The Future of Negro Medical Organizations *

W. MONTAGUE COBB, M.D.

Professor of Anatomy, Howard University
Editor, Journal of the National Medical Association

BECAUSE Dr. C. V. Roman was the first editor of the Journal of the National Medical Association it is an especial honor for any of his successors in that position to deliver the address at this annual meeting which memorializes him. The privilege is enhanced at this year's session of the Clinic, dedicated in part to the memory of Dr. John A. Kenney, because Dr. Kenney, who founded the Clinic, was a co-founder of the Journal and, following Dr. Roman, its editor for thirty-two years. I hope you will consider the discussion which follows as humble tribute to these inspired predecessors.

For nearly fifty years the retarded health status of our Negro population has been common knowledge and the object of sporadic corrective effort. In the early part of the century no one seemed to take the view that this problem could be practicably addressed except in terms of separate treatment apart from that of the general health problems. The first scientific approach to the problem came in the publication of an objective monograph "The Health and Physique of the Negro American" published by Dr. W. E. B. DuBois in 1906 as Atlanta Publication No. 11. This was a remarkable document for its time and was Dubois' sole sojourn into the health field. The Negro public, however, both professional and lay, was not prepared to appreciate the significance of such a comprehensive report and the limited white public to whose attention it came was essentially hostile to the logical scientific approach indicated by the data presented. Hence, tangible results were few. The appearance of this work was, in effect, a long forward pass heaved the length of the field, for which there was no receiver.

By contrast, a program with mass appeal initiated by Booker T. Washington at this institution, Tuskegee Institute, in 1915 received general approval. In that year he established what came to be known as the National Negro Health Movement. It aimed to focus attention on the health deficits of the Negro by publicizing as many of the most glaring facts as possible and urging individual and community attention to obvious simple measures like public and private sanitation. Its efforts were concentrated during a "National Negro Health Week." Howard University, the National Medical Association and the National Negro Insurance Association joined with Tuskegee Institute as co-sponsors of this National Negro Health Movement. From 1932 to 1951 the National Negro Health Week program was conducted by the United States Public Health Service.

There is a disquieting irony in the fact that Dr. DuBois and Dr. Washington, laborers in a common cause with different approaches, should today occupy certain contrasting positions in national status. Dr. DuBois is politically disapproved, while Dr. Washington is enshrined in the Hall of Fame of New York University. This brings to mind a similar contrast in the careers of two of my college classmates at Amherst, who like Dr. DuBois and Dr. Washington, were deeply concerned with the removal of racial discriminatory practices in our country. The course of Mr. Benjamin J. Davis has led to a Federal conviction, while that of Mr. William H. Hastie has led to the bench of the second highest court in the land. The values involved in the lives of each of these gentlemen give cause for sober reflection. As loyal Americans we need be less concerned with the rebuke or negation of a DuBois with a Washington, a Davis with a Hastie, or a Robeson with a Bunche, than with the factors which could make it possible for anyone to look elsewhere than to our own democratic concepts, constitutional guarantees and form of government for solution of our minority problems.

The Negro medical organizations which receive our attention tonight, have functioned within the

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framework of our American society and have made significant contributions toward converting that society's preachments into practice. Several recent developments have seemed to portend a progress which, to the more sanguinely optimistic, raises the question as to whether the separate or special organizations are any longer necessary. I shall cite the more important of these developments and offer a few pertinent evaluations for your calm consideration.

TRENDS TOWARD INTEGRATION

On February 16, 1951 Federal Security Administrator Oscar R. Ewing, announced the termination of the National Negro Health Week Movement and abolition of the Office of Negro Health Work whose functions would thereafter be included under those of the Special Programs Branch of the Public Health Service. Mr. Ewing said this action was "in keeping with the trend toward the integration of all programs for the advancement of the people in the fundamentals of health education and welfare."

