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The Founding of the National Medical Association

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The Founding of the National Medical Association

by

Karen Sarena Morris

**A thesis submitted in partial fulfillment of the requirements for the degree of Doctor
of Medicine at Yale University School of Medicine**

2007

Thesis Advisor: Susan Lederer, PhD

ABSTRACT

THE FOUNDING OF THE NATIONAL MEDICAL ASSOCIATION. Karen Sarena Morris (Thesis Advisor, Dr. Susan E. Lederer). Section of the History of Medicine, Yale University, School of Medicine, New Haven, CT.

In 1869, a mere four years after the end of the civil war and during a time when Southern sentiment ran high in Washington, D.C., three African-American physicians applied for membership into the all-white Medical Society of the District of Columbia (MSDC). Though meeting all eligibility requirements, they were denied admission into this society based solely on their race. Amidst much publicity in the local newspapers, the three physicians and their supporters sought remedy of the exclusionary practices of the MSDC on the floor of Congress and at the American Medical Association's (AMA) Annual Meeting. However, those opposed to integrating the society proved formidable. Despite pitched battles in both the Congress and the AMA, African American physicians did not succeed in their quest for acceptance into the all-white medical societies.

Following the opening of "Negro" medical schools throughout the country, the numbers of African American physicians slowly increased. Still unable to join local medical societies and the AMA, many of these physicians practiced in a professional vacuum devoid of opportunities to interact with and learn from other physicians. Recognizing the need for continuing education, social camaraderie, and professional unity, the African American physicians began to form their own local medical societies. In 1892 a call went out in an editorial printed in the *Medical and Surgical Observer*, the first "Negro" medical journal, for a national voice for the "colored" physicians. In 1895,

three years after the call, several physicians meet in an Atlanta, GA church and founded the National Medical Association (NMA).

Unfortunately, no single document chronicles the significant events that preceded the founding of the NMA and examines the biographies of the key figures involved in this historic event. Through a review of primary and secondary sources, this study provides a complete account by examining the personal backgrounds and motivating factors of the African American physicians who originally applied for admission into the MSDC in 1869. Further, this thesis analyzes the stories of the physicians who ultimately created their own national medical organization in 1895 following the many failed attempts to integrate the all-white societies. In addition to a thorough review of the battles that ensued in the Congress and the AMA, this study considers the personal and group motivations for excluding the African American physicians.

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FOREWORD

“The further backward you can look, the farther forward are you likely to see”

Winston Churchill

This quote by Winston Churchill has been paraphrased and used by many historians to justify a thorough review of many historical topics. This is especially true in the African American community where, not only historians, but civic leaders, teachers, preachers, grandparents, and parents encourage young people to seek out the true history of the African American people so that they may take their rightful place in present day society. “You’ll never know how far you can go as an individual if you don’t know how far we have come as a people,” was a sentiment spoken often in my household as I was growing up.

Civil rights activist and President Emeritus of the National Council of Negro Women, Dorothy Height, recently commented at the ground breaking of the Martin Luther King, Jr. Memorial that many young people of today walk through doors without any concept of the struggles and the peoples who opened these doors. As I walk through the corridors of one of the greatest medical schools in the nation, and arguably the world, I wonder about the men and women of color who opened the doors that allowed me to pass through. And, as I prepare to take my place in an internship, I cannot help but to wonder again about the men and women who labored to open the door I shall pass through along my journey towards achieving my career goal.

I first became interested in the history of the National Medical Association (NMA) while serving as the National Vice-President for the NMA's student organization, the Student National Medical Association (SNMA). As a member of the SNMA's executive board, I was invited to attend the NMA's national convention and had an opportunity to speak with many of the leaders of the NMA. At each event, we were warmly welcomed as the next generation of the NMA. Invariably, someone would begin to regale the *young folk* with the rich history of the NMA and lament the loss of much of this history due to the passing of many of the elder statesmen and women. I would again be reminded that I had yet to discover the history of my people in medicine.

In 1939, in the forward to his book entitled The First Negro Medical Society, Dr. W. Montague Cobb, past president of both the NMA and the National Association for the Advancement of Colored People (NAACP), expressed his concern that there was, up to that point, no comprehensive study of the Negro in medicine. With the completion of that book and many articles in the Journal of the National Medical Association (JNMA), Dr. Cobb sought to document the history of the men and women of African descent in medicine. We are deeply indebted to Dr. Cobb for his efforts. There is no doubt that, had he not taken the lead in preserving this history, much of this rich history would have been lost. In fact, many of the articles and books written today on the subject of African Americans in medicine have drawn heavily from the works of Dr. Cobb.

As prolific and meticulous as Dr. Cobb may have been in his writing, there is still a dearth of information on the contributions and struggles of many of the men and women who opened the doors to the all-white institutions and societies of the medical profession. After reading many articles and chapters devoted to the founding of the

NMA, I walked away feeling that I still did not have a complete understanding of the events that led to the founding of this organization. The first chapter in Dr. Cobb's book on the Medico-Chirurgical Society begins with the phrase "Wherefore, When and Where." In this chapter, he diligently endeavors to present the facts leading up to the founding of the first "Negro Medical Society." While the information he puts forth is factual, it fails to truly deliver the "Wherefore," and does not begin to touch on the "Who" in the description of events. The lack of complete information on this subject makes it extremely difficult for the student of history to fully appreciate the events.

The most extensive work done to date on the events that eventually led to the formation of the National Medical Association, is Dr. Cobb's aforementioned book, The First Negro Medical Society. This rather small book provides many of the details and chronicles the events surrounding the exclusion of African Americans from the Medical Society of the District of Columbia (MSDC or Society) and the American Medical Association (AMA). This exclusion led to the formation of the Medico-Chirurgical Society of the District of Columbia, the first Negro medical society. This Negro medical society would later become one of the first constituent societies of the NMA.

Dr. Samuel C. Busey, a member of the Society and past president of the Medical Association of D. C. penned a book entitled, Personal Reminiscences and Recollections of Forty-Six Years' Membership in the Medical Society of the District of Columbia. This book is an excellent counterpart to Dr. Cobb's description by providing the reader with a view of the same events through the eyes of the medical society. Both books, understandably, give no account of the National Medical Association, the association that would ultimately form as a result of these events.

More recent books, such as Thomas Ward, Jr.'s, Black Physicians in the Jim Crow South and W. Michael Byrd and Linda Clayton's An American Health Dilemma, while detailing the conditions in which African American physicians practiced during this time, give only brief accounts of the founding of the NMA. Herbert Morais' book, The History of the Afro-American in Medicine provides perhaps the best overview of the events leading up to the founding of the NMA. However, like Dr. Cobb's book, Morais and the other aforementioned books fail to fully explore the people involved in the events and their connections, if any, to one another.

The Medical Society of the District of Columbia 1817 – 1909 written by Lamb in 1909, et al, and Morris Fishbein's, A History of the American Medical Association 1847 - 1947 and printed in 1947 are the official histories of these organizations. Each book chronicles the respective organization's activities during the timeframe involved in this survey. However, neither provides the reader with much of substantive value in regards to the exclusion of African American physicians from their organizations. Unfortunately, even, a doctoral thesis completed in 1969 by George E. Schwarz entitled, An Exploratory Descriptive Study of the National Medical Association provides just a cursory review of the founding of this organization.

Short biographies of Drs. Purvis and Augusta, two of the African American physicians originally excluded from the MSDC and the AMA, can be found in various books such as Clement Richardson's National Cyclopedia of the Colored Race or William Simmons' Men of Mark: Eminent, Progressive and Rising as well as in various journals such as the JNMA. Similarly, the biographies of some of the founders of the NMA can also be located in these volumes. However, the reader wishing to find this

information in concert with descriptions of the historical events, for which many of these men have become famous, would be hard pressed to find such a document.

It is not only necessary to preserve the events as they transpired, but it is also imperative to preserve the stories of the people and personalities involved so that the full impact of the events can be truly analyzed and understood. Understandably, it is important for the physician of color to understand “from whence he has come” in order to recognize the heights to which he or she can soar. However, it is equally important for every person, Black or white, professional or lay, to understand this rich and dynamic history. For it is only through a thorough examination and discussion of our past, that we are able to fully appreciate our present situation.

African American physicians practicing during the Antebellum and Reconstruction periods faced extreme obstacles of rejection from the community at large and ostracism and discrimination from within the white medical profession. Byrd and Clayton assert that in lieu of respecting the Negro physician as a colleague, the white medical profession joined in oppressing him.¹ They go further to state that, “White organized medicine adopted the strategic policy of treating the new African American medical professional as if they did not exist.”² In spite of these obstacles, the African American physicians managed to flourish by creating their own medical societies, publishing their own journals, and opening medical schools and hospitals for Negroes. Their accomplishments and contributions to the medical profession are at great danger of being lost because of incomplete documentation of the historical events. It is, therefore, imperative that a complete history of the events leading to the founding of the NMA be undertaken.

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Finally, I owe the biggest debt and deepest gratitude to the men and women of color who opened the doors through which I now freely pass. To the men whose stories are contained in this report, I say--thank you for clearing the path and making the way straight. It has been a pleasure getting to know you and a privilege to tell your story. To

the many men and women whose story has yet to be told, whose names and faces may forever remain hidden, making their anonymous contributions to the African American experience in medicine, I say with heartfelt sincerity—thank you for allowing me to stand on your shoulders to see farther than you could have ever imagined possible.

INTRODUCTION

“Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonisms, but born out of the exigency of the American environment...”

Dr. Charles V. Roman (1908)

Editor, JNMA

This quote from the manifesto of the NMA and printed in the first issue of the Journal of the National Medical Association (JNMA), succinctly provided the impetus for the founding of the NMA.¹ While not founded on racial exclusiveness, the NMA was certainly founded as a direct result of the racially exclusive policies of the all-white medical societies and associations. In fact, the founding came after a long and extensive struggle by African American physicians to gain admission into the American Medical Association and its constituent local societies.

The battle for inclusion began in 1869 in Washington, D.C., the city that would be the setting for many of the battles for integration. The medical profession in the United States was just approaching what Surgeon General William Hammond called “the end of the medical Middle Ages.”² Physicians, most of whom were apprentice trained, knew little about the causes of disease and infection and treatment amounted to little more than blood letting, blistering, and purging. Medical quackery often crossed paths with scientific medicine and the public was losing faith with so called “regular” physicians. In an effort to distinguish themselves from practitioners of homeopathy, electrotherapy, hydrotherapy, etc., allopathic physicians began to band together in societies to lobby for stricter licensing requirements and to advocate for standards of medical treatment based on empiric evidence.

Following the Civil War, African Americans were hopeful throughout much of the Reconstruction period. Released from the restrictions on obtaining an education, the former slaves sought out educational opportunities and began taking their place in professional society. Booker T. Washington claims that this was a time marked by “a whole race trying to go to school at the same time.”³ The former slaves sought degrees in such fields as medicine, law, and education. In addition to educational advancements, the freed people began to break new ground in the political arena both locally and nationally. In fact, Hiram Revels, an African American, was elected to Congress in 1870, the same year the Negro physicians began their fight in Congress to take their place in the American medical profession.⁴

Not everyone welcomed the advancements of the former slaves however. Following the Civil War, thousands of freed slaves moved North in search of better living conditions and opportunities. Washington, D.C. alone saw an increase from 61,122 African Americans to 109,199 between 1860 and 1870.⁵ Many in the dominant race, both in southern and northern communities, found it difficult to adjust to living with the Negro in this new non-slave society. Houston H. Holloway, a former slave is quoted as saying, “We colored people did not know how to be free and the white people did not know how to have a free colored person about them.”⁶

Medical practitioners also felt uneasy about the new status of the Negro. In fact, it could be argued that it was even more difficult to assimilate the concept of a new Negro, endowed with equal rights and full franchise in American society, into a profession in which some of its practitioners had espoused beliefs that the Negro originated from a different and inferior species. The theory of polygenism was

propagated by such notable physicians as Samuel Morton, Professor at the University of Pennsylvania Medical School, and J. Marion Sims, the father of gynecology and the twenty-eight president of the AMA.⁷ Dr. Sims admitted to performing numerous operations on slave women without benefit of anesthesia because he believed the Negro did not have the capacity to feel pain in the same way as his Caucasian patients.⁸ In an article entitled “Policing the Social Boundaries of the AMA,” Douglas Haynes proclaimed that the AMA annual meetings “became venues (among others) for inscribing black bodies as different and defending the institution of slavery.”⁹

Table 1 provides examples of so called physician observed physiological differences and diseases peculiar to the Negro.¹⁰

“Black Physiological Peculiarities and Disease”	
Blacks have larger penises and breasts than whites	...signs of their indecent and unbridled sexuality
Blacks tolerate pain better than whites	...a sign of their close relationship to lower animals
Black women have less copious menstruation	...confirming their close association with apes who bleed even less or not at all
Blacks have a stronger body odor than whites	... in lieu of their sweating less
Blacks engage in social relationships with apes	...it was alleged that apes captured and enslaved Blacks and abused them sexually
Drapetomania	Disease causing Negroes to run away
Cachexia Africana	Dirt eating
Struma Africana	“the Negro Consumption”
Dyasthesia Aethiopsis	..”known to overseers as rascality”
Chronic Leprosy	“accounts for dark color, big lips, flat nose, and wooly hair”

Table 1

Swiss-born, Harvard biologist, Louis Agassiz was said to have had a “pronounced visceral revulsion” upon seeing an African American for the first time in 1847.¹¹ He

wrote extensively on his “scientific” proof that Blacks were a separate and subhuman species. According to Agassiz:

It seems to us to be mock-philanthropy and mock-philosophy to assume that all races have the same abilities, enjoy the same powers, and show the same natural disposition and that in consequence of this equality they are entitled to the same position in human society¹²

It is in this climate of white supremacy, and four years after the Civil War, that “three Negro doctors came knocking at the door” of the all-white Medical Society of the District of Columbia.¹³ The controversy that ensues begins what Lamb calls the “Trouble” of 1869 to 1872.¹⁴

On the 9th of June, 1869, two colored physicians, Drs. C. B. Purvis and A. T. Augusta, were proposed for membership in the Society. At the next meeting, June 16th, they were reported as eligible. They failed, however, to receive the requisite number of votes to elect them. June 23rd, another colored physician, Dr. A. W. Tucker, was proposed; on the 30th he was reported as eligible, but failed of election.

No further effort toward membership on the part of colored physicians was made till January 6, 1891, when Dr. J. F. Shadd was nominated. April 1st, the date of election, the vote was 16 to 37, a little less than one-third. No colored physician has since applied.¹⁵

In response to the rejection of Drs. Purvis, Augusta, and Tucker in 1869, the three Negro physicians and their supports formed a new integrated society which they named the National Medical Society (NMS). In December of that year, amongst much publicity in the local papers, the battle moved to Congress when the NMS appealed to Congress for the repeal of the MSDC’s charter. The grounds for the repeal, according to the NMS, was that the Society was acting in dereliction of its charter by refusing admission to all physicians in the District, regardless of color.

Senator Charles Sumner of Massachusetts, a staunch supporter of civil rights for the newly-freed slaves, presented the resolution to Congress to consider repealing the

charter of the Society. He explained that, by excluding the “Negro” physicians from membership in the society and refusing to consult with them, the Society was causing “practical injury to the gentlemen, and their patients” and shutting them out of “valuable opportunities and advantages.”¹⁶

While the battle waged in Congress, the “trouble” was also taken to the Annual Meeting of the AMA which was set to meet in Washington, D.C. the following year. The NMS sought admission into the 1870 meeting of the AMA as official delegates representing the District of Columbia. The members of the MSDC vehemently opposed the admission of the NMS delegates to this meeting. Both sides prepared for the showdown that would take place at the AMA

Highly connected in Washington, D.C. political society and controlling or overseeing most aspects of the local medical profession, the MSDC turned out to be a formidable foe for the African American physicians and their allies. The fight to repeal the charter of the Society languished in Congress for years. The fight in the AMA also proved to be difficult as the members of the MSDC held prominent positions within this association as well. Using their high connections, questionable tactics and flimsy excuses, the MSDC was able to prevent the NMS from receiving recognition by the AMA thus excluding the African American physicians from membership in this organization.

The exclusionary policies condoned by the actions of the AMA at its meeting in 1870 would continue for another eighty years. During this time, membership in the AMA was either a direct or tacit requirement for positions in most hospital internships, professional appointments, and attendance at continuing educational programs. Excluded

from the AMA, African American physicians, therefore, were denied access to many opportunities for professional advancement and growth.

In 1895, following a futile twenty-six year struggle to integrate the white medical societies, a group of African American physicians meet in Atlanta, Georgia and founded the National Association of Colored Physicians, Dentists, and Pharmacists. The name was later changed to the National Medical Association. The NMA, according to its credo, was founded to provide “mutual cooperation and helpfulness” to the men and women of African descent engaged in the professions of medicine, surgery, pharmacy and dentistry.¹⁷ This society would become the main venue for professional stimulation and fellowship for African American physicians for several decades to come.

This paper strives to present as full a picture as possible of the founding of the NMA and the events preceding it by providing, not just the facts, but information on the individuals involved in each event. This study begins with an exploration of the Medical Society of the District of Columbia, the society that originally excluded physicians of color, and the three physicians that applied for admission into this society. The battles in both Congress and the AMA will be examined with an effort toward understanding the personal motivations and relationships between the people involved in the conflict. Finally, this paper will undertake an examination of the events that directly led to the founding of the NMA and the men who were elected to serve on the original board of directors of this association.

During the time period involved in this survey, various names were used to allude to people of African descent in the United States. The term “Negro” dates back to the 1500’s with “Colored” following soon after in the 1600’s. The use of the terms “African

American” and “Person of Color” had their debut in the 19th century but did not come into vogue until the 1990’s. “Black,” as a designation, became popular during the 1960’s with the emergence of “Black Power” and “Black is Beautiful” campaigns. The writer’s personal preference is African American. However, to remain true to the time period involved in this study, Colored and Negro will be used where appropriate.

THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

“Every generation is a laborer for that which is to succeed it, and makes an addition to the great sum total which may be called the capital of the race.”

William Edward Gladstone

THE EARLY YEARS

The rejection of the African American physicians who applied for membership into the MSDC has been cited by many authors as one of the pivotal events that would eventually lead to the formation of the NMA. Following this rejection and battles in both Congress and the AMA, the Medico-Chirurgical Society of the District of Columbia, an interracial society was founded. Subsequently the NMA was founded to give a national voice to the local and state Negro medical societies. Therefore, no survey on this topic would be complete without an examination of the society that started this chain of events.

As was true in every part of the country during the early 1800's, irregular practitioners and medical charlatans were becoming increasingly numerous in the District of Columbia. On the morning of September 26, 1817, sixteen physicians gathered at a small hotel to discuss the need to form a society of “regularly” educated medical practitioners to address the problem of the irregular practitioners and to combat the effects these practitioners were having on the public and the medical profession.¹ The MSDC was born as a direct result of this meeting of physicians.

The founders and early members of the Society came from the social elite in the District of Columbia. In the 1894 Transactions of the Medical Society of District of Columbia, Dr. W. W. Johnston describes the founders of the MSDC as “the descendants

of the better class of settlers who came to America...bringing with them the tastes, the courtesies and much of the wealth of the old European life.”²

The formation of this society, however, had little effect on the practice of the medical charlatans within the District of Columbia who, understandably, were not members of the Society. In an attempt to address this situation, the Society went to Congress to request a charter giving the medical society the power to examine and license anyone practicing medicine in the District. On February 16, 1819, the charter was granted.³ After several years of failing to hold the required biannual meetings, the Society unknowingly forfeited its original charter. They applied for and received a new charter from Congress in 1838. A copy of the new charter with amendments is included as Appendix A to the report.

In 1820, the Society printed Rules and Regulations for the Purpose of Establishing Etiquette and Professional Intercourse Among the Members of the Medical Society of the District of Columbia.⁴ This document was distributed to the members along with the charter and constitution. This was done in apparent disregard to the limitations set forth in the Society’s charter which forbade the Society from imposing rules on individual licentiates.⁵ In 1833, the members of the Society formed the Medical Association of the District of Columbia so that they could enforce upon the members of the Society a uniform fee schedule and a code of ethics. The Society freely admitted that the Medical Association was created to circumvent the restrictions outlined in the charter.⁶

The memberships of the Society and the Association were identical.⁷ Since the two organizations were one and the same, the ethics code established under the Association replaced the illegal rules and regulations distributed by the Society. The distinction between the two organizations would not become an issue for another 30 years when the rules of the Association were used to discriminate against Negro physicians.

RISE TO DOMINANCE IN THE DISTRICT

Over the ensuing years, the MSDC became a major force in the nation's capital. The Society created a Board of Examiners, responsible for licensing all physicians in the District. According to the charter, residency in the District of Columbia was the only requirement for a seat on the examining board. The Society, however, made sure the board consisted solely of Society members.⁸

In addition to licensing physicians, the Society established or sat on the Board of Directors of nearly every hospital in the District and “naturally was interested in the work done by them.”⁹ To keep abreast of the activities at these hospitals, the Society requested that officers in charge of the hospitals in the District provide the Society with quarterly reports. The Society was later given control of the public sanitation in the District when the position of Health Officer was created. Dr. Henry Hunt, of the Society, was the first Health Officer and “the influence of the Society was exerted, and effectually so, thereafter in shaping the sanitary legislation of the city.”¹⁰

In 1822, the Health Officer was replaced by a new Board of Health. The Society, however, continued to exert influence over the Board since members of the Society generally held the position of Board president.¹¹ This influence ended abruptly in 1870,

the year the Society was in the midst of the public furor over their exclusion of African American physicians from membership in the Society.

In 1871, a Board of Health of the District of Columbia was created by an act of Congress. This was the first time the Board was composed of physicians that were not members of the Society. The president of this new board, Dr. C. C. Cox, had long been at odds with the Society.¹² The animosities between Dr. Cox and the Society were well known within the District. The Society accused him of being a major antagonist against them in the battle surrounding the exclusion of the African American physicians, Drs. Purvis, Augusta, and Tucker.

THE AMERICAN MEDICAL ASSOCIATION CONNECTION

The Medical Society of D.C. had a strong relationship with the American Medical Association (AMA) beginning with the founding of the latter organization. In fact, three delegates from the Society were in attendance at the very first meeting of the AMA in 1847.¹³ Members of the Society held prominent positions within the AMA throughout the early years of the AMA. Table 2 provides a list of the major positions held by Society members within the AMA from 1859 - 1888.

