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KANSAS CITY GENERAL HOSPITAL NO. 2

A Historical Summary

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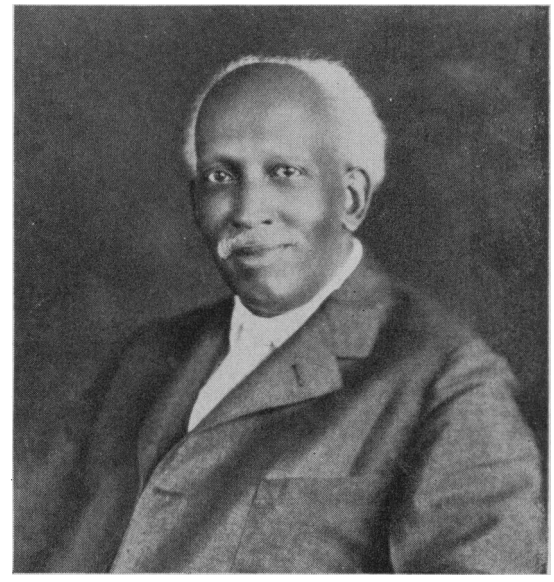
EDITOR'S NOTE: Kansas City General Hospital No. 2 ceased to exist in November 1957, as Dr. Rodgers describes, when Kansas City General Hospital No. 1 for whites and No. 2 for Negroes were ordered consolidated and existing plant and facilities reorganized accordingly. In order to present as current a picture as possible Dr. Rodgers has supplemented his story with descriptions of integration developments in other hospitals and other medical areas in Kansas City. In this he has had the assistance of Sister Madeline Marie, who wrote the section on Queen of the World Hospital, Dr. James S. Johnson, who wrote the section on the Kansas City Medical Society and Drs. W. R. Peterson and W. F. Haith, who wrote the section on group practice in Kansas City. The *Journal* is deeply indebted to Dr. Rodgers and his associates for the very comprehensive job they have done. The *Journal* also takes grateful notice of the individuals mentioned by Dr. Rodgers in his personal acknowledgements and particularly Dr. Lon M. Tillman. The *Journal* is also deeply indebted to Dr. Rodgers for collating the manuscripts from Kansas City authors and to the authors themselves. In addition, because of personal knowledge of developments, the editor would like to salute with appreciation the many individuals and groups who have worked long and patiently to bring about the changes of recent years.

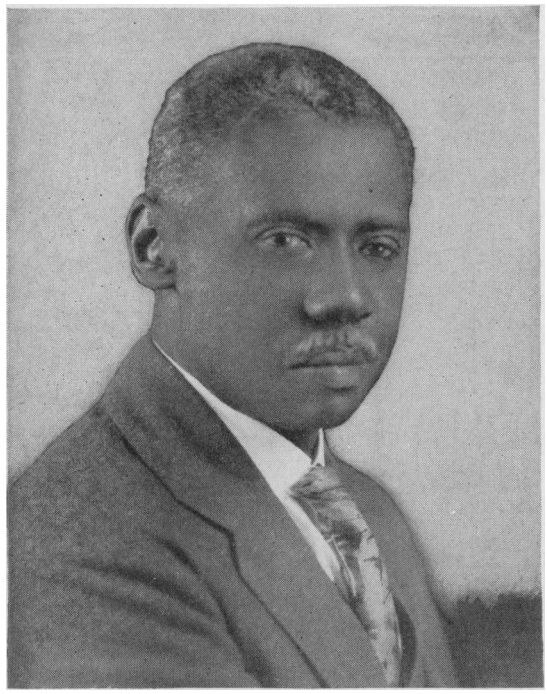
AT the turn of the century, public hospitalization for Kansas City, Missouri, non-white population was very limited. There existed on Holmes Street, overlooking the Belt railroad tracks, the Kansas Citty Municipal Hospital, later to become known as "Old City Hospital." This structure built in about 1873, with some later additions, housed for 35 years the indigent sick whites, with a few beds for the non-whites (Negro and Mexican).

In June 1903 Kansas City was devastated by a flood, the worst on record up to that time. This emergency found the health and sanitation facilities totally inadequate, at least in regards to Negro victims of the flood. Convention Hall, a large auditorium, was pressed into service for use as a hospital primarily for these flood suffers. Selected to administer medical care to this group was a well known Negro doctor named Thomas C. Unthank. While serving in this capacity he conceived the idea of a City hospital for the training of young Negro men and women in the fine arts and science of the profession of medicine and nursing.

Thomas C. Unthank, in addition to being a good doctor, was a shrewd politician and a better than



DR. THOMAS C. UNTHANK



DR. J. EDWARD PERRY

average organizer. For the next four or five years he pursued relentlessly this dream of a municipal hospital for the training of young Negro doctors and nurses. Needless to say, he faced many obstacles and disappointments. Another farsighted man of medicine, Dr. J. Edward Perry, was already making plans for private hospital care for the Negro people of Kansas City, that materialized in the opening of The Perry Sanitarium in 1910, the City's first private Negro hospital.

Much of the resistance to the idea of further continued training for Negro doctors came from the very sources of the sought after medical "know-how", the local white physicians. Upon seeking help from a local white surgeon of international reputation and renown, the following conversation ensued between Drs. Unthank, Perry and the white physician.[1]

Dr. Jackson — "What can I do for you gentlemen?" In his usual brusque way, Unthank replied, "By George, we came down here to talk to you about the old City hospital building. We feel that we should have the advantage of the clinical material. How in the h - - l do you think we can be the kind of doctors we ought to be unless we have advantages equal to others?"

Dr. Jackson — "To be frank with you gentlemen, I do not believe that a colored man has the capacity to learn surgery. There are times in surgery when you must call to your finger ends a dozen things in the flash of a moment and reach a conclusion right now. Damm it, I do not believe a colored man can think that fast." . . . "Now what have you to say?"

Dr. Perry — "Doctor, don't you think you might give us a chance?"

The fight for the hospital was pursued. In 1908 a new City Hospital for whites was erected

Old building, Kansas City General Hospital No. 2.

FIRST STAFF OF KANSAS CITY GENERAL HOSPITAL No. 2

First row. (l. to r.) Thomas A. Jones, T. C. Chapman, J. Edgar Dibble and Lon Tillman. Second row, l. to r. C. A. Murray Kane, E. J. McCampbell and A. Franklin Radford.

near the old. Negro and Mexican patients were left in the old building, now 35 years old, inadequate, antiquated, dingy, dirty and unsightly, truly deserving of the name "Old City Hospital." It was this structure that Dr. Unthank and other Negro doctors were requesting. Inherited along with the building were the white professional staff.

In October, 1911, four Negro doctors were elected to the staff, Drs. Unthank, Perry and two others. At about the same time the first Negro interne, Dr. Roscoe C. Haskell of St. Louis, was selected. He was followed shortly by three other internes (1912) Drs. O. R. Bush, Alexander Gillespie, and George McMecken.

In a short time friction and unrest had arisen between some of the white and Negro professional staff.

The August 7, 1912 edition of local newspapers stated that 14 of the 18 members of the visiting staff had signed a recommendation that "Negro internes be removed and replaced by whites." "Low average made by blacks at examination is reason given." These charges, apparently unfounded, were proven untrue and the Negro internes were retained. During the next months and years many crises arose. By attention to duty and maintenance of high standards of cleanliness in the hospital by the Negro staff and internes, many commendations in words and overt acts of encouragement came from those whites, who at the beginning were most skeptical.

With the development and training of more Negro physicians, it was felt that the time was ripe to have a Negro superintendent. After much discussion, Dr. William J. Thompkins, chosen unanimously by the professional men, was appointed by the Health board June, 1914 as the first superintendent of the old City Hospital.

[He] proved an excellent executive and the work and management of the institution continued on a high plane of efficiency. After possibly two years the institution entered the realm of politics. For many years it became a political football. Regardless of political differences the scientific work was not affected.

In evaluating progress up to this time, Dr. Perry states,

The wisdom of the plan as evidenced by improved standards of Negro professional men soon became apparent. More careful and scientific treatment of the indigent of the community caused a reduction in death rate to a noticeable degree; also a marked improvement in the period of invalidism. It was considered an excellent investment by the more inquisitive minds of the individuals who directed the financial affairs of the municipality. This revelation was a degree of pride to those of us who fought and insisted for years on this opportunity.

By now Kansas City's Negro Hospital was attracting national attention, and in at least one other city, St. Louis, Missouri, agitation was started by the doctors and citizens for a similar institution.

In 1911 a Negro School of Nursing was opened in conjunction with the hospital, with white persons responsible for supervision. Three years later, in 1914, a Negro staff took over the supervisory duties and this hospital became the first municipal hospital and school of nursing to be completely managed by Negroes.

In assessing the situation and evaluating progress to this point, it would seem that Kansas City was off to a flying start in matters of public hospitalization for its non-white population. Facilities for post-graduate medical education of Negro doctors, even though not ideal, were at least available. A good nurse training school was producing a yearly output

of trained nurses. The influence of local politics was always reflected, at least, in the office of the Medical Superintendent. The roster of Medical Superintendents of old City Hospital and time served is listed below.

Name	*Period of Service*
Dr. George P. Pipkins (white)	March 29, 1911—June 30, 1914
Dr. Wm. J. Thompkins	June 30, 1914—May 2, 1916
Dr. T. C. Unthank	May 14, 1916—April 28, 1918
Dr. Wm. J. Thompkins	April 28, 1918—June 1, 1922
Dr. J. F. Shannon	June 23, 1922—July 20, 1923
Dr. L. W. Booker	July 27, 1923—July 15, 1924
Dr. T. C. Unthank	July 15, 1924—April 9, 1926
Dr. Howard M. Smith	May 1, 1926—Aug. 31, 1930
Dr. D. M. Miller	Sept. 1, 1930—Nov. 25, 1932
Dr. P. C. Turner	Jan. 4, 1933—Oct. 16, 1945
Dr. E. Frank Ellis	Oct. 16, 1945—1958

While progress was being made along teaching and organizational lines in medical and nursing education, the overall effort was seriously hampered by the lack of suitable physical facilities. An article appearing in the Kansas Citian December 11, 1923, captioned "This Is Health Week" called attention to the fact that the structure now housing the city's colored hospital was 50 years old. The article stated, "The members of the professional staff take great pride in their work. The conditions under which they work are in many ways lamentable. A committee of the Jackson County Medical Society has just completed a study of the hospital. It reported the unfitness of the old hospital buildings and recommended the immediate construction of a new hospital for Negroes. The buildings are in a wrecked state of repair. Although considerable money is spent each year in an effort to keep them habitable, they are so old that constant repairs are necessary. Floors, stairways and walls are in bad condition. The buildings have, in fact, passed the stage in which it is economical to patch them up. They present a great fire hazard. In their crowded condition a fire would likely result in great loss of life.