In January 1951 the National Association of Colored Graduate Nurses disbanded, after forty-two years, because the chief elements of its goals of integration had been achieved. At this writing all but four of the constituent local societies of the American Nurses Association admit Negro nurses and since 1948 the Association has provided a special national membership for nurses who are excluded from their local societies solely because of race.

On April 13, 1951, the John A. Andrew Clinical Society at its 39th Annual Clinic, at Tuskegee, birthplace of the National Negro Health movement, chose a white physician as its president-elect. He is Dr. Charles F. Sherwin of St. Louis, a member of the medical faculty of St. Louis University.

Medical Schools. Following certain controlling Supreme Court decisions resultant from a program of legal action of the National Association for the Advancement of Colored People, eight southern medical schools have admitted Negro students. The first so to act was the University of Arkansas in 1948. Subsequently, St. Louis University (1949), the University of Texas (1949), the Medical College of Virginia (1951), the University of Louisville (1951), Washington University, St. Louis (1951), the University of Maryland (1951) and the University of North Carolina (1951) have opened their doors. This is an enormous stride from the condition in 1947 when 25 or nearly a third of our 79 medical schools barred Negro students. It is known that at least two additional southern medical schools are very close to admitting Negro students.

Organizations. Despite numerous representations during the eighty years 1870 to 1950, the American Medical Association took no official cognizance of the fact that its constituent societies in the seventeen southern states and the District of Columbia excluded Negro physicians.

As early as 1946 liberal sentiment was becoming evident in some of these constituent societies. In December 1948 the Baltimore County Medical Society by unanimous vote agreed upon acceptance of Negro physicians into membership. In February 1949, a Howard graduate was admitted to his county and state medical association in Oklahoma. The Missouri State Medical Association voted in March 1949 to delete the limiting word "white" from the membership section of its constitution. Later that year the St. Louis Medical Society received its first Negro members. Next to open was the Delaware Medical Society. On April 26, 1950, the Florida State Medical Association changed its by-laws to permit induction of Negro doctors and in February 1951, the Jackson County Medical Society of Kansas City, Mo., admitted six colored physicians.

For two successive years the Medical Society of Virginia has failed by a few votes the necessary majority to admit colored physicians. In 1951 admittance of Negro doctors was approved by the executive board of the medical society of Arlington County, Va. On May 4, 1951 the Medical Society of the District of Columbia reported in the press that a poll just completed of its 1381 members showed that 674 favored the admission of Negro physicians and 290 did not.

The New York State Medical Society in May 1949 elected a Negro member, Dr. Peter M. Murray, as one of its representatives in the House of Delegates of the American Medical Association. This was a new first.

The 1950 edition of the American Medical Directory published by the American Medical Association for the first time omitted the designation "colored" after the names of Negro physicians,

and at its June 1950 convention the American Medical Association passed resolutions urging constituent societies with racially restrictive membership provisions, to review those provisions in the light of present trends, with a view to their removal.

Hospitals. As late as the early twenties, hospital appointments were rare for Negro physicians and interneships difficult to obtain. There was even less opportunity for training in the several specialties. Crying necessity had brought into being over the years about 110 Negro hospitals. About ten of these had good prospects for approved training programs. But in the early twenties the entire Negro medical ghetto, as the writer has termed it, was in bad condition. The architects of the remedies instituted at that time did not assay to destroy this system, but staying within its framework, to improve and embellish it, until it could come abreast of standards and be pointed to with pride.

Under this philosophy new hospitals like Homer G. Phillips in St. Louis and General Hospital No. 2 in Kansas City were built. Later, in the name of progress, a certain number of old white hospitals, more or less renovated, were transferred to Negro auspices in what the writer has called the "old clothes to Sam" pattern.

This renovated hospital system grew and flourished for a time. But it has been recently apparent that it was a house built upon the sands.

