by a doctor. According to Lewis, this incident inspired a local physician to consider the potential benefits of using ether for medicinal anesthesia.[474]

By celebrating Sims' surgical innovations and the discovery of ether anesthesia—without critiquing the violent exploitation of the black subjects involved—Cobb and Lewis aligned themselves with an ethical compass that endorsed white supremacy as a privilege of medical professionals. Such peculiar moral alignments reflect the difficulties black doctors faced in reconciling their racial and professional identities. As Kenneth Manning writes, as black doctors "adopted scientific precepts and grew in professional stature, their world view was increasingly less able to accommodate a distinction between themselves and their white counterparts—between Negro scientists and scientists."[475]

Your Nose Won't Tell

While black doctors used their scientific research to navigate their own racial identities, they also used it to directly undermine existing constructs of race and to contest the validity of racial classifications. By challenging deterministic racial theories as well as race-specific

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[474] Ibid., 24.

[475] Other compelling examples of such tensions exist, particularly concerning William Hinton, Julian Lewis, and Ernest Just. See Manning, in *Lure and Loathing: Twenty Black Intellectuals*, 335. See also Crenner; Rayvon Fouché, *Black Inventors in the Age of Segregation : Granville T. Woods, Lewis H. Latimer, and Shelby J. Davidson*, (Baltimore: The Johns Hopkins University Press, 2003); J H Lewis, *The Biology of the Negro*, (Chicago: The University of Chicago Press, 1942); Lewis. See Fouché's conclusion especially.

constructs of treatment and disease, they sought to present black Americans as biologically equivalent to whites or, in some instances, as part of a newly emergent race that fell outside existing taxonomies. By problematizing these classifications, black doctors sought to distance themselves and their communities from derogatory racial characterizations and laid a foundation for the scientific justification of the New Negro as capable of passing for white.

In an article in *The Crisis* titled, "Your Nose Won't Tell," Montague Cobb challenged Victor Heiser's theory that members of the Negro race were distinguishable by the lack of a "split-cartilage" in their noses. Heiser claimed this trait appeared in black populations traversing both the "savage" and "civilized" worlds, evident in both "Philippine Negritos" as well as "octoroons" who were otherwise indistinguishable from whites. Cobb challenged the scientific rigor of Heiser's statements, arguing his work failed to define "the split itself or the evidence for its alleged race linkage in heredity." Concerned Heiser had made "no references" beyond personal experience, Cobb maintained the condition did not appear in standard works of anatomy or physical anthropology, or in comprehensive works of biological taxonomy. Rather than a "split-cartilage," Cobb imagined Heiser had observed a groove, or notch, in the skin of the nose that could be found in all races. Describing this condition as "a superficial trait," he contended its "variation, racial incidence and heredity transmission [were] by no means established." "Available anatomical and anthropological knowledge indicates quite clearly," he wrote, "that no cartilage is known to split in any human nose; and the presence or absence of [a groove] is not a criterion for the presence of Negro blood." Cobb ended his article with a nod to interracial passing. "They who profit from lack of pigmentation may proceed with confidence," he confirmed. "Their noses may know, but they won't tell."[476]

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[476] W. Montague Cobb, "Your Nose Won't Tell," *The Crisis*, no. October (October, 1938 1938). For more on black

Charles Roman was also among the most noteworthy advocates of these efforts. In *American Civilization and the Negro*, he argues racial categories lack scientific value. "The word race," he asserted, "is really inappropriate as a designation of human varieties." Roman maintained that scientific literature failed to appreciate the malleable nature of physical differences. "The permanent characteristics of mankind are common to all the varieties," he explained, "and the differences that characterize the varieties are transitory.…Five generations of continued cross-breeding will make a black person white, and four generations of reverse crossing will make him black again."[477] Evaluating the works of several scholars, Roman illustrated that substantial differences of opinion existed even in academic circles. The range of racial groups, he wrote, "varied from the three races of Cuvier, the four of Leibnitz and Kant, and the nine centers of Agassiz" with some taxonomies identifying more than one hundred distinct racial groups.[478] Additionally, in the United States, interracial mixing was so pervasive that racial boundaries were hopelessly obscured. "The mixing of the whites and blacks is an accomplished fact," he asserted. "It is estimated that the white blood infused into the Negroes of this country is equivalent to the blood of half a million white people; and that there is in the white race, through mixed bloods passing as white, the equivalent of fifty thousand full-blooded black people." If the standard for "halfbreeds" was strictly applied, Roman continued, all human beings "with rare exceptions" would fall into this category.[479]