"More room is needed to make possible proper segregation of patients and to eliminate overcrowding. Facilities for taking care of tuberculosis, that dreaded disease among the colored people are woefully unsatisfactory. Quarters for internes and nurses are crowded and dingy."

With this committee report as evidence, the citizenry, politicians included, went to work with the goal, a new Negro city hospital. It is interesting to note, at this point, how for the second time a catastrophe or near catastrophe influenced the course of events. The Kansas City Star of July 11, 1927, reported, "A Fire at the Negro Hospital Endangered the Lives of Sixty Negro Patients, with $30,000.00 loss." "Dr. E. W. Cavaness, director of health said that proper hospitalization would have prevented the fire. This fire makes clear to city officials the need for a new Negro hospital in Kansas City."

Final plans for the proposed $300,000.00 hospital for Negroes on the site of the old city hospital were approved by Municipal Commission in 1928. The Commission noted that "it had no jurisdiction over the location of the public building except to approve the ground area." The facts are that the original site proposed for the new hospital was on the east side of Michigan Avenue, between 26th and 27th Streets, near a section of Spring Valley Park. A heated battle was waged between the proponents of the site and the Linwood Improvement Association, white. A speaker from the association stated, "the hospital site was across the street from a section of Spring Valley Park, a fact that would operate to make this a park for Negroes . . . a deadline or point of segregation between Negro and white homes is a necessity. Long ago 27th Street had been the fixed line with the Negro belt extending virtually unbroken south from the river. The location of the Negro hospital at the very southern tip of the Negro belt would tend to encourage expansion by Negroes outside their own district and thus depreciate property values. If the proper location for a Negro hospital is at 27th Street and Michigan Avenue, then the proper location for a white hospital would be at 65th and the Paseo." For the information of the readers, the "Negro belt" now extends as far south as 63rd Street.

A special edition of the Kansas City Call dated February 28, 1930, announced the "New City Hospital Opens Sunday." "Most modern public hospital in the country now ready for occupancy. Eight floors of brand new, spic and span equipment fulfills fondest dreams of public and physicians."

The editor continued, "to begin with there is not a single second hand piece of anything in the new building. In the second place the city officials have not only built a new hospital, but the best hospital with the most modern design and have installed in the building the latest and best equipment avail-

Municipal Hospital Service Building (left) and General Hospital No. 2

able."

This edition included an eight page rotogravure section filled with pictures of the hospital and medical and nursing and some non professional personnel.

Below the full page picture of the building, the following statement appeared: "The only City Hospital in the U.S.A. ministering exclusively to colored people and completely officered by a colored staff is General Hospital No. 2 of Kansas City, Missouri."

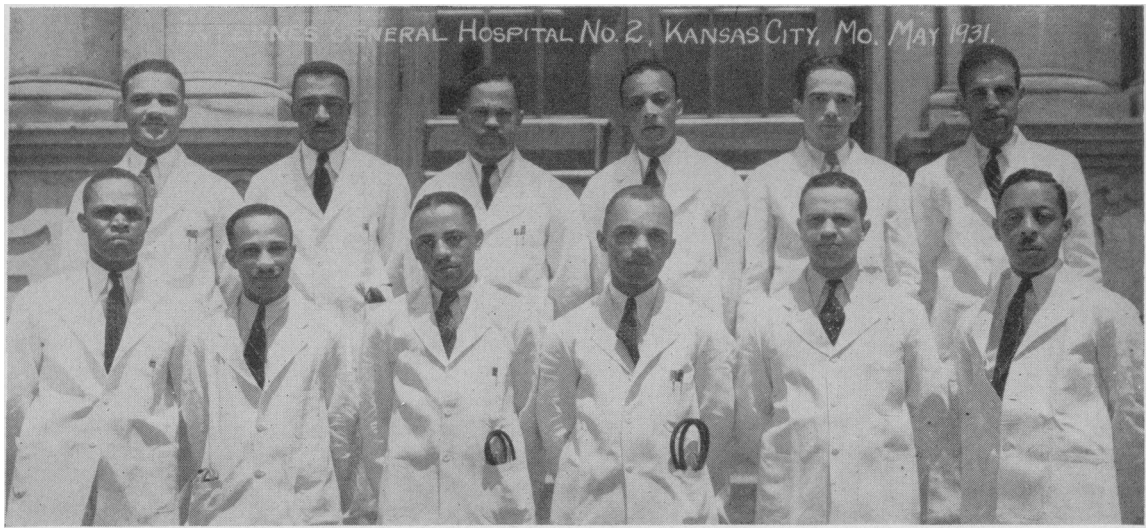
Listed professional staff included 30 physicians and six dentists, as follows:

Dr. Howard M. Smith, Superintendent
Mrs. Howard M. Smith, Matron
Dr. E. S. Baker, Internal Medicine
Dr. L. W. Booker, Obstetrician
Dr. A. D. Bradbury, Internal Medicine
Dr. M. L. Brookins, Eye, Ear, Nose and Throat
Dr. G. W. Brown, Surgeon
Dr. W. H. Bruce, Surgeon
Dr. P. R. Campos, Dentist
Dr. T. A. Fletcher, Eye, Ear, Nose and Throat
Dr. W. A. Hambrick, Internal Medicine
Dr. J. O. Henley, Internal Medicine
Dr. C. R. Humbert, Roentgenologist
Dr. T. A. Jones, Anesthesist
Dr. C. A. M. Kane, Urologist
Dr. E. H. Lee, Surgeon
Dr. J. H. Lewis, Dentist
Dr. M. C. Lewis, Internal Medicine
Dr. H. Linder, Internal Medicine
Dr. H. B. Lyons, Pediatrician
Dr. W. H. Maddux, Pediatrician
Dr. E. J. Marshall, Urologist
Dr. L. H. Norwood, Epidemiologist
Dr. J. E. Perry, Surgeon
Dr. A. F. Radford, Neuro-Psychiatrist
Dr. J. D. Richey, Dentist
Dr. I. F. Scott, Internal Medicine
Dr. L. M. Taylor, Dentist
Dr. L. M. Tillman, Clinician
Dr. L. W. Turner, Orthopedist
Dr. P. C. Turner, Pathologist
Dr. T. C. Unthank, Surgeon
Dr. J. S. Wells, Internal Medicine
Dr. V. O. Wilkerson, Dentist
Dr. J. R. Williams, Obstetrician
Dr. L. E. Williams, Eye, Ear, Nose and Throat
Dr. A. C. Wilson, Dentist

In reviewing the history of the period immediately following the occupation of the new hospital building to the post World War II period, an observer can not help note that in spite of what appeared to be an extremely favorable position, Kansas City Hospital No. 2, never really reached the heights in hospital medical circles that it should have. This failure to arrive necessarily influenced the overall quality of medical care in the local community.

To better understand what was really a fairly complex situation, two separate elements must be examined, 1) local politics, and 2) local professionals and professional race relations. One may well conclude that part of the lack of satisfactory achievement may have been due to factors beyond the control of the professional men involved. Many references have been made earlier in this paper to the local political situation. It was not without considerable political maneuvering that "Old City Hospital" was handed down to the Negro community for its use in 1911. Between that time and the occupancy of the new building in 1930, a period of approximately 19 years, no fewer than eight doctors held the position of superintendent, being changed on the average of every three years. This frequency coincided roughly with local political elections. The medical staff and non-professional personnel were literally forced to take sides with either one or the other of the two political factions, often as a matter of economic life or death. When one recalls the economic depression of the period of the 1930's and

INTERNES MAY 1931



First row, l. to r. Nathaniel Mathagie, Connor, Chandler, H. W. Kennedy, Theodore Borders, Fleming. Second row, l. to r. W. McKinley Thomas, Barnes, Bass, James Riley, Theodore Dulany, James Jefferies.

then considers the fact that this hospital had on its payroll 292 persons, all Negroes, including 72 professionals — doctors, dentists and nurses, 57 student nurses and 93 other employees. This included the wife of the superintendent, to whom the title of matron was given in addition to an annual salary equal to one half of that which her husband received. The payroll as of one half of the month ending October 31, 1932, totaled $5,336.20.

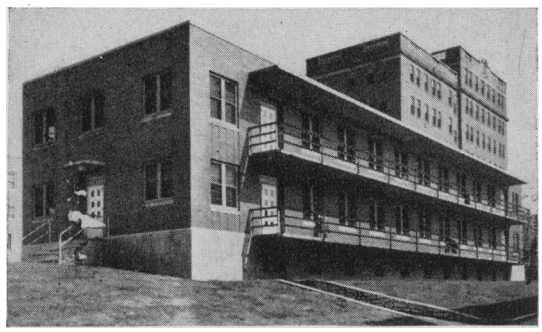
Excluding Negro persons employed by the Board of Education, this hospital employed approximately 95 per cent or more of all the Negro employees, professional and semi-professional, working for the Municipal Government. It was thus misused and abused by the political faction currently in power, in job appointments from the superintendent's level throughout. This also had considerable influence on medical staff appointments to say the least, thus influencing medical care and medical education.

An editorial comment from the Kansas City Times, August 30, 1930, stated, "A Hospital belongs to Welch, (a political boss)." Kansas City recognizes obligations to maintain proper health service and standards among all groups of its residents of building and equipping a first class hospital for Negroes. The opening of this institution a few months ago was a significant step in the development of better health efficiency that is related to the welfare, not simply a part of the community, but the whole of it. But the situation has been complicated by the naming of a hospital superintendent on purely political grounds. A service paid for by the public and designed in the public interest is thus converted into the agencies and further ends of a false action in politics.