First because of political pressures, as with the Cleveland City Hospital in 1931, then in response to other influences, the number of openings for Negro internes and residents in public supported and in some private institutions has been increasing. At the same time, the number of hospitals throughout the country has been growing, until in 1950, there were available nearly 4,000 more interneships than medical graduates.

Hence the senior medical student has had the advantage of a buyer's market. With military demands further reducing the local supplies of physicians, the acceptability of Negro internes in non-Negro hospitals has been somewhat improved. In 1951, when internship acceptances were issued on the appointed day, most Howard and Meharry graduates had a choice of several hospitals, some of which had never had Negro internes before.

Since there has been no significant increase in the number of Negro physicians graduating annually in the last few years, this has meant that some established Negro hospitals whose interneships had been at a premium in past years, now have to exert themselves most energetically to obtain candidates.

The equitable effective distribution of internes among hospitals will in the future require white internes in hitherto Negro hospitals, making integration a bilateral process.

Already many Negro hospitals have been able to continue to operate only because of the cooperation of white physicians serving on the visiting staffs. Physicians who can work together on visiting staffs should be able to collaborate similarly on resident staffs. In addition, staff appointments of Negro physicians to voluntary hospitals have been slowly and quietly increasing. The processing involved retards rapid advance in this area.

It is these developments which have brought into sharp focus at present both the desirability and survival capacity of existing Negro medical organizations.

NEGRO MEDICAL ORGANIZATIONS

The separate professional organizations total about sixty, although no complete inventory is at present available. They consist of a national, and state, local and various smaller special purpose groups of more or less formal nature. The general purposes and scheme of organization parallel those of the American Medical Association and its constituent societies.

The first of these separate societies, the Medico-Chirurgical Society of the District of Columbia, was bi-racial in origin and formed because Negro physicians were excluded from the Medical Society of the District of Columbia and this exclusion was sustained in effect by the American Medical Association.[1] The earliest available description of the formation of this society deserves quotation here:

"In view of the opposition in the Medical Association and Medical Society of Washington to the admission of colored physicians, a society was organized on the evening of April 24, 1884, at Dr. Reyburn's office, 1321 F St., N.W., to secure to them the advantages of regular meetings for medical improvement. All regular physicians in Washington were eligible for admission, and a number of those in the Departmental service availed themselves of the opportunity to join. It was named

the Medico-Chirurgical Society of the District of Columbia. After several years most of the members lost interest in the Society and its meetings ceased. It was revived and incorporated January 15, 1895, and has held meetings with much irregularity up to date." (1900.)[2]

This sixty-seven year old organization has been vigorously active in recent years and is the only group of its kind to have had its history published as a bound volume.

The Lone Star State Medical Association, of Texas was formed in 1866 and this year held its sixty-fifth annual convention.

The Old North State Medical Society, of North Carolina, was the third separate organization to be formed and is justly proud of its record of never having missed an annual meeting in the sixty-four years since its formation in 1887.

The National Medical Association was organized at Atlanta, Georgia in 1895 and the spirit of its founding was well expressed in the words of Dr. C. V. Roman.

"Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonisms, but born of the exigencies of American environment, the National Medical Association has for its object the binding 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."

The N. M. A. has seen lean years, but it is stronger today than ever before. Its annual conventions have progressively improved in scientific quality and are now a recognized fixture among significant annual medical meetings. The Journal of the Association, established in 1908, has published more than half of the titles in print by Negro medical writers, although its pages are open to qualified authors without restriction.

A further catalogue of organizations would be beyond present purposes, but a short list of well known societies now meeting annually will serve to show that many of these bodies have respectable age and that occasions still arise which result in the formation of new groups (Table 1).

This cursory scanning of Negro medical groups is sufficient to show that they include in significant number bodies of mature age, established position, respected traditions and recognized contributions. Though in most instances born of necessity, they are useful functional parts of the American scene whose constructive potentialities have by no means been exhausted. It is obvious that in the new integration trends some of these groups are so unsurely rooted that they may be freely permitted to wither on the vine, but the substantial majority will see no reason to disband at the first signs of the medical profession's coming of age in the United States at large.

