Title

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Publication Date

2018

Peer reviewed|Thesis/dissertation

"Two Strikes -- a Lady and Colored:" Gender, Race, and the Making of the Modern Medical Profession, 1864-1941

by

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DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

History of Health Sciences

in the

[redacted]

To Carol, Fred, and Derek, who give me everything;
to
Rafael and Tyler, to whom I try to give the same;
and to
Marie, you are a part of this.

"Two Strikes -- a Lady and Colored:" Gender, Race, and the Making of the Modern Medical Profession, 1864-1941

Margaret Vigil-Fowler

Through an exploration of African American women physicians' role in medicine, an alternative interpretation of medicine's professionalization "grand narrative" emerges. The height of medicine's period as "autonomous" coincides with creating a more exclusionary profession that nearly eliminated black women's already limited opportunities to become licensed physicians and practice at all. Making American medicine the "modern" field that professionalized in the late-nineteenth and early-twentieth centuries meant excluding African American women and linking medicine's growing prestige and cultural authority to white masculinity. The profession barred black women from many of the most elite schools, internships, jobs, and organizations. Because medicine became so thoroughly associated with whiteness and masculinity, the profession and even most historians of medicine overlooked the fact that roughly 130 black women became physicians between the Civil War and the start of World War II. By placing African American women physicians as central agents in the narrative of medicine's professionalization, "centering in the margins," this dissertation reveals the extent to which medicine and white masculinity became bound together. Yet, even as the profession excluded black women, they continued to find significant ways to contribute to improving health in their communities and the alternative clinical spaces of their own making, especially through public health, and strove to ameliorate the "health disparities" they recognized in African Americans from the nineteenth century into the mid-twentieth.

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Chapter I

Introduction

In 1902, Dr. Justina Ford submitted an application to become licensed as a physician in Colorado. A clerk responded to her application, "I feel dishonest taking a fee from you. You've got two strikes against you to begin with. First of all, you're a lady, and second, you're colored."[1] [1] The clerk obviously assumed that both Ford's gender ("a lady") and racial ("colored") categories would prove financial liabilities in her profession in the early twentieth-century United States. How, then, did medicine, a set of cultural practices centered around caring for the ill, practices that were largely the purview of women, and perhaps especially women of color in many parts of the United States, become a professionalized field exclusively associated with whiteness and masculinity? This dissertation seeks to provide part of an answer to that larger question. Examining African-American women physicians requires explicitly grappling with medicine's relationship to whiteness and masculinity. The history of women physicians of color remains largely unknown. Historians of women and gender rediscovered and analyzed the history of early white women physicians that is now well known in the history of medicine. Yet, glaringly absent from often excellent analyses of these early women is a discussion of race and the fact that virtually all of the early women physicians on both sides of the Atlantic were white and often held ties to movements and organizations with explicit racial agendas, such as eugenics.

To the degree that women of color appear at all in narratives about early women physicians, they represent peripheral figures, mentioned on the margins of white women's

[1] Clipping, Justina Ford Papers, Blair-Caldwell African American Research Library, Denver Public Library, Denver, Colorado.

activities and agency.[2] How do these narratives change when women of color become agents in their own right, central rather than peripheral? As Chandra Ford and Collins O. Airhihenbuwa write in their call for the inclusion of critical race theory (CRT) in public health, scholars must find "new paradigms" that adequately address the role structural racism plays in health outcomes, health inequities, and health research today.[3] I argue this concept should extend to historical research about health and medicine in the past, as well, and my dissertation will examine which women became physicians and to whom they provided medical care.[4] Ford and Airhihenbuwa also call for "centering in the margins," which means changing a topic's central perspective from the dominant racial or cultural group usually studied to that of the "socially marginalized."[5] They claim the significance of this approach is to both increase the relevance of scholarly findings for marginalized communities and to "provide disciplines with fresh perspectives on old problems."[6] My dissertation will "center in the margins" for these very reasons, following the traditions of other historians, especially early modernists, whose work

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[2] For example, Elizabeth Blackwell briefly mentions Rebecca Cole, the first African-American woman physician, who Blackwell hired as a sanitary visitor at the New York Infirmary, in her *Pioneer Work in Opening the Medical Profession*.

[3] Chandra L. Ford and Collins O. Airhihenbuwa, "Critical Race Theory, Race Equity, and Public Health: Toward Antiracism Praxis," *American Journal of Public Health* 100 Supplement 1 (April 2010): S30-S35.

[4] I follow Londa Schiebinger's model provided in *Science Has No Sex? Women in the Origins of Modern Science* (Cambridge: Harvard University Press, 1989) and, especially, *Nature's Body: Gender in the Making of Modern Science* (Boston: Beacon Press, 1993) in asking who does science (in this case, medicine) and why it matters.

[5] Ford and Airhihenbuwa, "Critical Race Theory, Race Equity, and Public Health," S30-S35.

[6] Ibid., S31.

addresses those both on the margins of society and in the archives.[7] Topics related to women of color in the history of medicine remain significantly unexamined, and though the discipline developed a standard narrative about women in the medical profession, including women of color as central agents in this narrative provides a novel perspective on an otherwise historiographically well-trodden problem.

Because the history of various racial and ethnic minorities in the United States differs quite widely, narrowing this topic from women physicians of color to examine the history of African American women physicians is necessary. African Americans represent the largest racial minority in the United States and, in the nineteenth and early twentieth century, were the largest racial group after white Americans to become physicians. African American physicians also occupy a unique position in the medical profession because of the long history of medical experimentation conducted on African Americans and medicine's role in the creation and bolstering of scientific racism.[8] African American physicians participated in a profession that implicitly, and at times, explicitly, sought to create and reinforce race as a category of difference. I use "African American" or "black" to refer to the specific racial identity these women identified as or had imposed upon them by their racialized social context, while race generally

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[7] Natalie Zemon Davis, Women on the Margins: Three Seventeenth-Century Lives (Cambridge: Harvard University Press, 1997) The Return of Martin Guerre (Cambridge: Harvard University Press, 1983); Carlo Ginzburg, The Cheese and the Worms: The Cosmos of a Sixteenth-Century Miller (Baltimore: Johns Hopkins University Press, 1992); Martha Few, Women Who Live Evil Lives: Gender, Religion, and the Politics of Power in Colonial Guatemala (Austin: University of Texas Press, 2002).

[8] Dorothy Roberts, *Fatal Invention: How Science, Politics, and Big Business Re-Create Race in the Twenty-First Century* (New York: The New Press, 2012); Todd L. Savitt "The Use of Blacks for Medical Experimentation and Demonstration in the Old South," *The Journal of Southern History* 48:3 (1982): 331-342; Robert Wald Sussman, *The Myth of Race: The Troubling Persistence of an Unscientific Idea* (Cambridge: Harvard University Press, 2014); Harriet Washington, *Medical Apartheid* (New York: Doubleday, 2007).

refers to human categorization.[9] I employ the terms African American and black interchangeably throughout the dissertation merely for variation in diction. In all instances, I use African American, black, and race as socially-constructed categories imbued with material realities and consequences.[10] Within the medical profession, African Americans faced consistent marginalization, which both forced and fostered the creation of separate medical schools, institutions, and societies, just as it did for women physicians. Thus, African American women physicians occupied a place of dual marginalization as both a racial and gender minority. Yet, the history of this group is not a simple narrative of the continued oppression of African American women that begins with the importation of the first slaves to Jamestown, Virginia in 1609; rather, these women acted with a large degree of agency to become physicians and practice medicine in an era when it was difficult for both black men and white women to do so. From the 1860s to 1940s, African American women's roles were highly circumscribed; in this era, the very acts of becoming physicians and practicing medicine represented political acts, whether or not these women explicitly viewed themselves as political.[11]

Today, both women and racial minorities remain underrepresented in many STEM fields. People interested in accounting for their continued underrepresentation sometimes look to the past for reasons why this trend persists or for role models to emulate. Heroic stories of women

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[9] Of course, black and African American are only synonymous terms in the context of the United States. Black also refers to the global diaspora of people of African descent, and in the British context can also include people of non-European descent, such as people of South Asian ancestry, for example. R. Bhopal, "Glossary of Terms Relating to Ethnicity and Race: For Reflection and Debate," *Journal of Epidemiology and Community Health* 58 (2004):441-445.

[10] Richard Delgado and Jean Stefancic, *Critical Race Theory: An Introduction,* Second Edition (New York: New York University Press), 21.

[11] Ira Berlin discusses African Americans' "social imperative to 'stay in your place'" in *The Making of African America: The Four Great Migrations* (New York: Viking, 2010), 19.

overcoming seemingly insurmountable obstacles may inspire, but they also simplify and obfuscate much of the context of these "heroines'" lives. Critically interrogating these women's advantages, as well as their disadvantages, will provide a better understanding of which women have historically succeeded in STEM careers and why. This dissertation will holistically examine the interplay of race, class, and gender as significant factors in women's ability to become physicians and practice medicine. This intersectional approach will provide a novel understanding of the history of women and African-Americans in medicine.

A focus on intersectionality also advances understanding of the relationship between professionalization, race, and gender.[12] Sociological and historical work on professionalization notes that the process of professionalization frequently involves deliberately excluding certain groups from the profession and casting their practice as somehow illegitimate in order to legitimize the group driving professionalization.[13] While the literature on white women's exclusion from medicine as part of the professionalization process has proliferated since the 1970s, surprisingly little historical scholarship exists on the history of African American physicians, despite ongoing discussions of the importance of racial concordance between physicians and patients and several websites dedicated to identifying black physicians for black patients to see.[14] African Americans have largely been left out of the history of medicine's

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[12] Patricia Hill Collins and Sirma Bilge, *Intersectionality* (Cambridge, UK: Polity Press, 2016), *passim*.

[13] Historians of medicine often use the example of the demonization of midwives in the nineteenth and early twentieth centuries, as well as allopathic medicine's opposition to alternative sects like Thomsonians, hydropaths, homeopaths, and osteopaths during the same period.