Throughout his text, Roman argued fervidly that African Americans had no distinct anatomical or physiological traits. Citing measurements of body temperature, lung capacity,

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doctors who challenged the validity of racial classifications see Crenner.
[477] Roman, *American Civilization and the Negro; the Afro-American in Relation to National Progress*, 327.
[478] Ibid., 328.
[479] Ibid., 323.

blood circulation, fertility, reproductive functions, olfactory senses, auditory senses, and vision, he attested, "all attempts at dividing humanity [along physiological lines] have completely failed….All kinds of varieties are found in all races."[480] In one chapter, Roman reviewed anthropological studies of racial difference based on human physique. He illustrated the inadequacy of such classification schemes, describing the enterprise as "a vain task."[481] Roman denounced efforts to determine race through nail or genital color and critiqued studies of craniometry and cephalometry, writing that despite their "dominating place in anthropology," the literature concerning racial differences in these two fields overflowed "with errors and dogmatisms."[482] As a whole, he summarized, "anatomy discloses no distinctively human structure that is not common to the species wherever found, neither does it discover a single structural characteristic peculiar to any one human variety."[483] Presenting a series of portraits of "Prominent Colored Americans," which displayed individuals with light complexions, straight hair, and other characteristically white features, along with two men with equally dark complexions, comparable hair and noses, and similar facial features, Roman challenged readers to discern their racial identities with a caption that read: "Prominent Colored Men, Full-blood and Mixed-blood. Which is which?"[484]

According to Roman, the fact of interracial mixing was so evident that, at times, African

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[480] Ibid., 327.
[481] Ibid.
[482] Ibid., 329, 331.
[483] Ibid., 334.
[484] Ibid., 120, 208, 328. Although scientists often failed to recognize it, Roman saw that, in their moral dispositions, white and African Americans may have shared their most notable similarities. "*In many ways the races are very much alike*," he expounded, "especially in those things wherein they most accuse each other." Referring specifically to a shared sense of prejudicial distain, Roman informed, "It would astonish some of the most rampant negrophobes to know with what utter contempt they are looked down upon as inferior beings by many of the ordinary colored people." As whites berated African Americans for their perceived racial differences, African Americans similarly despised whites for their distorted sense of racial purity. "A contempt," he described as, "often tinged with bitterness from the very prevalent belief that some of these agitators are not pure Caucasians in either blood or association." Ibid., 341, 367.

Americans not only lacked distinctive characteristics but so closely resembled whites they baffled "every artifice resorted to in order to recognize them."[485] He contested assertions that racial mixing could lead to degeneration, arguing advocates of this position ignored the fact "*that all races are now crossed.*"[486] Ultimately, Roman considered the concept of racial purity a misnomer. He contended that that the "honor" associated with racial purity, in actuality, "could only be claimed by certain savage or primitive peoples whose history is buried in oblivion" and not found in modern societies.[487] It was natural for people living in such close proximity "speaking the same language, professing the same religion, and reading the same literature" to develop similar characteristics. The American environment, he wrote, produced new racial groups distinct from those in Europe and Africa. "We are developing," wrote Roman, "two distinct race types in America. There is a white type tinctured with black blood and a black type inoculated with white blood." "The American white man," he continued, "is not a European and the American black man is not an African. New conditions have made a new race. The mixing has been done."[488]

Bourgeois Eugenics

But even as they challenged deterministic racial constructs, black doctors were not inoculated from the trappings of modernity in their research. While they contested claims of black inferiority, their research was still prone to embrace determinist models of human evolution, frequently viewing class differentiation within the black population as a legitimate

[485] Ibid., 327.
[486] Ibid., 344.
[487] Ibid., 345.
[488] Ibid., 341.