"There is nothing in the record of the new superintendent to justify his selection to an important public health post. His qualifications have to do with politics, rather than medical or health requirements. The Superintendent removed has rendered creditable service in the four years he occupied the office. There was no occasion for a change unless indeed it had been made with the assurance of even better hospital management. But there was a chance to reward a political worker and make a bid for certain blocks of votes in the future. It was too good to pass up. So Welch, to whom the 'Hospital belongs,' names his man, and in he went.

"It is a sorry exhibition that averts the purpose for which the hospital was established. It is an injustice to members of the Negro race and to the public in general and an expensive display of politics to both."

Approximately nine years later a separate investigation was begun concerning the same matter of political influence in the hospital system. Statements from this report follows.



Sideview

On October 13, 1939 the Forward Kansas City Committee published its third bulletin. This committee was assigned the duty of investigating the management of Kansas City Municipal Hospital. The first recommendation was that the superintendency of General Hospital No. 1 be transferred to a man well trained in the business policies of hospital operations who would be paid a salary commensurating with his ability. It was quoted specifically that the salary of a superintendent at No. 1 in 1938-39 started at $3,820.00 per year, but the superintendent informed the committee that because of the policies of the City Administration to cut salaries and because of the "lag", his income was less than $2,400.00 per year. In regards to General Hospital No. 2, "a visit to the hospital discloses the same general condition as found in General Hospital No. 1, that is lack of paint, general rundown condition on the entire premises. This is particularly true of the colored isolation hospital which is an old residence adjacent to the present building and is in quite a dilapidated condition. Certain other conditions as relates to the political implications are described." "Every decent director of health has been obliged to accept a secretary, a political henchman, or woman who has no original qualifications for the job and has acquired very few. None of them wanted her. She was forced on them an as inside representative of the Pendegast machine. Statements were made concerning the forced admission of hospital patients strictly by order of their political ward bosses, also the presence of lawyers who apparently were connected with inside sources who were given or directed to legal cases. Immediately after the report of the Forward Kansas City Committee was published the headlines of a local newspaper took over with this headline, "Graft took lives." "Machine politics crippled City Health Department." "Hundreds lost yearly." "Diversion of funds prevent an effective program." "Committee finds hospital in patronage."

It is difficult to avoid the conclusion that what appeared to be in its origin a great humanitarian demonstration for the health of the Negro community may well have been conceived in the minds of local politicians as the political football it apparently turned out to be.

What of the local Negro professional men? From a reliable and well documented source, one can put together a picture of the achievements and failures as regards the development of General Hospital No. 2. At this point the Kansas City Medical Society must be introduced, for it was at the society meetings that most or all of the problems of General No. 2 were discussed and solutions sought. The Kansas City Medical Society was organized in 1909. The purpose of the society from its beginning was to promote the science and art of medicine, and to bring close together colored physicians of the city . . . so that they would secure the intelligent unity and harmony in every phase of their labor, as will elevate the profession and make effective the opinions of the profession in all scientific material and social affairs to the end that the colored physician may receive the respect and support within its own rank from the community. Among the members were the following physicians:

W. J. Thompkins
H. Smith
M. H. Lambright
E. J. McCampbell
T. A. Jones
M. H. Keith
H. Gillespie
S. H. Thompson
J. H. Williams
T. C. Unthank
E. A. Walker
Loyd C. Bailor
J. N. Birch
L. J. Holley
J. E. Perry
J. F. Shannon
J. E. Dibble

Frequent references to and quotes from minutes of society proceedings will follow, for in these meetings there appeared the answers to the questions of why this hospital never really achieved its full potential. In order to maintain continuity, insofar as medical staff and problems related thereto are concerned, we must direct our attention again to the early days of Old City Hospital. The medical staff at the outset was integrated with the white doctor in a teaching capacity. This continued until approximately 1914, when there arose some feeling in the Negro community that "we should have our own hospital," meaning all Negro staff. Due to lack of a sufficient number of prepared personnel this

was impractical, if not unwise at this time. The previously mentioned pattern of white and Negro doctor staff continued up until approximately 1924 when Negro doctors were made chiefs of services with full charge. This was affected through the combined efforts of the Kansas City Medical Society and the current political party. Dr. Perry's statements and reaction to this move are reprinted here.

Having worked as assistant for more than average time in such capacity, there appeared a wave of dissatisfaction. The executive committee of the staff was visited by a group representing the colored contingent. Their grievances in effect were stated; in their opinion, some of the colored men were qualified to assume responsibilities as chiefs. The executive committee requested them to retire immediately and bring to them the names of the ones whom they would recommend for appointment to such positions. They named Dr. Thomas A. Fletcher and the author. The recommendation approved, the two men were appointed as chiefs.

The matter had previously been discussed by both colored and white men. Things were moving smoothly and the assistants were not handicapped in the least as to the limit of their activities. The author saw a possibility of envy arising, thus creating discord and destruction of the harmony that prevailed. Such an opinion was regarded by my associates as a cowardly position to assume. Since all barriers had been removed, young men and women were being developed in the science and arts of a great profession. What difference under the circumstances would occur if I were never chief of a service, if such would likely upset our plans? The progress of the hospital in my opinion was greater than all combined personal aggrandizement."

The two new chiefs assumed their rotary responsibilities and for a while it appeared that my apprehensions were not logical, but beneath the surface, there was discontent and murmuring. Finally, a meeting of the colored medical men was held and a decision reached to request the group of whites to retire from the institution. The entire hospital was then staffed by colored. After a short while, the matter was amicably adjusted and again all was quiet and serene."

Long before *this unfortunate occurrence,* the hospital had become one of the most interesting clinical centers in the city."

In September, 1936, Dr. E. A. Walker, in his inaugural address as president of the Kansas City Medical Society describes vividly his personal feelings about the medical situation in regard to Negro doctors in Kansas City and General Hospital. This address, entitled "A New Deal in Medicine," stated:

For its 40,000 Negroes, this community has provided two hospitals with buildings and equipment totalling one half million dollars. These institutions are for two major purposes, the treatment of its citizens and the development of the Negro profession. In a word, these institutions are supposed to render not only efficient service, but produce Negro professionals from time to time of sufficient height, breadth and depth to stand shoulder to shoulder with any other professional man of our group throughout the country in his special line of service. In the light of these advantages and opportunities the question automatically comes, is the profession of Kansas City keeping pace commensurate with the opportunities these institutions offer. Evidence does not seem to support it. Of the profession here, there is too great a percentage not attached to our hospitals, when as a matter of fact there is ample opportunity for the development of every professional man in the community. For the 20 years of existence here of hospitals and the advantage they have offered, there have been too few outstanding men developed from the ranks. For the twenty years of opportunity there have been no men here of distinguished scientific research. There is too strong a search here among our professional men to accept without question almost any kind of scientific information without at least attempts to justify it by experimentation.

Twenty years, and a million of our race to serve with just a few men in surgery, a few in nose and throat specialties, few still in urology, x-ray neurology, anesthesia, orthopedics, dermatology and many other avenues of scientific development which may hold the key to recognition and renown. Of the men associated with these special lines, practically all were developed in the first ten year period of hospitalization under the direction of a Negro staff. Not one man of note has been developed. What is the answer? The answer is quite clear. If we hope to hold our place in professional life, we must return to our former teachers, able teachers, who were unbiased and impartial. Not only this, but we must study long and strong. No, there is ample evidence that our profession is not keeping pace with its opportunities. One must not think too seriously that an appointment to the head of any hospital service is recognition of his ability to teach. This must come from a wide range of correlated, experiences in medicine and the allied sciences which we must confess we do not possess. Another reason why we should return to the directorate of the white staff, "a few men cannot make it alone," said another well known surgeon. "What you need and must have is contact with a wider field of medicine which you cannot get with your race. We see and know what you are doing. You cannot hide behind a straw.

Recommendations were made at this time for the institutions of what apparently is a suggested rotation of staff men over a two or three year period in that several men can be exposed to the clinical material that is available. One case was mentioned where, "men handling the surgical service had been at the surgical table from 15 to 25 years." There is well established movement on the part of the men who head the preferred services to exercise every petty artifice and to check the advance of the men they must meet in open competition. This has resulted in binding the wheels of development in our institution. Lowering standards rendering more difficult the task of our institution to attract interns who refuse to accept assignments under inferior teaching. We need teachers of teaching ability, demonstrators who will demonstrate, super-

intendents who can superintend, and above all, we need men long enough and strong enough to rise above the petty fog of pseudo importance and self aggrandizement into the sunlight of duty overhead.

An overall objective view of the problems in Kansas City is best summarized in the report of a health specialist for the Kansas City Survey, Community Relations Project of the National Urban League made by W. Montague Cobb, M.D., Health Specialist in April, 1946.

The hospital organization chart (of Gen. No. 2) lists 18 services: medicine; surgery; orthopedics; x-ray; obstetrics; pediatrics; cardiology; eye, ear, nose, and throat; dermatology; pathology; urology; anesthesia; tumor and cancer; neurology and psychiatry; tuberculosis; venereal disease; isolation and dentistry.

The heads of services are not certified specialists in the respective fields, except in the case of certain white physicians whose major responsibilities are elsewhere. The organization of the staff is too informal, responsibility is not adequately fixed and satisfactory coverage is not assured. The majority of physicians in senior positions have not had the training or specialized practice which should obtain for such positions in a major institution. Staff meetings tend to be poorly attended and the material of clinical conference not developed to desirable potentialities. Two major services, pathology and radiology were without the active supervision of proper specialists. Under such arrangements internes cannot receive adequate training nor patients the best care. Unfortunate historical circumstances have not gained for the hospital a reputation which would place a premium on its internships.

The hospital has an approved School of Nursing with many creditable features. State board failures of graduates, however, have recently become an object of concern. Causes of the latter naturally require special investigation, but in respect to that portion of nursing instruction for which physicians are responsible, it was apparent that the school has had difficulty in obtaining with its limited budget the services of qualified men who had an interest in teaching and who realized that the imparting of knowledge is itself a special skill.

In regards to the Negro physician the report continues:

At present none of the Negro physicians have become certified specialists in any field although size of population and hospital needs would lead to the anticipation of at least one in each field. Principal deterrents to the development of specialists have been the belief that the Negro community was too poor to support them and the fear on the part of men who would like to specialize that they would not be referred enough work. It was reported to the writer that one man attempted unsuccessfully to practice a specialty in a field commonly remunerative to the general practitioner and that the assembled Negro physicians had seriously considered the advisability of welcoming any new colleagues because of the belief that the present number of physicians was the saturation point for the economic level of the community.