In addition to the major positions held by Society members, Lamb alludes to the close relationship the Society had with the AMA when he states, "This District and this Society have been, therefore, well represented in the higher offices of the Association. Several members have been chairmen of sections, while others have been selected to deliver special addresses."¹⁴ The AMA established a library in 1868. This Library was housed in the Smithsonian from 1869 until 1891 and members of the Society were appointed librarians until the collection was moved to Chicago, Illinois.¹⁵ These strong

ties with the AMA would prove beneficial to the Society when, in 1870, the MSDC protested the admittance of the Negro physicians and their medical society to the AMA's annual meeting.

MEMBERS OF THE MEDICAL SOCIETY OF D.C. HOLDING POSITIONS WITHIN THE AMA (1859 – 1888)		
Society Member	AMA Position	Year
Dr. Grafton Tyler	Vice President	1856
Dr. Harry Lindsly	President	1859
Dr. A. J. Simmes	Secretary	1859
Dr. W.P. Johnston	Vice President	1866
Dr. J. W. H.Lovejoy	Assistant Secretary	1868
Dr. Noble Young	Vice President	1869
Dr. Robert Reyburn	Librarian	1869
Dr. William Lee	Assistant Secretary	1870
Dr. F. A. Ashford	Librarian	1871
Dr. William Lee	Librarian	1873
Dr. J. M. Toner	President	1874
Dr. S. C. Busey	Vice President	1877
Dr. C. H. A. Kleinschmidt	Librarian	1883
Dr. A. Y. P. Garnett	President	1888

Table 2

Source: Lamb, et al, History of the Medical Society of the District of Columbia and Morris Fishbein's History of the AMA.

THE TROUBLE OF 1869 - 1872

Samuel C. Busey, one of the presidents of the Medical Association of D.C., stated that “the disturbance which began in 1869 and terminated in 1872 was the most angry, turbulent, and widespread of any that has occurred.”¹⁶ He blamed the disturbance on a “hostile faction” that attempted to “force the admission of physicians of African descent into the Medical Society of the District of Columbia.”¹⁷ The hostile faction, according to Busey, was composed of a few of the original eleven members of the Society that voted to admit Drs. Tucker, Augusta, and Purvis into the Society, partisan laymen and physicians that were not members of the Society.

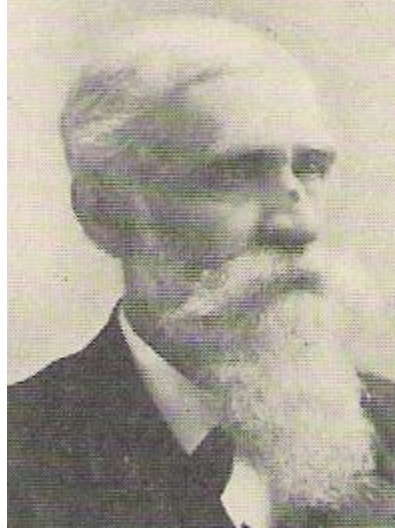


Figure 1 Dr. Samuel C. Busey

Fearing that the “hostile faction” would attempt to force the admission of the African American physicians and to “prevent the surprise of a packed meeting at which it might be possible for an objectionable applicant to secure an election,” the Society called a special meeting to revise their rules and regulations.¹⁸ According to the new rules, all applicants for membership in the Society had to be licensed in the District for one year prior to being nominated and the application for membership had to be presented in written form at one of the Society’s regular meetings in January or July. Additionally, the applicant now had to receive three-fourths vote of the members present at the meeting in order gain membership.¹⁹

These new rules were successful in preventing the admission of the three African American doctors when they were again nominated for admission on February 9, 1870. The nomination was called out of order because it had not been made during one of the regular meetings as was required by the new rules. These new rules helped the Society established a “policy of defiance of the efforts of the hostile faction.” that would set the tone for future battles.²⁰

After revising the rules, the Society established a committee responsible for answering the charges against them that had being lodged by Senator Sumner before Congress. Senator Sumner presented a bill to call for the repeal of the Society's charter after learning of the Society's refusal to admit physicians of African descent and forbade their members from consulting with the Negro physicians. On January 12, 1870, the committee published *An Appeal* which accused the "hostile faction" of misrepresentation and spelled out the Society's defense against the charges.²¹ In the appeal, which is presented in its entirety as Appendix B, the Society proclaimed that the Medical Society and the Medical Association of the District of Columbia were being confused.

The Society has never, in a single instance, by forbidding consultations or restricting them in any way, infringed that provision of the charter forbidding interference with "the regulation of the practice of medical attendance." But, debarred from the exercise of these powers in the Society, the medical practitioners of this District many years ago organized a voluntary society, known as the Medical Association of the District of Columbia, and in that association have made regulations with respect to medical ethics, including the regulations of consultations, fees, etc. The regulations of this voluntary association have been confounded with the acts of the Society, and the latter body is thus made to bear the credit or the odium of regulations not properly chargeable to it. The existence of this second body, the Medical Association, is not fully known by the public or some of the profession as it should be, and in the charges made against the Society in Congress there was a marked evidence of this confusion.²²

In explaining the reasons for excluding Drs. Purvis, Augusta and Tucker, the Society maintained that admission into the MSDC was not a right under the charter. They asserted that membership in the Society was instead a "privilege of association and social reunion" that was not guaranteed to any persons.²³ The Appeal further stated that forcing the Society to admit the African American physicians would have caused the meetings to be "so distasteful as to insure their cessation."²⁴

In addition to appealing to the Congress for relief, the African American physicians, and those who supported them, joined to form an integrated medical society called the National Medical Society (NMS). If the charter of the MSDC were repealed, the new NMS would be able to step in and assume the role as the official medical society for the District of Columbia. In 1870, the NMS sought to be recognized at the AMA's annual meeting. The Society's response to the call for the repeal of its charter in the Congress and the fight at the Annual Meeting of the AMA are discussed in detail in subsequent sections devoted to examining these events.

MOTIVATION

While the underlying reasons for fighting so vehemently in both Congress and the AMA to maintain their right to exclude the "colored" physicians may seem apparent, it does warrant some discussion. In its Appeal, the Society clearly admits that the admission of the physicians into the Society would have been "distasteful" to a majority of the members who then exercised their right to vote against their admission. One section of the Appeal alludes to the fact that the Society placed the "Chinaman, Choctaw, or African" on par with the practitioner of sorcery, clairvoyance and quackery, thus indicating the disdain the Society had for all minorities.²⁵

Dr. Busey, claimed that the fight to exclude the physicians was an act of defiance against a hostile faction bent on destroying the Society. Conversely, members of the Society who favored the admission of the Negro physicians believed that the Society was under the control of "gentlemen who served during the war in the Confederate Army."²⁶ The veracity of this statement cannot be ascertained with certainty. However, records do indicate that A. Y. P. Garnett (Figure 2), a prominent member of the Society and the son

of a Virginia plantation owner, left Washington to serve as the Surgeon in charge of military hospitals for the Confederate Army. He was also the personal physician to both Jefferson Davis and General Robert E. Lee.²⁷ Dr. Garnett returned to Washington after the Civil War. As testament to his influence at this time, he would later serve as both the president of the Medical Association of the District of Columbia and the American Medical Association.

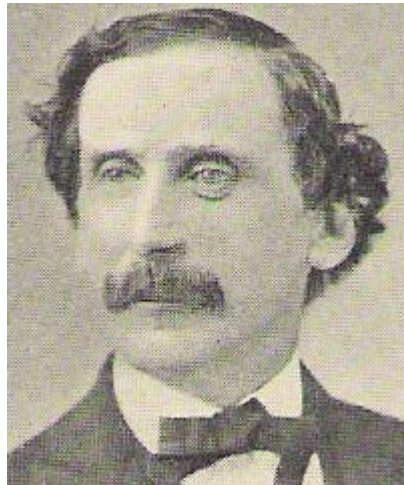


Figure 2 A. Y. P Garnett

THE COLORED PHYSICIANS

At the center of the “trouble” in the Medical Society of the District of Columbia were the three physicians of African Descent who came “knocking at the door.”²⁸ The historical accounts are clear. Dr. Alexander T. Augusta, Dr. Charles B. Purvis, and Dr. A. W. Tucker, three well-qualified and respected physicians, were recommended for membership into the society in 1869. Even though the three men were found eligible for admittance into the Society, they were rejected solely because of “color-phobia.”²⁹ While the facts may be clear, what is missing from many of the historical accounts of this event is any attempt to understand the personal stories of these three men and what may

have motivated them to attempt to cross the color barrier by integrating the Society so soon after emancipation. Their stories are presented here in an attempt to glean some of this missing information.

Drs. Augusta, Purvis, and Tucker were among a handful of African American physicians practicing in Washington, D.C. in the late 1860's. All three of these men trained in and graduated from white medical schools before the Civil War. Both Drs. Purvis and Augusta served in the army during the Civil War. These gentlemen were certainly not new to the adversity of discrimination or the tribulations of attempting to break down barriers. All three physicians practiced at a time when it was extremely difficult for African Americans to make a living practicing medicine. In Washington, D.C., many African American physicians took jobs working for the government during the day and practiced medicine at night in order to survive financially and became known as "sundown doctors."³⁰ The majority of their patient population came from the poor freed slaves, many of whom lacked the ability to pay for medical services. Due to the difficulty African American physicians faced in the medical profession, it was common for them to obtain degrees in other fields such as law or dentistry as a back up to medicine.

In addition to the financial problems, African American physicians had difficulty gaining the trust of the African American patients who tended to believe that "Negro" doctors were inferior to their white counterparts.³¹ Lacking any form of continuing education after medical school and unable to consult with fellow white physicians on difficult cases, some of the Negro physicians were, indeed, inadequately prepared to maintain a solo practice. The Negro physician often lost his/her patient to white

physicians because, lacking hospital privileges, they were unable to admit or care for their patients if they needed to be hospitalized. This compounded the stereotype that the Negro doctor was inferior.

Against the odds, these three physicians managed to carve out a career and gain the respect of their peers. The products of proud, progressive families, some with abolitionist ties, these men stood strong in the face of adversity. Although unsuccessful in their attempts at integration, their actions in 1869 helped to call attention to the plight of the Negro physician and ignited a movement toward professional solidarity amongst the African American physicians.

DR. ALEXANDER T. AUGUSTA

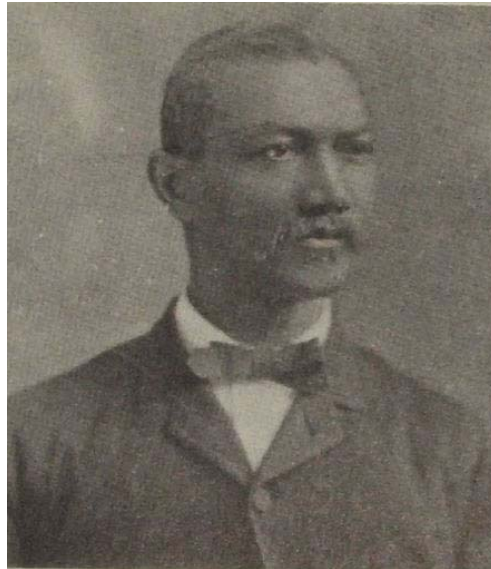


Figure 3 Alexander T. Augusta

Dr. Alexander T. Augusta's fight to become one of the first African American physicians to gain membership into the Medical Society of the District of Columbia would not be his first fight for integration. By the time he applied for membership into

the Society, he had already secured a place for himself in the history books of African American firsts.

Dr. Augusta was born on March 8, 1825 in Norfolk, Virginia. His early education was completed in secret since it was against the law to teach colored persons at this time. He later moved to Baltimore, Maryland and began to study medicine under private tutors while working as a barber. In an attempt to complete his medical studies, he made his way to Philadelphia and applied for admission to the University of Pennsylvania (U. Penn). Sources differ as to whether Dr. Augusta was ever admitted to U. Penn. However, all agree that he caught the interest of Professor William Gibson at the University, who continued to tutor him.

Augusta ultimately moved to Toronto, Canada in pursuit of his medical degree. He received his bachelors of medicine degree from Trinity College Medical School in 1860. According to an article in the Canadian Medical Association Journal, Alexander Augusta never attended the college as an undergraduate, “he simply appeared on June 29, 1860, wrote his exams and left.”³² After receiving his degree, Dr. Augusta worked in the Toronto General Hospital for several years.

While living in Canada, Dr. Augusta remained concerned about the plight of the American slaves. In 1863, after learning that the Union Army was seeking to enlist 150,000 soldiers, he wrote to E. M. Stanton, Secretary of War, to offer his services. Secretary Stanton gladly accepted Dr. Augusta’s offer and referred him to Surgeon General William Hammond so that he could take the examination before the Medical Board of Examiners.³³ Dr. Augusta immediately traveled to Washington to await the examination.

Dr. Augusta would have to wait for the examination however. Having no interest in having a Negro doctor serve in his command, Dr. Hammond, stalled the examination. When Dr. Augusta realized that he would be unable to sit for the examination, he appealed directly to Secretary Stanton who ordered Dr. Hammond to arrange for the examination.³⁴ Alexander Augusta passed the examination with ease. When Dr. Hammond heard the news, he approached Dr. Croynyn, the president of the medical examining board, and inquired “how did you come to let that nigger pass”?³⁵ Dr. Croynyn replied, “The fact is, General, that the nigger knew more than I did and I could not help myself.”³⁶

Passing the examination would not be the only hurdle for Dr. Augusta in the army. In spite of his experience, he was originally recommended for the position of assistant surgeon. Dr. Stanton intervened again, and Dr. Augusta was named a full surgeon and placed over the 7th U.S. Colored Troops at Camp Stanton. Although his rank was finally corrected, he had to fight again to be paid at the correct rate when the pay master refused to pay him more than \$7 dollars a month, which was the pay for an enlisted “Negro” soldier. This too was eventually rectified.³⁷

Dr. Augusta’s appointment to Camp Stanton upset several white surgeons who were under his rank. Two surgeons sent the following letter to President Lincoln.

When we made application for position on the Colored Service, the understanding was universal that all commissioned officers were to be white men. Judge of our surprise when, upon joining our respective regiments, we found that the Senior Surgeon of this Command was a Negro.

We claim to be behind no one, in a desire for the elevation and improvement of the colored race in this Country, and we are willing to sacrifice much in so grand a cause, as our present positions may testify. But we cannot in any cause, willingly compromise what we consider a proper self-respect, nor do we deem that the interests of either the country or of the colored race, can demand this of

us. Such degradation, we believe to be involved in our voluntarily continuing in the service, as subordinates to a colored officer. We therefore most respectfully, yet earnestly request that this unexpected, unusual, and most unpleasant relationship in which we have been placed may in some way be terminated.³⁸

The letter was effective; Dr. Augusta was transferred from his post and reassigned to examine the Negro recruits and then later moved to a recruitment station.³⁹

Dr. Augusta continued to encounter racial prejudice throughout his military career. While on his way to testify at a court martial in Washington, D.C., Dr. Augusta was asked to get off the street car he was attempting to ride in. Upon arriving late at the court, he related the following story:

I... hailed [a] car at the corner of Fourteenth and I streets. It was stopped for me and when I attempted to enter the conductor pulled me back, and informed me that I must ride on the front with the driver, as it was against the rules for colored persons to ride inside. I told him that I would not ride on the front...He then ejected me from the platform, and at the same time gave orders for the driver to go on. I have therefore been compelled to walk the distance in the mud and the rain, and have also been delayed in my attendance upon the court.⁴⁰

Despite these obstacles, Dr. Augusta had a distinguished military career. In 1863, he was appointed Executive-in-Chief of the newly established Freedman's Hospital in Washington, D.C and served in this capacity until 1864. The following year, he was promoted to Lieutenant-Colonel, becoming the first African American to hold this rank. Nineteen months after his promotion, Dr. Augusta retired from the army to take a faculty position in the Medical Department at Howard University. Once again, he broke a color barrier by becoming the first African American on the faculty of an American medical school.

Unfortunately, Dr. Augusta continued to encounter racial prejudice even at Howard. He was initially given the title of Demonstrator of Anatomy after fellow professors objected to Dr. Augusta carrying the title of Professor. In 1869, however, his

title was changed to Professor of Practical Anatomy. In 1877, Dr. Augusta was informed that he would be reassigned from Professor of Anatomy to Professor of Materia Medica. Dr. Daniel S. Lamb was slated to replace him as Professor of Anatomy. Dr. Augusta declined the reappointment thus ending his tenure at Howard.⁴¹

During the Civil War only eight Negro physicians received appointments as surgeons. Seven were assigned to hospitals in the Washington, D.C. area. Of the seven, three would be the cause of the “Trouble of 1869” when they applied to the MSDC for membership—Dr. Alexander Augusta, Dr. Charles B. Purvis, and Dr. Alpheus W. Tucker. As this brief biography demonstrated, Dr. Augusta had been fighting the battle for integration, and had already attained several firsts for an African American, well before he applied for membership into the Medical Society of the District of Columbia.

DR. CHARLES BURLEIGH PURVIS

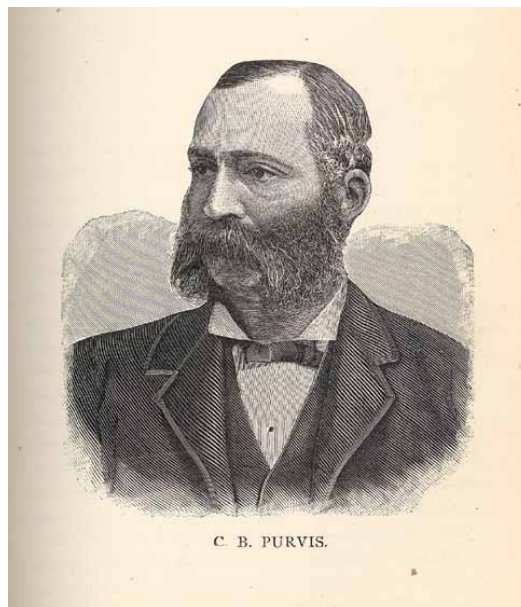


Figure 4 Charles Burleigh Purvis

To fully understand what motivated Dr. Charles B. Purvis to join with Drs. Tucker and Augusta to attempt to break through the color barriers in 1869, it is first necessary to take a brief look at the early life of Dr. Purvis and two of the most influential people in his life, his parents, Robert Purvis and Harriett Forten. Dr. Purvis was the product of the union of two of Philadelphia's most prominent abolitionist families—the Purvis and the Forten families.

Dr. Purvis' father, Robert Purvis (Figure 5), was the son of a wealthy English cotton broker named William Purvis. Robert's mother, Harriet, was the daughter of a slave. As a result of their mixed racial heritage, Robert and his brothers were extremely fair skinned. When William Purvis died in 1826, he left his three sons an estate worth over \$230,000. With their light skin and wealth, they were encouraged to move away from Philadelphia and "pass" as white. Instead, the Purvis boys remained in Philadelphia and used their wealth to help fight the institution of slavery. Two of William's sons, Robert and Joseph, married women from the Forten family, Harriett and Sarah, respectively.⁴²

Dr. Purvis' mother, Harriet Forten, also came from a relatively wealthy family. The Fortens were one of the most prominent black families in Philadelphia and were instrumental in founding multiple abolitionist organizations.⁴³ Unable to have full membership in the American Anti-Slavery Society because of their sex, Harriet and the other Forten women founded the first biracial abolitionist women's organization called the "Philadelphia Female Anti-Slavery Society."⁴⁴

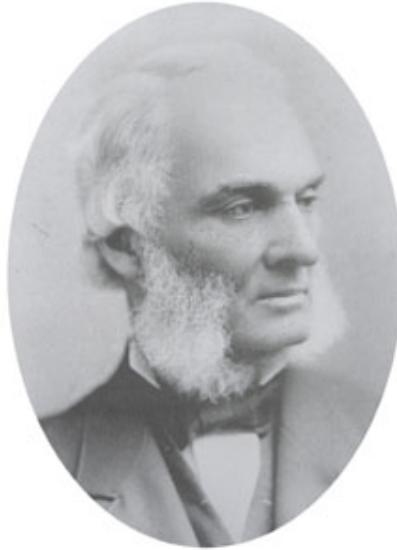


Figure 5 Robert Purvis

As mentioned previously, the Purvis family was also extremely active in the abolitionist movement. Robert was instrumental in the formation of the American Anti-Slavery Society in Philadelphia and was a very active member in a number of other organizations (see Table 3). He is pictured below (seated third from the right) with the rest of the Executive Committee of the Pennsylvania Anti-Slavery Society in 1851.

Many society meetings were held in the Purvis-Forten home; therefore, Dr Purvis' childhood home was filled with anti-slavery talk. It was also one of the stops on the Underground Railroad, complete with a trapdoor and secret room.⁴⁵ Robert Purvis claimed that, between 1831 and 1861, he helped an averaged of one slave a day escape to freedom. If this figure is correct, 9,000 slaves were helped by or passed through the Purvis household on their way to freedom.⁴⁶



Figure 6 Executive Committee of the Philadelphia Anti-Slavery Society

Abolitionist Activities of the Purvis and Forten Families			
Robert Purvis		Harriet Forten	
Position	Organization	Position	Organization
Founder	American Anti-Slavery Society	Co-Chair	Philadelphia Anti-Slavery Society
Member	Old – Line Pennsylvania Society for Promoting the Abolition of Slavery	Delegate	American Convention of Anti-Slavery Women
President	Vigilance Committee of Philadelphia		
Chairman	General Vigilance Committee		
President	Pennsylvania Anti-Slavery Society		

Table 3

Robert Purvis was a strong opponent of segregation. He preferred to participate in racially integrated groups such as those listed in Table 3. Although his children were schooled in Quaker schools, Robert refused to pay local taxes when other African American children were excluded from the public schools in his area. Fearing the large

loss of a significant source of revenue, the directors of the school district rescinded their policy.⁴⁷ Given this strong family background, it comes as no surprise that Robert's son and "greatest pride," Charles, would one day have the tenacity to attempt to integrate the all-white Medical Society of the District of Columbia.