basis for determining evolutionary fitness and civic worth. As Michelle Mitchell's work on racial reform illustrates, like other reform-oriented black activists of the early-twentieth century, many black doctors relied on deterministic evolutionary constructs in their research and emphasized the importance of eugenic reproduction for the cultivation of middle-class status within African American communities.[489]

One practitioner from South Carolina, William Thorne, wrote about the obligation many black doctors felt to use medicine as a means to shape the greater destiny of their race. "We have a greater duty before us," he proclaimed, "than the mere practice of medicine." Published in 1924 in the *Journal of the National Medical Association*, Thorne's article embraced eugenic education as a means to challenge theories of degeneracy and affirm the moral character, social status, and evolutionary fitness of black Americans. Viewing eugenic reproduction as a tool to reduce vice and disease, he encouraged his colleagues to advise younger generations on the value of choosing genetically compatible marital partners. Making eugenically informed choices, he wrote, should be "regarded with the same zest as that possessed by the careful breeder of fine animals, poultry, or plants" as it would help to assure that progeny exhibited lower levels of vice and disease.[490] These efforts were the race's "chief hope for triumph in future ages" and the black physician's "greatest mission on earth." By galvanizing the forces of eugenic science, Thorne believed black doctors could improve the mental, moral, and physical qualities of African Americans and cultivate the bourgeois manners and mores essential for "a better stock, an improved people."[491]

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[489] Mitchell, 12.; See also Gaines, 21, 35-37, 75.; See also Ayah Nuriddin's forthcoming dissertation.
[490] William A Thorne, "Factors Fundamental in the Development and Growth of a People," *Journal of the National Medical Association* 16, no. 3 (1924): 187.
[491] Ibid.

Like Thorne, Charles Roman also saw evidence of class differentiation within the black population as an important indicator of racial progress and equality.[492] His work assured readers that substantial variations existed within African Americans based on class and culture. Arguing science and the popular imagination often neglected class, intellectual, and moral differences, Roman asserted internal variances *within* individual races far exceeded variations *between* racial groups. He compared the respective positions of African Americans and whites, offering a diagram designed to reflect the upper and lower limits of "human culture and capacity."

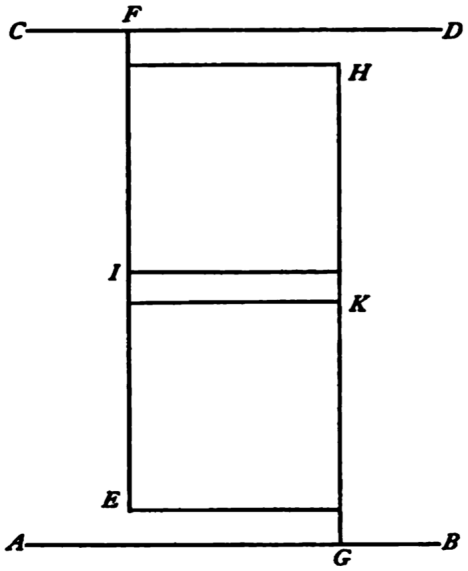

Figure 4: Human Culture and Capacity

The line across the bottom of the diagram, *A-B*, marked "the lowest state" of human civilization while the parallel line across the top, *C-D*, indicated the highest state. Vertical line *E-F* represented variance of "culture and capacity" within individuals of the white race while *G-H* represented such variance among African Americans. While these two vertical lines revealed significant diversity within both races, Roman explained, "the distance between the highest

[492] Kevin Gaines describes this as "bourgeois evolutionism." See Gaines, 20-21, 34-37.

colored man and the lowest colored man is just as great as between the lowest white man and the highest white man."[493] Although in absolute terms whites attained higher levels of achievement than blacks, the majority of both races were "neither at the top nor bottom, but midway" on the scale. "Colored people are no more alike than white people," he explained.[494] Furthermore, although contemporary discussions of race often focused on the distance between the highest white, *F*, and the lowest black, *G*, their average representatives, *I* and *K*, were in significantly closer proximity. Scientists, Roman wrote, were apt to compare a picture of Julius Caesar with "the lowest African savage he can find; implying, of course, that the average Euro-American is a Julius Caesar and the average Afro-American is a savage." Differences between the lowest, highest, and average members of each race, were relatively small, according to Roman, and the difference between the highest white (*F*) and lowest black (*G*) was only slightly greater than the difference between the highest black (*H*) and the lowest white (*E*). "The colored races possibly have not produced a Plato, an Aristotle, or a Bacon, or a Shakespeare," he wrote, but then neither had the majority of whites attained that level of distinction.[495]