[14] Damon Tweedy, "The Case for Black Doctors," *The New York Times*, May 15, 2015, accessed July 28, 2016, http://www.nytimes.com/2015/05/17/opinion/sunday/the-case-for-black-doctors.html. blackdoctor.org and theblackmarket.com both function as sites for finding black physicians for patients who desire racial concordance for their medical care. The National Medical Association (NMA) website offers a similar directory.

narrative of professionalization. Of course, questions related to African American work and labor cannot be completely divorced from the history of coerced labor as slaves as well as African American women's much higher rates of paid employment than white women's, especially in domestic service. While white women's medical careers are usually considered a privilege bestowed upon women who would otherwise not have worked, even middle-class black women generally held a different relationship to paid employment, due to much higher employment rates much earlier.[15]

Thus, this dissertation explores African American physicians' place in the narrative of medicine's professionalization and contributes to a new understanding of this "grand narrative" in the history of medicine. Through an examination of black women physicians' medical careers and practices, this dissertation points to the ways in which the prerogatives of whiteness and masculinity created a more exclusive and exclusionary profession during the height of its period as "autonomous."[16] Paul Starr, a medical sociologist and creator of one of the most significant grand narratives of the history of professionalization of medicine, posits that the profession experienced autonomy from roughly 1920 to 1970. Practices that allowed it to attain autonomous status began in the late-nineteenth century, including.

Because of professionalized medicine's strong association with masculinity and whiteness, African American women physicians' roles have been largely overlooked both by the medical profession itself and historians of medicine. "Centering in the margins" reveals medicine's exclusivity and its consolidation of prestige around whiteness and masculinity with

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[15] Evelyn Nakano Glenn, "Cleaning Up/Kept Down: A Historical Perspective on Racial Inequality in 'Women's Work'" *Stanford Law Review* 43:6 (July 1991): 1333-1356.

[16] Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1984), 27.

the most prestigious medical schools, internships, and specialties barring entrance to African American women. Even practices that appear benign or beneficial to both practitioners and patients, such as implementing requirements like increasing the number of years of medical school or clinical experience, ultimately limited the profession mainly to those most likely able to meet those requirements, white men. This alternative narrative highlights the medical profession's role in marginalizing women of color who wanted to enter it, but it also uncovers the significant, often seemingly improbable, lives and careers of these same women, about most of whom historians have thus far written very little. African American women physicians' marginalization within their profession and most historians' ignorance of their contributions represent interrelated phenomena. Medicine's association with whiteness and masculinity often becomes reified by the historians who study it. While substantial significant historiography now exists on topics related to women, gender, people of color, and race, these subjects can continue to be treated as tangential or of special interest to women and people of color, whereas the "grand narrative" of the development of institutions and scientific discoveries remain the "real history." Including African American women within the "grand narrative" reveaks medicine's exclusivity and its raced and gendered construction.

Existing Scholarship

While little scholarship exists about black women physicians, much has been written about the first white women physicians, beginning with many of these women themselves. Often in painstaking detail, they recorded their experiences in autobiographies intended for use by

following generations. With titles like Elizabeth Blackwell's *Pioneer Work in Opening the Medical Profession* and Sophia Jex-Blake's autobiography chapter called "The Battle in Edinburgh," they clearly sought to establish themselves as singular trail-blazers and warriors for posterity.[17] Scholarship that followed in the twentieth century largely fit into this same mold. Beginning with Enid Moberly Bell's *Storming the Citadel*, first published in 1953, the few historians who wrote about women physicians in the mid-twentieth century wrote about major figures, such as Elizabeth Blackwell, Elizabeth Garrett Anderson, and Sophia Jex-Blake, as embattled leaders and righteous champions of their cause in a fairly uncritical manner.[18] Celebratory biography became the standard approach to this topic.

With the emergence of second-wave feminism and women's history, scholarship in the 1970s showed renewed interest in the topic and continued to emphasize the heroic, largely uncritical interpretation of women physicians, as both historians and activists sought role models and female equivalents of "great men" as their historical subjects, while highlighting the varied roles women held in medicine. The Women's Health Movement of the 1970s emphasized women's longstanding historical role as healers and the process of their deliberate exclusion as medicine professionalized.[19] As increasingly large numbers of women physicians trained and

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[17] Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession: Autobiographical Sketches* (London: Longmans, Green, and Company, 1895); Sophia Jex-Blake, "The Battle in Edinburgh" in Medical Women: A Thesis and a History (Edinburgh: Oliphant, Anderson, & Ferrier, 1886).

[18] [8] Enid Moberly Bell, *Storming the Citadel: The Rise of the Woman Doctor* (London: Constable and Company, 1953). Also see Peggy Chambers, *A Doctor Alone: A Biography of Elizabeth Blackwell, the First Woman Doctor, 1821-1910* (London: The Bodley Head, 1956); Mary St. J Fancourt, *They Dared to be Doctors: Elizabeth Blackwell and Elizabeth Garrett Anderson* (London: Longmans, Green, and Co, 1965); Edythe Lutzker, *Women Gain a Place in Medicine* (New York: McGraw-Hill, 1969); Jo Manton, *Elizabeth Garrett Anderson* (New York: Dutton, 1965); Dorothy Clark Wilson, *Lone Woman: The Story of Elizabeth Blackwell, the First Woman Doctor* (Boston: Little, Brown, 1970).

[19] Barbara Ehrenreich and Deirdre English, *Witches, Midwives, and Nurses: A History of Women Healers* (New York: The Feminist Press, 1973).

began practicing in the United States and Europe from the late 1970s to early 1990s, historians looked to nineteenth-century women physicians to inform debates about contemporary issues, such as the challenges posed by competing priorities of career and family and sexual harassment in the workplace.[20] This resurgence in interest in the history of women physicians coincided with the high watermark of women's history in the 1970s and 1980s, as well as the advent of gender history in the mid-1980s, and a rich historiography developed out of these dual trends.[21] Much of this scholarship concerns itself with whether women's entrance into the medical profession as regular physicians represents a narrative of triumph or a cautionary one of decline.[22] While far more nuanced than the celebratory biographies of their mid-century predecessors, these monographs still often portray women physicians as heroines overcoming

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[20] Catriona Blake's *The Charge of the Parasols: Women's Entry to the Medical Profession* (London: The Women's Press, 1990) is representative of this historiographical trend. While Blake presents a complex account of the first women physicians in Britain, she explicitly references late-twentieth century concepts, such as sexual harassment, and applies them wholesale to nineteenth-century events, such as male medical students in Edinburgh throwing food at Sophia Jex-Blake.

[21] Ruth J., Abram, ed., *Send Us a Lady Physician: Women Doctors in America, 1835-1920* (New York: W. W. Norton & Company, 1986); Catriona Blake, *The Charge of the Parasols: Women's Entry to the Medical Profession* (London: The Women's Press, 1990); Thomas Neville Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine* (Cambridge: Harvard University Press, 1992); Virginia Drachman, *Hospital with a Heart: Women Doctors and the Paradox of Separatism at the New England Hospital, 1862-1969* (Ithaca: Cornell University Press, 1984); Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians and American Medicine* (Oxford: Oxford University Press, 1985); Ellen S, More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995* (Cambridge: Harvard University Press, 1999); Mary Roth Walsh, *Doctors Wanted: No Women Need Apply: Sexual Barriers in the Medical Profession, 1835-1975* (New Haven: Yale University Press, 1977).

[22] Morantz-Sanchez and Walsh are particularly interested in this question and emphasize the drastic decline in numbers of American women physicians after roughly 1910.

insurmountable odds to reclaim a profession they were naturally better suited for than their male colleagues.[23]

In the early 2000s, scholarly biography became the genre of choice for historians of this topic.[24] These are largely excellent, highly nuanced analyses that, to varying degrees, leave behind the celebratory tradition of early women's history in favor of more complex portraits of some lesser-known "pioneers."[25] While providing important insight into individual lives, this approach necessarily neglects some of the larger context of social and professional networks necessary to understand early women physicians as a diverse but somewhat coherent group operating within the wider intellectual and social milieu of their time. Carla Bittel's biography of Mary Putnam Jacobi touches on the role of race in medicine, particularly Jewishness, since Putnam Jacobi married prominent German-Jewish exile, Dr. Abraham Jacobi. Yet, even these newer biographies of Blackwell, Jex-Blake, Putnam Jacobi, and Zakrewska focus on a particular white woman's life without thoroughly interrogating whiteness and what it meant to be a white woman physician in the nineteenth century or what privileges white racial status conferred.

Recently, historians began concentrating on expanding the history of women physicians beyond the nineteenth century and into the Progressive Era, often with a particular emphasis on

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[23] A major exception to this is Thomas Neville Bonner, *To the Ends of the Earth*. Bonner avoids essentializing women physicians' qualities as innate characteristics that made them superior medical practitioners.

[24] Carla Bittel, *Mary Putnam Jacobi and the Politics of Medicine in Nineteenth-Century America* (Chapel Hill: University of North Carolina Press, 2009; Julia Boyd, *The Excellent Doctor Blackwell: The Life of the First Female Physician* (Charleston: The History Press, 2006); Shirley Roberts, *Sophia Jex-Blake: A Woman Pioneer in Nineteenth Century Medical Reform* (London: Routledge, 2005); Arleen Marcia Tuchman, *Science Has No Sex: The Life of Marie Zakrewska, M.D.* (Chapel Hill: University of North Carolina Press, 2006).

[25] Included in this category are two excellent recent monographs, Carla Bittel's *Mary Putnam Jacobi and the Politics of Medicine in Nineteenth-Century America* and Arleen Tuchman's *Science Has No Sex? The Life of Marie Zakrewska*.

women physicians' relationship to Progressive and Interwar-Era reproductive rights and education. With an established understanding of many of the "pioneers" of the nineteenth century, many of the historians working now focus on understanding how women physicians' involvement in pressing medical and social issues of their day evolved in later generations. Sarah Pripas-Kapit focuses on the international student body at the Women's Medical College of Pennsylvania.[26] Virginia Metaxas examines the history of the American Women's Hospitals in Greece during World War I.[27] Jacqueline Antonovich studies women physicians' roles in abortion politics in Progressive-era Denver.[28] Lauren MacIvor Thompson traces the origins of the interconnected relationship between law and medicine in birth control laws and women physicians' roles in early reproductive rights activism.[29] Laura Ansley studies the history of women physicians' participation in sex education from the 1890s to 1930s.[30] Caroline Rusterholz examines the differing stances and expertise on contraception of British and French women physicians in the interwar period.[31] Much of this newest generation of scholarship

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[26] Sarah Pripas-Kapit, "Educating Women Physicians of the World: International Students of the Medical College of Pennsylvania, 1880-1915" (PhD diss., University of California Los Angeles, 2016).