Although undoubtly handicapped by the restrictions of the ghetto, Negro physicians appear not to have used all the opportunities open to them."

On professional race relations, the report continues:

Indefinite perpetuation of the racial separation plan appears to be the entrenched conceptual common denominator in the approaches of both Negroes and whites to health problems in Kansas City. The Negroes regard it as damnable but inevitable; the whites as for the best, at least for a long time. The Negroes reaction is fuming resentment and frustration, suppressed or guardedly expressed, while the condition permits a too facile display by influential whites of patronizing condescension. All this is bad.

There have been individuals of vision and good will, white and Negro, who have attempted to hurdle the bars of the caste system. These efforts have had varied success. In one instance a Negro physician, now deceased, was trained and stimulated in the study of his field by outstanding men, until he qualified as a certified specialist in that field. In other instances, excellent opportunities for advanced training and development opened to individual Negro physicians have not turned out well.

Responsible sources on both sides indicated understanding of the history of the situation, dissatisfaction with present conditions and a desire to do something. But what? Here excessive pessimism was encountered. It is believed that determined cooperative action can change this outlook and substantially improve conditions.

Some preliminary remedial measures were suggested. The report states:

On the premise that if medical care is brought to the highest possible standard at the tax-supported general hospital, all other individuals and agencies concerned with health would perforce be pressed to keep pace, Municipal General Hospital No. 2 was selected as the strategic point to begin and conferences were held with the Director of Health and the Superintendent of the hospital.

General No. 2 is now approved by the American College of Surgeons for internes but not for residents. No. 1 is approved for both. No. 2 should be promptly qualified for approved residencies. For this purpose certain staff reorganization will be necessary. A visiting staff headed by certified specialists in the respective fields is one of the desiderata. As there are no specialists among the 32 Negro physicians in Kansas City, and as care of the patient must come before racial considerations, the cooperation of the Negro profession would be essential to ensure the success of any changes.

Accordingly a meeting was held with the Kansas City Medical Society, the local representative Negro medical organization, which the Director of Health attended by invitation. The facts were clearly laid before the physicians and those present unanimously agreed that changes outlined were indicated, and that the cooperation of the Director of Health and the white profession would be required. Further procedure was thus based upon a common realization of what had to be done.

As one might suspect, this report was received with varying reaction from total agreement to absolute denial of the veracity of reporting "health specialist." At any rate it furnished to some the first objective critical anaylsis by competent authority of the General Hospital problem.

Corrective action was not forthcoming from any of the parties involved in the management of the hospital. However, about this time several former General Hospital internes, now World War II veterans, in search of post-graduate medical training, returned to this hospital as resident physicians. It was immediately apparent to them that the standard of medical care at this institution was not what it should be. Several conferences were held between the house staff and the visiting medical staff, also with representatives of the City Health Department, for the purpose of improving patient care and house staff training. These meetings brought forth nothing of benefit and created a great deal of ill feeling between the house staff and the greater portion of the visiting staff.

The results of the determined action of the house staff was reported in Kansas City Call dated January 31, 1947, "City Hospital Doctors Strike. House Staff Physicians and Internes at General No. 2 yesterday began an organized protest against the lack of sufficient and appropriate medical equipment and supplies, against the shortage of hospital staff and against poor administration at the hospital. Physicians at the City Hospital barred a shocking array of substandard conditions at the institution following announcement of their intentions to curtail their own activties until these conditions are remedied. It was emphasized however, that none of the patients would suffer because of the protest which was started to inform the tax paying public of the evil conditions at the hospital."

The wisdom of this "strike" can no longer be questioned. This was the beginning of a different General No. 2. Within a few months the hospital was well on its way toward qualifications as an AMA approved teaching hospital for internes and residents in certain specialities. Major department heads at this time (1948) of rebirth were: Dr. Ira H. Lockwood, Radiology; Dr. Harold L. Gainey, Obstetrics-Gynecology; Dr. Morris S. Harliss, General Surgery; Marvin Curran, Dental-Oral Surgery; C. L. Francisco, Orthopedics; Victor Buehler, Pathology; Harry C. Wall, General Medicine; Irene C. Kealing and Herbert B. Davis, Pediatrics; Dr. Andrew L. Skoog, Neuro-Psychiatry and Dr. William A. Staggs, Urology.

Within a few years General Hospital No. 2 was fully approved for residency specialty training in radiology, obstetrics-gynecology, general surgery.

In spite of lack of complete cooperation between all facets of Health Department and the local Medical Society the training program at No. 2 produced a small but steady flow of well trained graduates. Fifteen board certified specialists now practicing across the U.S.A. received their specialty training at General Hospital No. 2 since 1947 (Table 1). The influence of this improved hospital on the local standards of medical care have been revolutionary as is shown by the number of specialty trained Negro doctors now practicing in this city (Table 2). Since 1947 Kansas City, Missouri has twelve board certified Negro specialists eight of whom received their training at General Hospital No. 2.

In November, 1957, the City Council in Resolution No. 22046, with no social pressure from outside, voted as an economy measure to consolidate all of the city hospitals. This included total integration of patients, professional and non-professional personnel, thus spelling the official end to General Hospital No. 2. Within a short time Negro patients, Negro medical and non-professional were transferred, as space would permit, to what was formerly City Hospital No. 1, white. The last inpatient

TABLE I. CERTIFIED BOARD SPECIALISTS WHO RECEIVED THE GREATER PART OF THEIR QUALIFIED TRAINING AT GENERAL HOSPITAL NO. 2 SINCE 1947

1. Dr. J. Walker Allen, General Surgery, Pennsylvania
2. Dr. Carl Armstrong, OB-GYN, Ohio
3. Dr. W. H. Bryan, General Surgery, Missouri
4. Dr. Wesley Groves, General Surgery, California
5. Dr. W. F. Haith, OB-GYN, Missouri
6. Dr. Claude Hill, OB-GYN, Maryland
7. Dr. James S. Johnson, OB-GYN, Missouri
8. Dr. J. K. Lightfoot, General Surgery, California
9. Dr. C. M. Peterson, General Surgery, Missouri
10. Dr. W. R. Peterson, General Surgery, Missouri
11. Dr. J. F. Ramos, Jr. Radiology, Missouri
12. Dr. M. W. Richardson, OB-GYN, Missouri
13. Dr. S. U. Rodgers, OB-GYN, Missouri
14. Dr. Anderson Williams, Pathology, North Carolina
15. Dr. W. R. Williams, General Surgery, California
16. Dr. Fitzroy Young, OB-GYN, California (prior to 1947)

TABLE 2. KANSAS CITY, MISSOURI CERTIFIED BOARD SPECIALISTS[8]

1.	*Dr. Lewis N. Bass, Ped.
2.	Dr. William H. Bryan, General Surgery
3.	*Dr. Albert Crocker, Ped.
4.	Dr. W. Filmore Haith, OB-GYN
5.	Dr. James S. Johnson, OB-GYN
6.	Dr. Carl M. Peterson, General Surgery
7.	Dr. Walter R. Peterson, General Surgery
8.	Dr. John F. Ramos, Radiology
9.	Dr. Marion W. Richardson, OB-GYN
10.	Dr. Samuel U. Rodgers, OB-GYN
11.	*Dr. Starks J. Williams, Ped.
12.	*Dr. Charles B. Wilkinson, Neuro-Psychitary

* Not trained at General Hospital No. 2

clinical service remaining at No. 2, obstetrics and gynecology, will be transferred, pending completion of construction of new facilities early in 1963.

And how does one feel at the death of an old acquaintance and close friend and benefactor? There is no doubt that this institution served a very distinct service in its early days, though never reaching its full potential as a training and educational center. More than 400 Negro doctors, in addition to a small number of dentists received part or all of their post-graduate medical experience as internes or residents at General Hospital No. 2. Of 47 Negro Physicians now practicing locally, 26 interned at this hospital.

Since achieving some status as a center of training, though limited in scope, the influence locally and nationally has been more beneficial and profound. Progress made by the hospital was achieved for the most part under extremely adverse and difficult circumstances.

To those local doctors (white) who were chiefs of service since 1947, too much cannot be said in gratitude for their unselfish voluntary services in organizing and administering residency training programs for Negro medical graduates who otherwise may well not have had an opportunity for post-graduate training. Society in general and Negro medicine particularly, is indebted to these individuals.

KANSAS CITY HOSPITAL INTEGRATION OTHER THAN MUNICIPAL HOSPITALS

Negro doctors are accepted in the county medical society, and in all speciality societies, except the Southwest Pediatric Society.

Of the major hospitals (100 beds or over) in Kansas City, Missouri, Menorah Medical Center, Jewish, is far ahead of all others in over-all integration. This includes doctors, visiting and house staff, patients, and professional and non-professional employees. There are reports, not confirmed however, that certain wards and sections of the hospital are off limits to Negro patients.

St. Mary's and St. Joseph's (Catholic) Hospitals, the latter now completely surrounded by a Negro community, have Negro doctors on the staffs. Both admit Negro patients, usually to separate or private accommodations on a limited basis. This is distasteful to the physician and often embarrassing to the patient. It also increases the cost to the patient.

St. Lukes (Episcopal) has recently accepted a few Negro patients, all under special circumstances. There are many Negro employees, at least in non-professional category. There are no Negro doctors on the staff. For what they feel are valid reasons, none have applied. There are doctors on the staff listed as non-white, it reported.

Trinity Lutheran accepts a few Negro patients, no Negro doctors, but does employ Negro nurses and other personnel. Some 'non-white' doctors have staff positions, but no American non-whites.

Research Hospital has never had Negroes in any category. There are confirmed reports that a Negro 'Candy Striper' was refused entry when she attempted to join her group, who were white, while they were serving in the hospital.

Baptist Hospital has no Negro doctors or patients, but some personnel in other categories.

In adjoining Kansas City, Kansas, there are four major hospitals, Kansas University Medical Center, St. Margaret, Provident and Bethany.