In 1860, Dr. Purvis left the comforts and activism of the Purvis-Forten household in Philadelphia to attend Oberlin College in Ohio. He graduated from Oberlin in 1863 and entered Wooster Medical College (later changed to Western Reserve Medical School), graduating from that school in 1865. Two months after graduation, and likely as a result of his family connections, he was offered a position as Acting Assistant Surgeon in the U. S. Army. He served in this capacity in Washington, D.C. until 1869, when he was appointed Assistant Surgeon at Freedman's Hospital. In March of that same year, and six months after Dr. Augusta's appointment, Dr. Purvis became the second African American to join the faculty of an American medical school when he became the professor of Materia Medica and Therapeutics at Howard.⁴⁸ The faculty of the Medical Department at Howard is pictured below with (from left to right) A. T. Augusta, S. L. Loomis, G. S. Palmer, O. O. Howard, R. Reyburn, J. T. Johnson, C. B. Purvis, and R. H. Strong.

Dr. Purvis had a long and distinguished career with the Medical Department at Howard University and Freedman's Hospital, the hospital associated with the school (see Table 4). He has been credited with keeping the Medical Department at Howard running during the financial panic of 1873, a time when, by some estimates, over 10,000 businesses failed.⁴⁹



Figure 7 Faculty of Howard University Medical Department, 1869 – 1870

In addition to his activities at Howard and Freedman’s Hospital, Dr. Purvis held positions on the Board of Education, the Board of Health, and the Board of Medical Examiners in the District of Columbia. His position on the latter two Boards clearly came after the MSDC lost oversight control over these organizations since, as has been mentioned previously, the MSDC made sure that only Society members held positions on these Boards.

There is some controversy surrounding Dr. Purvis’ departure from Freedman’s Hospital. Some sources report that he resigned.⁵⁰ However, in a letter to the President of Howard University dated December 11, 1908 and reprinted in the JNMA, Dr. Purvis states, “I held the position for over thirteen years when I was removed by the Secretary of Interior, Mr. Hoke Smith of Georgia, for political reasons. A Democrat was appointed to succeed me.”⁵¹ The person appointed to replace Dr. Purvis was Dr. Daniel Hale Williams, a prominent African American Physician and one of the men who would later found the National Medical Association. Dr. Purvis’ opinion of his successor is clear from his description of him in that same letter.

The new Surgeon-in-Chief caused much trouble as he persistently sought to force himself into the faculty of the college to be a professor of surgery and made it quite clear that unless his ambition was gratified the college could not expect very many advantages or favors from the hospital. He was not equipped for the work of a teacher in any sense. He was arbitrary, and willfully he destroyed a training school for nurses established by the college and started another.⁵²

History has shown, however, that Dr. Purvis’ opinions regarding the motives and abilities of Dr. Williams were not shared by many. Dr. W. M. Cobb claims that, “At Freedman’s he [Williams] made some of his most important contributions and he left the institution in large measure a monument to his efforts.”⁵³

Positions held by Dr. Purvis at Howard University and Freedman’s Hospital 1869 - 1926		
Year	Position	Facility
1869 – 1873	Professor of Materia Medica and Therapeutics	Howard
1873 – 1906	Professor of Obstetrics and Gynecology	Howard
1873 – 1896	Secretary of the Faculty	Howard
1899 – 1900	President of the Faculty	Howard
1908 – 1926	Board of Trustees	Howard
1869 – 1881	Assistant Surgeon of Freedman’s Hospital	Freedman’s Hospital
1881 – 1894	Surgeon-in-Chief	Freedman’s Hospital

Table 4

Dr. Purvis made an attempt to regain the position of Surgeon-in-Chief in 1901, but was unsuccessful in his bid.⁵⁴ Some attribute this failure, in large part, to the fact that in 1871, Dr. Purvis married a Caucasian woman. Despite his family’s track record with the anti-slavery struggle, and his own service to Howard and Freedman’s Hospital, his marriage to Ann Hathaway of Eastport, Maine was interpreted as a refusal to acknowledge his heritage.⁵⁵

According to the JNMA, an editorial in The Colored American, an African American newspaper, exclaimed, “... it [position of Surgeon-in-Chief] ought to go to the worthiest Negro who is not ashamed to acknowledge his identification with his people.”⁵⁶

A lifetime after his father, Robert, refused to “pass,” his son was accused of trying to do just that.

In 1904, following his failure to regain the position of Surgeon-in-Chief, Dr. Purvis passed the Massachusetts State Board and was granted a license to practice medicine and surgery in that state. He was admitted into the Massachusetts Medical Society, a membership that was denied him in Washington’s Society. In 1905, Dr. Purvis moved to Boston, Massachusetts and set up a medical practice there. He and his wife had two children, Alice, a physician, and Robert, a dentist. Dr. Purvis died in Boston on December 14, 1929 at the age of 87.⁵⁷

DR. A. W. TUCKER

Unfortunately, little is known about Dr. Tucker. His recommendation for membership into the Medical Society of the District of Columbia on June 23, 1869 followed that of Drs. Purvis and Augusta by some 14 days. In his history of the Medico-Chirurgical Society of the District of Columbia, Dr. W. Montague Cobb reports that there were six Negro physicians in Washington during this time, “Dr. Anthony Bowen, 1865; Dr. George Brooks, 1866; Dr. William Johnson, 1866; Dr. Alexander T. Augusta, 1868; Dr. Charles B. Purvis, 1868, and Dr. A. W. Tucker, 1868.”⁵⁸ A 1952 medical history article in the JNMA reports that there were seven Negro surgeons in the army serving in Washington, D.C.. It lists Drs Purvis and Augusta along with Dr. Alpheus Tucker. It is very likely that the African American army surgeon Dr. Alpheus Tucker is the same person as the A.W. Tucker who applied to the Medical Society of D.C.⁵⁹

CONSEQUENCES

The rejection of these three African American physicians caused much upheaval and animosity within the Medical Society of the District of Columbia. Dr. Cobb concludes that “the actual exclusion of colored physicians precipitated a bitter four-year controversy in the society.”⁶⁰ Nearly 40 years after the ‘trouble’ Lamb wrote, “... the story, even now, is painful to tell although the intense partisanship of that time has long since faded away.”⁶¹

By the time the “trouble” passed, arguments and questionable tactics arose at the AMA convention, calls for a repeal of the Society’s charter were made on the floor of Congress, prominent members of the Society resigned their membership, and a policy of racial exclusion would be put in place within the medical profession that would not be reversed for another eighty-three years. As Michael Byrd and Linda Clayton note in An American Health Dilemma, Drs. Tucker, Augusta, and Purvis “did not realize that they had become the flash-points of a professional policy issue that would chart white organized medicine on a course of discriminatory treatment of African American physicians into the twenty-first century.”⁶² This policy of racial exclusion would eventually lead to the formation of the National Medical Association in 1895.

THE FIGHT IN CONGRESS

“There are, in every age, new errors to be rectified and new prejudices to be opposed.”

Samuel Johnson (1709 – 1784)

THE FIRST RESOLUTION

The three African American physicians rejected for admission into the MSDC and their white proponents sought a remedy of the discriminatory practices of the Society in the Congress. They “found their champion in the venerable abolitionist Senator Charles Sumner of Massachusetts.”¹ Charles Sumner was no novice to arguing on the floor of Congress for inclusion of African Americans into previously all-white institutions in the United States. In February 1870, he successfully argued for Hiram Revels, an African American, to be admitted to the Congress. Mr. Revels was elected to the Congress from Mississippi. His credentials, however, were blocked by “a few members who had no desire to see a Black man serve in Congress.”² Following a stirring speech by Senator Sumner, Mr. Revels was admitted to the Senate with a vote of 48 to 8. On February 25, 1870, he took the oath of office amidst a burst of applause from the Senate gallery.

Shortly before taking on Senator Revels’ cause, and six months after the rejection of Drs. Purvis, Augusta, and Tucker, Senator Sumner introduced the following resolution:

Resolved, That the Committee on the District of Columbia be directed to consider the expediency of repealing the charter of the Medical Society of the District of Columbia, and of such other legislation as may be necessary in order to secure for medical practitioners in the District of Columbia equal rights and opportunities without discrimination of color.³



Figure 8 Senator Hiram Revels

After receiving an objection to the resolution from Senator Daniel S. Norton of Minnesota, Senator Sumner was allowed to explain the purpose of his resolution:

I hope there can be no objection to this proposition, which has become necessary from a recent incident. A medical practitioner in Washington, Dr. Augusta, who has served as a surgeon in the Army of the United States, and was brevetted as a lieutenant colonel—who had enjoyed office and honor under the national government—has been excluded from the Medical Society of the District of Columbia on that old reason so often and persistently urged, merely of color. It is true that Dr. Augusta is guilty of a skin which is a shade different from that prevailing in the medical society, but nobody can impeach his character or his professional position. Dr. Purvis, another practitioner, obnoxious only from the skin, was excluded at the same time. There is no doubt that this was accomplished by an organized effort, quickened by color-phobia.

This exclusion, besides its stigma on a race, is a practical injury to the gentlemen, and their patients also, who are thus shut out from valuable opportunities and advantages. By a rule of the medical society ‘no member of this association shall consult with or meet in a professional way any resident practitioner of the District who is not a member thereof after said practitioner shall have resided six months in said District.’ Thus do members of the society constitute themselves a medical oligarchy. When asked to consult with Dr. Augusta, some of them have replied, ‘We would like to consult with Dr. Augusta: we believe him to be a good doctor; but he does not belong to our society, and therefore we must decline; but we will take charge of the case,’ and this has been sometimes done. Is not this a hardship? Should it be allowed to exist?

Details illustrate still further the character of this wrong. These colored practitioners are licensed like members of the society, but this license does not give them the privilege of attending the meetings of the society where medical

and surgical subjects are discussed, and where peculiar and interesting cases with their appropriate treatment are communicated for the benefit of the profession; so that they are shut out from this interesting source of information, which is like a constant education, and also from the opportunity of submitting the cases of their own practice.

I confess, sir, that I cannot think of the medical profession at the nation's capital engaged in this warfare on their colored brethren without sentiments which it is difficult to restrain. Their conduct in its direct effect degrades a long-suffering and deeply-injured race, but it also degrades themselves. Nobody can do such a meanness without degradation. In my opinion, these white oligarchs ought to have notice, and I give them notice now, that this outrage shall not be allowed to continue without remedy if I can obtain it through Congress. The time has passed for any such pretensions.

I hope, sir, there can be no objections to the resolution. It ought to pass unanimously. Who will array himself on the side of this wrong?⁴

Following this speech, a debate ensued on the floor of the Senate between Senator Sumner and Senator James W. Patterson regarding the effectiveness of this approach.

Senator Patterson stated that he fully agreed with Senator Sumner's goal of gaining equal rights for the physicians of color in the District. However, he verbalized doubt that Senator Sumner's resolution would have the desired effect. According to Senator Patterson:

I should like to ask the Senator a question. I ask if this consultation with each other is not entirely optional with the medical profession, and if such a bill as the Senator desires were passed, could these colored physicians consult with white physicians unless the latter chose?⁵

In response to this question, Senator Sumner admitted that, in order to achieve the desired objective, it would be necessary to repeal the charter of the Medical Society of the District of Columbia and then charter a new society that would "receive colored people into its fraternity."⁶ He went further to explain how this new society would be used to fight the battle for equality.

I think that by the creation of a new society, from which those who now ostracize colored persons shall themselves be excluded if need be, we may bring about the desired result. Stage by stage has this great battle been fought. At the beginning colored people were excluded everywhere; but already the rule of equal rights has obtained a succession of victories. No person is now excluded from the cars or public conveyances on account of color; nor is he excluded from giving his testimony in court, nor from appearing in court as counselor. He is not excluded from Congress, nor from office, and here in the District at last he votes. But here in Washington, a medical profession, entrenching themselves in their society, raise again the old beaten standard of proscription.⁷

At the same time Senator Sumner was discussing the possibility of chartering a new medical society “founded on republican principles,” the three doctors and their white advocates had organized just such a medical society. In January of 1870, they founded the new interracial National Medical Society (NMS) and were preparing for the battle to have this society recognized by the American Medical Association.⁸ If Congress repealed the charter of the Medical Society of the District of Columbia, and the AMA recognized the NMS, this new, integrated society would be ready to assume the functions of the all-white MSDC.

Senator Sumner clearly indicated that repealing the charter of the Society was not his idea when he stated, “One proposition of gentlemen interested in the subject is to annul the charter of the society. I do not know that that will be sufficient remedy.”⁹ He does not mention the identities of the “interested gentlemen.” However, it is fair to assume that he is referring to a memorial that was sent to the Congress from the NMS outlining the grievances against the MSDC and requesting that Congress grant them a charter.¹⁰

Senator Norton withdrew his objection to the resolution after he was assured that the intent of the resolution was not to repeal the charter of the society. It was merely a mandate for the Committee on the District of Columbia to look into the matter. The

resolution was agreed to, and the Committee began to hold hearings for the purpose of obtaining testimony from both sides.

THE SOCIETY'S RESPONSE

Lamb reports that the observation put forth by Senator Sumner on the resolution “showed that the Society and the Association were being confounded.”¹¹ In response to this error, on December 29, 1870, twenty days after Sumner’s resolution, the MSDC appointed a committee to represent the Society before Congress. Fearing that the charter was in real jeopardy of being repealed, the Society ordered that all money and property be placed in trust. Dr. Busey remarks on the feelings within the Society regarding the repeal bill by stating, “With Senator Sumner and other distinguished and influential Senators in active support of the efforts to effect a repeal of the charter, the danger of success was apparently imminent.”¹²

In January, the Society appointed another committee with the responsibility for drafting a response to Congress defending the Society’s actions. That response, as reported in the previous section on the Medical Society of the District of Columbia and presented as Appendix B, was titled “An Appeal.”

THE REPEAL BILL

On February 8, 1870, after full hearings by the Committee of the District of Columbia confirmed the allegations, Senator Sumner presented a report (Report No. 27) from the Committee and introduced a bill to repeal the Charter of the Society.¹³ The evidence given in testimony from the three African American physicians regarding the many incidences of exclusionary practices by members of the Society is outlined in the

report. In addition, the explanation from the Society regarding the “confounding of the Society and Association” is addressed. The report states, in part:

By a supplementary process of metamorphosis, the ‘Medical Society’ changed itself into what is called a ‘Medical Association’ with the same officers, but subject to a series of ‘regulations’ through which certain restrictions are established, plainly inconsistent with the charter, which is the origin at once of the Society and of the Association.¹⁴

The report concludes with a summary of its findings:

1. That medical practitioners, above criticism in every respect, are refused admission to the society solely on account of color.
2. That members of the society refuse to consult with medical practitioners, thus excluded on account of color to the serious detriment of such practitioners.
3. That medical practitioners are shut out from educational opportunities on account of color.

Nothing adduced by the representatives of the offending society has in any way varied these conclusions. Indeed, the case is plainly aggravated by the apologetic defenses, which resolve themselves into two pretenses—first, that ‘the privileges of membership consist of social reunion for medical discussion, and the election of officer annually’; and secondly, that ‘the question of membership is one of optional and social association.’

On these two excuses it is enough to remark that if this be the present object of the society, it is hardly worthwhile that it would continue under the sanction of Congress. The original object, as declared in the charter and constitution of the society, was the promotion of medical science, which nobody can doubt is worthy of Congressional care. But when the society is transmitted into a social club it assumes a different character and, if this is done in derogation of the equal rights of all, it becomes a nuisance and a shame.”¹⁵

Senate bill 511 (Figure 9) to repeal the charter of the Society was read and the report was ordered to be printed. On February 16th, eight days after the bill to repeal the charter was reported, the Committee of members appointed by the Society to look after its interest in the Congress reported that “the whole matter had been laid before the Senate Committee and it was believed that Senators Patterson and Hamlin correctly understood it.”¹⁶

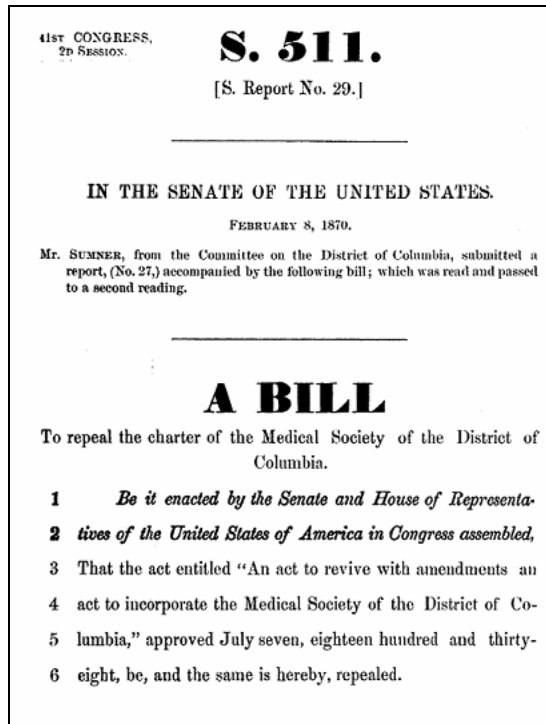


Figure 9 Senate Bill to Repeal the Charter of the Medical Society of the District of Columbia

On March 4, 1870, Senator Sumner stood on the floor to ask the Senate to consider the repeal bill he originally introduced the previous month. The proposition was immediately met with opposition. Senator Lyman Trumbull noted that the bill had generated much discussion in the local press.

Sen. Trumbull. I hope that [bill 511] will not be taken up; that is a controversial matter.

Sen. Sumner. There is no controversy about it.

Sen Trumbull. There is a controversy about it, not in the Senator's mind; but there is a controversy regarding it.

Sen Sumner. Not in the committee.

Sen. Trumbull. There may not be in the committee; but I do not know what authority the Senator has to say there is no controversy about it. I have seen a good many articles in the newspaper here in regard to it. To call up a measure of that kind in the morning hour, when there is so much public business pressing, I hope will not be insisted on.

Sen Sumner. Mr. President, this is public business. There is a medical society in the city of Washington, chartered by Congress, and according to the terms of its charter dedicated to medical and surgical sciences, and nothing else. Now, this society has undertaken to exclude colored persons merely on account of color.

The evidence before the committee is explicit; it is beyond all question. The report of the Committee is on the table sir, and it may be on the tables of Senators. It can be read, setting forth the terms of the charter; setting forth the evidence before the Committee, taking it entirely from the category of a doubtful question. *Sen. Steward.* I should like to inquire of the Senator from Massachusetts if there is anything in the charter that allows them to exclude colored persons? *Sen. Sumner.* There is not. It is a clear case; and while the Senate have admitted our friend from Mississippi [Mr. Revels] to this floor, it is a shame that Congress continues to tolerate a medical society excluding persons merely on account of color. Now, I simply wish to vote; I do not wish to argue it. I hope it will be taken up.¹⁷

The evidence, which Senator Sumner felt was a “clear case” for repealing the charter, was apparently not so for some of the other senators. The discussion on the floor turned at this time to the fact that there was a senator, not present, who had some additional information to add to the discussion and may be prepared to object to the bill.

Sen. Thurman. I am not going to debate the merits; but, I want to state that there is a Senator absent who feels interested in the matter proposed to be considered and I for one desire that he shall be here whenever the bill is taken up.

Sen. Sumner. Who?

Sen. Thurman. There is a Senator, I say, who has some information, that I think ought to be laid before the Senate, and he is not now present; and I desire that he shall be here. Furthermore, although this may seem very clear to the mind of the Senator from Massachusetts, I will say it does not seem so to the minds of other Senators, and this bill will be debated.

Sen. Sumner. Very well, Mr. President, every measure for equal rights in this District has been debated, and every measure of that kind has been opposed on the floor by the party represented by my distinguished friend. Every such measure, no matter what form it assumed, whether it was to open the cars, whether it was to open the Chamber itself, has been debated and opposed. I expect opposition from a certain quarter, but then that opposition must be met and voted down. This principle of proscription and caste driven away from the ballot-box here in the District, driven away from the cars and public conveyances, finds its citadel among the medical fraternity.¹⁸

No mention of the opposing senator’s name is given by Senator Allen Thurman.

However, Senator George Vickers, joining the discussion later, disclosed that it was Senator Patterson from New Hampshire who was absent and may have information to add to the debate. It should be noted that Senator Patterson objected to the original

resolution calling for the Committee on the District of Columbia to look into the matter and is the senator the medical society believed to have “correctly understood” their position. It will be shown later that a letter from Senator Patterson will come to play a role in the battle that would take place at the AMA’s Annual Meeting. The brackets in the following quote were part of the original document and not an addition by this author.

Sen. Vickers. I will remark that the Senator from New Hampshire [Mr. PATTERSON,] who is now absent, has perhaps more information on this subject than any other Senator except the Senator from Massachusetts, and his views are different from those of the Senator from Massachusetts. I think he ought to be present. I know he has had a great deal of communication with the members of the medical society; heard a great deal from them; has in his possession, I think, some representations in writing; will be prepared, I believe, to protest against this measure when it may be presented to the Senate; and I think on his account it should be postponed.¹⁹

Senator Sumner acknowledged Senator Patterson’s original misgivings about a previous bill drafted by the committee. However, he stated that Senator Patterson was in agreement with the current version of the bill that was before the Senate. Other senators, however, disagreed with Senator Sumner’s assertion. Finally, a vote was called on the motion to hear the bill. It was voted down with 21 yeas and 26 nays.²⁰

The following letter, addressed to one of the physicians in the Medical Society of the District of Columbia, appears to go against Senator Sumner’s assertion that Senator Patterson was in agreement with the repeal bill. It is possible that Senator Sumner was quite aware of the opposition of Senator Patterson and thought it would be to his advantage to use the opportunity of his absence from the Senate that day to introduce the controversial bill.

U. S. S. Chamber
Washington, May 2, 1870

My Dear Doctor: You will please pardon me on the score of long friendship for troubling you with this note. I desire information on a subject which I think is in your power to give. Senator Sumner came to me on Friday last and expressed the desire that I should withdraw my opposition to his bill abrogating the charter of the Medical Society in this District, stating that Dr. C. C. Cox, among others, had been to him urging immediate action upon the bill, in order that the Society might be deprived of its representation in the approaching meeting of the American Medical Association, thereby throwing the power into the hands of the radical members of the profession. I desire to know if such will be the effect of the abrogation of the charter of the Society. I need not say to one who has known me as long and as intimately as yourself that I have no sympathy with any denial or limitation of the rights of colored men, but at the same time it has seemed to me that it would be an act of injustice to destroy the charter of the ancient and honorable Medical Society of the District for the reasons upon which it is urged.