[27] Virginia Metaxas, "Working with the Sources: The American Women's Hospitals in the Near East," Drexel University College of Medicine Legacy Center Archives and Special Collections Blog, http://archives.drexelmed.edu/blog/?page_id=923.

[28] Jacqueline D. Antonovich, "Female Physician or Doctress?: Women Healers and Abortion in Progressive-Era Denver" (paper presented at the annual meeting of the American Association for the History of Medicine, Minneapolis, Minnesota, April 28 - May 1, 2016).

[29] Lauren MacIvor Thompson, "An Uncomfortable Episode": The New York Academy of Medicine, Mary Ware Dennett, and Birth Control Laws, 1920-1921 (paper presented at the annual meeting of the American Association for the History of Medicine, Minneapolis, Minnesota, April 28 - May 1, 2016).

[30] Laura Ansley, "'Confidences:' Women Physicians and Sex Education in the American Progressive Era" (paper presented at the annual meeting of the American Association for the History of Medicine, Minneapolis, Minnesota, April 28 - May 1, 2016).

[31] Caroline Rusterholz, "Agents of Change? English and French Women Doctors in International Debates (1920-1935)" (paper presented at the annual meeting of the American Association for the History of Medicine, Minneapolis, Minnesota, April 28 - May 1, 2016).

thoughtfully considers the transnational dimension of the history of women physicians.[32] With the exception of Pripas-Kapit's work, however, even scholars currently working on the history of women physicians continue to largely ignore the issue of race in medicine and that women of color became physicians at all in the nineteenth and early twentieth centuries.

Morantz-Sanchez's *Sympathy and Science*, first published in 1985, remains the most influential work on the history of women physicians in the United States thirty years later.[33] Broad in scope and ambitious in its coverage, this work continues to resonate historiographically. This work includes so many women physicians, however, that Morantz-Sanchez often treats all women in the profession as a monolith; at times, the opinions of one become a synecdoche for the group. Furthermore, readers new to the topic could easily be left with the impression that only American women became physicians during the period 1849-1930. Morantz-Sanchez points to women physicians' relationship to the state: "From 1880 to 1930, women physicians were highly visible in this nation's reform movements. They were particularly adept at developing programs for women and children that became an integral part of the welfare state."[34] Yet, she largely neglects analysis of these programs and how and in what capacity they "became an integral part of the welfare state." In fact, in the historiographical essay included in the 2005 edition, Morantz-Sanchez recognizes the remaining dearth of scholarship on women physicians and the state: "Also welcome would be a more thorough examination of women doctors' role in

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[32] Pripas-Kapit, Metaxas, and Rusterholz each include a significant transnational dimension in their respective work.

[33] Morantz-Sanchez, *Sympathy and Science, passim*.

[34] Ibid., 6.

the political debates surrounding the welfare state in general and health care in particular."[35] Additionally, she highlights the fact that in 2005, no monograph-length work exists on the history of women physicians of color.[36] Thirteen years later, this historiographical dearth continues. The persistent lack of scholarship on women physicians of color and women physicians' role in shaping the early welfare state represent related phenomena. African American women physicians overwhelmingly practiced in institutions that would become part of the weak, largely "maternalist" welfare state or represented an attempt to provide a form of "welfare" where the state did not, perhaps even more than their white counterparts, due to even more difficulty in securing opportunities for private practice and the way in which many of them conceptualized practicing medicine as a form of "mission."[37] Secondarily, in the United States, the term "welfare state" itself often connotes race, with a popular perception that the majority of welfare recipients are people of color, or perhaps especially, black, despite the fact that the vast majority of recipients of government aid are white.[38] Black women physicians and the institutions they built and worked in thus far largely remain overlooked by historians of women in medicine.

Just as historiography on women physicians essentially ignores the fact that any black women practiced medicine, historiography on African Americans and medicine largely does the same. Much of the historiography on African Americans and medicine chronicles a narrative of

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[35] Ibid., xvi.

[36] Ibid., xviii.

[37] See Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Democracy in the United States* (Cambridge: Harvard University Press, 1992).

[38] Arthur Delaney and Alissa Scheller, "Who Gets Food Stamps? White People, Mostly," *The Huffington Post*, February 28, 2015, http://www.huffingtonpost.com/2015/02/28/food-stamp-demographics_n_6771938.html.

repeated victimization of African Americans at the hands of scientific medicine as practiced by white, scientific authority. Popular history, in particular, emphasizes this narrative of victimization.[39] While medical atrocities committed against African Americans remain incredibly important to address, both in scholarship and in the practice of medicine, these narratives of victimhood negate any sense of agency that African American patients may have exercised and wholly ignores that African Americans practiced medicine themselves. In rare instances, scholars err much too far in the opposite direction, overly downplaying the effects of racism on African Americans' receipt of healthcare.[40] Susan Reverby's *Examining Tuskegee* represents one of the few highly nuanced studies of the treatment of African Americans as patients, carefully analyzing motives and experiences of both patient-subjects and researchers in her work on the infamous Tuskegee Syphilis Study.[41]

The history of African-Americans as medical professionals also neglects black women physicians. Vanessa Northington Gamble astutely chronicles the little-known history of the black hospital movement, but because the physician leaders she studies were all men, black women physicians necessarily appear infrequently in her account.[42] This book remains the best monograph to demonstrate the extraordinary constraints on professional opportunities African

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[39] Rebecca Skloot, *The Immortal Life of Henrietta Lacks* (New York: Broadway Books, 2011) and Harriet Washington, *Medical Apartheid* (New York: Doubleday, 2007).

[40] Karen Kruse Thomas, *Deluxe Jim Crow: Civil Rights and American Health Policy, 1935-1954* (Athens: University of Georgia Press, 2011).

[41] Susan M. Reverby, *Examining Tuskegee: The Infamous Syphilis Study and its Legacy* (Chapel Hill: University of North Carolina Press, 2013).

[42] Vanessa Northington Gamble, *Making A Place for Ourselves: The Black Hospital Movement, 1920-1945* (Oxford: Oxford University Press, 1995). As an African American woman physician herself, Gamble acknowledges this irony. Her forthcoming biography of Dr. Virginia Alexander will undoubtedly provide significant new insight into the history of black women in medicine.

American physicians faced as well as the strategies they employed to overcome limited opportunities for postgraduate clinical internships and hospital admitting privileges and employment. In recent years, Gamble has turned her attention to the work of black women physicians with significant contributions on Melissa Thompson Coppin, Dorothy Boulding Ferebee, and especially, Virginia Alexander.[43] As is true for much of the history of medicine, women practitioners appear much more frequently as nurses and midwives, whether in histories of the antebellum South or Chicago in the mid-twentieth century.[44] Current scholarship on African American women physicians has largely been confined to articles and entries in encyclopedia-style books. Diane Kiesel's biography of Dorothy Boulding Ferebee and Gamble's forthcoming biography of Virginia Alexander both offer important correctives to the lack of in-depth biography of black women in medicine, but like Bittel and Tuchman's excellent biographies of white women physicians, the genre necessarily limits the larger context in which these many additional African American women lived and worked as physicians.[45] I have chosen the opposite approach. While the full context of any one person's life will be missing

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[43] Vanessa Northington Gamble, "'I am a Negro woman, graduate of the Woman's Medical College of Pa.: 1910,' The Life and Career of Dr. Melissa Evelyn Thompson Coppin, *A.M.E. Church Review* (2001); Vanessa Northington Gamble, "'Outstanding Service to Negro Public Health:' Dr. Dorothy Boulding Ferebee and Dr. Virginia M. Alexander and Black Women Physicians' Public Health Activism" *American Journal of Public Health* 106:8 (August 2016) 1397-404. Gamble has also presented on Virginia Alexander's life and career, and is writing a forthcoming biography.

[44] Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002); Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989); Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge: Harvard University Press, 2010); Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995).

[45] Diane Kiesel, *She Can Bring Us Home: Dr. Dorothy Boulding Ferebee, Civil Rights Pioneer* (Lincoln: Potomac Books, 2015); Vanessa Northington Gamble, forthcoming.

from my dissertation, I instead provide the fullest overview of African American women physicians in the period from the Civil War to the start of World War II to date.

Thus, a significant "historiographical gap" remains on the subject of black women physicians. Scholarship from gender and women's history largely ignored the fact that all of their historical subjects under study were white. Even the most recent work on the history of women physicians largely continues to only study white women without critically discussing this choice in scholarly focus. Histories of African Americans and medicine also largely overlook women physicians as a subject of historical inquiry. My research advances historians' understanding of what it has meant to simultaneously hold the identity of black, woman, and physician at various points throughout US history from the Civil War to World War II in a profession associated with whiteness and masculinity. Addressing this "gap" holds significance for African-American history, women's history, and the history of medicine.

Methods & Theory

Historians have not studied this topic in depth, perhaps partly because sources are relatively scarce for a nineteenth and twentieth-century topic, but more likely because of the perception that they do not exist. In looking for sources by and about black women physicians, far more exists than I initially anticipated. As an historian, I initially made the implicit assumptions about whiteness and who practices medicine that undergird the arguments in this dissertation and thought few black women would have become physicians in the nineteenth and early twentieth centuries and that I would be left with a dearth of primary source material. I

could not be more grateful to have been wrong. Thanks to the Gloeckner Summer Research Fellowship provided through Drexel University College of Medicine's Legacy Center for research in the Women in Medicine Collection, I conducted extensive research in the Black Women Physicians' Project (BWPP). Archivists and black women physicians themselves created the BWPP in the 1970s at the Medical College of Pennsylvania (MCP), the former Woman's Medical College of Pennsylvania (WMCP), now Drexel University College of Medicine, to chronicle the little-known histories of African American women physicians, beginning in the 1860s, through archival materials collected from throughout the country. Oral histories conducted through the Schlesinger Library, also in the 1970s, for the Black Women's Oral History Project provide a significant supplement to many of the "archival silences" inherent to this project. Additionally, incorporating the methods of prosopography and critical genealogy, as well as applying concepts from critical race theory to study this topic add important new perspectives to this history. This combination of methods has not been used much in the discipline of history of medicine more broadly, and their implementation for this project holds significance well beyond this topic for other historians interested in applying these methods and theories to a variety of research subjects within the history of medicine.