At K.U.M.C. the patients are integrated. However, there are some services that rarely place Negro and white patients in rooms together. There are many Negro employees in most all categories of employment. The medical house staff has on occasions some Negro members. There are five Negro doctors on the staff as listed below:

Charles B. Wilkinson, M.D.
Clinical Assistant Professor of Psychiatry
Samuel U. Rodgers, M.D.
Associate OB-GYN
M. W. Richardson, M.D.
Instructor OB-GYN
L. N. Bass, M.D.
Instructor Pediatrics
Leslie Becker, M.D.
Instructor Surgery (Vets. Administration)

The other three hospitals accept Negro patients

under conditions that are not always completely satisfactory to the Negro admitting physician. They have a few Negro doctors.

There are 48 Negro doctors in greater Kansas City area. Of these, 12 doctors occupy 25 staff positions in seven hospitals. Nine are either board certified or board eligible. There is no known instance in Kansas City, Missouri, of a Negro doctor who has applied to a white hospital and has been refused staff membership. This is due primarily to the fact that doctors have been reluctant to apply at certain hospitals where they feel they have little or no chance of being accepted. This attitude has been criticized in some quarters.

We feel that here in Kansas City we are in a relatively good position as relates to hospital integration. It is apparent that further lowering of racial barriers is both necessary and desirable. The local Kansas City Medical Society is actively concerned with the solution of this problem.

INTEGRATION IN THE KANSAS CITY HEALTH DEPARTMENT

Pursuant to the passage, by the City Council, of Resolution No. 22046 in November, 1957, which effected the consolidation of both city General Hospitals there was issued from the office of the city manager to those administrative personnel involved a directive, on "Personnel Policy — Hospital Consolidation," dated November 12, 1958. The heart of the letter is expressed in this paragraph, "as all medical services of General Hospitals No. 1 and No. 2 are consolidated, all permanent personnel of the two hospitals shall be consolidated into the new positions in a fair and equitable manner using solely performance, merit, ability and seniority as a guide post. A policy set forth in this letter shall go into effect as soon as is necessary in order to accomplish the goal of orderly absorption of present personnel in General Hospitals No. 1 and No. 2 into one consolidated unit".

Although not specified as such this included professionals in all categories.

I have not been able to discover any instances where the intent of this statement has not been carried out; indeed, those employees who had some of the usual feeling of distrust find themselves in relatively much better position both as to job status and personal income. Some instances of improved job situations are present in the title of; Director of Emergency and Out-patient Service; Assistant Superintendent of Nurses; Supervisory Principal Clerk in-charge of personnel office, these are some of the positions now being filled by Negroes.

From a recent confidential survey as of December, 1961 these figures were revealed in their stated categories:

Professional persons; this includes doctors, nurses technicians		332 persons
	Non-white	38.3%
Non-Professional; clerks, maintenance personnel and other positions		387 persons
	Non-white	50.9%
Professional Schools; X-ray, laboratory, non-professional nurse schools and nursing schools		194 persons
	Non-white	20.6%

These figures include both General Hospitals, the Psychiatric Receiving Center, and Leeds Tuberculosis Hospital.

One then has to conclude that consolidation and integration of the Kansas City health department has been carried out as promised with no damage at all to the status of the Negro personnel involved, as a matter of fact the overall feeling is that this has been a marked improvement in job personnel including professional and non-professionals.

Submitted herewith is a list of clinical staff appointments at Kansas City General Hospital.

VISITING STAFF GENERAL HOSPITAL

OB-GYN	Filmore Haith, M.D.
	James S. Johnson, M.D.
	M. W. Richardson, M.D.
	S. U. Rodgers, M.D.
General Surgery	W. H. Bryan, M.D.
	C. M. Peterson, M.D.
	W. R. Peterson, M.D.
Pediatrics	L. N. Bass, M.D.
Radiology	J. F. Ramos, M.D.
Neuro-Psychiatry	Charles B. Wilkinson, M.D.

There are Negro doctors in salaried positions in the out-patient department. There are six Negro physicians on the house staff: one senior resident general surgery, one 2nd year resident G. U., three OB-GYN residents, and one intern.

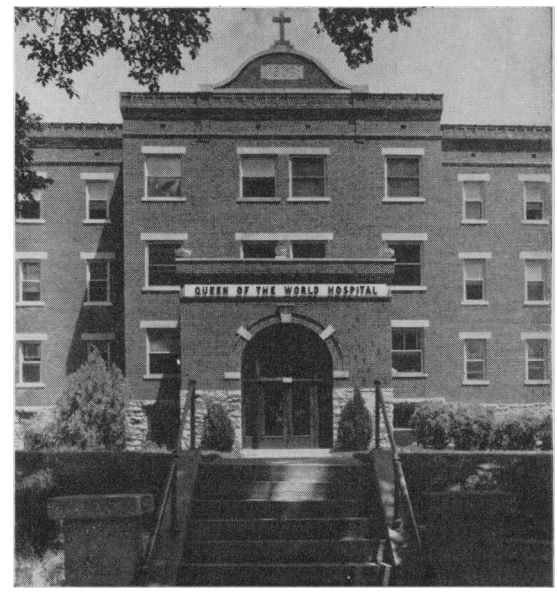
QUEEN OF THE WORLD HOSPITAL*

On May 22, 1955, Queen of the World Hospital opened its doors to the sick of all creeds and races. Through the effort of Archbishop O'Hara, of happy memory, this project became a reality. The finest Negro and white practitioners, both general physicians and specialists in their fields, are members of the staff of Queen of the World Hospital and work together in beautiful harmony.

When a delegation from a community group in 1952 suggested to Archibishop O'Hara that a hospital be provided for Negroes, the Archbishop replied, "I am not interested in a Negro Hospital. I will suggest that the hospital open its doors to all persons regardless of race, color or creed." Shortly thereafter, the 32-bed St. Vincent's Maternity Hospital was gone, and in its place stood the renovated 92-bed general hospital named Queen of the World. Since then the hospital has increased its bed capacity to 100. Not only has it increased the number of hospital beds, it has also given the city a hospital where white doctors can take their Negro patients and Negro doctors take their white patients. In staff, doctors, patients and administrative personnel, Queen of the World Hospital was the only interracial, non-sectarian hospital in Kansas City, Missouri. Since its opening, Queen of the World has been instrumental in opening the doors of other hospitals to a least a token membership on the medical staff of Negro doctors and to Negro patients.

It took three years to convince even the General Hospital that integration was possible and that it was proven as desirable at Queen of the World Hospital. After much debate and long delays, General finally closed the segregated hospital unit and one after the other of its services integrated. During these last few years, private hospitals in Kansas City, Missouri have made a least a token effort to increase integration. Only two hospitals out of eight hospitals of 100 beds and over, still have not granted privileges to Negro doctors and patients. Menorah Hospital is outstanding in that six Negro doctors are members of their staff and 5 per cent of their total patients admitted last year were Negroes. With the progress made so far, it is hoped that the two hospitals still segregated will soon open their doors and that the others, whose doors are now just ajar, will throw them wide open.

* This account prepared by Sister Madeline Maria, R. N., Administrator.



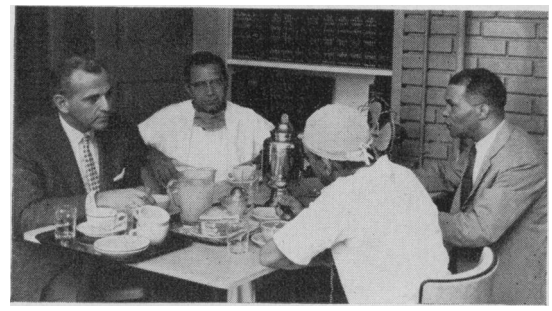
The medical staff of Queen of the World Hospital is composed of 42 consulting physicians, one of whom is Negro; the Active Staff of 34 physicians, 25 of whom are Negroes; 8 dentists, 7 of whom are Negroes and Courtesy Staff of 175, 8 of whom are Negroes, giving a total of 41 Negro doctors on a total staff of 258. The officers of the medical staff have alternated between Negro and white. The medical staff of the hospital is departmentalized. The monthly scientific meetings are stimulating and always bring a goodly number of doctors from the Active Staff. The medical audit and medical record and tissue committees are responsible for maintaining the high calibre of the professional work of the hospital. Last year 3,545 patients received 25,560 days care; the average daily census was 70; and 697 babies were born.

The general staff of the hospital is likewise integrated to about 75 per cent Negro and 25 per cent white. The employees have always worked together amiably and at no time have we found that there was a clash due to racial problems.

We feel that the medical staff relationships have been excellent and since the medical staff is composed of a number of doctors from other hospitals, we think that the example of professional men working together in harmony has been an inspiration to a large number of doctors. The white doctors, who originally formed the nucleus of the staff of Queen of the World Hospital, together with the original Negro group, are as interested today in the welfare and success of the Negro physicians and the hospi-

INTEGRATION AT QUEEN OF THE WORLD HOSPITAL

Ob-Gyn Society meeting.



Coffee break in doctors' Library.

tal, and continue to give loyal support to the hospital in its professional needs.

The Hospital has maintained a School for Practical Nurses since the Spring of 1956. There have been 96 graduates from the one year course, 85 of whom are Negro and 11 white. Here, too, we find well demonstrated the harmonious mingling of the members of the two races.

The Ladies' Auxiliary, founded prior to the opening of the hospital in May 1955, is another fine example of how integration can and does work. We observed that in the beginning these good women, both Negro and white, were genuinely interested but tended to work separately. However, over the course of the years they have come to know and appreciate the contribution each can make to the welfare of the Community. The Committees of the Auxiliary are integrated throughout. The Auxiliary affairs are far reaching in demonstrating how people of two different races and different creeds can work together harmoniously and enthusiastically.

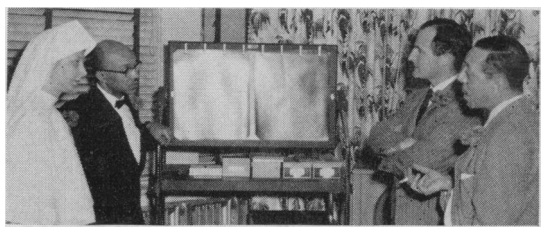
Queen of the World Hospital Lay Advisory Board has been integrated from the opening of the hospital. Of 12 members, 4 are Negroes and the opinion of these gentlemen is valued by the white members, who recognize the deeper knowledge they have of things concerning the Negro Community. Together these men have planned for the betterment of the hospital and have worked on drives for funds, at first for the remodeling of old St. Vincent's and in 1959 to match Hill-Burton funds for the construction of the Outpatient Department.