An early reply will be greatly oblige,

Yours sincerely,
J. W. Patterson²¹

The skeptic would note that the letter, written to someone who was obviously a close friend of Senator Patterson's within the Society, is dated May 2, 1870. This would place this letter some five months after this highly public battle began and a mere day before the AMA Annual meeting, a meeting in which the letter would be used as a bombshell. It leaves to wonder, why the senator would wait so long to request information from his "intimate" friend. This is also three months after the Society's committee reported that they had met with the senator and that he "correctly understood" the Society's position. This would, again, call into question the sincerity of Senator Patterson's request for information on this date.



Figure 10 Senator James Willis Patterson

On April 22, 1870, Senator Sumner again attempted to have the repeal bill brought before the Senate. It was passed over on the request of Senator Patterson.²² Interestingly, although Senator Patterson was clearly present during this session, he did not present any new evidence pertaining to the Society as was alluded to by his fellow senators, nor did he refute the findings in Report No. 27. There was never any debate on the merits of the Senate bill 511. On June 10, 1870, the bill was again called before the Senate and, as before, it was passed over.²³

The bill was introduced in the Senate one last time on February 8, 1871, exactly one year after it was originally introduced. During this session, Senator Patterson moved to have S. bill No. 511 postponed indefinitely. Senator Sumner apposed this action and requested that the bill be taken up at this session. Due to a lengthy discussion on another bill, Senate bill No. 511 was never discussed.²⁴ On February 15, 1871, the medical Society's Committee on Congress reported that "there is no likelihood of action being taken on the bill at that session of the Senate."²⁵ As the Society's committee correctly surmised, this was the last time the bill was brought before the Congress.

OTHER ATTEMPTS TO REPEAL THE CHARTER

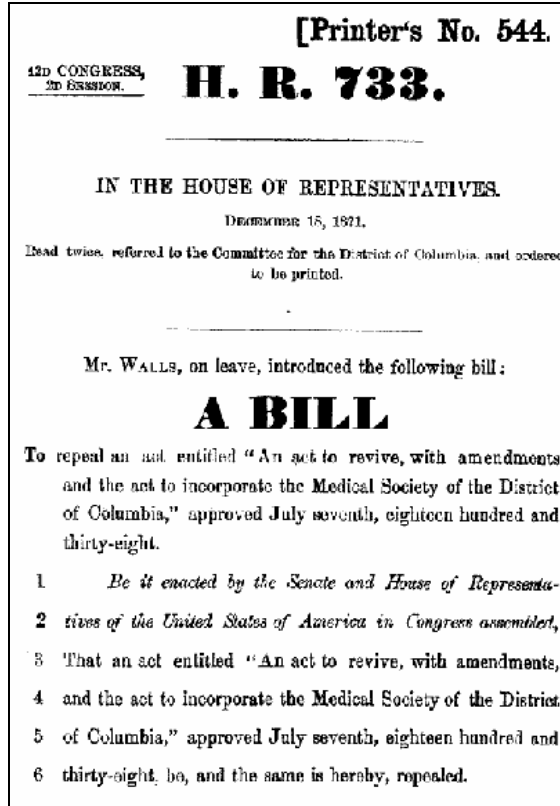


Figure 11 House Bill 733

Recognizing that the bill was in effect “dead” in the Senate, an identical bill was introduced in the House (Figure 11) on December 18, 1871 and was referred to the Committee on the District of Columbia. The committee never reported on the bill, and this bill met with the same fate as the previous one in the Senate.

On April 9, 1890, nearly twenty years after Senator Sumner introduced a resolution to look into repealing the charter of the Society, Senator Dolph, of Oregon, introduced another bill to repeal the charter of the Society. No action was taken on this bill for two years. On April 12, 1892, the Senate passed a resolution instructing the District Commissioners to investigate and determine if the medical society had ever admitted “colored” physicians or physicians who were or had been teachers at Howard

University.²⁶ It took the committee only three months to substantiate the allegations that “colored” physicians were always excluded from the society and that teachers from Howard were occasionally excluded.²⁷ Ultimately, this new repeal bill faded into oblivion just as its two predecessors had many years before. As Lamb reports, “This [the report by the commissioners] disposed of the matter. No further action was taken.”²⁸

Dr. Busey alleged that the attempts in the Congress to repeal the charter of the Medical Society of the District of Columbia were introduced by senators over zealous in their support of the Negro. In his Personal Reminiscences, he states, “At this period there was a large majority in each branch of the Congress that seized every occasion and opportunity to vindicate and extend the rights and privileges of the citizens of African descent, among which the hostile faction found many zealous and impetuous friends...”²⁹ In spite of their “friends” in Congress, the African American physicians were unable to find the relief they sought from the discriminatory practices of the District of Columbia’s medical profession.

SENATOR CHARLES SUMNER

It is clear that the three physicians in particular, and African American people in general, had found a true friend and advocate in Senator Sumner of Massachusetts. An ardent abolitionist, Morais called him a “warrior for Negro equality”.³⁰ Biographer David Donald states that Sumner carved “out a reputation as the South’s most hated foe and the Negro’s bravest friend.” Given his reputation, it is only reasonable to assume that Senator Sumner would earnestly take up the cause for equality in the medical profession within the nation’s capitol.



Figure 12 Charles Sumner

Charles Sumner was born in Boston, Massachusetts on January 6, 1811. He received his law degree from Harvard in 1833. After traveling through Europe, he set up a law practice in Boston. In 1851, Sumner was elected to fill the vacated seat of Daniel Webster in the Senate.

He immediately became a leader on the anti-slavery front. During his famous anti-slavery speech entitled “The Crime against Kansas,” Sumner criticized the authors of the act, Senators Stephen Douglas and Andrew Butler. Two days after this speech, Sumner was attacked in the Senate chamber by Butler’s relative, congressman Preston Brooks.

At the end of the attack, Senator Sumner was carried away and Senator Brooks calmly walked out of the chamber. He suffered head trauma, nightmares, headaches, and post-traumatic shock after the beating. He was unable to return to the Senate for three years. His constituents reelected him to another term during his convalescence believing that his empty chair in the Senate spoke volumes in his absence.



Figure 13 Lithograph depicting the caning of Senator Sumner - May 22, 1856

Upon his return to the Senate in 1859, Sumner was appointed to a powerful position as Chairman of the Committee on Foreign Affairs. He held this position until March 1871. On March 11, 1874, Charles Sumner suffered a massive heart attack. Before dying, he reportedly stated, “save my civil rights bill.”³¹ Senator Sumner’s bill was passed by Congress on March 1, 1875 becoming the Civil Rights Act of 1875. The Supreme Court later restricted many of the provisions of the bill in 1883. The Senate’s historical website exclaims, “Not since the death of Abraham Lincoln in 1865 had the nation grieved so deeply at the loss of one of its statesman.”³² States competed for the honor of displaying Senator Sumner’s body in their capitols.

THE AMERICAN MEDICAL ASSOCIATION

“Coming out of a background of slavery and almost complete illiteracy, hampered in his efforts to get even elementary education and, then, once this obstacle was leveled and the educational requisites secured, frustrated and stymied by the closed door policies of the established medical colleges and hospitals, the Negro doctor has had to struggle in a fashion and with a persistency rarely, if ever, equaled by any other group seeking professional status..”

E. H. Jones, B.S., M.D.



Figure 14 "Sorry, But You Have an Incurable Skin Condition," by Herbert Block. Washington Post July 4, 1963.

PREPARATION FOR BATTLE

After the physicians and their supports lost the fight for integration within the MSDC, Senator Sumner took up the cause in the Congress. While the battle waged in the

Congress “both sides began vigorous preparations for carrying the conflict to the floor of the American Medical Association.”¹ The AMA was scheduled to hold its 21st Annual Meeting in Washington, D.C. in May of that year.

After it was clear that the doors to the medical society would remain closed to the three physicians, the medical faculty of Howard University met on January 15, 1870. The purpose of the meeting, held at the Congregational Church in Washington, D.C., was to form a medical society that would be open to all qualified physicians in the area regardless of race. From this meeting sprung the new racially-integrated National Medical Society (NMS).

The NMS sent a memorial to Congress outlining its case against the MSDC and asked the Congress to grant a charter to the new society. Morais reports part of the memorial as follows:

It is a fact worthy of note, that this is the only country and the only profession in which such a distinction is made. Science knows no race, color, or condition; and we protest against the Medical Society of the District of Columbia maintaining such a relic of barbarism.²

It was, no doubt, a stroke of luck for the new society that civil rights advocate Senator Charles Sumner sat on the Committee for the District of Columbia. Less than a month after receiving this memorial, he proposed a resolution to look into repealing the Society’s charter.

On the surface, the objective to have the AMA recognize the new NMS as an affiliate organization from the District of Columbia appeared straightforward. It was common practice, at this time, for the AMA to recognize multiple organizations representing the same area. In fact, the AMA ultimately recognized ten different organizations from the District of Columbia at this meeting (See Appendix C for a list of

organizations). According to the AMA, “It was not a question as between these two bodies, for our organization admits of various representatives from the same district.”³

Even though the AMA was, relatively speaking, still in its infancy, it was already recognized as the “center of the organized medical profession of the country.”⁴ Therefore, it was imperative for the NMS to receive recognition from the AMA if they were to have any credibility as a medical society. The problem for the all-white medical profession, according to the National Medical Journal:

How were these colored men who claimed admission [to the AMA] to be excluded, and yet it be made to appear that they were not excluded on the ground of color. Nothing less than this would appease or satisfy the southern brethren and their sympathizers, and yet the thing was monstrous and would need plausible excuse before others.⁵

They finally decided on a tactic that would allow them to exclude the colored physicians and their supporters, the “hostile factions,” as well. The members of the NMS were excluded on the grounds that they had breached the AMA’s rules on ethics because they had formed “in contempt of the organized Medical Society” and in doing so had attempted to destroy the MSDC.

To make their plan more successful, the MSDC sought to “splinter and exhaust the insurgents, making it difficult for them to remain on the offensive.”⁶ This was accomplished by attacking and attempting to discredit one of the Negro physician’s supporters, Dr. C. C. Cox. Dr. Cox had been at odds with the MSDC for some time. He was the only physician to be named in Senator Patterson’s letter dated May 2, 1870, one day before the AMA convention. The MSDC set out to prove that, while Dr. Cox was a resident of the District of Columbia, he convinced the Medical Society of Maryland to send him to the convention as one of the Maryland delegates. This was done under the

assumption that Dr. Cox was the most likely candidate to become the next president of the AMA, “because he was opposed to the admission of Colored physicians.”⁷ In truth, however, he was one of their supporters.

The news of the “trouble” brewing in the medical society of the District of Columbia spread throughout the Washington and the medical community nationally. During debates on the floor of the Senate, both Senators Trumbull and Sumner alluded to the amount of coverage the events were receiving in the newspapers. Senator Trumbull exclaimed, “I have seen a good many articles in the newspaper here in regards to it [the repeal bill]; and Senator Sumner was quoted as saying, “It has been extensively discussed in the newspapers. The people in the District are much interested in it,”⁸ Additionally, the Transactions of the AMA reported:

It is known to many of the profession that a difference of opinion had arisen among the physicians of Washington, growing out of the rejection of colored physicians as members of the Medical Society of the District of Columbia. As a result of this, another society had been formed, known as the National Medical Society. These differences had evidently given rise to much acerbity of feeling between members of the different bodies but only concerned the Association in so far as it became its duty to decide who were the duly-accredited delegates.⁹

It is clear from these accounts that many people were closely following these events in Washington and were anxiously awaiting the outcome of the annual meeting of the AMA. Both sides recognized what was at stake at this meeting and had prepared their best strategies. The Medical Society and Medical Association of the District of Columbia met to decide on their slate of delegates. Busey reports:

In the election of delegates to the American Medical Association the Medical Society and Medical Association of the District of Columbia were careful to select members who were openly committed to the support of the policy adopted by the two organizations. They did not exclude members who were known to

favor the admission of physicians of African descent, but did ostracize those few, and their co-adjutors, who have been characterized as the hostile factions.¹⁰

Dr. Busey was appointed chairman of the joint delegations of the Medical Society and Medical Association of D.C. He was assigned responsibility for “the conduct of the controversy on the part of the two local societies.”¹¹ The NMS, on the other hand, sent delegates from four different organizations. Dr. August was representing the Small Pox Hospital, Dr. Purvis represented Freedman’s Hospital, and Dr. A. W. Tucker went as a delegate for the NMS. Howard University Medical College also sent delegates that were also members of the NMS. Appendix C provides a list of all the delegates from Washington, D.C. area.

THE DELEGATES

The following is a list of the AMA officers for the 21st Annual Meeting, held in Washington, D.C. from May 3 – 6, 1870:

President: George Mendenhall, Ohio
Vice-Presidents: Louis Sayre, New York
Francis Gurney Smith, Pennsylvania
John S. Moore, Missouri
Warren Stone, Louisiana
Permanent Secretary: Wm. B. Atkinson, Pennsylvania
Assistant Secretary: Wm. Lee, District of Columbia
Librarian: Robert Reyburn, District of Columbia
Committee on Arrangements: Thomas Antisell, Chair, District of Columbia

As usual, members of the MSDC played prominent roles in this annual meeting of the AMA. As noted previously, between 1859 and 1888, the AMA elected three presidents and 4 vice-presidents from the MSDC.

Morais painted a vivid picture of the opening of the 21st Annual Meeting when he wrote:

At exactly eleven o'clock on Tuesday morning, May 3, 1870, President Mendenhall of Ohio called the convention to order. There was an air of expectancy in Lincoln Hall on that hot and humid day as dignified-looking men, some clean-shaven, others with sideburns, and still others with flowing beards, listened to the majority report of the Committee of Arrangements. A long list of duly accredited representatives was returned, but nowhere on it were the names of the delegates of the National Medical Society... A hush fell over the hall as militant, out-spoken, highly respected Dr. Robert Reyburn presented the minority report.¹²

This picture, though descriptive, neglects to mention the three ebony-hued physicians from the District of Columbia and the curious looks of the other “dignified-looking” delegates that most certainly followed these men as they filed into Lincoln Hall on that morning. Their reception was in stark contrast to the applause that greeted Senator Revels when he had taken the oath of office in Congress a few months earlier.

It did not take long after the President's call to order, the prayers, and a welcome from the local Committee on arrangements for the first shots of this battle to be fired. The Committee of Arrangements, composed of members of the MSDC, had the responsibility of hosting the AMA and overseeing the administrative functions of the Meeting. The Committee reported the names of the “duly accredited delegates.” As Morais pointed out in his description of events, the names of the NMS delegates were not on the list. Also missing from the list were the names of the delegates from Howard University Medical Department, the Small Pox Hospital, and Freedman's Hospital. The delegates representing these organizations were also members of the new NMS.

The exclusion of NMS members from the list of approved delegates came as a result of a joint protest that had been filed by the Medical Society and Medical Association of Washington, D.C. These two organizations were, allegedly, one in the same since the membership of both organizations was identical. The latter organization

was founded to provide rules of ethics for the former. The protest filed by these two organizations was as follows:

Resolved, That the delegates representing the Medical Society and the Medical Association of the District of Columbia, protest against the admission of any delegate who is a member of the so-called National Medical Society of the District of Columbia, because said Society was formed in contempt of the organized Medical Society, and has attempted, through legislative influence, to break down the Medical Society of the District of Columbia, or of any faculty which is composed of any of the members of said National Medical Society, or of anyone a resident of the District of Columbia, and presenting credentials from any non-resident society or of any hospital the medical staff of which recognized or is in affiliation with the National Medical Society of the District of Columbia.

And be it further resolved, That the Committee of Arrangements of the American Medical Association be requested to withhold credentials to such persons, and to submit the question of their admission to the American Medical Association.¹³

In response to the report by the majority of the Committee of Arrangements, Dr. Robert Reyburn, whose biography is presented on page 65, rose to give the minority report of the same committee. Dr. Reyburn was a prominent member of both the Medical Society and Medical Association of the District of Columbia, one of the founders of the new NMS, and a staunch advocate for the African American physicians.

Minority report

The undersigned respectfully protest against the admission to the approaching session of the American Medical Association of the delegates from the Medical Society of the District of Columbia, for the following reasons, viz:

These delegates represent a society, which, in open defiance of the ethics of the American Medical Association, for the fee of ten dollars, issues licenses to practice medicine in the District of Columbia to homoeopathic and other irregular practitioners.

This Society is also irregular and violates the ethics of the American Medical Association by claiming and exercising the power to grant license to practice medicine in the District of Columbia to persons who are not graduates of any respectable college for the fee of ten dollars.

The undersigned also respectfully protests against the admission to the next session of the American Medical Association of the delegates from the so-called Medical Association of the District of Columbia, for the reason that said association is composed of the same individuals that form the Medical Society of the District of Columbia; in fact, it only settles the fee bill and local ethics of the medical profession of the District, and can in no sense be called a medical organization entitled to representation in the American Medical Association.

No medical papers, essays, or pathological specimens are presented at its meetings, and it is in fact only an ingenious device by which the Medical Society of the District of Columbia is enabled to duplicate its number of delegates in the American Medical Association.

The undersigned also respectfully calls attention to the number of delegates claiming to represent the medical profession of the District of Columbia.

The total number of regular physicians in the District of Columbia is about two-hundred, which would give about twenty delegates, and yet it will be seen that the District delegates number about sixty-four which is evidently unfair, and gives the District a much larger representation than it is justly entitled to.

The undersigned having already filed a written protest with the Committee on Credentials, for the reasons above given, respectfully recommend that the following gentlemen, delegates from the Medical Society of the District of Columbia be refused admission to the approaching session... [see Appendix C for list of names]

For reasons as above, we respectfully recommend that seats also be refused in the approaching session to the following gentlemen, delegates from the so-called Medical Association of the District, viz: .[see Appendix C for list of names]

The undersigned reports favorably upon the credentials of and recommends that seats be granted to the following named gentlemen, delegates representing the various societies and institutions of the District, viz.:...”¹⁴

The report then lists the names of the various institutions and societies in the District, to include the Alumni Society of Georgetown College; Columbia Hospital; Georgetown College; Section of Medicine and Hygiene of the American Academy of Literature, Science, and Art; Smallpox Hospital; Washington Asylum; Freedman’s Hospital; Howard University Medical College; the NMS; National Medical College; and

Providence Hospital along with the names of the delegates for each of these organizations. Appendix C provides a complete list of the delegates proposed from each organization as they were listed in the report.

The minority report concluded with the following paragraph:

The undersigned, in conclusion, respectfully protests against the arbitrary and illegal conduct of the majority of the members comprising the Committee on Credentials in refusing credentials to delegates from medical institutions which have been heretofore represented in the American Medical Association, and apparently objected to them solely on partisan and political grounds.

*Robert Reyburn, M. D.
Member of Committee on Credentials,
Amer. Med. Ass'n.*

In response to the report and allegations made by Dr. Reyburn, who was, himself, a longtime member of both the Medical Society and Association of D.C. and a former member of the Society's Board of Examiners, Dr. Busey had this to say:

Unfortunately for Dr. Reyburn's reputation for candor and fair dealing, and for the dignity of his position, he permitted himself to give utterance to foolish and frivolous charges against the Medical Society and Medical Association of the District of Columbia. As a member of both organizations, he was equally responsible for and equally shared in the dishonorable transactions with which he charged these organizations.¹⁵

The minority report and the section of the majority report which was objected to in the minority report, namely the admission of the delegates from the Medical Society and Medical Association of the District of Columbia, were referred to the Committee of Ethics for disposition. A flurry of protests and motions followed.

Dr. S. C. Busey then submitted the protest against the admission of Dr. C. C. Cox, below, which was also referred to the Ethics Committee.

The undersigned, chairman of the delegation of the Medical Society, and others, members of the profession of the District of Columbia, charge Dr. Cox with violation of the Code of Ethics of the American Medical Association in this, that

he has importuned Senators or a Senator to permit the bill pending before that body to pass, that the vote of the Society in this Association might thereby be destroyed; and, secondly, he pursued the practice of medicine in this city without becoming a member of any of its local organizations, and therefore refuses to comply with the local Code of Ethics. We file the letter of Senator Patterson, and refer to Drs. Johnston, Lincoln, Ford, Thompson, and Dr. Nichols, of the Insane Asylum.

S. C. Busey, Chairman
J. W. H. Lovejoy
Rob't King Stone
G. M. Dove
Alex. Y. P. Garnett¹⁶

In addition to the question of admission of the District of Columbia delegates, Dr. Martin of Massachusetts made a request to address the subject of admission of some of the delegates from that state as well. Dr. N. S. Davis of Illinois then requested that all questions relative to admission of delegates be referred to the Ethics Committee. He then moved that the President appoint delegates to the Ethics Committee immediately. The following delegates were thus appointed to serve on the Ethics Committee:

Alfred Stille, Pennsylvania, Chair
N. S. Davis, Illinois
J. M. Keller, Kentucky
H. F. Askew, Delaware
J. J. Woodward, U.S. Army

That afternoon, delegates were selected to serve on the AMA's Nominating Committee which would be responsible for nominating the officers for the following year. The District of Columbia chose Dr. S. C. Busey. The animosity between Drs. Busey and Cox was again revealed when Dr. Cox made a motion to have Dr. Busey's name removed from the Committee. He correctly reasoned that, as a one of the delegates from the Medical Association of D.C., Dr. Busey's right to sit as a delegate at the

Meeting was still under dispute. In what may have been a foreshadowing of things to come, the motion to exclude Dr. Busey was lost.

The rest of the first day passed relatively uneventfully with the presentation of the Annual Presidential Address and reports by various committees. The Association adjourned until the following day amidst rumors that the Committee on Ethics planned to delay the submission of its report until the last day of the meeting to prevent admitting the Colored physicians and the delegates from the NMS at this Meeting.