In order to obtain this fuller picture of the context in which women chose to become physicians and later worked, I employ a prosopographical approach, or a study of the collective biographical characteristics of an historical group. Prosopography has become an important research tool for both historians of science and social movements to access the variety of individuals within a particular group and the extent to which individual historical actors were

representative of that group or deviated from the group's standards.[46] Understanding the connections between individuals deepens our awareness of how personal, professional, and intellectual relationships influence historical outcomes. This approach demonstrates the radically contingent nature of how family and social networks can profoundly affect what ideas individuals are exposed to and opportunities available to them. A prosopographical approach also demonstrates that even seemingly personal decisions of career are rarely made in isolation. Prosopographical treatment of this topic reveals that these women frequently chose a career in medicine through a family member who was either a physician or nurse (either "professional" or "lay") or personal encounters with another woman physician or an aspiring one. The earliest African American women physicians often came from elite families connected to nineteenth-century reform movements, both black and white. The extent of this phenomenon is only revealed through examining African American women physicians as a group. In drawing this narrative into the twentieth century, I found that many times when I learned of a African American woman physician, I could find another one through her correspondence or a reference in a secondary source about a black woman physician I had already identified. Thus, networks remain an important component of this topic for the entire period under study, and prosopography allows me to access these connections between historical subjects that are otherwise obscured.

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[46] One of the earliest prosopographical treatments of historical analysis is Lewis Namier, *The Structure of Politics at the Accession of George III* (London, MacMillan, 1929). Steven Shapin and Arnold Thackeray popularized prosopography in the history of science in the 1970s; Steven Shapin and Arnold Thackeray, "Prosopography as a Research Tool in History of Science: The British Scientific Community, 1700-1900" *History of Science* 12 (1974): 1-28.

Critical Race Theory (CRT) emerged from legal studies to examine the social construction of race and critique the racial dynamics in the ways in which power is exercised, especially in law and culture. Ford and Airhihenbuwa discuss how scientific research in the eighteenth and nineteenth centuries reinscribed dominant racial ideas because researchers were unaware of their own "racialized social contexts" and never recognized "the insidious influence of racism in their work."[47] Racial minorities who would have opposed racist findings were largely excluded from conducting research in a scientific setting, or their findings were ignored. The absence of a challenge from racial minorities fostered "artificially high levels of confidence among researchers about the import and validity of racial findings."[48] Out of these exclusionary practices and both racialized and racist findings, minority researchers began to more critically the examine how these findings developed and how their production affected minority communities. These researchers produced CRT in the late-twentieth century in order to "explicitly account for the influences of racism on both outcomes and research processes."[49] CRT addresses "everyday racism," such as "microaggressions" and "institutionalized racism."[50]

Historians of medicine rarely adopt the methods of CRT, nor do they critically examine whiteness. They generally only engage with race when the topic addresses people of color. My

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[47] Ford and Airhihenbuwa, "Critical Race Theory, Race Equity, and Public Health," S30.

[48] Ibid., S30.

[49] Ibid., S30.

[50] "Everyday racism" is defined as the racist practices of society, rather than acts of violence or discrimination carried out by racists. These practices become common enough that they are perceived as mundane rather than racist by non-minorities; they are acts that occur frequently enough to be part of everyday experiences for people of color. "Microaggressions" are seemingly small acts of discrimination that amount to subordination of non-whites. "Institutionalized racism" is the way access to power and resources are allocated and structured based on racial status in laws and culture.

study aims to depart from this trend and examine the complex ways both black women physicians and modern medicine engaged with race. That African American women could become physicians at all in eras contemporaneous to, and for African Americans, in many ways defined by, slavery, Reconstruction, and Jim Crow is both surprising and remarkable. Including CRT will allow me to centrally situate the experiences of these women in a narrative that recognizes and analyzes both their agency and marginalization without overemphasizing either triumph or oppression.

Just as medicine has been gendered male, it has also been raced white.[51] Acknowledging racial biases of the medical profession through either implicit or explicit exclusionary practices, such as medical school admissions policies, internship requirements, licensing laws, and medical society regulations, provides a new lens on this topic and investigates aspects of medicine's relationship to whiteness from the mid-nineteenth to mid-twentieth century. Applying CRT represents an innovative approach to this topic. Race remains largely undiscussed in the history of women physicians and neglected within the history of medicine and its narrative of professionalization more broadly.

Two main concepts from CRT appear throughout this dissertation. The first is "racial realism." Throughout the dissertation examples abound of black women physicians' financial and professional resource disadvantages in comparison to the majority of their white counterparts. These represent tangible outcomes of racism. While racial realism does not posit that race is "real," or biological, its social construction represents far "more than a collection of unfavorable impressions of members of other groups…racism is a means by which society

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[51] Aimee Medeiros posed this idea in our seminar on race and medicine.

allocates privilege and status."[52] Racism's material consequences for black women physicians appear frequently in this dissertation.

The second, related CRT concept employed throughout the dissertation is "revisionist history." Revisionist history "…reexamines America's historical record, replacing comforting majoritarian interpretations of events with ones that square more accurately with minorities' experiences" and is "…often materialist in thrust."[53] The primary argument throughout this dissertation is that examining black women physicians as central actors in the grand narrative of medicine's professionalization presents an entirely different narrative that reveals medicine's consolidation and status around whiteness and masculinity. Revisionist history makes revealing this alternative narrative possible. Finally, in the conclusion, the I introduce the CRT concept of "interest convergence," or the alignment of advances for African Americans with "changing economic conditions and the self-interest of white elites" to explain some of black women physicians' work in medicine since the 1940s.

When we think of a physician in the period between the Civil War and World War II, almost inevitably images of white men come to mind, and certainly figures represented in portraits like Eakins' *The Gross Clinic* dominated the popular imagination of who a physician was in this era. White men dominated the profession by any measure in this period. When asked to think of African American women's experience with medicine, we likely conjure stories of their victimization at the hands of professionalized medicine; *The Immortal Life of Henrietta Lacks* spent roughly four years on the *New York Times* bestseller list, and just recently, a statue of

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[52] Delgado and Stefancic, *Critical Race Theory*, 21.

[53] Ibid., 24-25.

J. Marion Sims, widely regarded as the "father of gynecology," was finally removed from Central Park after years of heated discussion that Sims' surgical breakthroughs came through experiments on enslaved black women. Certainly, a narrative of African American victimhood caused by professionalized medicine exists and should. But another narrative of African American women's agency coexists alongside that of their victimhood. More than one hundred black women became physicians between 1864 and 1941, becoming active participants in professionalized medicine, despite the same profession's efforts to marginalize non-white and women practitioners. That black women becoming physicians from the 1860s through the 1930s surprises us partly demonstrates how strongly associated medicine became with whiteness as it professionalized.

This phenomenon is explored through a large demographic survey of the African American women who became physicians between 1864 and 1941 covered over the course of Chapters Two and Three. Chapter Two focuses on medical training for black women, as well as the roles of class and family background. Chapter Three follows these same women into their careers with discussions of professional positions and specialization, medical society affiliation, and adult family lives and the alternative clinical spaces black women physicians created and utilized to carry out what they felt were "missions" to provide medical care in their communities. Chapter Four examines African Americans who graduated from the Woman's Medical College of Pennsylvania. Chapter Five examines black women physicians' careers in public health. Chapter Six concludes with a discussion of African American women physicians roles in medicine since the 1940s.

Chapter II

"An even chance in the profession. That is all I ask:" A Prosopographical Study of Black Women Physicians, 1864-1941

Historians of women in medicine immediately recognize the date of 1849 as the year Elizabeth Blackwell became the first woman to earn a medical degree in the United States. Yet, even historians of medicine well-versed in women's involvement may be startled to learn that the first African American woman earned an MD just fifteen years later when Rebecca Lee Crumpler graduated from the New England Female Medical College in 1864. Even more surprising, roughly 130 African American women followed Crumpler into the medical profession between 1867 and the outbreak of World War II.[54] Despite the significant role these women often played in their communities and profession, details about them remain scarce, and only a select few appear anywhere in the now extensive historiography on women physicians. They graduated from medical school, and many of them went on to practice medicine as licensed physicians in the United States. Prior to this research, historians knew very little about most of these women. This prosopographical study illuminates much previously unknown about the family origins, pre-medical educations, and medical educations of these earliest black women physicians, discussed in depth in this chapter. Additionally, this study finds significant new information about these women's employment, professional memberships, adult family lives, and their geographic distribution, all of which will be discussed in chapter three. Once again, the lack of previous

[54] My current count is 129, including Crumpler, who graduated from medical school between 1864 and 1941. Additional women attended medical school but did not graduate, and there may well be a few additional black women medical school graduates in this period I have not yet identified.

knowledge about these women's individual stories and the collective narrative of black women becoming physicians reflects the ways in which medicine is associated with whiteness and perceived as the sole purview of white professionals. In general, historians have not previously found these stories simply because they were not looking for them.

In order to obtain this fuller picture of the context in which women chose to become physicians and later worked, I employ a prosopographical approach, discussed in the "Methods" section of Chapter One. Because many of these women remain obscure historical figures themselves, mapping as many of these women as a group as I can find allows me to examine commonalities and differences that would be impossible to see if I only studied the few for whom extensive biographical information exists. Prosopographical treatment of this subject reveals the continued importance of class in childhood to a black woman physician's later career success. It demonstrates that the women who became physicians from this demographic tended to attain far more premedical education than their white men counterparts, even regardless of class. Finally, my approach newly emphasizes the importance of separatist medical schools, schools designated as specifically educating women or black students, in providing entrance to the medical profession for black women, especially from the 1870s to 1900. None of these significant trends critical to understanding which black women became physicians in this era, as well as how, would be visible without a prosopographical approach to this topic.