The smallest figure of integration is at the inpatient level and I think this may be expected because of the locale of the hospital and the fact that many white patients continue at the hospital where they have been treated earlier. The percentage of Negro occupancy for the last several years averages 98 per cent. The doors are open to all and the patients themselves get along nicely.

We have noticed that many of the white patients who have come to us return for hospitalization. In the Outpatient Department there is a larger proportion of white patients. These white patients, when their financial position has improved, have freely chosen the Negro doctor who attended them when they were clinic patients. To us this is a healthy sign of the appreciation of the character and professional qualifications of the doctors.

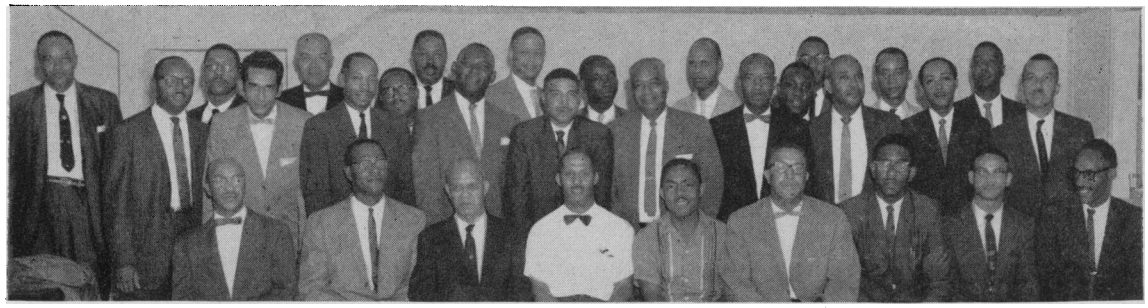
Our patient load is dropping. We can expect this and cannot regard it as a misfortune, since it means that more hospitals are integrating and opening

Doctors annual coffee fete in honor of staff members. Hostesses are members of Auxiliary.



Clinical conference in doctors Lounge.

THE KANSAS CITY MEDICAL SOCIETY



1st Row: C. M. Peterson, J. S. Johnson, L. M. Tillman, A. J. Randolph, S. J. Williams, John Wells, L. N. Bass, Albert Crocker, C. C. Reynolds.

2nd Row: B. P. McDonald, C. Franklin, A. Renaud, L. Haugh, G. Clark, A. Brady, C. W. Alexander, L. Holbert, Wm. Bryan, J. Ramos, S. U. Rodgers.

3rd Row: J. White, L. W. Turner, Philip Smith, E. F. Ellis, H. Jones, Geo. Taft, A. P. Talliferro, H. Williams, C. Gilmore, Thomas Clark, Leslie Becker.

their doors according to true Christian principles and the American tradition that "all men are created equal". We Sisters at Queen of the World Hospital are happy to be a part of the pilot project which gave the impetus and the example to others in the health field to break down prejudice and to work and serve in harmony.

The Maryknoll Sisters, whose Motherhouse is located at Maryknoll, New York, staff Queen of the World Hospital. The Maryknoll Sisters are a Missionary Congregation and number 1500 Sisters with over a hundred houses in practically all countries of the world. Queen of the World Hospital was a pioneering opportunity very much in line with the missionary spirit of the Community.

All at Queen of the World Hospital put into practice the motto which hangs at the door, "These doors are ever open to all the afflicted regardless of race, color or creed."

THE KANSAS CITY MEDICAL SOCIETY*

The Kansas City Medical Society was organized to represent the Negro Physicians of the community before the members were accepted into the various other medical societies. With full acceptance the members still realize the need of the organization in the community.

The Kansas City Medical Society is composed of 47 active members and 9 associate members, who are residents in training in the various specialties. The meetings are monthly and the Society boasts of approximately 35-40 members in attendance at each meeting.

The object is as the National Medical Association's: To raise the standards of the medical profession. To stimulate favorable relationship among all physicians. To nurture the growth and diffusion of medical knowledge. To stimulate the education of the public concerning all matters affecting public health. To sponsor the enactment of just medical laws, and to eliminate religious and racial discrimination and segregation from American medical institutions. We uphold all of the objects and enforce them to the fullest extent.

The Kansas City Medical Society is active in its State Organization in the name of The Missouri Pan Medical Society and we follow closely the activities of the National Medical Association. We encourage our members to participate in the various other medical organizations. The local societies accept us to become members and we participate fully in all of the activities. The Kansas City, Kansas society in the name of Wyandotte Co. Medical Society and the Kansas City, Missouri Society as The Jackson Co. Medical Society have as members most of the membership of The Kansas City Medical Society. This promotes a good feeling and a good relationship with all concerned. The specialty societies now accept members with no limitation in their activities.

The activities of the members within the society cover a wide range program. There is participation in the Health Fair, participation in post-graduate courses, participation in meetings for discussion of the problems of the community; presentation of

* This account prepared by James S. Johnson, M.D., president, Kansas City Medical Society.

WOMEN'S AUXILIARY, KANSAS CITY MEDICAL SOCIETY

First row, l. to r. Mesdames L. L. Holbert, V. Dixon, L. Haugh, J. F. Ramos, M. C. Lewis, L. V. Miller, M. Richardson.

Second row, l. to r. Mesdames W. H. Bryan, S. U. Rodgers, T. T. Lowrey, J. S. Johnson, H. B. Lyons, G. W. Brown, B. P. McDonald, D. M. Miller, P. C. Turner and W. R. Peterson.

scientific papers; and close cooperation in community affairs with cooperation with the various churches, the NAACP, the Urban League, and CORE. Other activities include public relation work, investigations into industrial practices, reviewing of medical economics, planning for scholarships, and planning of programs for the youth. The active committees include the censor, program, courtesy, constitution, historical, and memorial.

The officers for the year 1961-62 are J. S. JOHNSON, M.D., president; S. J. WILLIAMS, M.D., vice president; L. N. BASS, M.D., secretary; ALBERT CROCKER, M.D., assistant secretary; W. R. PETERSON, M.D., treasurer; W. F. HAITH, M.D., sgt. at arms; C. C. REYNOLDS, M.D., chaplain.

The members of the Kansas City Medical Society feel strength in numbers and will continue to work together for the safety and safeguard of the health of the community.

DOUGLASS HOSPITAL

This is a 45 bed, 12 bassinet institution founded in 1898 and maintained since 1905 under the auspices of the African Methodist Episcopal Church. It is located in Kansas City, Kansas. A full account and photograph of this hospital were published in this *Journal* in July 1957 in connection with a tribute to Dr. Solomon Henry Thompson.[4]

WHEATLEY-PROVIDENT HOSPITAL

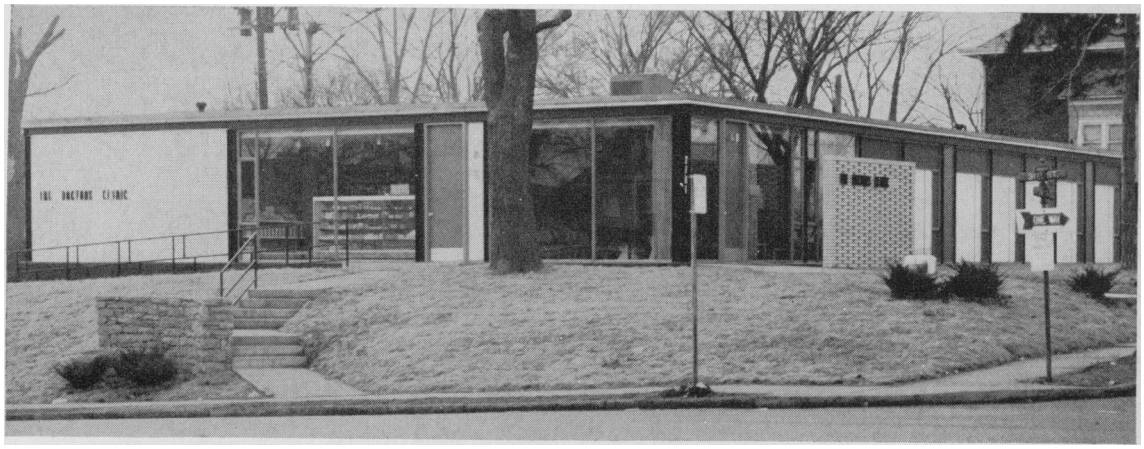
The Wheatley-Provident Hospital is a private, non-profit voluntary hospital. Until the recent beginning of medical integration it was the only such institution serving Negroes in Kansas City, Missouri. It is housed in what was formerly a private school building and its plant and equipment are obsolete. Despite many years of devoted and unremitting effort on the part of most sincere and loyal supporters, its financial resources have never been adequate for its needs.

Wheatley-Provident was not recommended for support by the Hospital Development Fund in a report of the Planning Committee of the Kansas City Area Hospital Association, issued in May 1960. On March 11, 1961, the Negro Baptist ministers of Kansas City, Missouri and Kansas City, Kansas, promulgated a resolution in which the belief was expressed that it is feasible to establish a new hospital and training center open to all to replace Wheatley-Provident. To raise funds for such a center the greater Kansas City Baptist and Community Hospital Association, Inc., was formed and as late as February 1962, was actively engaged in its building fund campaign. Should this prove successful the Association plans to seek Hill-Burton and other funds to help in the construction of a new hospital and training center.

GROUP PRACTICE IN KANSAS CITY§

During the last one and a half decades there has been a steady and progressive increase in the number of doctors who are entering medical groups. It is estimated that in the next 10 to 15 years approximately 50 to 60 per cent of practicing physicians

§ This account prepared by W. R. Peterson, M.D. and W. F. Haith, M.D. of The Doctors Clinic.



The Doctors Clinic, Kansas City, Missouri

will be in some type of affiliation in the practice of medicine. This might suggest a degree of parallelism to the steady increase of specialists or physicians possessing post-graduate training during the same period. Further, it might be surmised that these trends may be related to one another in more than a casual manner.