THE DELAY

Pursuant to the mandate of the previous day, the Committee on Ethics was assigned the task of investigating the charges against the MSDC, the NMS, the Massachusetts Medical Society, and Dr. C. Cox. Both sides of the “trouble” waited expectantly as the Chair of the Committee, Dr. Stille, rose that morning to give a report from the Committee. The Committee, however, merely ruled on the allegations that had been lodged against the Massachusetts Society for allowing “homeopaths and eclectic” to become members. Even though these charges were “fully proved,”¹⁷ the Ethics Committee still recommended the admission of the Massachusetts delegates. The delegates from Massachusetts were then admitted to the Meeting. The members of the National Medical Society, on the other hand, would have to wait another day for their decision.

Following the partial report from the Committee, and no doubt hearing the rumors circulating regarding the delay tactics of the Committee, Dr. Mussey of Ohio presented the following resolution:

Resolved, That the Committee on Ethics be instructed to report at once upon the questions submitted to them relative to the members from the District rejected by the Committee of Arrangements, and that said Committee sit upon the subject until a final report is made.¹⁸

Remarkably, his motion did not carry. Dr. S. L. Loomis, one of the delegates from Howard University and a member of the National Medical Society, moved that all delegates from the District be admitted until the Ethics Committee made a ruling. His motion was also voted down. Dr. Cox then moved that none of the delegates under question from the District be admitted until there was a ruling. This motion was carried.

After presenting the partial report, the Committee on Ethics postponed further deliberations so that two of its five members could join in deliberations of the Nominating Committee since these two members also served on that committee. Dr. W. M. Cobb concluded that this was a “flimsy excuse” to delay the ruling since the Nominating Committee could submit their report up to ten minutes before the Meeting adjourned on the last day.¹⁹ It appeared that rumors of delay tactics by the Committee on Ethics were, in fact, true. The Committee withheld its ruling on the admission of the delegates from the District until the next to the last day of the Meeting.

That afternoon, the Nominating Committee presented a partial report and nominated Dr. Alfred Stille of Pennsylvania, the chair of the Ethics Committee, to be the next President of the AMA. The Committee also recommended that the next meeting take place in San Francisco, California. Dr. Cox, contrary to his purported claims to the Maryland Society that he was likely to become president-elect, received only one nomination for this position.

Dr. Stille then presented yet another ruling from the Ethics Committee. This ruling involved the protest against Dr. Cox. The majority report ruled that there was

nothing in the Constitution and By-laws of the AMA that would prevent Dr. Cox from being a member and delegate in a medical society in a state different from his state of residence.

THE DECISION

On the third day of the Meeting, the Ethics Committee finally give its report on the admission of the NMS delegates. Dr. N. S. Davis presented the majority report:

It appears that the matters reported to your Committee, consisting of the minority report of the Committee of Registration, and so much of the action of the majority of same Committee as relates to the same subjects, embrace the three following subjects:

First. A charge that the majority of the Registration Committee had refused to register the delegates presenting credentials from several societies, colleges, and hospitals in the District of Columbia which claimed the right to representation

Second. Direct charges against the Medical Society and the Medical Association of the District of Columbia, accompanied by a protest against the admission of delegates from those bodies.

Third. Direct charges, which had been lodged with the Committee of Registration, against the National Medical Society of the District Columbia, accompanied by a protest against the registration of delegates from that Society and from such other institutions as were supplied with medical officers who were members of that Society.

In regard to the first charge, your Committee find on investigation that the Registration Committee have duly registered all the delegates from all the medical institutions claiming representation in the District of Columbia in accordance with the usages and by-laws of the Association, except the Medical Society of the Alumni of Georgetown, the National Medical Society, the Howard Medical College, the Freedman's Hospital, and the Smallpox Hospital, these being the institutions included in the charges already mentioned in the third specification.

It remains, therefore, only to consider the second and third specifications, and your Committee ask leave to report on these separately. In relation to the second we unanimously recommend the following resolutions:

Resolved, That the charges offered by Dr. Reyburn, as a minority of the Committee on Registration, against the Medical Society and the Medical Association of the District of Columbia, are not of a nature to require the action of the American Medical Association, the first charge referring to a duty imposed on the Society by an act of Congress, and the second referring to a matter which does not come in conflict with any part of the code of ethics.

Resolved, That so far as relates to the Medical Society of the Alumni of Georgetown College, it has been shown to us that the Society has sixty resident

members, and therefore entitled to six delegates instead of as requested by the Committee.

In regard to the third proposition relating to the National Medical Society, Howard Medical College, the Freedman's Hospital, and the Smallpox Hospital, we recommend the following:

Resolved, That the duties of the Committee of Arrangements, so far as relates to the registration of members, is purely clerical, consisting in the verification of the certificates of delegates and a report on the same. If credentials in proper form are presented from any society or institution possessing such form as would place it *prima facie* in the list of institutions enumerated in the constitution of the Association as entitled to representation, but against which charges have been made or protests presented, the names of the delegates presenting such credentials, together with the charges or protests in the possession of the Committee, should be reported to the Association for its action.

Resolved, That the charges lodged with the Committee of Arrangements against the eligibility of the National Medical Society of the District of Columbia have been so far sustained that we recommend that no member of that Society should be received as delegates at the present meeting of the Association.

N. S. Davis
H. F. Askew
J. M. Keller²¹

Dr. Stille, the chair of the Committee on Ethics and the president-elect of the AMA, presented the minority report of the Committee:

The undersigned members of the Committee on Ethics, while subscribing to the greater portion of the report of the majority, feel it their duty nevertheless to dissent from the final resolution recommending the exclusion of the members of the National Medical Society of the District of Columbia from the present meeting of this Association; they offer, therefore, in lieu of that resolution the following:

Whereas, The institutions excluded from representation by the action of the Committee on Credentials, viz: The National Medical Society, the Howard Medical College, the Freedman's Hospital, and the Smallpox Hospital, are regularly organized as the constitution of the Association requires: *And whereas*, the physicians so excluded are qualified practitioners of medicine who have complied with all the conditions of membership imposed by this Association: *And whereas*, in the judgment of the undersigned no sufficient ground exists for the exclusion of such institutions and physicians from the Association: therefore,

Resolved, That the institutions above named are entitled to representation, and that the physicians claiming to represent them are entitled to seats in the American Medical Association.

Alfred Stille
J. J. Woodward²²



Figure 15 Dr. N. S. Davis

Dr. Maddox moved to accept the majority report; and Dr. Cox moved to accept the report from the minority. Finally, a motion was made to lay the minority report on the table. When the vote was called for on this motion, it was unclear who, among the delegates present, should be allowed to vote on the matter. Delegates from both the Medical Society and Medical Association of the District of Columbia as well as the National Medical Society were present in the hall at this time. The Vice President, Dr. Sayre, of New York, acting as temporary chairman, ruled that all the delegates from the District of Columbia who had been reported on favorably by the Committee of Ethics should be allowed to vote. “An angry roar rose in the hall as the temporary chairman’s ruling was announced, for this was what was actually at issue before the convention.”²³ With this questionable maneuver, the motion to table the minority report favoring the admission of the NMS delegates passed 114 to 82. The majority report was then adopted and all of the members of the NMS were excluded from the AMA.

Ironically, the members of the Medical Society and Medical Association of the District of Columbia were literally able to cast the votes that decided the fate of the delegates from the NMS and, by extension, the fate of the Colored physicians. Dr. W. M. Cobb calculated that, “had the erroneously admitted delegates been barred, the count theoretically would have been 76 to 77,” and would have meant a victory for the minority report.²⁴ As one might expect, the votes on the motion came down along sectional lines. Nearly all of the delegates from Southern states voted with the Medical Society and Medical Association of D.C. in favor of excluding the NMS and Colored physicians.

THE DEPARTURE

The final day of the Meeting again saw a flurry of motions pertaining to the “trouble.” Dr. Cobb claims that the motions on this last day resulted from the dissatisfaction of some delegates with the “steam roller tactics” that resulted in the exclusion of the members of the NMS.²⁵ Dr. Palmer, of Maine, requested that the Ethics Committee explain why delegates from Howard University, an institution whose delegates had historically been admitted to the Association, were excluded from the Meeting. He made the following resolution:

Resolved, That the majority of the Committee on Ethics be respectfully requested to inform the Association on what principle the delegates of the Medical Department of Howard University were excluded from membership in this Association.²⁶

This resolution was followed by a motion from Dr. Sullivan, of Massachusetts, that the Association adopt the following:

Resolved, That no distinction of race or color shall exclude from the Association persons claiming admission and duly accredited thereto.

The vote on this resolution was suspended (it would later be voted down) to allow Dr. N. S. Davis the opportunity to present the response from the majority of the Ethics Committee:

In reply to the resolution of the Association, calling upon the majority of the Committee on Ethics for the reason why they in their report excluded the delegates from the Medical Department of Howard University, they respectfully state that there is nothing in their report which directly excludes delegates from the said university, or any other medical institution in the District of Columbia, except the National Medical Society.

The Resolution on this subject, reported by the Committee, is in these words:

‘Resolved, That the charges lodged with the Committee of Arrangements against the eligibility of the National Medical Society of the District of Columbia have been so far sustained that we recommend that no members of that Society should be received as delegates at the present meeting of the Association.’

It will be seen that the only parties excluded from admission as delegates at the present meeting are the members of the National Medical Society. If the Medical Department of Howard University had chosen to send any delegates who are not members of the Society, there is nothing whatever in the report to prevent them from being received.

In the papers referred to your Committee on Ethics was a list of charges with specifications in the usual form against the recognition of the National Medical Society. These charges may be clearly stated as follows:

1st. That said National Medical Society recognizes and receives as members medical men who are not licentiates, and who are acting in open violation of sections 3, 4, and 5 of the law of Congress constituting the charter of the Medical Society of the District of Columbia.

2nd. That a large part of the members of the National Medical Society are also members of the Medical Association of the District of Columbia, and are openly and freely violating the rules and ethics of the Association to which they have subscribed.

3rd. That they have, both in its capacity as a society and by its individual members, misrepresented the action of the Medical Society and Medical Association of the District of Columbia, and used unfair and dishonorable means to procure the destruction of the same, by inducing Congress to abrogate the charter.

Each and all of these charges were, in the opinion of the majority of our Committee, fully proved by the members of the National Medical Society themselves, who appeared voluntarily before your Committee as witnesses. Therefore, if we have any regard to the maintenance of the laws of the land, or the ethics of our medical organizations, the undersigned could not come to any other conclusion than was expressed in the last resolution recommended by the majority of the Committee on Ethics.

N. S. Davis
H. F. Askew
James M. Keller²⁷

After the explanation from the majority had been read in open session, members of the NMS and Dr. Cox had opportunity to deny the charges contained within the report. Dr. Busey then stood to read the letter from Senator Patterson which has been printed on page 33 of this report. In his "Reminiscences," Dr. Busey recalls:

The assailants did not know of the existence of the letter of Senator Patterson before it was read, and only two or three of my colleagues had seen it and knew it was in my possession, with permission to make such use of it as I might deem proper. I intentionally delayed its production in open session until all the denials of importunity of Senators to expedite the act of repeal had been made in open meeting....During the discussion, in the last hour of the session, when the explanation of the majority report of the Committee of Ethics was under consideration, the letter was read before the Association. The effect was startling.²⁸

Following discussion on the majority report and Dr. Busey's reading of Senator Patterson's letter, Dr. Storer, of Massachusetts offered a resolution that "consciously or not white-washed the entire unsavory proceedings."²⁹

Resolved, That inasmuch as it has been distinctly stated and proved that the consideration of race and color has had nothing whatsoever to do with the decision of the question of the reception of the Washington delegates, and inasmuch as charges have been distinctly made in open session today attaching stigma of dishonor to parties implicated, which charges have not been denied by them, though present, therefore

The report of the majority of the Committee on Ethics be declared, as to all intents and purposes, unanimously adopted by the Association."³⁰

The resolution was adopted by a vote of 112 to 34. This concluded the business of the AMA, and they adjourned the 1870 Meeting.

While the AMA may have taken pains to declare that race was not at issue, the observers at this session clearly understood what had taken place. The members of the

NMS were excluded from the AMA on the pretense of violations of the AMA Code of Ethics. A careful examination of the charges that were levied against the NMS delegates reveals the hypocrisy of these allegations.

The first charge against the NMS alleged that they “recognized and received” medical men who were not licensed by the MSDC and were in violation of Sections three, four, and five of the Charter given to the MSDC by Congress. However, in the majority report of the Ethics Committee addressing the allegations against the MSDC, the Committee maintained that any duty imposed by Congress was “not of a nature to require the action of the AMA.”³¹ Additionally, the Massachusetts delegates were admitted as delegates to this meeting even though the Ethics Committee found that they were guilty of admitting “homoeopaths and eclectic” into their society. Clearly, being in contempt of the Charter or having members who are not licensed by the state medical society was not grounds for excluding delegates from the AMA.

In the second charge, it was alleged that a large majority of the members of the NMS were also members of the Medical Association of D.C, thus violating the rules and ethics of this organization. The Negro physicians were clearly not members of this organization; therefore, could not be excluded on these grounds. Furthermore, as demonstrated in Appendix C of this report, many of the Association members attended the AMA meeting as members and representatives of other institutions and societies. Thus, it would appear that, belonging to multiple organizations was not a violation of any code of ethics that would warrant exclusion from the AMA.

It was also charged that the NMS and its members misrepresented the action of the Medical Society and Association of D.C. and used “unfair and dishonorable means to

procure the destruction” of the two organizations by “inducing the Congress to abrogate the charter.” It should first be noted that the charges before Congress pertained only to the MSDC and not the Association as was charged in the allegations. Secondly, the NMS’ appeal to Congress simply alleged that the Society discriminated against the Colored physicians by refusing them membership and that this exclusion caused practical harm to the physicians. These allegations were proven true and, therefore, not a misrepresentation.

Finally, the allegation of importunity of a Senator was levied against Dr. Cox. Dr. Cox, the only person named in Senator Patterson’s letter, was not a member of the NMS. Therefore, even if the allegations against him were true, this could not be used to exclude the NMS.

After careful analysis of the charges that were “founded” against the NMS, it is clear that the minority report of the Ethics committee was correct when it concluded that “no sufficient ground exists for the exclusion of such institutions and physicians from the AMA.”³² In response to the exclusion of the Howard delegates, the Dean of the Medical Department at Howard University had the following to say:

It is painful to record the disgraceful proceedings of the Session. It is scarcely necessary to state, that your delegates were refused their seats in the Association, and that, that great body embracing the highest professional talent in the country, degraded itself so far as to refuse admission to the delegates of Howard University, on a pretense of violation of the Code of Ethics, whilst—as was notorious and patent to all who were present, the real reason was that one of the delegates as not of the Caucasian race.³³

Articles and editorials in the popular press also clearly demonstrate that the general public also believed that race was the central issue at the Meeting. An article

entitled “*Doctors*” which appeared in the New York Times on May 4, 1870, states, in part:

The Question of Color

The Committee on Credentials submitted their report in which they state that they have excluded delegates from the National Medical Society, D. C.; American Academy of Medicine, D. C.; Howard University Medical College; Alumni Association of Medical Department, Georgetown College; also the three hospitals in this city. The reason assigned is their consultation with colored physicians... There is a great deal of feeling in the Convention on the color question...”³⁴

On May 7, 1870, a day after the close of the Meeting, the New York Times ran another piece entitled “*Black Doctors for Black Patients.*” Again, this article clearly showed that the “consideration of race and color” had everything to do with the decision to exclude the NMS members.

Black Doctors for Black Patients

The medical gentlemen who are holding a convention at Washington have been much exercised in their minds concerning that everlasting object of contention, the Negro. It appears that the said Negro, not satisfied with the political privileges which he now enjoys, actually has the presumption to aspire to practice as a physician...The attempt of colored doctors to place themselves on the same footing as their uncolored brethren seems to be regarded in Washington as the most serious portent of all.

...The practitioners of the regular color will not allow any of their professional colleagues to meet Negro doctors in consultation...”³⁵

The article concludes by stating, “If Negroes qualify themselves to practice medicine, the accident of their color ought not to be a perpetual barrier in their way.”³⁶

ON THE RECORD

Both the Medical Society of the District of Columbia and the American Medical Association published official histories of their respective organizations. The recounting

of the events that occurred at the twenty-first annual convention have been reprinted here in their entirety just as they were reported in Fishbein's History of the American Association (1947) and Lamb's History of the Medical Society of the District Columbia (1909) in an attempt to understand how the societies, at the center of this battle, viewed and reported on this critical event.

It is clear from the following brief accounts, that Dr. W. M. Cobb was correct in his assertion that the "true picture of this critical session of the AMA cannot be obtained" from the official histories of these societies.³⁷ Haynes adds that Fishbein portrayed the events as "little more than an unpleasant episode."³⁸ The events, as chronicled in the History of the American Medical Association, are as follows:

1870

Washington, D.C.

As the delegates assembled in Washington for the Twenty-First Annual Session in 1870, there were signs of disaffection within the Association. Majority and minority reports from the Committee on Arrangements were promptly referred to the Committee on Ethics for decision. Several members took a hand in the argument. Eventually it developed that the Massachusetts Medical Society was tolerating in its midst men acknowledged to have become homeopaths and eclectics. The committee felt that the society could not be barred from the current convention because of the presence of these members but felt that unless the said society took the necessary steps to purge itself of irregular practitioners it ought not to be entitled to future representation in the American Medical Association.

There was also some disturbance over the number of delegates from the District of Columbia.

Admission of Negro Delegates

A considerable division of membership of the Association arose as well over representation of the National Medical Society in the District of Columbia, the Howard Medical College, Freedman's Hospital and Smallpox Hospital. The majority report made by N. S. Davis would have barred these institutions because of charges that had been filed against them. The minority report, headed by Dr. Alfred Stille, recommended their admission. The majority report was sustained by a vote of 115 to 90, and these institutions were barred from membership. The nature of the charges was not at first made clear. On the next day, however, the question was again raised and a motion from Dr. G. S. Palmer of Maine demanded the reason for the barring of men from Howard University. Dr. Davis

promised to give in writing the reason for the action of the majority of the committee. When Dr. Davis presented his report, it was worded to indicate that the delegates from the medical department of Howard University were barred because they were also members of the National Medical Society of the District of Columbia and that it had been brought to the attention of the Committee on Ethics that the said National Medical Society recognized and received as members medical men who were not licensed to practice. Following the presentation of this report there was further debate, after which Dr. H. R. Storer of Massachusetts offered the following statement:

Resolved, That inasmuch as it has been distinctly stated and proved that the consideration of race and color has had nothing whatsoever to do with the decision of the question of the reception of the Washington delegates, and inasmuch as charges have been distinctly made in open session today attaching the stigma of dishonor to parties implicated, which charges have not been denied by them, though present, therefore, The report of the majority of the Committee on Ethics be declared, as to all intents and purposes, unanimously adopted by the Association.

The motion passed 112 to 34.³⁹

The account given in the *History of the Medical Society of the District of Columbia* was even less informative in presenting the events that took place at this pivotal meeting. Lamb writes:

The trouble was taken to the American Medical Association, which met in Washington May 3 to 6, 1870. The Majority of the local committee on arrangements made a report to the Association, which contained a list of members of the Medical Society entitled to sit as delegates; there was also a minority report that objected to some names in the majority report and recommended others. Both reports were referred to the Committee on Ethics, of the Association; a majority of this committee reported favoring the report of the majority of the committee of arrangements, and the Association approved the same.⁴⁰

In 1872, the delegates from the NMS again attempted to be recognized by the AMA. The result was the same. The NMS delegates, and those from the other organizations excluded in 1870, were again excluded using various pretenses. The third attempt in 1874 also failed. The AMA ruled that “since the Medical Association of the

District of Columbia was a duly constituted body, its wishes regarding the exclusion of Negro doctors from membership had to be respected.”⁴¹

In 1874, before the NMS could make another attempt, the AMA changed its rules on delegate representation. It ruled that only one organization or institution could represent a given region. The Medical Association of the District of Columbia was chosen to be the representative body from the District of Columbia.⁴² Since African American physicians were excluded from this organization, they were effectively excluded from the AMA. This policy of exclusion from the MSDC would not be reversed until 1952.⁴³

THE WHEREFORE

If the reason the Negro physicians were excluded from the MSDC was resistance to a “hostile faction,” or control by southern sympathizers, what could be the reason the AMA condoned and upheld this practice? Both the Dean of Howard and the press believed that the color of the physician’s skin was a major motivator. Was simple “color-phobia” enough to explain the actions of a national organization with delegates representing northern as well as southern states?

In his article, “Policing the Social Boundaries of the American Medical Association, 1847 -70,” Douglas Haynes puts forth the hypothesis that “the viability of the AMA as the national voice of the medical profession was critically dependent on rejecting racial equality.”⁴⁴ In order to maintain a national, voluntary organization, capable of addressing the standards of medical training and practice, the AMA consciously selected presidents and host cities from both Northern and Southern states.

During the antebellum period, the AMA was able to maintain its national representation by remaining neutral on the issue of slavery and by encouraging its members to set aside sectional attitudes for the sake of the profession. The welcome address to the members at one of the Annual Meetings proclaimed, “You know no North, no South, no East, no West.”⁴⁵ Haynes contends that neutrality became a professional obligation for the members of the AMA.⁴⁶

Sectional attitudes during the Civil War, however, threatened to destroy the tenuous national character of the AMA. The AMA’s concern that the organization may be torn apart by sectional animosities brought on by the issue of slavery was not without merit. During this time period, other national organizations split over this very issue. The Southern Baptist Convention, for example, was founded when Southern members withdrew from the parent organization over the issue of slavery. This slavery issue also caused a split in the Methodist and Presbyterian churches around this time.

After the Civil War, the AMA leadership sought to heal any sectional divisions within the Association by reaching out to the Southern states. In an effort to ensure the attendance of delegates from Southern states, a resolution was adopted to host the Annual Meeting in a Southern city every other year.⁴⁷

In addition to bridging any rift that may have developed over sectional animosities, the social identity of American medicine, as one of White privilege, needed to be upheld. This was accomplished by maintaining the policy of racial exclusion. At this time, the professional identity of the AMA rested on the principles of Negro and female inferiority and subordination. As discussed previously, some of the Association’s prominent members actually espoused the idea that the Negro originated from a separate

and inferior species and presented “scientific” papers at their annual meetings to support these claims. It is not surprising, therefore, that some members of the AMA would then find it difficult to accept the Negro physicians as an equal.