Class Backgrounds & Family Connections

A sharp class division marked the first generations of black women physicians. Unsurprisingly, some of the most prominent early black women physicians had ties to the African American middle-class intelligentsia. Particularly for the first generation who graduated in the 1860s and 70s, strong ties existed between these women's families and the abolitionist movement. Dr. Caroline Still Wiley Anderson, an 1878 graduate of the Women's Medical College of Pennsylvania, grew up watching her father, William Still assist escaped slaves as a conductor on the Underground Railroad. Still was a prominent businessman, philanthropist, and community leader in Philadelphia, and his daughter maintained this eminent philanthropic position as head of the Berean Church Dispensary. Friends of the Stills and fellow conductors on the Underground Railroad, Reverend Jeremiah Wesley Loguen and Caroline Storum Loguen, raised their family in the abolitionist stronghold of Upstate New York, and as fellow participants in this movement, knew its leaders, such as Frederick Douglass.[55] These familial connections allowed their daughter, Sarah Loguen Fraser, to become the first graduate of a coeducational medical school when she graduated from Syracuse University in 1876. A generation younger than William Still and the Frasers, Reverend R. B. Foster graduated from Dartmouth College in 1851, served as an officer of a black regiment during the Civil War and as the first president of the historically black college, Lincoln University, and later became a Congregational minister. Together, he and his daughter, Dr. Eunice Foster, attended to the physical and spiritual needs of the black community in Okarche, Oklahoma, as two of its most well-to-do members.[56]

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[55] Douglass would later serve as a sort of matchmaker between Sarah Loguen and her future husband, Dr. Charles Fraser, a chemist and pharmacist. Douglass also became Loguen Fraser's sister's father-in-law when Amelia Loguen married Lewis Henry Douglass.

[56] W. A. Willibrand, "In Bilingual Old Okarche," *Chronicles of Oklahoma* 29 (1951), 341-343.

Many of these women also held familial ties to medicine. Dr. Still Wiley Anderson maintained a close relationship with her cousin, Dr. James Still, one of the first black graduates of Harvard Medical School. Though Dr. Daisy Brown-Bonner's father was born a slave, he became a physician when he graduated from Meharry Medical College in 1886. His successful practice allowed him to send his daughter to medical school at the Women's Medical College of Pennsylvania, and she then joined him as a partner upon her 1907 graduation.[57] One of Eunice Foster's brothers also became a physician, while another practiced as a dentist.[58]

Yet, middle-class women were not the only ones to become physicians in this era. Born on a plantation in Clay County, Florida, Louise "Lula" Fleming left behind her early life as a slave to attend Shaw University and the Women's Medical College of Pennsylvania. Likewise, Eliza Anna Grier was born to slaves in Mecklenburg County, North Carolina but managed to attend Fisk University and the Women's Medical College of Pennsylvania. That women with these backgrounds could become physicians at all is truly remarkable; however, Dr. Grier's education and subsequent career demonstrates the limits of upward mobility, even among women able to remarkably attain professional degrees, when contrasted with their peers from solidly middle-class (and, notably, free black) backgrounds. Dr. Grier alternated years teaching and attending medical school in order to afford the WMCP's tuition. She struggled to set up a thriving practice and even wrote to Susan B. Anthony for financial help, which she never

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[57] Polonius Hamilton Green, *Beacon Lights of the Race* (Memphis: E.H. Clarke and Brother, 1911), 492-494.

[58] Willibrand, "In Bilingual Old Okarche," 342.

received.[59] She almost exclusively worked as an obstetrician and instructor of midwives, and her patient base consisted of poor black women in Greenville, Georgia. Eventually, Grier moved in with her brother, Dr. Richard Edgar Grier, and died essentially penniless. By contrast, the physicians from middle-class backgrounds established successful careers relatively easily. Their fathers generally paid for their educations. Then their social prominence allowed them to open private practices, go into a practice with a family member, or work in a charity clinic or dispensary because their livelihood did not depend solely on their income. My research indicates the vast majority of black women who became physicians between 1864 and 1910 came from a middle-class, free backgrounds. While at least two women born into slavery remarkably managed to become physicians, this background ultimately proved prohibitive in attaining the same level of professional success as those from a higher class. Free status became less important near the turn of the century, its legacy as related to region and class persisted into the twentieth century.

While fewer African American women earned MDs after roughly 1910, those who did were more socioeconomically diverse than their predecessors. The women in this cohort divided roughly evenly into families with a father in a solidly middle-class profession and those from lower-class families, often with a single parent as head of household. May Edward Chinn, a 1926 graduate of Bellevue Hospital Medical College falls into the latter category. Her mother worked in domestic service, and her father, who suffered from alcoholism, was in and out of work, as well as his family's residence. Virginia Alexander's mother died when she was four,

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[59] Susan B. Anthony, "Letter to the President of the Women's Medical College of Pennsylvania on Behalf of Anna Eliza Grier," March 14, 1901, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

and her father lost his business when she was thirteen. She always worked while in college and medical school. By contrast, both Dorothy Boulding Ferebee and Lena Edwards' fathers were dentists. Regardless of class background, black women physicians of this later generation tended to serve African American patients of a lower socioeconomic status, out of a dual sense of mission and professional marginalization, covered extensively in the next chapter.

Pre-Medical Education

Black women physicians attained an unusual level of higher education prior to attending medical school. While information is not available for all these women, evidence suggests that the vast majority had some undergraduate education. Though educational requirements certainly became more stringent over the course of the late nineteenth century and into the twentieth, medical school admissions rarely deemed a rigorous undergraduate curriculum necessary. Even at the end of the nineteenth century, it was still common for medical students to lack a good high school education.[60] Thus, this group of women represents a relatively anomalous case, though their level of premedical preparation seems somewhat equivalent to many of their white women colleagues.[61] In both cases, the higher level of education suggests that aspiring women doctors needed to demonstrate their fitness for the profession through their educational credentials much more than their white male counterparts did. Where black and white women physicians differ most markedly lies in where they obtained their premedical educations. Whereas many white

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[60] Kenneth M. Ludmerer, *Learning to Heal: The Development of American Medical Education* (Baltimore: Johns Hopkins University Press, 1985), 3.

[61] Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (Oxford: Oxford University Press, 1985), 71.

women physicians obtained preparation through private tutelage, only one record exists of a black woman physician engaging in this strategy.[62]

Instead, attending a local women's seminary (either Presbyterian or Baptist) represents the most common route. These include Mary Holmes Seminary (Jackson, Mississippi), Michigan Female Seminary (Kalamazoo, Michigan), Scotia Seminary (Concord, North Carolina), and Spelman Seminary (Atlanta, Georgia).[63] All but Michigan Female Seminary exclusively educated black women students and was located in the South. Other future physicians attended coeducational institutions also directed at educating black students. These include Fisk University (Nashville, Tennessee), the Institute for Colored Youth (Philadelphia, Pennsylvania), Shaw University (Raleigh, North Carolina), and Washburn College (Topeka, Kansas).[64] Several of the most elite students attended Oberlin College, a school known for its radical stances on abolition, coeducation, and gender and racial equality.[65] Finally, at least one future physician, Mildred E. Gibbs, attended the Washington, D.C. Normal School, which exclusively trained teachers.[66]

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[62] Michael Benedict, a white surgeon and Civil War veteran, served as Sarah Loguen Fraser's private tutor. This form of premedical education was most common amongst the earliest generation of white women physicians.

[63] These schools are now named Mary Holmes College, Barber-Scotia College, and Spelman College, respectively, and received the Historically Black Colleges and Universities (HBCU) designation. Michigan Female Seminary permanently closed in 1904.

[64] The Institute for Colored Youth became Cheyney University and is now located in Cheyney, Pennsylvania. Fisk, Cheyney, and Shaw formally hold the HBCU designation. Washburn University does not, despite its origins with an all-black student body.

[65] Caroline Still Wiley Anderson graduated from Oberlin. Daisy Brown-Bonner graduated from Spelman and then studied at the Oberlin Conservatory of Music before attending medical school at Howard.

[66] Several other later physicians first trained as teachers in the Pre-Flexner era.

Aside from a formal undergraduate degree, nursing proved the second most common route to a medical degree. The first black woman physician, Dr. Rebecca Lee Crumpler, watched the aunt who raised her nurse members of her local community and became interested in a career in medicine from observing these interactions.[67] Crumpler initially worked as a nurse as a means of obtaining medical training from the physicians who employed her services.[68] Later in the nineteenth century, as training for nurses formalized, Isabella Garnett, attended the nurse training school at Provident Hospital, Chicago. Garnett then went on to earn an official premedical certificate at Harvey Medical College (also in Chicago), the only black woman in this period who chose earning this credential as an eventual means to a medical degree.

Once again, class played a significant role in the level of premedical education the first black women physicians attained. Women from more elite families unsurprisingly attended the more elite undergraduate institutions, like Oberlin and Spelman. Still solidly middle-class families sent their daughters to local single-sex seminaries. Women from free black but lower-middle-class families often first worked as nurses before attending medical school. Interestingly, the two women born as slaves who became physicians, Drs. Fleming and Grier, earned scholarships to the black universities, Shaw and Fisk, respectively. Regardless of class, however, evidence demonstrates that black women physicians received an unusually high degree of premedical training in an era when many medical schools did not even require a high school diploma. Their generally more elite preparation indicates a need to prove their fitness for the medical profession as black women that contrasts significantly with an accepted lack of

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[67] Rebecca Lee Crumpler, *A Book of Medical Discourses in Two Parts*, (Boston: Cashman, Keating, & Co., 1883), 1-2.

[68] Crumpler never received a nursing degree. She worked as a nurse in the 1850s, and the first formal nurse training program began in the 1870s at the New England Hospital for Women and Children.

premedical education among white men students entering most medical schools in the same period.

In the twentieth century, all of the African American women who earned medical degrees also earned undergraduate degrees. Several, like Myra Adele Logan, Lena Edwards, and Pauline Dinkins, attended historically-black colleges and universities. May Edward Chinn attended Columbia Teacher's College, and Virginia Alexander the University of Pennsylvania, making them two of the few African American women who later earned MDs to attend an Ivy League university as an undergraduate. Dorothy Boulding Ferebee went to the women's college, Simmons, in Boston. Helen Dickens initially attended Crane Junior College and then graduated from the University of Illinois. That each of these women earned a traditional four-year degree shows the further limits placed on who could become a physician in the twentieth century.

Medical Schools

The most complete information about black women physicians in this period consists of their medical school attendance. While quite disparate amounts of information exists regarding their lives before or after medical school, medical schools kept good records of their students in this period. My research provides the most comprehensive list of the black women who graduated from a US medical school between 1864 and 1940 to date, identifying far more of them and correcting for people misidentified by race or sex in previous attempts.[69] One of the most significant findings of this approach is that the vast majority of black women who became

[69] See Appendix 1 for the complete list. This list also includes one American who attended medical school outside the US, Dr. Sarah Parker Remond, who trained and practiced in Italy.

physicians in this period graduated from either the Woman's Medical College of Pennsylvania (WMCP), Howard University College of Medicine, or Meharry Medical College, all of which were "separatist" schools. The late 1870s to early 1900s represent the high watermark for black women obtaining medical degrees in the pre-Civil Rights era, and over seventy-five percent trained at a separatist school.