In addition to this diagram, Roman affirmed the civic and cultural attainments of African Americans by providing several accounts of racial achievements since emancipation. He included illustrations that highlighted African American educational and professional achievements, depicting graduates of nursing and medical schools, notable musicians, leading educators, and prominent African-American civic figures. Maintaining that a "creditable professional class" of "teachers, lawyers, preachers, and physicians" had evolved and served as the "genuinely intellectual" foundation for African American achievement, Roman offered

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[493] Roman, *American Civilization and the Negro; the Afro-American in Relation to National Progress*, 48.
[494] Ibid.
[495] Ibid., 48-50.

numerous examples of racial progress in business, acknowledging the contributions of Booker T. Washington, the organization of the National Business League, and the successful commercial centers of Auburn Avenue in Atlanta, Georgia, and Cedar Street of Nashville, Tennessee. "There are few avenues of business endeavor from bootblacking to banking," he wrote, "that the Negro has not somewhere touched successfully." Roman also acknowledged achievements made in the areas of religion and education, noting African Americans as a group were moving away from folk religion toward more organized middle-class forms of worship. African American schools were garnering the support of their communities and, despite receiving inadequate levels of state funding, were demonstrating their dedication to educating black children.[496] In documenting these achievements, Roman gave particular recognition to the accomplishments of black physicians. "Professionally," he wrote, "the Negro doctor is a success." Providing a list of hospitals and medical associations where African American physicians were practicing and developing successfully, Roman asserted that "emphatically, and without exaggeration, the Negro doctor has made good professionally; good for his people, his country, and himself."[497]

Strange Cures

The efforts of black doctors to establish a scientific basis for the New Negro as a respectable member of the black middle-class had broad-reaching implications for their medical endeavors. The New Negro served black doctors as both a model of professional legitimacy and standard for patient health. In addition, it carried meaningful implications for their practices, providing a useful placebo inducing agent for their therapeutic interventions. By modeling the

[496] Ibid., 369-75.
[497] Ibid., 415-6.

New Negro and using medicine to cultivate it in their patients, black doctors symbolically sought to transform their communities into embodiments of racial modernity, treating their physical bodies and providing psychological comfort that affirmed black patients' standing as equal citizens.

Josie Hall, a black reformer from Texas, was not a trained practitioner but was still aware of the New Negro's therapeutic significance. In her anthology, *Hall's Moral and Mental Capsule for the Economic and Domestic Life of the Negro as a Solution of the Race Problem*, she explicitly links black health to the construct of racial modernity embodied in the New Negro. "The race is ill," she wrote, but its "abnormal and crooked condition" could be addressed by her "capsule"—the text, itself. In the tone of a proprietary medicine salesman, Hall pronounced her capsule was a mixture of "valuable ingredients…to make a better people and solve the Negro problem." Filled with accounts of black middle-class achievements, she explained, "you will find this capsule to be a mental, moral and physical restorer, which performs the mission of a purgative, to remove the innutritious burden of mistakes that is keeping the race sick."[498]

As early as the 1880s, community leaders regularly recognized the value of black doctors as symbolic "cures" for the problem of race. One of the foremost practitioners of the time, Robert Fulton Boyd, appeared in a short biography in a Nashville newspaper, which described him as a remedy for racial disparities. As one of the city's "most eminent" physicians, the author explains, Boyd was "the equal of any white physician in the world and far superior to the majority of them." Owning a prominent building in the business district, he maintained his office on the first floor, and rented additional spaces "to other progressive and business colored men."

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[498] Josie Briggs Hall, *Hall's Moral and Mental Capsule for the Economic and Domestic Life of the Negro, as a Solution of the Race Problem*, (Dallas, TX: R.S. Jenkins, 1905), 4-5.