The AMA’s attempt to maintain itself as the national voice of organized medicine was even more daunting when you consider that, excluding the slavery issue, sectional attitudes prevailed in the medical profession at this time. In his paper, A Southern Medical Reform: The Meaning of the Antebellum Argument for Southern Medical Education, John Harley Warner discusses the pre-Civil War movement which advocated for a different medical education for Southern physicians. The proponents of Southern education maintained that “Southern diseases and the medical responses they called for were different from those elsewhere.”⁴⁸ The AMA, therefore, had to overcome sectionalism arising from the issues of both slavery and medical education.

In light of the AMA’s struggle to maintain its place as the national representative organization of American medicine and its identity as a white, male profession, the actions to exclude the physicians of color can be viewed and understood, albeit not condoned. It is harder, however, to understand why the AMA continued to uphold these practices well into the twentieth century.

DR. ROBERT REYBURN

Robert Reyburn was born on August 1, 1833 in Glasgow, Scotland to James and Jane Reyburn. His widowed mother moved the family to Philadelphia, Pennsylvania where he received his early schooling in the public schools. He graduated from the Philadelphia College of Medicine and Surgery in 1856 and set up a medical practice in Philadelphia.



Figure 16 Dr. Robert Reyburn

In 1862, he served as acting assistant surgeon in the U. S. Army from 1863 – 1867. Upon his discharge, he was assigned to the position of Surgeon-in-Chief of Freedman’s Hospital in Washington, D.C. He held this position from 1867 – 1875. One of the original faculty of the Medical Department at Howard University (Figure 7, seated 5th from Right), he served as Dean of the College of Medicine twice, 1870 – 71 and 1900 – 1908.

Dr. Reyburn’s association with the Howard Medical Department and his support of African American physicians was not without personal and professional criticism. This, however, did not deter him. He remained supportive of the educational and professional development of the Negro physicians. Morais recalls that “tremendous pressure was brought to bear upon him, but all to no avail.”⁴⁹ A member of the Medical Society of D.C. since 1867, he supported the applications of Drs. Purvis, Augusta and Tucker for membership into the Society. After they were rejected, he proposed a resolution stating, “That no physician who is otherwise eligible should be excluded from

membership in this Society on account of race or color.”⁵⁰ Dr. Reyburn resigned from his membership in the MSDC on June 8, 1870 following the “disgraceful proceedings” at the AMA Meeting that year. However, he would later rejoin the Society in 1873.

Dr. Reyburn was one of the founders of the ill-fated National Medical Society and, as the previous section illustrated, fought valiantly within the AMA to have this Society recognized. In 1884, following the dissolution of the NMS, a group of physicians met in his office and founded the Medico-Chirurgical Society, which W. M. Cobb has asserted was the first Negro medical society. After a period of inactivity, the Medico-Chirurgical society was revived and incorporated in 1895. Again, Dr. Reyburn took the lead in reorganizing this Society. Another leader in this organization was Dr. Daniel H. Williams.⁵¹ Dr. Williams would also help found the National Medical Association later that same year.

Dr. Reyburn married Catherine White and fathered three children, Robert, Jr., Ella, and Eugenia. All three of his children would become physicians. Dr. Reyburn passed away in 1909, at the age of seventy-six.⁵²

THE FOUNDING OF THE NATIONAL MEDICAL ASSOCIATION

*... Out of the huts of history's shame.
I rise.
Up from a past that's rooted in pain
I rise.
I'm a black ocean, leaping and wide,
Welling and swelling I bear in the tide.
Leaving behind nights of terror and fear
I rise
Into a daybreak that's wondrously clear.
I rise.
Bringing the gifts that my ancestors gave,
I am the dream and the hope of the slave.
I rise.
I rise
I rise.*

Maya Angelou

BACKGROUND

Immediately following the Civil War, African Americans and their supporters were optimistic about the prospect of gaining civil rights and equality for the former slaves. This was not an easy time for the newly-freed men. Walter Dyson points out that “the great majority were too poor and too ignorant to enjoy fully the privileges or exercise properly the duties of their high position”¹ Homeless and without financial means, the former slaves moved from place to place carrying with them “their poverty and wretchedness, their raggedness and nakedness, their hunger and thirst, their weakness and sickness.”²

Recognizing the need to provide health care to the thousands of freed men and women, Negro medical colleges were founded to provide a source of Negro physicians. Many of these schools were founded with the aid of church groups and organizations

such as the Freedman’s Aid Society. Howard University, for example, was founded to assist agencies “already at work in the relief of ignorance and personal suffering in the District of Columbia and in the country at large.”³ Table 4 provides a list of the Black medical colleges that were founded during this time.⁴

Black Medical Colleges in the United States	
School	Year Founded
Howard University Medical Department	1869
Lincoln University	1870
Straight University	1873
Meharry Medical College	1876
Leonard Medical School of Shaw Univ.	1882
Louisville National Medical College	1888
Hannibal Medical College	1889
Flint Medical College of New Orleans Univ.	1889
Knoxville College of Medicine	1895
Chattanooga National Medical College	1899
State University Medical Department	1899
Knoxville Medical College	1900
Univ of West Tennessee College of Medicine & Surgery	1900
Medico-Chirurgical and Theological College of Christ’s Institution	1900

Table 5 (Adapted from Todd Savitt’s “Entering a White Profession: Black Physicians in the New South, 1880 – 1920.”)

Many of these colleges, however, closed after receiving unfavorable evaluations in Abraham Flexner’s report on the state of medical education entitled, Medical Education in the United States and Canada. After the report was disseminated in 1910, many of the schools that did not meet with his standards lost funding. Most of the Negro medical schools, already on shaky financial ground, folded at this time. Howard and Meharry, the only Negro medical schools Flexner deemed worth of developing, were the only colleges to survive this period and are still in existence today.

Since few white medical schools admitted minorities, the closing of the Negro medical schools following the Flexner report severely impacted the number of physicians

of color. At the time of a 1906 study commissioned by Atlanta University entitled, The Health and Physique of the Negro American, few white medical schools had ever admitted a minority student and many stated that they had no intention of admitting them in the future. The following is a sampling of some of the responses to the survey which was sent to every medical school in the country.

“We have never had a Negro pupil in the Baltimore Medical College. One such pupil would, I am sure, be a great injury to our class on entering.” --Baltimore Medical College

“If you are looking for ‘niggers’ go to Boston or other “nigger” loving communities. None, thank God!! None, by God, sir! And what’s more, there never will be any here.” -- St. Louis, Mo.

“The College of Physicians and Surgeons of Baltimore does not, never has, and never will admit Negroes to its lecture halls and work.”

“There are no niggers in this school and there never have been and there never will be as long as one stone of its building remains upon another”. Medical Dept. of the University of Georgia.⁵

The early optimism for equal rights and opportunities for the newly freed people were replaced, therefore, with the realities of prejudice, discrimination and ultimately “Jim Crow.” The term Jim Crow, derived from a character portrayed by a minstrel comedian who performed in blackface mocking the characteristics of Negro people, began to be used as a derogatory term to designate people of African descent. The Jim Crow laws, enacted after 1865 to keep the races separate, covered such things as the use of water fountains, public transportation, restrooms, and public schools. In order to maintain the separation of the races, the laws provided for separate, and in most instances, unequal facilities for both races. Jim Crow laws confirmed that freedom for the slave did not mean that he was to be considered equal with the dominant race.



Figure 17 Cartoon depicting Jim Crow

Upon graduating from medical school, the Negro physician soon learned that he or she was unwelcome in the white hospitals and medical societies. Colored physicians were unable to serve internships and were refused admitting privileges at many of the hospitals. As a result, many of the Negro medical colleges opened small hospitals to give their students and graduates opportunities that were denied them in the other hospitals. Black physicians, such as NMA founders Robert F. Boyd and Henry Butler, also founded small hospitals to provide care for Black patients and training for the Negro doctor and nurse.

Following the many failed attempts to integrate the all-white medical societies and faced with the policies of racial segregation under Jim Crow, the African American physicians began to form their own state medical societies. The Medico-Chirurgical Society of the District of Columbia was the first to form in 1884. Originally founded as an integrated society, it later became an entirely African American society when the

founding white members died. Ironically, the original pioneers in the struggle to integrate American medicine, Drs. Purvis and Augusta, declined to join this organization. Other African American Medical societies that formed at this time include the Lone Star State Medical, Dental, and Pharmaceutical Society of Texas in 1886; the Old North State Medical Society of North Carolina in 1887; the Georgia State Medical Association of Physicians and Pharmacists in 1893; and the Arkansas Medical, Dental and Pharmaceutical Association which formed in 1893.⁶

Barred from white hospitals and medical societies and with many physicians practicing in remote locations, the Negro physicians often practiced in a professional vacuum devoid of any opportunities for continuing education. Miles V. Lynk, a Meharry graduate, saw first-hand, the problems caused by this isolation. Shortly after starting his medical practice, he began publishing the Medical and Surgical Observer. With this medical journal, he set out to provide the Negro physician with a sense of solidarity and a means to keep abreast of current medical knowledge and practices.

In an editorial in his journal, Dr. Lynk lamented that it was time for the Negro physicians to organize their own national medical society. Although the Negro physicians had already begun to organize state medical societies, he felt they needed a national forum.⁷ As Dr. Lynk exclaimed in another editorial, united they would “demand the respect they so highly deserve.”⁸ In an effort to bring about the formation of this national society, Dr. Lynk began meeting with his former Meharry Medical College instructor, Dr. Robert F. Boyd, to discuss the plan. His dream of a national organization for the Negro physician would not come to fruition for another three years.

THE FOUNDING

In 1895, the Cotton States and International Exposition, held in Atlanta, Georgia, was organized to foster trade between the United States and Latin America. The Exposition featured exhibitions on developments in such areas as transportation, mining, and agriculture. It was unique in that it also showcased the accomplishments of Negroes and women, with both groups having their own building at the fair. The Exposition ran from September 18, 1895 through December 31, 1895 and saw thousands of visitors.

Arguably, the most notable event to occur at the Exposition happened on the opening day when Booker T. Washington gave his “Atlanta Compromise” speech (Appendix D). In the speech, he called for the Negro to seek training in agriculture, mechanics, and commerce. He proclaimed, “it is at the bottom of life we must begin, and not at the top”⁹ He also upheld the South’s separate but equal policy of Jim Crow when he exclaimed, “In all things that are purely social we can be as separate as the fingers, yet one as the hand in all things essential to mutual progress.”¹⁰ A month after Mr. Washington spoke these words, and following in the tradition of separate but equal institutions, twelve Negro physicians met to form a national Negro medical society. One reporter termed the new organization “a little AMA for Negro physicians.”¹¹

In October, while attending the Exposition, Dr. Boyd, a professor at Meharry Medical College, reminded Dr. Lynk of his call for a national medical association for the Negro physician. Since there were several Black physicians from different states at the Exposition, they agreed that this would be the opportune time to organize this association. It had become a practice, during the Exposition, for the Negro participants to hold side meetings at the First Congregational Church in Atlanta. This, therefore, seemed

like the ideal place to hold the meeting. After obtaining permission to hold the meeting at the church, Drs. Lynk and Boyd notified all the Black physicians in attendance at the Exposition of the time and purpose of the meeting. Twelve physicians attended this first meeting.

After Dr. Boyd declined to officiate over the meeting, Dr. Lynk approached Professor I. Garland Penn, the Commissioner of the Negro Division of the Exposition, and asked him to preside over the meeting. Some accounts of this meeting have erroneously reported that Professor Penn organized the meeting. In his book, Dr. Lynk takes pains to correct this misinterpretation of fact. He writes, "I want to emphasize the true fact that no layman organized the N.M.A. in the sense that he conceived the idea or suggested the organization, or that he, of his own initiative, called the meeting to order. So much for that."¹²

As requested, Professor Penn presided over the gathering of physicians. Dr. Lynk recalled that, at the beginning of the meeting, each person was given the opportunity to speak on the need for a national organization. They agreed to name the new organization," The National Association of Colored Physicians, Dentists, and Pharmacists."¹³ Dentists and pharmacists were included in this fledgling organization because the numbers of colored physicians at this time was too few to sustain a national organization.

Unfortunately, there is some disagreement over the original officers elected to serve on the board of this organization. Most reports, including official NMA publications, list the following officers:

Dr. Robert F. Boyd of Nashville, TN, President
Dr. Daniel H. Williams of Chicago, IL, Vice President

Dr. Daniel L. Martin of Nashville, TN, Secretary
Dr. David H. C. Scott of Montgomery, AL, Treasurer
Dr. H. R. Butler of Atlanta, GA, Chairman of the Executive Committee

In his autobiography, however, Dr. Lynk makes the claim that he was elected vice president for Tennessee along with several other vice presidents.¹⁴ While contrary to the official record of the NMA, this is consistent with the practice of most medical associations and societies of the time, including the AMA, which had multiple vice presidents. It would also seem appropriate and plausible for Dr. Lynk to be elected to serve as an officer in the organization he was so instrumental in founding.

By all accounts, not much was accomplished during this first impromptu meeting. John Kenney reported in a JNMA article that, “They met, they organized and laid their platform, and upon this they began to build.”¹⁵ The organization did not meet again until two years later when they met in Nashville, TN. Another three years would lapse before the next meeting in 1900 occurred in Louisville, Kentucky. In fact, the meetings did not become consistent until 1903 some eight years after the founding. It was at the 1903 meeting that the name of the organization changed to the National Medical Association. The organization held surgical clinics and presented scientific papers at the annual meetings. During this time, the NMA focused little attention on advocating for parity in health care for underserved populations. This would become one of the major issues for the NMA in future years.

In 1908, the NMA began publishing the Journal of the National Medical Association (JNMA). The JNMA provided the Association with a means to permanently record the activities of the Association and a “vehicle for the original scientific research of the Negro doctor.”¹⁶ The credo of the NMA was printed on the cover of the first issue

of the JNMA. Dr. C. V. Roman, the first editor of the Journal, is credited with developing the credo. During a speech in New York he stated:

Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of the American environment, the National Medical Association has for its object the banding together for mutual cooperation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of medicine, surgery, pharmacy and dentistry.¹⁷

Beginning in 1909, during the National Negro Congress on Tuberculosis, the NMA began to take on the task of advocating for better health care practices and policies for the Negro. They also began to tackle racial discrimination in the medical profession at this time.¹⁸ The sentiment within the NMA was summarized in a report which declared that, “unless the Negro doctor can reduce the Negro’s preventable death-rate, he has little excuse for existence.”¹⁹ The NMA organized committees such as the Hookworm Commission, Tuberculosis Commission and Pellagra Commission to investigate health problems that were disproportionately affecting the Negro community. They joined forces with the National Association for the Advancement of Colored People and the National Urban League to fight discrimination in health care and lobbied for the passage of the Civil Rights Act of 1964. Through the years, the NMA has stood at the forefront of the battle for universal health care.

A complete listing of the accomplishment of the NMA is beyond the scope of this document which could not begin to do justice to the rich legacy of this organization. Unlike the AMA, the NMA had little trouble in maintaining itself as the voice of the Negro in medicine. Bound together by the “exigencies of the American Environment,” the Negro physician was nurtured and found his voice, strength and professional identity in the bosom of the NMA.

The founders of the NMA were among the few men with both a vision and the tenacity to see that vision through to reality. After being denied professional recognition from the white medical societies, they created their own separate professional system that existed alongside the white medical system. These pioneers deserve to be recognized for their efforts and endeavors. Their stories are presented here to highlight both the obstacles and triumphs they encountered during their lifetimes.

THE FOUNDERS

DR. MILES VANDAHURST LYNK



Figure 18 Dr. Miles V. Lynk

Miles V. Lynk was born on June 3, 1871 in the midst of the “Trouble” in the AMA. He was born on a farm to two former slaves, Mary Louis and John Henry Lynk in Brownsville, Tennessee. After the Civil War, his parents took private lessons in reading and writing so that they could learn to read the bible. His father was “accidentally” shot by a neighbor.²⁰ Following the accident, his mother was left a widow with five children

ranging in age from one month to nine years old. Being the oldest male child, Miles became the head of the farm at an early age.

He received his early education in country schools which held classes in a local church. The school year consisted of two months in the summer and three months in the winter. Miles supplemented this meager education by teaching himself at home when school was not in session. As a result of his efforts, he was able to pass the county teachers examination at the age of thirteen. It would be many years, however, before he would be old enough to use the license.

Miles utilized money he made on the farm to pay a professor to tutor him in Latin, physics, geometry, algebra, and biology. At seventeen, he was finally old enough to utilize his teacher's license. He found a job as a teacher in a neighboring county but his license was not valid there. The county superintendent agreed to countersign his license if he could obtain a certificate of good moral character signed by a "white man."²¹ This was a dilemma for Miles because he had never worked for a white man before. He writes, "My abhorrence to slavery was so great that I would never hire to one [white person] for money."²²

Feeling he had no other choice, he approached William Lynk, the man who had once owned his father. Miles knew that to obtain the certificate from Lynk, he would have to break his personal oath to never call a white man "master". He recalls thinking that no one would know that he had stooped to this level. Unfortunately, breaking his oath was to no avail as William Lynk refused to give him the letter he requested. After leaving the house, Miles looked up to heaven and prayed, "Lord if you forgive me this time I will not be guilty of such indiscretion again."²³ He remained true to this promise.

Miles began his medical education by serving an apprenticeship with Dr. J. C. Hairston prior to entering Meharry Medical College in 1889. Dr. Robert Boyd, a man who would later join with Dr. Lynk to found the NMA, graded his entrance exam and exclaimed that Miles had given him one of the best papers he had ever examined. From that day forth, Miles and Dr. Boyd were “fast friends.”²⁴ It was also at Meharry, that Dr. Lynk met another founder of the NMA, Dr. Henry R. Butler.

After graduating from Meharry in 1891 at the age of 19, he made plans to move to Jackson, Tennessee. His friends tried to convince him not to move to Jackson because of the racial tensions in that city. Ignoring their concerns, he moved to Jackson and set up a practice. In contrast to the reception Drs. Purvis and Augusta received in Washington, Dr. Lynk reports that the white physicians in the city welcomed him and often called him on consultations.

At the age of 21, and just a little over one year after graduating from Meharry, Dr. Lynk began publishing the Medical and Surgical Observer (MSO). This was the first medical journal published by an African American. The MSO received accolades from many in the Negro medical profession. Dr. Lynk’s aim was to provide a connection between Black physicians practicing in isolation all over the country. This monthly publication was widely circulated in the small African American medical community and helped to elevate young Dr. Lynk to the ranks one of the leaders in the profession. The MSO did not have a long life however. It ran from December 1892 to January of 1894.²⁵

Each issue of the MSO contained case reports written by African American physicians with such titles as “The Pathology of Hysteria,” and the “Importance of Physical Examination.”²⁶ Also included in the MSO were news items on current events

in the medical community, editorials, excerpts from other publications, and advertisements for such products as “Dr. Julius Fehr’s Compound Talcum, Codliver Glycerine, and Glycozone.”²⁷ The latter was advertised as a “powerful remedy” for dyspepsia, gastritis, stomach ulcers, and heartburn. The MSO also listed the names of the faculty and advertisements for some of the Negro medical colleges such as Leonard, Howard, and Meharry. Under the advertisement for the New Orleans University Medical Department, Dr. Lynk stated, “This School, though in its infancy, is rapidly taking its place among the leading Schools in the country.”²⁸

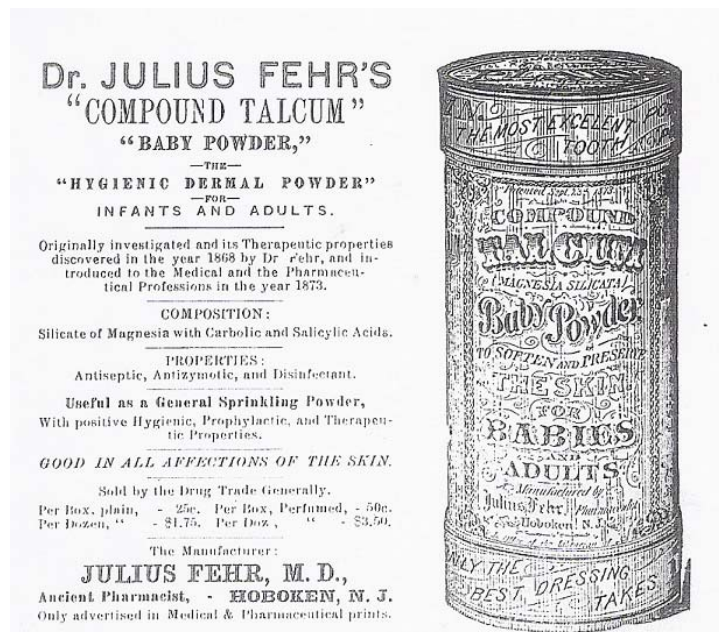


Figure 19 Advertisement in the Medical and Surgical Observer

In the December 1892 edition of the MSO, Dr. Lynk wrote an editorial lamenting the need for a national medical organization for physicians of color. Dr. Lynk reported on the editorial in his book, stating:

...an Association of medical men of color, national in its character, would have a very inspiring effect upon the profession. Texas has formed the Lone Star Medical Association, which may be a nucleus for the foundation of a national association. This is a dire necessity and we shall, must, and will have it.²⁹

Three years after writing this editorial, Dr. Lynk met with several other physicians to found the National Medical Association. At the time, Dr. Lynk was attending the Cotton States and International Exposition held in Atlanta, Georgia. During the Exposition, he met with Dr. Boyd who reminded him of editorial calling for a national organization. The description of the meeting was covered in the previous section.

Desiring to study law and unable to find suitable facilities in his area, Dr. Lynk helped to found the Law Department at Lane College. He located a professor that would be willing to teach the three-year course and purchased all the text books. The first class consisted of eight students including Dr. Lynk. They met in either Dr. Lynk's office or at the College. In February of 1901, after only 9 months of study, Dr. Lynk sat for the examination and was admitted to the Bar. He received his license to practice law on February 13, 1901.

Recognizing the "urgent need for more and better trained Negro doctors and lawyers," Dr. Lynk and his wife mortgaged their house to establish the University of West Tennessee, a Black university dedicated to teaching medicine, law and dentistry.³⁰ Dr. Lynk was the president of the university and his wife, a chemist and pharmacist, taught pharmacy and chemistry. The school closed in 1923 as another casualty of the Flexner Report. Two hundred and sixty-six students graduated from this institution before it closed.