Scholars of the nineteenth century recognize the importance of separatism for women's education and activism.[70] For African Americans in this same era, separatism not only constituted a strategy but a necessity, as legal strictures, not just university policy, inhibited their educational opportunities. In the South, only black universities educated black women physicians. Yet, even in the North, only one of seven women's medical schools consistently trained black women physicians. The context of these three schools' histories provides insight into why they became the primary training sites for black women physicians in this era.

In 1850, a group of Quaker men in Philadelphia founded The Woman's Medical College of Pennsylvania (originally The Female Medical School of Pennsylvania) as the first institution specifically to train women as physicians and grant M.D.s. The first class of eight women graduated in 1851. Quakers on both sides of the Atlantic in this period represented some of the foremost supporters of abolitionism and women's rights, and the founders of the WMCP were philanthropic Quaker men and women's rights

advocates, among other pursuits. The founders of the WMCP believed both that women should have access to medical care provided by women for reasons of modesty and that educated women needed more meaningful professional opportunities; training women as physicians

[70] Estelle Freedman, "Separatism as Strategy: Female Institution Building and American Feminism, 1870-1930," *Feminist Studies* 5:3 (Autumn 1979): 512-529.

solved both issues. After graduating the first generation of women physicians, the alumni comprised the majority of the school's faculty and administration. Despite training some of the most prominent women physicians, historian of medicine Steven Peitzman argues, the "… consequences of its gendered existence within American medicine and society, such as smallness, poverty, and low prestige, limited its standing in the medical world."[71] Nonetheless, the school filled an important niche in providing a rigorous medical education to women over several generations. A medical degree would have remained inaccessible to most of them without a single-sex school. The separatist WMCP thus proved essential for providing a point of entry into the medical profession and fostering a culture that normalized women's full participation in the medical profession, even if only within the confines of the school.

While historians of women in medicine widely acknowledge the WMCP's critical significance for training many of the (implicitly white) women physicians in the US who graduated between 1851 and 1970, its role in educating black students remains overlooked. Overwhelmingly, white women comprised the WMCP's student body. Yet, the school consistently trained small numbers of black students, as well. Both the school's Quaker ethos and location in Philadelphia likely contributed to this phenomenon. The importance of the Quaker emphasis on racial equality should not be underestimated. Six other women's regular medical schools successfully educated women for careers in medicine during this period, but virtually no black students attended them. I am unaware of any admissions policies that explicitly barred black students at these schools, but even if none ever existed, the WMCP's openness to diversity

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[71] Steven J. Peitzman, *A New and Untried Course: Woman's Medical College and Medical College of Pennsylvania, 1850-1998* (New Brunswick: Rutgers University Press, 2000), 3. In order to stay afloat financially, the WMCP became a co-educational institution in 1970 and merged with Drexel University in 2003.

likely attracted more black students. The WMCP's Philadelphia location quite probably also contributed to black students' attendance. Philadelphia had a well-educated and larger black population than most of the North throughout the nineteenth century. By 1880, roughly coinciding with the beginning of larger numbers of black women graduating from the WMCP, 32,000 black residents lived in the city. This number essentially doubled by 1900. Prior to the Great Migration that began in the 1910s, a large majority of the US black population lived in the South. Philadelphia was both more physically proximal to the South and had a proportionally larger black population than Boston or New York in the same period. This fact combined with the importance of providing a more welcoming environment to black students because of its Quaker heritage, the WMCP held promise as a women's medical school that educated black students as equals. Yet, the school's emphasis on equality should not be overstated. Unlike Howard, the WMCP never explicitly strove to provide a racially integrated medical education to its students, and its general attitude toward African American students seems more appropriately described as ambivalent than

enthusiastic.

Initially founded in the early Reconstruction Era as a model of a racially integrated school in the nation's capital, Howard admitted both black and white women and men from its founding in 1867. The medical department opened in 1868, and the first white woman enrolled just a year later. While women students and faculty faced hostility from some of their male peers, they continued to enroll in nearly every class. From its founding, much of the medical profession perceived Howard as radical for its emphasis on racial equality and providing a means for African Americans to become physicians. In the 1870s, most women students were white.

By the 1890s, white enrollments for both men and women declined. In 1881, sixty-five percent of the medical students were white; in 1897, the percentage dropped to only fourteen. As more opportunities for white students to study medicine opened at other schools in the Washington, DC area, such as Georgetown, white students chose to go elsewhere. Due to discriminatory admissions policies, black students had no choice but Howard. As classes became more proportionally black, white students became less and less likely to attend. Howard began to be perceived as a school solely for black students, and its reputation suffered.[72] This loss of prestige demonstrates the way in which medicine's prestige and whiteness were strongly linked from at least the turn of the century. As historian Gloria Moldow, writes:

> After 1900, the proportion of all women attending medical classes at Howard varied from 2.5 percent to 7 percent, far from the former high of 24 percent. White women were scarcely represented in those classes. The number of black women simply could not compensate for their loss. Thus, although Howard's policy toward women remained steadfast, the school played a diminished role in female medical education after 1895. Increasing prejudice that drew the color line at Howard drew the line against women doctors as well.[73]

While Moldow provides an accurate assessment, particularly regarding white women's education at Howard, her analysis disregards this university's importance for educating black women physicians. Simply because black women never comprised the number of students white women previously had does not mean the school "played a diminished role." Rather, in this same period, Howard University trained and graduated twenty-one black women physicians, the second highest number of any medical school in the United States.

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[72] Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalization* (Urbana: University of Illinois Press, 1987), 43-47.

[73] Ibid., 47.

Like Howard, Meharry Medical College came out of the immediate aftermath of the Civil War. The Methodist Freedmen's Aid Society founded Central Tennessee College in Nashville in 1866. The school established the Meharry Medical Department ten years later. Yet, unlike Howard, the white founders of Central Tennessee College and Meharry, never intended their institutions to be racially integrated. Because Meharry was in the South, little opportunity existed for similar integration. By 1876, Radical Reconstruction waned, and with it, any potential for an integrated medical school. Jim Crow policies ensured that black and white medical students would not be educated together. As with Howard and the WMCP, however, historians should not dismiss the importance of separatist education to the students who attended them, as well as the communities their educations allowed them to serve. Though no women enrolled prior to the 1890s, thirty-three graduated between 1891 and 1934, making the school by far the largest training site for African American women physicians. Many of the women who graduated in this period were from the South, and the vast majority worked in that region, many never leaving Nashville after graduation. For example, Dr. Hattie L. Hadley, an 1898 graduate, opened her own infirmary for black women patients in Nashville, a chronically underserved population, particularly in the South.[74] Once again, separatist medical education proved critical to providing the entering wedge for black women to become physicians.

Black women physicians graduated from a handful of other schools both at the beginning and end of this pre-Flexner era. Because the numbers are so small, it is difficult to glean extensive useful information from them. Nonetheless, where the few women who graduated

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[74] *Polk's Medical Register and Directory of North America*, 1912, 1568. See Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995) for more on Southern black women's poor health.

from schools other than the WMCP, Howard, and Meharry attended suggests some additional trends. Early in this period, well established patterns for women's medical education did not exist. Admissions perhaps viewed women students as anomalous. Thus, more possibilities existed for a single black woman student to be admitted, as in the case of Rebecca Cole at the New England Female Medical College or Sarah Loguen Fraser at Syracuse. Simultaneously, because of this same lack of precedent, most schools would not have admitted a black woman. Sarah Parker Remond calculated this factor into her decision to study and practice medicine outside the US, in addition to her disenchantment with racial politics in the US in general. In the later period, some of the diversity may be due to increasing geographic diversity, as more African Americans left the South for the Midwest. The University of Michigan served as a primary training site for white women physicians and the first prominent coeducational medical school. That only one black woman graduated from there during a period when dozens of white women graduated indicates a distinct lack of receptivity to black students. Two students graduated from schools in Chicago. The student who graduated from Tufts, Josefa Zaratt, lived in Puerto Rico. She returned there after graduation, and this may indicate more of an interest in welcoming international, rather than African American students. Again, so few students graduated from schools other than the WMCP, Howard, or Meharry, these additional numbers only suggest likely trends.

Abraham Flexner published his *Report on Medical Education in the United States and Canada* in 1910. Debate continues among historians of medicine about the true impact of the publication. Some believe many of the schools Flexner found academically deficient were

already on their way to closing.[75] Yet more than Flexner's precise role in constraining educational opportunities for those already underrepresented, a new focus on requiring clinical internship in the 1910s represents the biggest factor in the declining number of African American women physicians. The fifty years after the *Flexner Report* proved especially detrimental to black women's aspirations in medicine. Between stricter training requirements, especially the new focus on clinical residencies and internships, and the re-entrenchment of racial inequality through Jim Crow policies, many of the educational and professional achievements black women attained from the Civil War to the turn of the century would remain out of reach for all but the most exceptional African American women until the Civil Rights era of the 1960s and 70s.

Black women graduates from Howard and the WMCP declined precipitously after about 1900. Meharry continued to train larger numbers through the 1910s, but by the 1920s, as few African American women earned medical degrees as in the 1870s. By the 1930s, the numbers look similar to the 1860s. The few African American women who graduated from medical school in this period attended a variety of schools: Bellevue Hospital Medical College (now NYU), Columbia, Loma Linda, New York Medical College, Tufts, and the University of Illinois, in addition to Howard, Meharry, and the WMCP. Margaret Morgan Lawrence was the last African American woman to graduate from a United States medical school prior to the outbreak of World War II, which at least temporarily changed admissions policies. Lawrence's 1940 graduation from Coumbia marks the first time a black woman earned a doctorate of medicine from an Ivy League University. While there is no monocausal explanation for this substantial decline beginning in the 1910s—certainly hardened segregationist policies and economic factors

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[75] Ludmerer, *Learning to Heal*, 166.

contributed—stricter requirements regarding clinical internships played a critical role in limiting the number of African American women who attended medical school.