The reasons for this trend to group practice are many and varied, but basically they obtain a condition for an improvement in the quality of patient care. This results from the full utilization of specialized knowledge, centralization of equipment and paramedical personnel, reduction of patient cost, broader patient coverage, and increased availability, to mention a few of the broader areas.

There are certain advantages to be gained by such an arrangement, among which are, a more stable income, more time for studying, research, relaxation and family life, increased competence in being able to concentrate in one area of work, frequent mental calisthenics with colleagues, security with retirement programs, group insurance and income during periods of disability.

To be sure that we do not deny or ignore the disadvantages of group practice, we shall place them in the juxtaposition. Perhaps the foremost of these is that the rugged image of individualism that many physicians have and desire is immediately reduced. One must be subjugated to the wishes of the group. Then the individual pecuniary gain in most groups is not as high as the solo practitioner. It, in some cases, reduces the initiative of certain individuals. Those outside the group are not now as concerned with one's "welfare" and the referrals are less likely to take a sudden upsurge. However, upon closer scrutiny, these advantages and disadvantages are more relative than real. There are extenuating factors, and one has to assess each according to his personal point of view.

What, then, is group practice? There are many terms and titles that have been used such as clinic, partnership, associate, "hospital," etc. However, we subscribe to the one adopted by the House of Delegates of The American Medical Association in December, 1948, which states, "Group Medical Practice is the application of medical services by a number of physicians working in systematic association with joint use of equipment and technical personnel, and with a centralized administration and financial organization." This definition is alluded to in those state statutes where group medicine is permitted to incorporate. One must realize that all states do not permit medical groups to incorporate. Further, this definition excludes all other arrangements that some physicians use and refer to as group practice, for they cannot satisfy the latter requirement — that of centralization of administration and finances.

Now that we know that group practice is and have some idea as to why certain physicians enjoy this type of relationship, and some do not, let us consider: (a) the types of groups, (b) how one joins or starts a group, (c) what are the mechanics of operation, and (d) causes of success or failure.

There are now some six or seven types of group practice being exercised in our country. They are 1) private multi-specialty groups, 2) general practice groups, 3) single specialty groups, 4) medical

diagnostic groups, 5) medical school groups, 6) hospital groups, and 7) sole-proprietor groups. The first of these is perhaps the largest single category and is the type that we of The Doctors Clinic operate. The other types are rather self-explanatory.

There are many and varied means by which a group is born. Without the burden of detail, some have their origin by several practitioners with individual practices consolidating; one physician with a large and profitable practice employs others to work for him; physicians in training decide to combine their talents upon completion of their training; physicians coming out of military services unite; part-time faculty members in medical schools work together at the hospital and continue this same relationship as private practitioners, etc. This may seem to over-simplify matters but one must not be disillusioned. This step of constructing the proper framework for organizing a group is perhaps the greatest, single, important item. The physicians involved should weigh their own qualities for such a cooperative endeavor. This cannot and should not be a hurried affair or treated insignificantly. Many, and sometimes lengthy, discussions should involve such factors as: a) persons to be considered to belong, b) how many, c) what ages, d) what fields of medicine to be represented, e) where the group will be housed, f) how will it be financed, g) how does it relate to the total medical picture of the community, h) how will the mechanics of the operation function, and a host of other pertinent facts.

Each of the previously mentioned phases might serve as the subject of a more detailed discussion but space dictates that we briefly examine just one or two. Consider for the moment, persons to be considered for entering the group. One should be cognizant of the fact that physicians are often persons of an independent nature — they are not easily subjected to directives and employer-employee relationship. Some of our most efficient and professionally qualified physicians are not temperamentally or philosophically fit to work in close harmony with others. Such a quality is a prime prerequisite for group practice. They may be too egotistical, strong-willed, reactionary and immature, though highly skilled and proficient. This is not to imply that they cannot have warranted and well thought-out opinions, for such qualities are desirable. However, they must be able to modify, retract, and give and take a little, as the situation demands in order to execute the group's desires, aims, and functions. Perhaps the next most important area to scrutinize is the mechanics of operation. Here, the decisions of administration, medical records, all types of reports, contracts and agreements, taxes, equity accounts, bookkeeping, properties owned, schedules, duties of members, personnel, distribution of income, insurances of all types, etc., must be made. In short, this is the business end of the operation. The practice of medicine is an art and a science but, and as equally important, it is also a business and must be treated as such. This aspect is important to the sole practitioner but really becomes an acutely significant part of any group practice. Without being facetious, and as has been stated many times in other operations, "even if it's your brother, put it in writing!". The contract of agreement should be a well written document drawn up by legal counsel, and clearly stating the provision for every exigency. Of particular interest and close scrutiny should be such areas as distribution of income, settling of accounts in case of death or withdrawal of a partner, voting privileges, provisions for cases of prolonged illness, relationship of spouse and family to the group, mechanism for the addition of new partners, arbitration in areas of disagreement, etc. There is one and only one place for this to be done and that is in the beginning. All partners concerned should know and understand what is to be expected. Still, periodic reviews of the agreement contract should be made and any inequities adjusted, for changes of time, philosophy, and events will dictate certain revisions should be made. However, with adequate preparation at the commencement of the business, these should be minor.

In our group, The Doctors Clinic, we have implemented the issues as discussed. We function as a Private-Multi-Specialty type of group practice. We were organized in 1949 by four young physicians whose philosophy was group practice of medicine and due to local circumstances prevalent at the time, suggested that an amalgamation of talents and efforts might prove beneficial. This was the first Negro group in the country, and as far as we know, it remains the only true Negro group practice of this kind. At the present time six physicians, W. R. Peterson, C. M. Peterson, S. U. Rodgers, S. J. Williams, W. F. Haith and C. U. Franklin, Jr. comprise the professional staff. Represented are the areas of General Surgery, Pediatrics, Obstetrics-

Gynecology, and Internal Medicine. All are certified by a specialty board, or are board eligible. Paramedical personnel and business office staff total 10, among whom are two registered pharmacists. Associated with us are a part-time radiologist, certified public accountant, and legal counsel. In December, 1960 we moved to our present modern facilities. We are in the 13th year of operation, and at this time see no overt sign of misfortune or cause to abandon this growing facet of medicine, group practice.

In most cases the failure of group practice occurs as a result of improper choice of participants, poor business acumen, and distribution of income. We believe that all of these causes can be alleviated with the application of one encompassing phase — a proper and solid foundation built on faith, cooperation, efficiency and enlightenment in the beginning.

ACKNOWLEDGEMENTS

The author is grateful to the following persons for their help in the procurement of historical information and photographs, without which this report would not have been possible: Miss Lucille Bluford, Kansas City Call; Mr. John J. Doohan, the Kansas City Star News; Dr. Lon Tillman, historian for the Kansas City Medical Society; and Mrs. Hattie Darby, administrator's office, Kansas City General Hospital.

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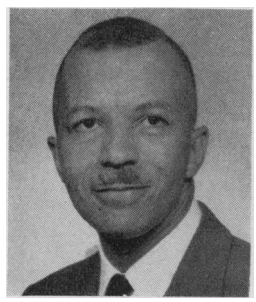
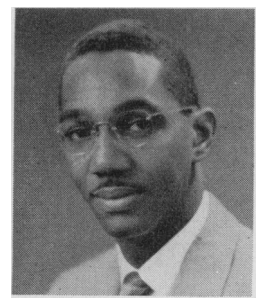
KANSAS CITY GENERAL HOSPITAL NO. 2 AUTHORS IN THIS ISSUE


DR. SAMUEL U. RODGERS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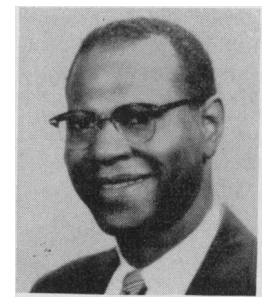
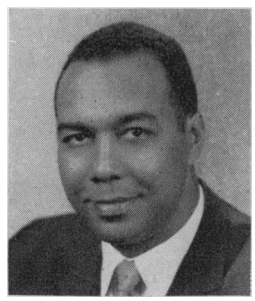
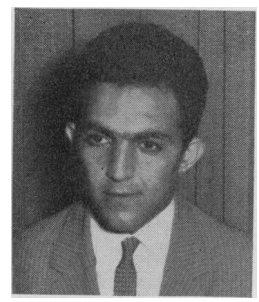

DR. JAMES S. JOHNSON


DR. HARRY S. JONAS


DR. CHARLES B. WILKINSON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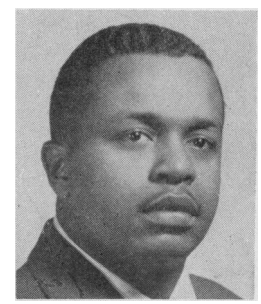
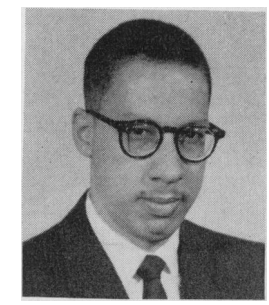

DR. JOHN W. ARMSTEAD


DR. MYRON H. WATKINS

DR. SAMUEL U. RODGERS was born in Anniston, Alabama in 1917. He received the A.B. from Talladega College in 1937 and the M.D. from Howard University in 1942. The year 1942-43 served his internship in Kansas City General Hospital and from 1947-50 was a resident in obstetrics and gynecology in the same hospital. Dr. Rodgers was a major in the Medical Corps of the United States Army in World War II. He is a diplomate of the National Board of Medical Examiners and was certified by the American Board of Obstetrics and Gynecology in 1954, and is a fellow of the American College of Obstetrics and Gynecology. He is on the attending staff of Kansas City General Hospital and an associate in obstetrics and gynecology at the University Medical Center.

DR. WALTER RICHARD PETERSON, director of the Doctors Clinic was born in Fernandina, Florida in 1914. He received the A.B. from Morehouse College in 1936 and the M.D. from Meharry Medical College in 1941. He

served an internship and a residency in general surgery at Kansas City General Hospital No. 2. He was a Major in the Medical Corps of the United States Army from 1943-46 and medical superindendent of General Hospital No. 2 from 1956-57. He was certified by the American Board of Surgery in 1957 and is a fellow of the American College of Surgeons. He is on the attending staff of Kansas City General Hospital.