Dr. Lynk was also a prolific writer. In addition to the MSO, he wrote and published several books and monthly magazines. Table 6 provides a list of Dr. Lynk's publications. In order to distribute his works, Dr. Lynk founded a publishing house that provided jobs for a dozen people.

Publications by Dr. Miles V. Lynk		
Name of Publication	Year	Type
The Medical and Surgical Observer	1892	Monthly Journal
Famous Negro Rules	1894	Historical Picture
The Afro-American School Speaker and Gems of Literature	1896	Book
The Black Trooper or Daring Deeds of Negro Soldiers in the Spanish-American War	1896	Book
Lynk's Magazine	1898	Monthly Magazine
Pictorial Review of the Great World War	1918	Book
The Negro Out Look	1919	Monthly Magazine
Medicine, Fifty Year Ago and Now	1942	Paper
Lynks Simplified System of Record Keeping for Busy People	1944	Book
The Atomic Bomb, Its Theoretical Construction and Medical Uses	1948	Paper
Sixty Years of Medicine or The Life and Times of Dr. Myles V. Lynk	1951	Book

Table 6 (Source: Sixty Years of Medicine)

On December 29, 1957, Dr. Lynk passed away at the age of 86. With the founding of a national medical organization, law school and medical school, and numerous other ventures, he left behind “a legacy that not only aided the career of countless Black physicians but would also help to reorganize medicine through out America.”³¹

DR. ROBERT FULTON BOYD

Robert Boyd was born on a farm in Giles County, Tennessee on July 8, 1858 to slaves Maria Coffey and Edward Boyd. His mother was taken away from him at a young age. When the Civil War broke out she was carried even further South. In 1866, she returned to Giles County to retrieve her two sons and later moved with them to Nashville. At the age of eight, Robert Boyd went to live in the home of a renowned surgeon, Dr. Paul Eve. It was here that Robert first dreamed of becoming a physician. His education

up to this point had been meager at best. While living with Dr. Eve, he attended night school at Fisk School (later changed to Fisk University) where he learned to read and write.



Figure 20 Robert F. Boyd, MD

In 1868, his dream of becoming a physician was deferred when he returned to Giles County to work on a farm. He remained there until 1871 before returning to Nashville to work in the brick trade. At this time, he was still unable to write and “knew but the elements of reading.”³² Undeterred in his efforts to gain an education, Robert agreed to work for a local real estate agent in exchange for food. For three years, he worked for the agent half a day and attended school the other half.

By 1875, Robert finally gained enough education to allow him to obtain a job as a teacher in one of the country schools. He rose to the rank of principal of the male school in 1878 and of the female school a year later. In 1880, Robert finally entered Meharry

Medical Department of Central Tennessee College. He graduated from this school with honors two years later.

After graduation, Dr. Boyd moved to New Albany, Mississippi. There he became principal of the high school while setting up a medical practice. He remained in New Albany until 1882 when he returned to Nashville to become adjunct professor of Chemistry at Meharry. Dr. Boyd held various positions at Meharry and the school affiliated hospital, Mercy, until his untimely death in 1912. Table 6 lists the positions held by Dr. Boyd at Meharry. While employed there, he enrolled in Meharry’s Dental Department and graduated with a degree in dentistry in 1887. It was also at Meharry, where Dr. Boyd met student, Miles V. Lynk, who would later join with him to found the National Medical Association.

Positions held by Dr. Boyd at Meharry Medical College	
Position	Year
Adjunct Professor of Chemistry	1882 – 1884
Professor Of Physiology	1884 – 1888
Professor of Anatomy and Physiology	1888 – 1889
Professor of Physiology and Hygiene	1889 – 1890
Professor of Physiology, Hygiene and clinical Medicine	1890 – 1893
Professor of Diseases of Women and Clinical Medicine	1893 - unknown

Table 7

In 1887, Dr. Boyd set up a medical practice in Nashville. Instead of catering to the “better classes who were able to employ experienced and well known physicians,” Dr. Boyd provided care to those most in need. He was said to have gone into the “alleys, old cellars, dilapidated stables, and unhygienic sections of the city.”³³ In addition to his private practice, he was head of the college hospital and ran a free clinic which provided free medical care to the poor every Wednesday, Friday and Saturday.

Dr. Boyd was well known and well respected in his community. In 1892, he was nominated to run for Mayor of Nashville by the “colored citizens.”³⁴ He was one of the Tennessee Commissioners for the Southern States and International Exposition. A sound businessman, he was also the president of the People’s Savings Bank and owned some of the best property in Nashville. His residence, the Boyd Building (Figure 19), housed business fronts, a hotel, restaurant, offices, and society halls.

Dr. Boyd was involved in several fraternal societies and held high ranks within these societies. He was the Supreme Medical Register for the Colored Knights of Pythias.³⁵ This organization was organization when colored men were denied membership into the all-white, male secret society called the Knights of Pythias. Incidentally, the fight to integrate this society was waged in 1870 in Washington, D.C. at the same time the three Negro physicians were attempting to integrate another white male society. Dr. Henry R. Butler, another founder of the NMA, was also a member of the Colored Knights of Pythias.³⁶

In 1895, while attending the Cotton State and International Exposition in Atlanta, Dr. Boyd met with his former student, Miles V. Lynk and 10 other physicians in the First Congregational Church to form the first national Negro medical association. They named the new organization “The National Association of Colored Physicians, Dentists, and Pharmacists.”³⁷ Dr. Boyd was elected the Association’s first President. He served in this capacity from 1895 – 1898.



Figure 21 Residence of Dr. R. F. Boyd, Nashville, Tenn.

Dr. Boyd never married. He died suddenly on July 20, 1912 at the age of 54 from an “attack of acute indigestion.” At the time of his death he was “considered one of the leading Negro physicians in the country and reputedly one of the wealthiest.”³⁸ In his book, D. W. Culp states that Dr Boyd “clearly demonstrated by energy, pluck, ability, and upright dealing with his fellowman, the possibility of rising from poverty’s hard estate to honor’s golden prize.”³⁹

DR. HENRY R. BUTLER, A.M.

Henry Butler was born on April 11, 1862 on a farm in Cumberland County, North Carolina. Like many of his counterparts, he received his early schooling in country schools which operated only three months each year. In 1874, Henry’s parents moved to Wilmington, North Carolina. At the age of twelve, he began working in the saw mills,

lumber yards, and on the cotton presses in the city. To further his education, he began to study under Dr. E. E. Green in the evenings.

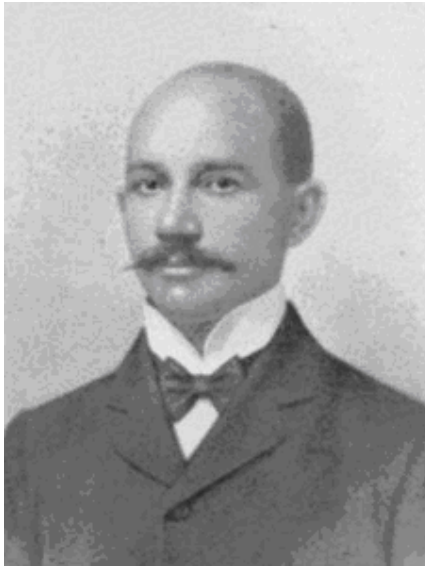


Figure 22 Dr. Henry R. Butler

Through Dr. Green's assistance, Henry entered Lincoln University in Pennsylvania. He graduated from Lincoln in June of 1887 with an A. B. Degree. Later that year, he matriculated into Meharry Medical College in Nashville, TN. He graduated from Meharry on February 27, 1890 and received the H. T. Noel gold medal for proficiency in operative surgery and dissecting.⁴⁰ While attending Meharry, he was under the instruction of Dr. Robert Boyd, and was a class mate of Dr. Miles Lynk.

After graduating from Meharry, Dr. Butler moved to Atlanta, GA to set up a medical practice. While in Atlanta, he established Butler, Slater & Co, the first drug store owned and operated by men of color in the city. He was appointed surgeon of the Second Georgia Battalion of colored volunteers in 1891 and was physician and surgeon to both Spellman Seminary and Morris Brown Colleges.

In the introduction to a book by John W. Gibson entitled, The Golden Thoughts of Chastity and Procreation, Including Heredity, Dr. Butler gives a glimpse of the great pride he took in his race and their advancements within America against great odds. He wrote:

I invite you to study these pictures as well as the reading matter; they tell their own story; they tell of the coming of a new aristocracy, a people powerful in strength, morals, culture, wealth and refinement. They tell you of the steady growth, development and advancement of the colored American in the very teeth of all kinds of obstacles, hindrances and farcical laws.... It also proves to those so inclined to think otherwise that some good thing can come out of Ethiopia.⁴¹

Dr. Butler organized the Fair Haven Infirmary in Atlanta, GA. This hospital was established for and controlled by Negroes. Civic minded, Dr. Butler was very active in his community. He was president of the Y. M. C. A. for colored men and was the first African American person to be a regular contributor to the Atlanta Constitution. Dr. Butler, like Dr. Robert Boyd, was involved in many fraternal organizations. He was the Grand Master of the Masons and the Grand Medical Register of the Colored Knights of Pythias.⁴²

In October of 1895, Dr. Butler attended the Cotton States and International Exposition that was being held in his city of Atlanta. At the Exposition, Dr. Butler met with his former instructor and Pythian brother, Dr. Robert Boyd, and a former classmate, Dr. Miles Lynk, to found the National Medical Association. Dr. Butler was elected to serve as the Chairman of the organization's Executive Committee. The NMA would not be only medical association Dr. Butler helped to organize. He was also instrumental in founding the Empire State Medical Association and became that association's first president.⁴³

Dr. Butler married Salina May Sloan of Atlanta. At the time of the latest biography on Dr. Butler, he and his wife had one child, Henry R. Butler, Jr. Like Dr. Boyd, he owned valuable real estate and resided in a beautiful home.⁴⁴

DR. DAVID HENRY CLAY SCOTT

David H. C. Scott was born on November 21, 1871 in Hollywood, Alabama. He attended Huntsville Normal School, which later became Alabama A & M University. He graduated from Meharry Medical College in 1895. After graduating, Dr. Scott moved to Selma, Alabama to set up a practice. Three months later he left Selma and moved to Montgomery where it is reported that he had a large and thriving medical practice. It was also in 1895, the year he graduated from Meharry that Dr. Scott joined with other Meharry graduates, Drs Lynk, Boyd, and Butler, to found the National Medical Association. He served as the organization's first treasurer.

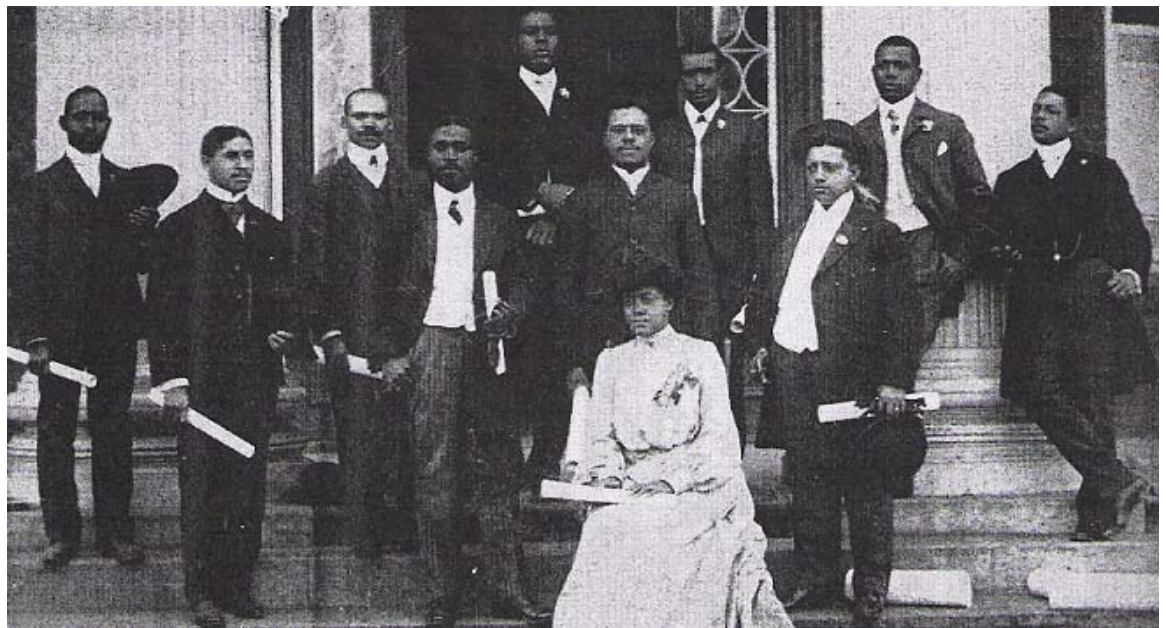


Figure 23 Alabama State Medical Congress, April 14, 1904 (Dr. H. C. Scott 4th from left)

Dr. Scott married Viola Watkins the daughter of one of the prominent contractors in the Montgomery. With the help of his father-in-law, Dr. Scott built a “handsome” three story building. According to Clement Richardson, “the first floor is occupied as a drug store, which is run in first class style having a fine soda fount and other modern attractions. The second and third floors are used for offices and are well occupied by live, wide-awake business men.”⁴⁵

Dr. Scott was heavily involved with Hale Infirmary, a hospital which opened in 1890 for the “Black citizens of Montgomery.” Dr. Scott performed many of his operations at Hale. The Negro periodical, The Crisis reported that, “it was largely through Dr. Scott’s efforts, that Hale Infirmary became a well equipped institution for colored people in the South.”⁴⁶ The Crisis also contained a report of the troubles Dr. Scott encountered while living in Montgomery during this time period.

Dr. Scott was apparently highly esteemed by the Whites. But when the test came, and the lynching mob broke loose last year, one of their first deeds was to drive Scott out of town and loot his property. His only crime was that of bailing his brother-in-law out of jail, where he had been incarcerated on a ridiculous and false charge. The two men left the city temporarily, but returned, and Dr. Scott died. The blood of the Negro martyrs is mounting high.⁴⁷

It is unclear what the author was referring to with his reference to martyrs in the last sentence. According the obituary in the Journal of the American Medicine Association, Dr. Scott died on December 25, 1919 at the age of 49 from “carcinoma of the liver.”⁴⁸

DR. DANIEL HALE WILLIAMS

Perhaps more has been written about Dr. Daniel Williams than about any other founder of the NMA. Unfortunately, many of the biographies diverge on salient parts of

his personal life and career. In his biographical account of Dr. Williams, W. M Cobb refers to this incongruence of accounts when he writes: “there is frank and irreconcilable discrepancy of the accounts.”⁴⁹ This writer will endeavor to paint as clear a picture as possible of Dr. Williams utilizing facts that do not appear to be in dispute.



Figure 24 Daniel H. Williams, M.D.

Daniel H. Williams, III, one of seven children, was born on January 18, 1858 to Daniel Williams, II and Sarah Price Williams. His father was a barber by trade and an avid crusader for equal rights for the Negro. Daniel Williams, II helped found the Pennsylvania Equal Rights League. When he became ill, he rented out his barbershop and moved the family from Pennsylvania to Annapolis Maryland to live with Sarah’s mother.

While in Annapolis, the senior Daniel continued to work diligently for the Equal Rights League traveling and giving speeches. On his return from one of his speeches, he became extremely ill and later died of tuberculosis. Daniel’s mother was unable to keep the family together after her husband’s death. She sent the children to live with different

relatives and sympathetic friends. Daniel went to live with a family friend who ran a school teaching young boys to be shoemakers.

Daniel hated working as a shoemaker so he ran away and located his mother and sisters in Illinois. While in Illinois, Daniel was able to go to school two months a year. He also learned the barber trade as his father had done before him. When Daniel's mother moved again, Daniel and his sister stayed in Illinois, living with relatives. After his sister moved away, he found his way to Janesville, Wisconsin where he met and was taken in by Harry Anderson and his family. Daniel was sixteen years old when he moved in with the Anderson's

While living with the Anderson's, Daniel attended Janesville High School and Hare's Academy. He also cut hair in the Anderson barbershop and played an instrument in Harry Anderson's band. Finally, Daniel had a stable home. A local physician encouraged Daniel to go into medicine and allowed him to serve a two-year apprenticeship in his practice. In 1880, Daniel entered Chicago Medical College with financing from Mr. Anderson. He graduated from the medical school in 1883, at the age of twenty-seven.

Following graduation, Dr. Williams, stayed in Chicago and served an internship at Mercy Hospital. After internship, he set up his medical practice in Chicago. Dr. Dan, as his patient's affectionately called him, quickly gained a reputation for being an exceptional surgeon. Utilizing Lister's new principles on antiseptics, he performed surgery in his office, scrubbing his entire room with soap and water, spraying carbolic acid, and sterilizing his instruments in boiling water and steam.⁵⁰

Dr. Dan was later appointed to the surgical staff at South Side Dispensary and was employed as the Demonstrator of Anatomy at North Western Medical School. As his reputation spread, he was assigned to serve on the Illinois State Board of Health for two terms. One of his biggest accomplishments in Chicago, however, was the establishment of Provident Hospital in 1891.⁵¹ This was the first interracial hospital and provided a place for Black doctors and nurses to train at a time when they were excluded from most white hospitals.

In 1893, Dr. Dan performed the surgery that would make him famous. Originally touted as the first operation on the human heart, it was actually a suturing of the pericardium.⁵² Careful research, however, showed that another physician had performed the surgery a few months before Dr. Dan taking away his claim to being the first to perform this operation. However, in a time when the mortality rate from surgery was extremely high, and without the benefit of knowledge of the other surgery, Dr. Dan's surgery was still remarkable. His patient, James Cornish, not only survived the surgery but would live for another 50 years.⁵³

Later that year, President Grover Cleveland appointed Dr. Williams to head up Freedman's Hospital in Washington, D.C. as the Surgeon-in-Chief. He was the second African American to hold this post, succeeding Dr. Charles Purvis. While at Freedman's, Dr. Williams reorganized the surgical department, started a school for nurses, and began using horse-drawn ambulances. His most courageous and most controversial change at Freedman's was to open the doors of the operating rooms so that lay people could witness the surgeries performed by the Negro surgeons.⁵⁴ To combat the fears the public had about the ability of the Negro doctor, he said, "Come watch us

work, observe conditions and see for yourselves that there is nothing to be afraid of.”⁵⁵ A clear invasion of privacy, the surgical clinics were stopped after some time. Dr. Williams held the position at Freedman’s until 1898 before returning to Chicago and Provident Hospital

When Dr. Dan returned to Provident, the hospital he founded, he soon realized that things had changed. In his absence, Dr. George Hall had been running the hospital. The two doctors clashed immediately, and Dr. Williams was ousted from the hospital.⁵⁶ After leaving Provident, Dr. Williams took a position with St. Luke’s Hospital a very prestigious hospital in the area. He was the first African American physician to work at this hospital. He also began to travel to Meharry Medical College to present annual surgical clinics. During these clinics he was assisted by Dr. Robert F. Boyd of Meharry, another founder of the NMA.

At the age of 42, shortly before he returned to Chicago, Dr. Dan married Alice Johnson. They did not have any children. Alice had Parkinson’s disease and died in 1924. Dr. Williams suffered a stroke shortly after his wife died. He passed away on August 4, 1931 at the age of 73. For many years before his death and “worn out by his efforts to overcome the great odds against him,”⁵⁷ Dr. Dan went into a self-imposed exile.

DR. DANIEL L. MARTIN

Not much is known about the NMA’s first Secretary, Dr. Daniel Martin. He graduated from Meharry Medical College in Nashville Tennessee in 1886. He attended Meharry at the same time that Dr. Robert Boyd, co-founder and first president of the NMA, was the Professor of Physiology at the Medical College. Dr. Martin was licensed

to practice medicine in both Tennessee (1889) and Illinois (1890).⁵⁸ He passed away in 1918 in Nashville, Tennessee.⁵⁹

EPILOGUE

The founders of the NMA were among what W. E. B. Dubois called the “Talented Tenth,” a term he coined to indicate the top ten percent of the Negro population whose education and leadership abilities he thought would help to elevate the entire race.¹ In his essay on the Talented Tenth, he declared, “You misjudge us because you do not know us. From the very first it has been the educated and intelligent of the Negro people that have led and elevated the mass.”² Perhaps the opponents of the Negro’s bid for inclusion into the brotherhood of medicine misjudged their determination and resiliency.

Saddled with the burdens of inadequate pre-medical preparation and financial difficulties, stymied in their attempts to gain entrance into white medical societies, shunned from white medical schools, defeated in both the Senate and in the AMA, and humiliated by Jim Crow laws, the Negro physician not only persevered he managed to flourish. These physicians persevered by creating their own network of Negro medical societies and fraternal organizations and building their own hospitals. In 1969, George Schwarz wrote, “The National Medical Association is no longer a child on the American scene. It is no longer an awkward adolescent. It is a mature force.”³ His words are even truer today. Through advocacy, research, and sheer determination, the NMA nurtured its own and contributed immensely to the improved health outcomes of minority and underprivileged groups in this country.

Though successful in their own right, African American physicians continued to fight for inclusion into the dominant medical societies. The struggle that started in 1869 in the MSDC would finally end when, on July 1, 1952, the MSDC announced that, with a

vote of 735 to 296, the members of the society had voted in favor of allowing the admission of qualified “Negro” physicians. Even in this victory, it is still astonishing to note that, as late as 1952, more than 1/3rd of the voting members remained set against integrating the society.⁴

In July of 1950, two years prior to the MSDC’s vote, the AMA finally passed a resolution requesting that their constituent societies with “restrictive membership provisions based on race” to review their policies with “a view to taking steps, as they may elect, to eliminate such restrictive provisions.”⁵ At its Meeting in June of 1952, the AMA reiterated its request for elimination of membership restrictions. A full copy of the 1952 resolution is presented as Appendix E to this report. Over the intervening years, other local and state medical societies dismantled their exclusionary policies.

RECCOMENDATIONS

It is unfortunate that the full history of the NMA, since its inception, has yet to be written. It would be a travesty if this task were not to be undertaken soon before individuals that are able to give first-hand accounts of the events begin to carry these rich stories to the grave. It is recommended that the NMA, therefore, investigate writing an official history of its organization.