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Internship

In the mid-nineteenth century, few institutions deemed training beyond medical school necessary. Elite practitioners traveled to Europe to obtain further training.[76] By the turn of the century, an internship became much more standard. In addition to providing more clinical experience, requiring this further training also provided a means of increasing professional prestige. Limiting access to internships and residencies simultaneously allowed for professional consolidation through further marginalizing women and practitioners of color. Black women rarely completed training beyond their medical degree. Of the more than one hundred Pre-Flexner graduates, records indicate only ten received additional training. Interestingly, these split roughly evenly between the 1870s and the early 1900s with virtually no one in this group completing additional training in the 1880s or 90s, despite the fact the majority of black medical school graduates completed degrees during this same period.

The New England Hospital for Women and Children represents the only institution to provide multiple internship opportunities for black women physicians in this period. Though they initially threatened to rescind their offer of an internship to Caroline Still Wiley Anderson upon meeting her and realizing she was black in 1879, she, Sarah Loguen Fraser, and Alice Purvis-Robie each interned at the hospital and represent three of the most elite practitioners of

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[76] John Harley Warner, *Against the Spirt of System*, *passim*.

this cohort. Susan Smith McKinney Steward interned at Long Island College Hospital in the early 1870s. Prior to her internship at the New England Hospital for Women and Children, Sarah Loguen Fraser also completed one at the Woman's Hospital of Philadelphia. Each of these hospitals served predominantly white patients. In the early twentieth century, Lucille Weathers Miller and Ionia Rollin Whipper interned at segregated black hospitals, Provident Hospital (Chicago) and the Tuskegee Institute, respectively.

Two black women physicians, both Howard graduates, received additional training abroad. Nannette Stafford (1878) studied in Osnabruck and Zurich, eventually making the latter her home, while Mary Louise Brown (1897) spent 1899-1900 at the University of Edinburgh. Another early Howard graduate, Grace Roberts (1877), received additional training from the University of Michigan Medical School's Homeopathic Medical Department from 1877-1878. Artishia Gilbert received a medical degree from Louisville National Medical College in 1893 and a second from Howard in 1897.

While clinical opportunities such as these were rare for African American women in the nineteenth and early twentieth centuries, they became rarer and simultaneously more essential by the 1910s and 20s. Many states passed laws that prohibited physicians from taking state licensing exams without completing a clinical internship. Isabella Vandervall, a 1915 graduate of the New York Medical College, attempted to secure an internship at four different hospitals in the state of New York. Several times the hospital expressed interest or even formally accepted her as an intern, only to reject her once they met her in person and realized she was black. Recalling this experience, she wrote:

> For many years the colored woman physician has practiced and prospered, but now, in this twentieth century, this era when women in general are forging ahead, and the woman physician in particular is coming into great prominence, a huge stumbling block, one which seems almost insurmountable, has suddenly been placed in the path of the colored woman physician. This stumbling block is a new law, the law of compulsory internship, which requires the physician to have at least one year's service in a recognized hospital before being allowed to take the state licensing exam.[77]

While Vandervall never could intern, she was able to still practice because she graduated immediately before the licensing law took effect. The few black women who graduated after her and before the start of World War II generally had to secure an internship, and as Vandervall described, this task could be "almost insurmountable." In general, these women had to rely on segregated black hospitals to provide them internships, though many of them also barred women from these positions. Kansas City General Number Two, a "colored hospital" had to change its policy of all male interns for Virginia Alexander and Ernest Mae McCarroll, two WMCP graduates, to intern there in the mid-twenties after many other programs rejected them. Freedmen's Hospital eventually did the same. Harlem Hospital reluctantly allowed May Chinn to intern there. In the West, which did not have segregated black hospitals, Ruth Temple eventually completed an internship at the Los Angeles City Health Department, though she had already been in practice for several years.

Conclusion

Policies like requiring more clinical experience for physicians or requiring a bachelor's degree to attend medical school, on their surface sound benign, if not directly beneficial, for

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[77] Isabella Vandervall, "Some Problems of the Colored Woman Physician," *Medical Woman's Journal*

patient care. Yet, they also provided a means of controlling who could earn credentials and legitimately practice medicine. Professionalizing medicine meant linking it with the power and prestige inherent to white masculinity. The lack of previous knowledge about these women as a group shows the way in which medicine and whiteness became linked. Though nearly 130 African American women graduated from medical school between 1864 and 1940, historians have studied very little about them as a group. As the next chapter shows, further limiting black women's participation in medicine left already underserved communities with fewer practitioners who could provide them medical care. But those women still able to carry out their "missions" as physicians found creative ways to do so that expanded the "scientific" norms of clinical spaces and practices.

Chapter III

Medicine As Mission Field: A Demographic Survey of Black Women Physicians' Careers, 1864-1941[78]

As the previous chapter demonstrated, accessing medical education, internships, and licensing, especially as requirements became more stringent in the twentieth century, could all prove to be significant stumbling blocks for the aspiring black woman physician. This second demographic survey chapter thoroughly examines where African American women who received their medical degrees between 1864 and 1941 found employment, which professional organizations they participated in, and whether they published any medical writing. Additionally, just as we saw how family and class background influenced how easily aspiring black women physicians could attend medical school, this chapter examines African American women physicians' adult family lives and structure, as well as their possible impacts on their careers. Finally, this chapter also evaluates black women physicians' activities outside of medicine, such as their involvement in political organizations and their churches.

This chapter demonstrates that black women physicians frequently combined several kinds of medical practices and sources of income, suggesting that many struggled financially. Their remaining recorded experiences practicing medicine demonstrate both a mixed reception by their colleagues and patients, as well as a diverse patient base. Many of these women seemed to perceive their medical careers as a singular "mission," or religious calling, to serve the members of their race, despite whatever discriminatory obstacles were placed in their way. Whether they worked in Africa, the rural South, or an impoverished area of a Northern city,

[78] Women who graduated from medical school between these years; some of their careers extend past 1941.

rhetoric around mission permeates their work. This missionary emphasis often extended to their choice of partner (or lack thereof) and involvement in organizations outside of medicine.

Even as medicine as practiced by white men, who comprised the vast majority of physicians in this era, professionalized in the period after the Civil War and before the Second World War, African American women who became physicians in this same period practiced a medicine that both adhered to and contested professionalized medicine. Black women physicians largely embraced "scientific" medicine. They overwhelmingly attended regular schools and mostly eschewed incorporating alternative therapies into their practices. Simultaneously, however, they contested aspects of professionalization. As the hospital and laboratory became central to professionalized medicine, African American women physicians carved out separate professional spaces, both because discriminatory policies denied them access and because they chose to practice a medicine in which the home of both physician and patient occupied a central clinical space. Home in this case could mean either or both the physician and patient's local community, which became the physician's "mission field," or the physician's literal house, which often served as a site of both inpatient and outpatient care long after hospitals became the standard sites for childbirth and surgeries.[79]

Employment

Many of the black women who graduated from medical school between 1864 and 1941 went on to practice medicine in some capacity. Their careers largely fall into four main categories: a physician at an institution, a private practice, a teaching position in a medical

[79] I will discuss this in much greater detail in Chapter Five.

school, a nurse training program, and frequently, some combination thereof over the course of a career. This employment pattern diverges significantly only for physicians in the Washington D.C. area who sometimes used a medical degree to advance a teaching career or, more infrequently, a position in federal government service.[80] Additionally, several physicians served as medical missionaries, primarily in Africa. Yet, even for practitioners who never worked outside the United States, rhetoric around "mission" permeates their writing.

Employment in a medical institution, such as a dispensary, infirmary, sanitarium, or hospital represents one of the most common career paths for black women physicians of this era. African American communities frequently created these institutions because many municipal hospitals denied black patients access to care through discriminatory admissions policies. Many predominantly black neighborhoods had few hospitals and clinics. Just as African Americans created separate educational institutions in response to exclusionary practices, many black physicians found it necessary to create their own inpatient facilities both to employ themselves and provide care for black patients.[81] For example, Caroline Still Wiley Anderson worked at the Berean Church Dispensary affiliated with the church where her second husband was the pastor. Though she trained with the sole goal of becoming a missionary, Lottie Blake ran the Rock City Sanitarium in Nashville at the outset of her career, where she employed the "famous Battle Creek Methods [sic]" as a " lady physician giv[ing] especial attention to diseases of women and

[80] Outside of the DC area, the only black woman medical school graduate who definitively did not have a medical career was Emma Wakefield Paillet, an 1897 graduate of the short-lived Flint Medical College.

[81] Gamble, *Making a Place for Ourselves*, *passim*.

children."[82] Isabella Garnett founded and ran the Evanston Sanitarium and Training School with her husband, fellow physician, Dr. Arthur Butler, the only hospital to accept black patients in Evanston, Illinois.[83] Similarly, Hattie Hadley ran Hadley's Private Infirmary for Women in Nashville specifically to serve black women in her community, and Mary Susan Moore founded and ran Hubbard Sanitarium with her husband in Galveston, Texas. Artishia Garcia Gilbert served as Superintendent of Red Cross Sanitarium, Louisville. Rebecca Cole worked as the first "sanitary visitor" at the New York Infirmary for Women and Children. Sophia B. Jones eventually became a staff member at the famous Douglass Hospital in Philadelphia. Josie E. Wells became superintendent of Hubbard Hospital, the teaching hospital affiliated with Meharry.

Several black women physicians used employment as a resident physician at an African American school as a point of entry into the medical profession. Boarding schools and colleges commonly employed a physician on the campus to address student medical problems. These positions offered less prestige than those more formally affiliated with "scientific medicine," such as hospitals; yet, they proved especially valuable to black women physicians who often found their employment opportunities extremely limited. These practitioners had designated clinical spaces, but their setting in educational institutions also marks them as part of the group who carried out their missions in alternative clinical space in some ways more commonly considered domestic than professional, a dichotomy that grew out of the Industrial Revolution and Victorian "separate spheres" ideology. The first woman to practice medicine in Alabama,

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[82] "The Rock City Sanitarium" (advertisement), *The Crisis* August 1911, 174. This advertisement says nothing about patient or provider race, but advertising in the *Crisis* indicates the intended audience was potential African American patients.