TABLE 1.—AGE AND YEAR OF ORIGIN OF TEN SELECTED NEGRO MEDICAL ORGANIZATIONS

Society	*Organized*	*Age*
1. Medico-Chirurgical Society of the District of Columbia	1884	67 years
2. Lone Star State Medical Ass'n	1866	65 "
3. Old North State Medical Society	1887	64 "
4. National Medical Association	1895	56 "
5. John A. Andrew Clinic	1912	39 "
6. Association of Former Internes and Residents of Freedmen's Hospital	1920	31 "
7. Pennsylvania Medical, Dental and Pharmaceutical Society	1920	31 "
8. Florida A. & M. Clinical Ass'n	1929	22 "
9. Homer G. Phillips Hospital Internes Alumni Association	1946	5 "
10. Charles R. Drew Surgical Society	1950	1 "

EVALUATIONS

There can be no compromise with the Negro's goal of full integration in American society. While the need for separate medical societies to provide opportunities for medical improvement not otherwise available has been significantly diminished in many parts of the country, this need still exists in many places. On the other hand the need for the more vigorous and strategically placed of these societies as a voice for independent expression of minority needs and opinion is greater than ever.

It is poor policy to lay down one's arms at first gestures of amity, especially when the armament of the opposition continues to be built up. No one suggests that the N.A.A.C.P. disband because certain initial goals have been attained. In matters medical the campaign for integration is not over. It has just begun. The Talmadges and Byrneses have given clear evidence of this.

As an example of the profound soul searching and caution the matter of admission of Negro physicians to medical societies is provoking, the

following excerpt may be cited from a questionnaire by a southern medical society addressed to others which have taken the step:

"Have the social functions—receptions, dinners, banquets, dances, etc.,—of county societies and of the State Association been separated from the business and scientific sessions? If not, are Negroes invited to or allowed to attend these? If they have been separated, by what method was it accomplished? Have they been abolished? If Negroes are allowed to attend, what attitude do your white members assume in regards to non-segregation socially? What attitude do the Negroes assume?"

The slow opening of constituent societies of the A.M.A. does not mean that Negro physicians of stature will be immediately accorded their due in the organizational structure of these bodies. Even when given due recognition our men will still be in a minority nearly everywhere which could be easily overrode on controversial questions.

Membership in A.M.A. constituent societies is no "open sesame" to full participation in the professional activities and resources of a community. This membership has always been available in much of the country and there is evidence that Negro physicians have not always taken advantage of the affiliation where possible. To provide some idea of what the picture is like the writer made a crude survey three years ago through friends and obtained the approximate figures tabulated in Table 2. These figures were published in February 1949 and never challenged.[3] Although details may be somewhat altered, it is believed that the general picture is about the same today.

One hears frequently that double dues, for the county and A.M.A. and for the local separate and N.M.A., will, as the A.M.A. affiliate restrictions are removed, force the dissolution of the Negro societies, even though a continued need for them might be acknowledged. This has not been the case in New York, Chicago, Philadelphia, Cleveland, and Detroit, although admittedly Negro physicians in those places have not joined county societies to the extent which would be expected. It may be freely stated that the financial burden of the dues of the Negro societies would not be difficult for the Negro physician. In the case of the National Association of Colored Graduate Nurses, the financial load of double dues was a much more serious factor.

NEED FOR AN INDEPENDENT MEDICAL BODY

Perhaps the greatest potential value for the future continuance of some of the stronger Negro medical organizations lies in their representation of independent thought and action.