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APPENDIX A

ACT OF INCORPORATION

An Act to Revive, with Amendments, an act to incorporate the Medical Society of the District of Columbia

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Frederick May, MD., Alexander McWilliams, M.D., Henry Huntt, M.D., N.P. Causin, M.D., W. Jones, M.D., Richmond Johnson, M.D., Thomas Sewall, M.D., George W. May, M.D., Nicholas W. Worthington, M.D., Joshua Reily, M.D., James S. Gunnell, M.D., Harvey Lindsly, M.D., James C. Hall, M.D., Thomas Miller, M.D., Joseph Borrows, M.D., Alexander McD. Davis, M.D., Benjamin King, M.D., Noble Young, M.D., H.F. Condict, M.D., W.B. Magruder, M.D., Peregrine Warfield, M.D., J.B. Blake, M.D., and such other persons as they may from time to time elect, and their successors, are hereby declared to be a community, corporation, and body politic, forever, or until Congress shall by law direct this charter to cease and determine, by and under the name and title of the Medical Society of the District of Columbia; and by and under the same name and title they shall be able and capable in law to purchase, take, have and enjoy, to them and their successors, in fee or for lease, estate or estates, any land, tenements, rents, annuities, chattels, bank stock, registered debts, or other public securities within the District, by the gift, bargain, sale, demise, or of any person or persons, bodies politic or corporate, capable to make the same, the same, at their pleasure, to alien, sell, transfer, or lease and apply, to such purposes as they may adjudge most conducive to the promoting and disseminating medical and surgical knowledge, and for no other purpose whatever: Provided nevertheless, That the said Society or body politic shall not, at any one time, hold or possess property, real, personal, or mixed, exceeding in total value the sum of six thousand dollars per annum.

Sec. 2. And be it further enacted, That the members of the said Society above designated shall hold, in the City of Washington, two stated meetings in every year, viz: on the first Monday in January and July; the officers of the Society to consist of a President, two Vice Presidents, one Corresponding Secretary, one Recording Secretary, one Treasurer and one Librarian, who shall be appointed on the first Monday in July, one thousand eight hundred and thirty-eight, and on the annual meeting in January forever, thereafter, and who shall hold their offices of one year, and until others are chosen in their stead (not less than seven members being present at such meeting); and the Society may make a common seal, and may elect into their body such medical and chirurgical practitioners, within the District of Columbia, as they may deem qualified to become members of the Society, it being understood that the officers of the Society now elected are to remain in office until the next election after the passage of this act.

Sec. 3. And be it further enacted, That it shall and may be lawful for the said Medical Society, or any number of them attending, (not less than seven), to elect by ballot five persons, residents of the District of Columbia, whose duty it shall be to grant licenses to such medical and chirurgical gentlemen as they may, upon a full examination, judge qualified to practice the medical and chirurgical arts, or as may produce a diploma

from some respectable medical college or society, each person so obtaining a certificate to pay a sum, not exceeding ten dollars, to be fixed on or ascertained by the Society

Sec. 4. *And be it further enacted*, That any three of the examiners shall constitute a board for examining such candidates as may apply and shall subscribe their names to each certificate by them granted, which certificate shall also be countersigned by the President of the Society, and have the seal of the Society affixed thereto by the Secretary, upon paying into the hands of the Treasurer the sum of money to be ascertained as above by the Society; and any one of the said examiners may grant a license to practice until a board in conformity to this act can be held; *Provided*, That nothing herein contained shall authorize the said corporation in anywise to regulate the practice of medical or chirurgical attendance on such persons as may need those services, nor to establish or fix a tariff of charges or fees for medical attendance or advice, or to interfere in any way with charges or fees for medical attendance or advice.

Sec. 5. *And be it further enacted*, That after the appointment of the aforesaid medical board no person, not heretofore a practitioner of medicine or surgery within the District of Columbia shall be allowed to practice within the said District, in either of said branches, without first having obtained a license, testified as by this law directed, or the production of a diploma from a respectable medical college or a board of examiners established by law: *Provided*, That the professors in such college, or the examiners in such board, be men regularly instructed in medicine and surgery, and the collateral branches of medical education, anatomy, chemistry, under the penalty of fifty dollars for each offense, to be recovered in the county court where he may reside, by bill of presentment and indictment, one-half for the use of the Society, and the other for that of the informer.

Sec. 6. *And be it further enacted*, That every person who upon application shall be elected a member of the Medical Society, shall pay a sum not exceeding ten dollars, to be ascertained by the Society

Sec. 7. *And be it further enacted*, That the Medical Society be, and they are hereby, empowered, from time to time, to make such by-laws, rules, and regulations as they may find requisite; which by-laws, rules, and regulations shall, in their application and operation, be exclusively confined to said Society, as a Society, or body corporate, and not to its members individually, when not acting in a corporate character; to break or alter their common seal; to fix the times and places for the meetings of the boards of examiners; filling up vacancies in the medical board; and to do and perform such other things as may be requisite for carrying this act into execution, and which may not be repugnant to the Constitution and laws of the United States; *Proved always*, That it shall and may be lawful for any person, resident as aforesaid, and not prohibited as aforesaid, when specially sent for, to come into any part of this District and administer or prescribe medicine, or perform any operation for the relief of such to whose assistance he may be sent for: *And provided also*, That nothing in this act contained shall be so construed as to prevent any person, living within or without said District, from administering medicine, or performing any surgical operation, with the consent of the person or the attendants of the person to whom such medicine is administered, or upon whom such surgical operation is performed, without fee or reward; not to prevent the giving advice or assistance in any way to the sick or afflicted, upon charity and kindness; not to prevent the receipt of reward for the same, if voluntarily tendered or made; not to extend to

midwifery by females; and any person so administering medicine or performing any surgical operation, not authorized to practice physic and surgery agreeable to the provisions of this act, shall be prohibited from collecting any fee or reward for the same by any process of law: *And be it further provided*, That no person shall be admitted to an examination until he shall produce satisfactory evidence that he has studied physic and surgery three years, including one full course of medical lectures, as usually taught at medical schools, or four years without such a course of lectures.

Sec. 8. *And be it further enacted*, That Congress may at any time alter, amend, or annul this act of incorporation of said Society at pleasure.

APPENDIX B

January 12, 1870

AN APPEAL

The Medical Society of the District of Columbia, which has existed in the community for more than half a century, having been lately assailed, and a resolution, founded upon statements evidently derived from sources at once malicious and false, having been introduced into the Senate of the United States to repeal its charter in the following terms:

“Resolved, That the Committee on the District of Columbia be directed to consider the expediency of repealing the charter of the Medical Society of the District of Columbia, and of such other legislation as may be necessary in order to secure for medical practitioners in the District of Columbia equal rights and opportunities without distinction of color,” this Society deems it respectful and due to its own dignity to give a public explanation of its actions in order that it may be exonerated in the opinion of all just men from the charges which have been brought against it by designing and interested enemies.

It had been charged that this Society has, with prejudice and a tyrannical exercise of the powers conferred on it by its charter, refused to certain individuals chartered rights which they could equitably demand.

The falsity of this charge will be apparent upon an examination of the provisions of the charter.

1. The charter requires that the Society shall elect a Board of Examiners “whose duty it shall be to grant licenses to such medical and chirurgical gentlemen as they may, upon a full examination, judge qualified to practice the medical and chirurgical arts, or as may produce a diploma from some respectable medical college or society.”
2. It imposes a penalty upon any one venturing to practice without such a license.
3. It forbids the society in anyway to regulate the practice of medical or chirurgical attendance on such persons as may need those services, or to establish or fix a tariff of charges for medical attendance or advice, or to interfere in any way with the charges or fees for medical attendance or advice.
4. The privilege is given by the same instrument to the Society that its members “*may* elect into their body such medical and chirurgical practitioners within the District of Columbia *as they may deem qualified to become members of the Society.*”

With respect to the first of these – that is, license, after examination – nearly every respectable practitioner of medicine who has settled in this District desirous of fulfilling the requirements of the law has applied for and received the license from the Board of Examiners, and in no case has this license been refused to a person passing the required examination. Even the colored physicians who now complain have received their license immediately after examination and payment of the fee invariably paid by all

applicants for license. The board has granted the license in every instance, without any distinction or restriction, when the proper qualifications have been ascertained to exist.

2. The Society has on very rare occasions deemed it expedient to have the legal penalty inflicted upon persons without the aforesaid license, and then only for the protection of the public against notorious and swindling quacks.

3. The Society has never, in a single instance, by forbidding consultations or restricting them in any way, infringed that provision of the charter forbidding interference with "the regulation of the practice of medical attendance." But, debarred from the exercise of these powers in the Society, the medical practitioners of this District many years ago organized a voluntary society, known as the Medical Association of the District of Columbia, and in that association have made regulations with respect to medical ethics, including the regulations of consultations, fees, etc. The regulations of this voluntary association have been confounded with the acts of the Society, and the latter body is thus made to bear the credit or the odium of regulations not properly chargeable to it. The existence of this second body, the Medical Association, is not fully known by the public or some of the profession as it should be, and in the charges made against the Society in Congress there was a marked evidence of this confusion.

4. By reference to the fourth provision of the charter, as stated above, it will be seen that membership is not a right, compulsory on the Society to grant when applied for, and that the Society has, in fact, in the exercise of its legitimate right, on more than one occasion, rejected candidates for membership; and it has thus refused those individuals, not as a right which they could demand, but a benefit which it was optional with the Society to bestow.

Every man, be he Chinaman, Choctaw, or African, whether he may think proper to practice hydropathy, sorcery, homoeopathy, clairvoyance, or any form of quackery, has a right under the law to demand of the Board of Examiners a license or certificate on presenting a diploma from a respectable medical college or passing the required examination.

It would, therefore, be absurd to insist that every licentiate should necessarily be entitled to the privileges of membership which, briefly stated, consist of social reunion for medical discussion and the election of officers generally.

The Medical Society for a series of years has held weekly meetings for the discussion of medical subjects, and these meetings have been of the nature of social reunions, and, of course, each member has exercised his right in the selection of his associates. To question his right to vote in the election of members as he may deem proper would be an unwarrantable infringement of his franchise.

Shall the existence of the Society be threatened because a majority of its members have held and acted upon the belief that the admission of certain persons as members would render the attendance upon these meetings so distasteful as to insure their cessation, and thus, far from benefiting the complainants, destroy the usefulness of the Society?

In fine, the license from the Board of Examiners conveys all the rights which this Society can confer.

The privilege of membership is merely a privilege of association and social reunion, and it is for entrance into this social reunion that the friends of the colored physicians are clamorous, and not only threaten to destroy the Society unless admitted,

but have boldly demanded in public meeting that the charter be taken away from the Society; and among the prime movers in this attempt to effect the destruction of the Society are certain individuals who have settled amongst us of late, have received the courtesy of its members, yet, while retaining their membership, they are plotting its destruction.

It will thus be seen that the charter secures to all medical practitioners, without distinction, rights dependent only upon certain moral and intellectual qualifications, and that the society has never desired nor attempted to interfere with or deny those rights. It will also be seen that it leaves the question of membership as one of optional and social association.

This Society does, therefore, most solemnly, in the presence of the public, protest against a tyrannical attempt to punish it for the exercise of an undoubted and legitimate right, and in the absence of any express legislation to meet the emergency, the opposition to which might then be justly chargeable to the Society as a misdemeanor.

J. W. H. Lovejoy, M.D.

C. H. Lieberman, M.D.

J. M. Toner, M.D.

W.P. Johnston, M.D.

President Med. Society, D.C.

Wm. Lee, M.D.

Secretary Med. Society, D.C.

APPENDIX C

Proposed Delegates to the AMA's 1870 Session from the District of Columbia

Medical Society of the District of Columbia

R. K. Stone †
T. Miller †
J. C. Hall †
J. W. Johnston †
J. T. Young †
S. C. Busey †
J. M. Toner †
W. P. Johnston †
T. Antisell †
C. E. Hagner †
A. F. A. King †
W. V. B. Bogan †
W. H. Combs †
D. W. Prentiss †
W. E. Roberts †

Medical Association of the District of Columbia

C. H. Lieberman †
D. R. Hagner †
William Lee †
John C. Riley †
Grafton Tyler †
W. B. Butt †
Joseph Walsh †
N. S. Lincoln †
J. W. H. Lovejoy †
Thomas F. Maury †
Louis Ritchie †
W. H. G. Newman †
Armstead Peter †
H. B. Triste †
Aaron Miller †
George R. Miller †

Alumni Society, Georgetown College

W. Evans †
E. McNally
F. O. St. Clair
G. A. Fitch †
R. S. L. Walsh †

Charles Allen †

Columbia Hospital for Women and Lying-In Hospital, Washington D. C.

J. Harry Thompson †

Georgetown College, D. C.

Johnson Elliot †

Noble Young †

Department of Hygiene and Medical Sciences of the Academy of Literature, Science and Art

W.D. Stewart †

D.W. Bliss †

T.B. Hood †

J.T. Johnson †

Small Pox Hospital, D. C.

A. T. Augusta ‡

Washington Asylum

S.A.H. McKim †

Freedman's Hospital

Charles. B. Purvis ‡

B.G. Glennan ‡

Howard University Medical College, Washington, D. C.

S.L. Loomis †‡

R. Reyburn †‡

National Medical Society, Washington, D. C.

H.W. Sawtelle ‡

A.W. Tucker ‡

J.E. Mason ‡

Clinico-Pathological Society, Washington, D. C.

H.A. Robbins †

Otho M. Muncaster †

National Medical College, D.C.

A.Y.P. Garnett †

J.F. Thompson †

Providence Hospital, D.C.

G.M. Dove †

C.M. Ford †

Permanent Members

R. C. Groggon

G. P. Fenwich †

J. G. F. Holston †

Wm Marbury †

Robert Reyburn †

S. J. Todd †

† Member of both the Medical Society and Medical Association of D.C.

‡ Member of the National Medical Society of D.C.

Bold – Negro Physicians excluded from the Medical Society of D.C.

APPENDIX D

Booker T. Washington's Speech at the Cotton States and International Exposition September 18, 1895

Mr. President and Gentlemen of the Board of Directors and Citizens:

One-third of the population of the South is of the Negro race. No enterprise seeking the material, civil, or moral welfare of this section can disregard this element of our population and reach the highest success. I but convey to you, Mr. President and Directors, the sentiment of the masses of my race when I say that in no way have the value and manhood of the American Negro been more fittingly and generously recognized than by the managers of this magnificent Exposition at every stage of its progress. It is a recognition that will do more to cement the friendship of the two races than any occurrence since the dawn of our freedom.

Not only this, but th Ignorant and inexperienced, it is not strange that in the first years of our new life we began at the top instead of at the bottom; that a seat in Congress or the state legislature was more sought than real estate or industrial skill; that the political convention or stump speaking had more attractions than starting a dairy farm or truck garden.

A ship lost at sea for many days suddenly sighted a friendly vessel. From the mast of the unfortunate vessel was seen a signal, "Water, water; we die of thirst!" The answer from the friendly vessel at once came back, "Cast down your bucket where you are." A second time the signal, "Water, water; send us water!" ran up from the distressed vessel, and was answered, "Cast down your bucket where you are." And a third and fourth signal for water was answered, "Cast down your bucket where you are." The captain of the distressed vessel, at last heeding the injunction, cast down his bucket, and it came up full of fresh, sparkling water from the mouth of the Amazon River.

To those of my race who depend on bettering their condition in a foreign land or who underestimate the importance of cultivating friendly relations with the Southern white man, who is their next-door neighbor, I would say: "Cast down your bucket where you are" — cast it down in making friends in every manly way of the people of all races by whom we are surrounded.

Cast it down in agriculture, mechanics, in commerce, in domestic service, and in the professions. And in this connection it is well to bear in mind that whatever other sins the South may be called to bear, when it comes to business, pure and simple, it is in the South that the Negro is given a man's chance in the commercial world, and in nothing is this Exposition more eloquent than in emphasizing this chance. Our greatest danger is that in the great leap from slavery to freedom we may overlook the fact that the masses of us are to live by the productions of our hands, and fail to keep in mind that we shall prosper in proportion as we learn to dignify and glorify common labor, and put brains and

skill into the common occupations of life; shall prosper in proportion as we learn to draw the line between the superficial and the substantial, the ornamental gewgaws of life and the useful. No race can prosper till it learns that there is as much dignity in tilling a field as in writing a poem. It is at the bottom of life we must begin, and not at the top. Nor should we permit our grievances to overshadow our opportunities.

"Cast down your bucket where you are!"

To those of the white race who look to the incoming of those of foreign birth and strange tongue and habits for the prosperity of the South, were I permitted I would repeat what I say to my own race, "Cast down your bucket where you are." Cast it down among the eight millions of Negroes whose habits you know, whose fidelity and love you have tested in days when to have proved treacherous meant the ruin of your firesides. Cast down your bucket among these people who have, without strikes and labor wars, tilled your fields, cleared your forests, builded your railroads and cities, and brought forth treasures from the bowels of the earth, and helped make possible this magnificent representation of the progress of the South. Casting down your bucket among my people, helping and encouraging them as you are doing on these grounds, and to education of head, hand, and heart, you will find that they will buy your surplus land, make blossom the waste places in your fields, and run your factories. While doing this, you can be sure in the future, as in the past, that you and your families will be surrounded by the most patient, faithful, law-abiding, and unresentful people that the world has seen. As we have proved our loyalty to you in the past, in nursing your children, watching by the sick-bed of your mothers and fathers, and often following them with tear-dimmed eyes to their graves, so in the future, in our humble way, we shall stand by you with a devotion that no foreigner can approach, ready to lay down our lives, if need be, in defense of yours, interlacing our industrial, commercial, civil, and religious life with yours in a way that shall make the interests of both races one. In all things that are purely social, we can be as separate as the fingers, yet one as the hand in all things essential to mutual progress.

There is no defense or security for any of us except in the highest intelligence and development of all. If anywhere there are efforts tending to curtail the fullest growth of the Negro, let these efforts be turned into stimulating, encouraging, and making him the most useful and intelligent citizen. Effort or means so invested will pay a thousand percent interest. These efforts will be twice blessed — blessing him that gives and him that takes. There is no escape through law of man or God from the inevitable:

The laws of changeless justice bind oppressor with oppressed;

And close as sin and suffering joined, we march to fate abreast.

Nearly sixteen millions of hands will aid you in pulling the load upward, or they will pull against you the load downward. We shall constitute one-third and more of the ignorance and crime of the South, or one-third its intelligence and progress; we shall contribute one-third to the business and industrial prosperity of the South, or we shall prove a veritable body of death, stagnating, depressing, retarding every effort to advance the body politic.

Gentlemen of the Exposition, as we present to you our humble effort at an exhibition of our progress, you must not expect overmuch. Starting thirty years ago with ownership here and there in a few quilts and pumpkins and chickens (gathered from miscellaneous sources), remember the path that has led from these to the inventions and production of agricultural implements, buggies, steam-engines, newspapers, books, statuary, carving, paintings, the management of drug stores and banks, has not been trodden without contact with thorns and thistles.

While we take pride in what we exhibit as a result of our independent efforts, we do not for a moment forget that our part in this exhibition would fall far short of your expectations but for the constant help that has come to our educational life, not only from the southern states, but especially from northern philanthropists, who have made their gifts a constant stream of blessing and encouragement.

The wisest among my race understand that the agitation of questions of social equality is the extremist folly, and that progress in the enjoyment of all the privileges that will come to us must be the result of severe and constant struggle rather than of artificial forcing. No race that has anything to contribute to the markets of the world is long in any degree ostracized. It is important and right that all privileges of the law be ours, but it is vastly more important that we be prepared for the exercise of these privileges. The opportunity to earn a dollar in a factory just now is worth infinitely more than the opportunity to spend a dollar in an opera-house.

In conclusion, may I repeat that nothing in thirty years has given us more hope and encouragement, and drawn us so near to you of the white race, as this opportunity offered by the Exposition; and here bending, as it were, over the altar that represents the results of the struggles of your race and mine, both starting practically empty-handed three decades ago, I pledge that in your effort to work out the great and intricate problem which God has laid at the doors of the South, you shall have at all times the patient, sympathetic help of my race; only let this be constantly in mind, that, while from representations in these buildings of the product of field, of forest, of mine, of factory, letters, and art, much good will come, yet far above and beyond material benefits will be that higher good, that, let us pray God, will come, in a blotting out of sectional differences and racial animosities and suspicions, in a determination to administer absolute justice, in a willing obedience among all classes to the mandates of law.

This, coupled with our material prosperity, will bring into our beloved South a new heaven and a new earth.

*Source: teachingamericanhistory.org at <http://teachingamericanhistory.org/library/index.asp?document=69>

APPENDIX E

RESTRICTIONS ON MEMBERSHIP IN THE AMERICAN MEDICAL ASSOCIATION

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WHEREAS, in 1950, the House of Delegates of the American Medical Association passed the following resolution:

WHEREAS, this House of Delegates recognizes that certain constituent and component societies of the American Medical Association have had or now have restrictive provisions as to qualification of membership based on race and that this question is of deep concern to many interested parties; and WHEREAS, it is desirable that the attitude of not only the entire membership of the American Medical Association but of the whole medical profession be accurately reflected on this issue; and

WHEREAS, it is the policy of the American Medical Association to broaden the scope of educational facilities and raise the ethical levels of practice of all physicians in order to improve the quality of medical care for the American people; therefore be it

RESOLVED, that these facts be brought to the attention of all component and constituent societies, appreciating that membership is a component and constituent society responsibility; and be it further

RESOLVED, that constituent and component societies have restrictive membership provisions based on race study this question in the light of prevailing conditions with a view to taking such steps as they may elect to eliminate such restrictive provisions, and

WHEREAS, distinctly encouraging progress has been noted in favorable policy toward admission of Negro physicians to membership in county medical societies in Maryland, Missouri, Florida, District of Columbia, Oklahoma, Virginia, and Delaware; and

WHEREAS, study and partial adoption of this policy are now underway in North Carolina, South Carolina, Tennessee, Texas, Kentucky, and Arkansas; therefore be it hereby

RESOLVED, that this House of Delegates of the American Medical Association in June, 1952, reiterates its above quoted resolution of 1950 and requests the Secretary of the American Medical Association to send a copy of this resolution to each constituent association and society to the end that all men and women professionally qualified shall

be eligible for membership in the American Medical Association and its component and constituent associations and societies without regard to race, color, or creed.