Through his professional skill and virtuous character, Boyd functioned as the embodiment of the New Negro. A prominent and respectable community leader, he represented nothing less than a comprehensive means of addressing the problem of race. "The above," wrote the author, "solves the negro problem."[499]

Black doctors, themselves, were also explicit in their recognition of placebos as important parts of their therapeutic interventions. In his article, "A Plea for Suggestive Therapy," W. J. Parks, from New Jersey, wrote: "All of you here have heard patients express themselves as being better as soon as you had entered the room. This is not always imaginary." Maintaining that the therapeutic benefits achieved by charlatans stemmed largely from suggestion, he maintained professional healers were accountable for mastering its use as well. "We must not," he continued, "allow the quack to monopolize this portion of our profession, for suggestive therapy is rightfully a part of our armamentarium." Relaying his own success with such treatments, Parks related a case where he used hypnosis to relieve a woman from a debilitating nervous condition. "At the time this treatment was instituted the patient was well nigh an invalid," he explained. However, after her first hypnotic session, Parks vouched that "within five minutes the patient was perfectly calm, and after sleeping only an hour she came down stairs, had supper and felt fairly fresh."[500]

J. A. Robinson, a black doctor from South Carolina, also commented on this aspect of medical therapeutics. Although he despised quackery, Robinson acknowledged charlatans possessed useful skills. "If we study the quack and charlatan and not the wares he offers the

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[499] "Eminent Physicians," <*unknown newspaper title*> (Nashville, TN), 188?

[500] W J Parks, MD, "A Plea for Suggestive Therapy," *Journal of the National Medical Association* 1, no. 1 (January-March 1909): 56, 57, 59-60. Charles Roman shared this sentiment and warned his colleagues that "ignorance of psychiatry and neglect of psychic forces in functional diseases by physicians" would allow charlatans to prosper. See Roman, "The Deontological Orientation of Its Membership and the Chief Function of a Medical Society," 22-3.

public," wrote Robinson, "we would find in him an accomplished student of human nature." Arguing these practitioners were more attuned to the subjective needs of patients than many of his professional counterparts, Robinson encouraged colleagues to make their treatments more efficacious by addressing the subconscious components of illness. "Suggestion," he wrote,

> when properly applied, through the nerves of special sense, acts so forcibly on the brain that it will raise the resisting power of the individual, the result of which will be to lessen the devitalizing effect of disease if it is pathological and organic and completely cure it if functional and without lesion.[501]

Some black doctors made a point to hold colleagues accountable for embodying the New Negro and cultivating it among their patients. Directing his "wrath" toward black dentists, Algernon B. Jackson, an African American physician from Philadelphia, reminded his colleagues of their obligation to mold patients into models of respectability. Referring particularly to cosmetic dentistry, Jackson lamented that "well trained dentists find themselves falling victims to the persuasive and ignorant vanity of their clients who want mouths more decorative than healthy." "Very few," he continued, "have the courage to persuade a prospective patient that high grade sanitation and protective dentistry are worth more to him than the reducing of his mouth to the appearance of an ornate jewelry store window." Aware that jaw and tooth structures were directly tied to phrenological classifications of race and indicators of racial capacity, Jackson recognized that these failings in the practitioner's character and judgment were not only detrimental to the patient's health but reduced their professional standing, jeopardizing the status of their race and degrading the profession. "As long as our dentists consent to the desire for vulgar display to satisfy ignorant patients," he wrote, "we cannot do otherwise than classify them as glorified blacksmiths whose field of endeavors is limited to Negro mouths rather than to the

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[501] J A Robinson, MD, "The Present Relation of the Psychic to the Physiologic and Therapeutic in Today's Practice of Medicine," *Journal of the National Medical Association* 1, no. 1 (January-March 1909): 62, 65.

hoof of a jackass."[502]