DR. JAMES S. JOHNSON, chief of Obstetrics and Gynecology at Wheatley Provident Hospital and president of the Kansas City Medical Society, was born February 22, 1918 in Stull, Kansas. He received his early education in the public schools of Topeka and received the B.S. from Washburn University in 1939. After two years of medical school at the University of Kansas he transferred to Howard University and received the M.D. in 1945. He served an internship in K. C. General Hospital No. 2, 1945-46 and was engaged in the private practice of medicine in Topeka, Kansas from 1946-53. He was in residency training at K. C. General Hospital from 1953-56 and became a diplomate of the American Board of Obstetrics and Gynecology in 1960. He is a member of the medical staffs of Menorah, General, Queen of the World, Wheatley Provident and Douglass Hospitals. He is a member of the Kansas City Gynecological Society, the Jackson County Medical Society, the Missouri State Medical Society, the American Medical Association, the National Medical Association and the Missouri Pan Medical Society. He is married to Mrs. Grace C. Johnson and they have three sons.

DR. HARRY S. JONAS was born in Kirksville, Missouri, in 1926. He received the M.D. from Washington University, St. Louis, in 1962 and served his internship at Washington University Hospital. Dr. Jonas served a residency in obstetrics and gynecology at St. Lukes Hospital, St. Louis. He was certified by the American Board of Obstetrics and Gynecology in 1961. He is on the attending staffs of Independence Sanitarium, Independence, Missouri and of Kansas City General Hospital No. 2.

DR. CHARLES B. WILKINSON is director of training and associate director of the Psychiatric Receiving Center of Kansas City General Hospital. He was born in Richmond, Virginia in 1922, where he attended the public schools and graduated from Virginia Union University in 1941. Howard University awarded him the M.D. in 1944. He served his internship and an assistant residency in internal medicine, 1945-47 in Freedman's Hospital. During the years 1947-50 Dr. Wilkinson spent as a resident in neuropsychiatry at the University of Colorado Medical Center. He received the M.S. in psychiatry from the University of Colorado in 1950. From 1950-54 Dr. Wilkinson was instructor in neuropsychiatry in Howard University and and was assistant professor in the same institution from 1954-55. He is a diplomate of the American Board of Neurology and Psychiatry and currently holds the rank of clinical associate professor of psychiatry at the University of Missouri and clinical assistant professor of psychiatry at Kansas University Medical Center. Dr. Wilkinson was a Major in the military service of the United States Army.

DR. HOUSHANG YAGHAMI was born in 1933 in Simnan, Iran. He received the M.D. from Teheran University in 1958, where he served an internship. Coming to this country he served an internship in Baptist Hospital, New Orleans, Louisiana, and served a residency in pediatrics. He spent the year 1961-62 as a resident in pediatrics at General Hospital, Kansas City. He has now returned to Iran.

DR. JOHN W. ARMSTEAD was born in Baltimore, Maryland in 1926 and attended the local schools there. He received the A.B. in 1947 from Lincoln University, Pennsylvania and the M.D. from Meharry Medical College in 1954. After an internship, 1954-55, at the Valley Forge Army Hospital he was a Captain, 1955-57, in the Medical Corps of the United States Army. He was a resident in obstetrics and gynecology at Kansas City General Hospital No. 2 from 1957-60. He now resides in Wichita, Kansas and is board eligible.

DR. MYRON H. WATKINS was born in Atlanta, Georgia in 1932. He received the B.S. from Morehouse College in 1953 and the M.D. with honors from Meharry Medical College in 1957. He served an internship in Hurley Hospital, Flint, Michigan, and a residency in obstetrics and gynecology in Kansas City General Hospital No. 2. He is currently a Captain in the Medical Corps at Fort McPherson, Georgia.

DR. LEWIS N. BASS was born in Pittsburgh, Kansas, in 1921. After attending the public schools he received the A.B. from Pittsburgh State College in 1942 and the M.D. from the University of Kansas Medical School in 1945. After an internship in Kansas Medical Center, 1945-46 he remained for a residence in pediatrics and was certified by the American Board of Pediatrics in 1961. He is currently an instructor in pediatrics at the University of Kansas Medical Center and on the attending staff of General Hospital, Kansas City, Missouri.

DR. WALTER FILMORE HAITH was born in Greensboro, North Carolina in 1923 and attended the local schools there. A. & T. College awarded him the B.S. in 1947 and he received the M.D. from Meharry Medical College in 1952. He served his internship and an assistant residency in Homer G. Phillips Hospital, 1952-54 and a residency in obstetrics and gynecology, 1954-57 at K. C. General Hospital No. 2. He became a diplomate of the American Board of Obstetrics and Gynecology in 1961. He is on the attending staff of General Hospital.

DR. GERALD LEE MILLER, assistant clinical professor of obstetrics and gynecology at the University of Kansas Medical Center, was born in Grenola, Kansas in 1913. He received the A.B. from Southwestern College, Winfield, Kansas in 1934, and the A.M., 1936 and M.D., 1939 from Northwestern University. He served an internship and residency in Kansas City General Hospital. He is a diplomate of the American Board of Obstetrics and Gynecology.

DR. CARL MCKEE PETERSON was born in Opelika, Alabama in 1914. He attended Tuskegee Institute and received the A.B. from Morehouse College in 1937 and the

(*Concluded on page* 639)

Part I of the American Board of Orthopedics Surgery in June 1962.

DR. EARL E. FREDRICK, JR. (M.D., Howard, '58) has joined the Department of Internal Medicine of Medical Associates of Chicago, Inc.

Deaths

DR. JOHN EDWARD PERRY, pioneer physician and surgeon of Kansas City, Missouri, and founder of the Wheatley-Provident Hospital there, died in Houston, Texas, on May 15, 1962. Dr. Perry's participation in medical affairs in Kansas City is partially reflected in Dr. Rodgers' article on Kansas City General Hospital No. 2 in this issue of the *Journal*. The July 1956 number of the Journal was inscribed to Dr. Perry. In that number will be found a full account of his life and works. He is survived by his son, Dr. E. B. Perry of Houston and three grandsons.

DR. JAMES FRANKLIN FITZGERALD, JR. (M.D., Meharry, '44) of Detroit, Michigan, died on November 24, 1961 at the age of 41. Dr. Fitzgerald served his internship in Freedmen's Hospital and a residency at the Trinity Hospital in Detroit.

DR. ISAM SAMUEL LEE (M.D., Meharry, '19) of Waynesboro, Georgia, died on February 2, 1962 at the age of 74, of a heart attack.

DR. GLENFORD PENNINGTON MUSSENDEN (M.D., Howard, '38) of Baltimore, Maryland, died on January 8, 1962, at the age of 48 of a heart attack.

DR. WALTER HARRISON PAYTON, JR. (M.D., Meharry, '47), of Washington, D.C., died on December 31, 1961 at Freedmen's Hospital of cerebral hemorrhage.

DR. ABE MURPHY PERRY, (M.D., Meharry, '07) of Akron, Ohio, died on October 30, 1961 at the age of 76.

DR. SIGMUND PAUL ROSE (M.D., Howard, '42) of San Mateo, California, died on February 15, 1962. Dr. Rose was a diplomate of the American Board of Internal Medicine and practiced for many years in Dayton, Ohio.

DR. JAMES WASHINGTON THOMPSON (M.D., Meharry, '17), of Atlantic City, New Jersey, died in Lynchburg, Virginia on October 23, 1961, at the age of 76.

DR. EDWIN FRENCH TYSON (M.D., Howard, '11), of Charlotte, N.C., died on February 22, 1962 at the age of 76 of hypertensive heart disease and chronic nephritis.

DR. PLEASANT MAY WILLIAMS (M.D., Meharry, '59) of Durham, N.C., died in Duke Hospital October 19, 1961, at the age of 27 of massive pulmonary edema due to third degree burns of the head and neck as the result of an automobile accident.

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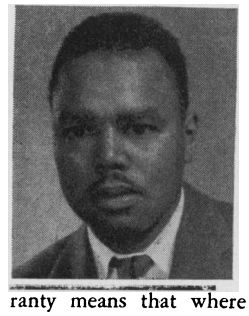
M.D. from Meharry Medical College in 1941. After an internship in Kansas City General Hospital No. 2, 1941-42, he spent the years 1942-46 as a Major in the Medical Corps. He was a resident in general surgery at Kansas City General from 1946-49 and was certified by the American Board of Surgery in 1953. He is a fellow of the American College of Surgeons and is on the senior attending staff of Kansas City General Hospital.

BLOOD TRANSFUSIONS
A Sale or a Service

ARTHUR H. COLEMAN, M.D., LL.B.
San Francisco, California



Whether the transfusion of blood performed in a hospital constitutes a sale or a service to the patient, is of great medical-legal significance. If it is a sale of blood to the patient, then, even in the absence of any negligence, if any detrimental effects result, the patient can sue on an implied warranty basis. Implied warranty means that where there is a sale of goods, the seller, without making any express representations himself, impliedly warrants that the goods will at least be fit for the purpose for which they are ordinarily used. If the goods are not fit, then the seller is liable for any damages that occur, including compensation for personal injury.

In most jurisdictions the implied warranty does not apply to the performance of services. The problem of classifying the transaction as service or sale is important to physicians and hospitals alike in the event of litigation, for in the performance of services for patients, they often provide drugs, bandages, blood, and other items which are transferred to or used by the patient. In regard to vaccines, the court in the Cutter Laboratory cases in which youngsters contracted polio, held that there is an implied warranty. However, in regard to the giving of blood, so far the courts have denied the implied warranty theory. One of the most recent cases is Dibblee v. Dr. W. H. Groves Latter-Day Saints Hospital, 304 P 2D 1085 (October, 1961) and has been briefed as follows:

Action by administrator of estate against hospital for death of patient following a blood transfusion. Plaintiff alleged three bases for liability in furnishing alleged incompatible blood to the deceased: 1) negligence provable as such, 2) negligence established under the res ipsa loquitur doctrine, and 3) by reason of an implied warranty traveled with a sale of the blood. Thereafter the negligence and res ipsa loquitur theories were abandoned and plaintiff stood on the implied warranty theory. The allegation was that "the transfused blood was sold . . . for a money consideration" which defendant "impliedly warranted" to be "fit for the use for which it was intended."