Our American democracy operates as a two party system on the theory that ultimate wisdom does not reside in any of us and human frailty is inherent in all of us. Between elections, therefore, the loyal opposition functions in theory as a check and balance upon the party in power. On the professional front the American Medical Association has functioned as a one party system and has acted rather to stifle and suppress the voice of the dissenter. The independent position of the National Medical Association, for example, has been created by historical circumstances and the AMA's

TABLE 2.—PROPORTIONS OF NEGRO PHYSICIANS BELONGING TO COUNTY MEDICAL SOCIETIES IN OPEN AREAS. (All figures approximate.)

Place	*No. Negro Physicians*	*No. Members Cy. Society*	*Per cent*	*Name of Society*
Cleveland, Ohio	51	11	21.6	Academy of Medicine of Cleveland
Manhattan, N. Y.	200	87	43.5	Medical Society of County of N. Y.
Brooklyn, N. Y.	43	30	70.0	Kings County Medical Society
Bronx, N. Y.	10	8	80.0	Bronx County Medical Society
Chicago, Ill.	300	30	10.0	Cook County Medical Society
Columbus, Ohio	26	18	70.0	Columbus Academy of Medicine
Detroit, Mich.	150	65	43.3	Wayne County Medical Society
Philadelphia, Pa.	170	85	50.0	Philadelphia County Medical Society

own hostility and/or indifference. This independent position, is today the most precious heritage of the NMA. Should this heritage be surrendered the NMA might well indeed disband. Herein lies a great challenge for the future. The public expects that the National Medical Association will make up its own mind on the great issues of the profession, uninfluenced by the propaganda and might of the majority organization. The NMA today is the sole large national organization which is not beholden directly or indirectly to the AMA. It is very important that the NMA seize its opportunity and fully exploit its hour of destiny. The NMA already has white members. By continuing to advance its scientific effectiveness and, in the true American tradition, maintain a virile independence of thought and expression of opinion on professional matters of public interest it can attract more, again making integration bilateral.

Whether or not the NMA positions conform to those of the AMA is unimportant. The vital thing is that the NMA reach its conclusions freely and independently. As a free, honest and independent professional body it has auspicious possibilities for a very healthy contribution to our national life.

Quite obviously there will be some natural selection operating in the survival of what today are Negro medical organizations. Those that continue will most probably do so by reason of a professional usefulness in which racial considerations become of progressively less importance and in which the membership loses racial identity. The importance of the bilateral element in integration, the absorption of white colleagues into Negro organizations as well as the acceptance of Negroes into hitherto white organizations, is a value of profound spiritual and philosophical significance. Although more progress has probably been made in liberal directions in the last three than in the preceding thirty years, yet the distance still to be covered is so great that at the present time the better Negro medical organizations have their work cut out for them for an indefinite period. The Journal whose stewardship has come to my hands from Dr. Roman and Dr. Kenney is prepared for the future. In every issue you may notice that our contributions come from authors of various ethnic groups.

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THE ORIGIN OF ITALICS

"No figure of the Renaissance is more striking or colorful than Aldus Manutius. This printer settled in Venice, where he produced the editio princeps of Aristotle (1495-8), and then Dioscorides (1499). He wrote to the prince of Carpi of his plan, "never to allow scholars to want for good books of literature and science." Through poverty and misunderstanding, hampered by political factors and wars, he carried on his enterprise. Earnest and generous, he issued a pocket series at a cost of only fifty cents a volume. To print these small classics, he devised *italics*—it is believed in imitation of Petrarch's handwriting—and first employed it in Virgil (1500). His life was consecrated to his one great ideal. He married the daughter of Andreas Asulanus, thus amalgamating the publishing dynasties of Venice. He founded an Academy of Hellenists, which numbered a Linacre and an Erasmus among its membership. Savants crowded around Aldus; craftsmen who loved the best in typography, enrolled under him. Aldus spoke Greek in his home and shop, and was answered in Greek. Helles was resurrected by the Aldine Press. The founder died poor, but with the knowledge that he had rescued the priceless arts and sciences of ancient Greece, and forever placed them within the reach of scholars." From The Story of Medicine, by VICTOR ROBINSON, 1931.