Rivers Frederick, a prominent practitioner from Louisiana, was also among those who recognized the value of suggestive therapies and sought to police the line between their legitimate and unethical uses. In his oration on surgery, "Primitive Surgeons in Modern Medicine," Frederick asserted that "an honest evaluation of a patient's complaint not infrequently, requires time consuming and expensive procedures and, never too often, techniques of the psychological realm." "However, to many," he continued, "the object is to give more time to the ritual of examination carried out in an impressive setting with a certain degree of pomposity." Arguing such methods could "rival the rites of the mystics," Frederick stressed the importance of using the tools of medical science legitimately. "The light at the end of the proctoscope," he advised, "does not illuminate the observer's mental faculties unless he has an honesty of purpose with an objective in view." Frederick condemned those who used technology for exaggerated showmanship to exploit their patients. Such thinking, he maintained, "prostitutes the knowledge and surgical skill that has been developed and he degenerates into the medicine man of years gone by." Frederick labeled such practitioners as "primitive" and cautioned surgeons from using medical accoutrements unscrupulously. But "directed thinking in their use," he assured his listeners, "will produce a more brilliant light."[503]

Thomas Le Roy Jefferson, of West Palm Beach, was no less vehement in vocalizing his distaste for practitioners who failed to maintain the ethical standards that accompanied the image of the New Negro.[504] "The New Negro doctor," he began,

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[502] Algernon B Jackson, "A Criticism of the Negro Professional," *Journal of Negro History* 18, no. 1 (Jan 1933): 46, 53.
[503] R. Frederick, "Primitive Surgeons in Modern Medicine," *Journal of the National Medical Association* 38, no. 6 (1946): 207.
[504] For a brief biography of Jefferson see http://www.pbchistoryonline.org/page/thomas-l-jefferson and https://tljmedicalsociety.org/story-of-dr-t-leroy-jefferson (both accessed 30 Apr 2020)

> will not always when he finds a patient with money and a willingness to pay discover some serious ailment that it is going to take a long period of time to cure and that will require his constant and regular care for such patient to ever get well. Neither will the New Negro doctor when he finds a patient with money to be suffering with some incurable disease encourage and make him believe that he can cure him until he gets all of the patient's available cash and then just find out that the patient has some incurable disease and recommend that he go to some free clinic or sanitarium."

With an emphasis on values, Jefferson stressed that black doctors should be "of high moral character and well educated, in heart and hand as well as in the head, and having the best interests of his people at heart."[505]

While invested in the image of the New Negro, Montague Cobb, a leader in the NMA, offered a scathing commentary on doctors who appeared to take part in excessive forms of conspicuous consumption. Well aware of the obstacles black doctors faced in their professional endeavors, he asserted they should still buy books, subscribe to journals, and attend meetings to discuss their work. Disgusted with those who seemed to put appearances ahead of their professional growth, Cobb demanded a higher level of professionalism. "The difference in the monthly payment on a Cadillac and a more modest but equally efficient and attractive, if less pretentious, means of transportation," he rebuked, "would build an excellent private medical library. However, we find physicians who change their cars almost as soon as the models change, but who have scarcely bought a new book or subscribed to a medical journal since their graduation."[506]

Conclusion

Recognizing the New Negro's significance to the black medical profession is essential to

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[505] Thomas Le Roy Jefferson, MD, *The Old Negro and the New Negro*, (Boston: Meador Publishing Company, 1937), 47.
[506] W. Montague Cobb, "Medical Care and the Plight of the Negro," *The Crisis* 54, no. July (1947): 209-10.

understanding the desegregation process at Harlem Hospital. Outside black literary and artistic endeavors, the New Negro functioned within the profession as a measure of black legitimacy, a criterion for black health, and as a therapeutic agent. Heavily influenced by notions of manhood and respectability, it served as a critical referent point for black doctors to establish their creditability and earn the trust of colleagues, patients, and communities.

But while essential, the New Negro was not uncontested. The conflicts that took shape during desegregation—which divided Harlem and resonated nationally—stemmed from competing notions of racial modernity and progress embedded in the New Negro construct. More than the petty squabbles of ambitious professionals, the tensions at Harlem Hospital revealed the role whiteness, middle-class respectability, and manhood played in shaping medicine's most essential structures. Not simply the process of placing black bodies onto the staff of a municipal institution, desegregation pushed those vested in the hospital to interrogate the ontological foundation of constructs like merit, health, and healing. Rather than a "magic bullet," this process exposed latent divisions and raised challenging questions that, ultimately, went unresolved. As black doctors worked to cure their communities of the endemic afflictions of racial injustice, their remedies fell under a peculiar banner—a banner that insisted treating old ailments required they also tolerate new ones.

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