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Halle Tanner Dillon Johnson, probably only had a brief but significant career in medicine.[84] Personally requested by Booker T. Washington, she worked as a physician and teacher at the Tuskegee Institute from 1891-1894. While serving in this capacity she founded the Lafayette Dispensary to address the medical needs of the surrounding community, "black…not only with people of this despised hue, but black with disease and death. In the vicinity of our school are hundreds in need of medical attention."[85] A decade later, Ionia Rollin Whipper also started her career as Resident Physician at the Tuskegee Institute.[86] Like Johnson and Whipper, Verena Harris Morton Jones began her career as a physician for an educational institution, Rust College in Holly Springs, Mississippi. She spent the bulk of her career, however, as head of the Lincoln Settlement House in Brooklyn. An extension of the famous Henry Street Settlement House founded by Lillian Wald, Lincoln Settlement House included a free kindergarten, day nursery, and a clinic.

Into the 1920s, African American women physicians continued to create their own institutions or become part of the staff at black-run hospitals. May Edward Chinn worked as the sole woman physician at Edgecombe Sanitarium in Harlem, an inpatient facility owned by seven black men physicians because: "There were no private hospitals in New York where a Negro

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[84] Johnson married Reverend John Quincy Johnson, a math instructor at Tuskegee in 1894. The couple moved frequently, as Rev. Johnson became president of Allen University and then pursued multiple degrees in theology. Dr. Johnson died at the age of 37 shortly after she had settled with her family in Nashville. It is possible she practiced medicine between 1894 and her death in 1901, but evidence suggests she gave up her career at the time of her marriage.

[85] Dr. Halle T. Johnson, "The Lafayette Dispensary," Transactions of the Alumnae Association of the Woman's Medical College of Pennsylvania Nineteenth Annual Meeting May 9-10, 1894, Halle Tanner Dillon DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[86] 1903

doctor was allowed to take his patients."[87] The owners rented Chinn an apartment in the same building because New York City codes required the presence of a doctor in a hospital at all times. She described her situation as unwittingly becoming "their unpaid handy woman and resident."[88] Throughout the night, she rounded on patients, and responding to emergencies fell to her alone, in addition to the duties she had during the day.[89] Ionia Whipper joined the maternity ward staff of Freedmen's Hospital in the 1920s. There she had several unmarried teenage patients for whom there were no services. Consequently, she worked with members of her church, AME St. Luke's, to found the Ionia R. Whipper Home for Unwed Mothers.[90] In the 1930s Thelma Coffey Boutte became an important staff member of Flint-Goodridge Hospital's maternity ward, in addition to her New Orleans private practice. Flint-Goodridge, founded as a nurse training school and sanitarium in 1896, became nationally known for its innovative insurance plan that allowed patients up to a twenty-one day hospital stay for only one cent per day.[91]

In this later period, several black women physicians created their own institutions to better serve their patient population. In both the case of Virginia Alexander and Ruth Temple, creating these institutions represented carrying out their respective "missions" both by providing desperately needed medical care to underserved populations and by implementing a type and structure of practice outside the mainstream of the professionalized, "modern" medicine of their

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[87] George Davis, "A Healing Hand in Harlem," *New York Times Magazine*, April 22, 1979, http://www.nytimes.com/1979/04/22/archives/a-healing-hand-in-harlem.html?mcubz=2.

[88] Ibid.

[89] Ibid.

[90] Carol Ione Lewis, "Whipper, Ionia Rollin (1872-1953)," Black Past Remembered http://www.blackpast.org/aah/whipper-ionia-rollin-1872-1953, accessed May 16, 2017.

[91] "Black-Owned Hospital Sold in New Orleans," *The New York Times* March 7, 1983, https://www.nytimes.com/1983/03/07/us/black-owned-hospital-sold-in-new-orleans.html

white male contemporaries.[92] Alexander ran Aspiranto Health Home out of her house in Philadelphia, and Ruth Temple ran the Temple Health Institute out of her home in southeast Los Angeles. She recalled, "I started practicing in southeast Los Angeles as my mission field, like my father went South," referring to her pastor father who described himself as a missionary in Natchez, Mississippi in the late nineteenth century.[93]

A private practice represented one of the other main career paths for black women physicians. At least twenty who graduated in the pre-Flexner period had either a full- or part-time private practice for some part of their careers. Frequently, they only had these briefly and opened them soon after their graduation from medical school, which suggests that their businesses were unsuccessful.[94] Many who had a private practice for a longer period held other positions as well, occasionally outside of medicine.[95] The black women physicians able to make a successful private practice their primary career largely practiced in the West.[96] Sarah Loguen Fraser had a successful private practice in Washington, DC prior to her marriage and move to the Dominican Republic; yet, her shock at how much racial tensions had worsened in her absence contributed to her decision not to practice medicine there upon her return. Ionia Whipper successfully ran a private practice in Washington for nearly two decades before combining it

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[92] Again, this will be discussed at much greater length in Chapter Five.

[93] Ruth Janetta Temple, Black Women's Oral History Project Oral History Interview, Schlesinger Library, 16.

[94] Lucy Manetta Hughes Brown had a private practice in Wilmington, North Carolina for two years prior to her primary career at the Charleston Hospital and Training School for Nurses. Isabella Garnett likely had two shorter stints in private practice, the first in the South Side of Chicago and the second in Evanston, Illinois, prior to the hospital work that comprised the bulk of her career.

[95] Mary Louise Brown, Nancy Fairfax Brown, Sara Winifred Brown, and Carrie Thomas taught school during the day and saw patients as part of their respective part-time medical practices in the evenings.

[96] Justina Ford ran a highly successful practice in Denver, Colorado for fifty years. Eunice Foster had a private practice in Okarche, Oklahoma.

with work for the Children's Bureau and Freedmen's Hospital. Joining the practice of an established family member, in this case, her father, allowed Daisy Brown-Bonner to practice medicine successfully for many years in Mississippi. Mary Elizabeth Britton ran a successful practice that emphasized hydrotherapy, electrotherapy, and massage in her hometown of Lexington, Kentucky. Consuelo Clark Stuart, an early graduate of Boston University Medical School, ran a highly successful practice in Youngstown, Ohio.

Private practice continued to comprise an important element of black women physicians' careers for those who graduated in the post-Flexner era as well. After her unsuccessful struggle to obtain an internship in 1915, Isabella Vandervall likely opened private practices in New York and New Jersey.[97] In conjunction with her role at Edgecombe Sanitarium, May Chinn ran a private practice out of her adjoining home. Though she derisively described the colleagues who sent her their wives, mothers, and children to her as patients to be treated for free as those who "said they were helping by sending me on their night calls after midnight," this group provided Chinn with her first patients.[98] In 1937, Thelma Coffey Boutte opened a private practice in New Orleans, as well as joining the staff of Flint-Goodridge Hospital.

Based on several of their careers, black women physicians found providing adequate training to black nurses either important professional work, a form of lucrative employment, or both. Sophia Bethena Jones, both the first black woman graduate of the University of Michigan Medical School (1885) and the first black faculty member at Spelman founded Spelman's Nurses' Training Program in 1894. In addition to her positions at the Tuskegee Institute and

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[97] Isabella Vandervall, "Some Problems of the Colored Woman Physician,"

[98] Davis, "A Healing Hand in Harlem." Chinn described it as customary to treat the family members of other doctors for free.

Lafayette Dispensary, Halle Tanner Dillon Johnson also opened a nurse training school in Tuskegee, Alabama. With Dr. Alonzo McLennan, Lucy Manetta Hughes Brown co-founded Charleston Hospital and Nurse Training school in South Carolina just three years after Johnson in 1897. Dr. Brown served as superintendent of the nurse training school until 1904 when ill health forced her to retire. Alice Woodby McKane founded the McKane Training School for Nurses with her physician husband, Cornelius McKane.

In addition to training nurses, some black women physicians taught medical students, frequently specializing in obstetrics or gynecology. Julia R. Hall became the first female attending staff at Freedmen's Hospital when she joined the gynecology department in 1894. Sara Winifred Brown graduated from Howard in 1903 and became a lecturer in its gynecology department from 1908-1911. Artishia Garcia Gilbert worked as an assistant to the professor of obstetrics in the medical department of the State University, Louisville. Josie E. Wells, a 1904 Meharry graduate, became the first woman faculty member there. Yet, none of these women could become professors and all held other professional positions simultaneously, whether a part-time private practice or a medical institution appointment, in order to attain full employment. The only black woman physician to of this era to spend the course of her career in academic medicine did so outside the United States. Nannette Stafford, an 1878 graduate of Howard, worked at the University of Zurich, but even she could not rise beyond an assistant to the medical faculty. Continuing this trend into the later twentieth century, Thelma Coffey Boutte taught at Xavier University's Health Sciences Department, and Virginia Alexander taught at her alma mater, Woman's Medical College of Pennsylvania, but in both cases, these positions provided only ancillary careers.

Around the turn of the century, several black women physicians worked as medical missionaries. The Woman's Baptist Foreign Missionary Society paid for Dr. Fleming's medical education at the Woman's Medical College of Pennsylvania, and she spent the entirety of her career practicing as a medical missionary in the Congo where she eventually contracted sleeping sickness.[99] Dr. Lottie Blake always intended to work as a medical missionary and thus attended American Medical Missionary College. She worked alongside her husband, Dr. David Blake, in Panama and Haiti, though she focused primarily on setting up a missionary school and caring for her children at this point in her career. Estelle Olivia Russell Brown practiced in Monrovia, Liberia, at least for the year 1918, immediately after her graduation from Meharry.

Work for a government agency became a newfound form of employment that continued a sense of "mission." Ionia Whipper served as an assistant medical officer for the newly formed Children's Bureau. In this capacity, she began touring the South in 1921 to instruct midwives in proper childbirth procedures.[100] Virginia Alexander worked for the United States Department of Health during World War II and served as a public health physician for iron and coal miners in Birmingham, Alabama.

At least ten black women who attended Howard found employment outside of medicine altogether or in addition to a medical practice. Significantly, all trained at the same institution and all but one of these stayed in the DC area, differing markedly from graduates from any other school. Katharine Frances Beatty and Laura Joiner each obtained civil service jobs in the federal government, a role largely restricted to white men in this period. Joiner worked at the

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[99] Lulu C. Fleming, "A Letter from the Congo Valley," *Missionary Review of the World* 1 (1888): 207-209.

[100] Lewis, "Whipper, Ionia Rollin (1872-1953)."

Department of the Interior for forty-three years.[101] That these Howard alumnae worked in settings unrelated to their field of training certainly suggests that finding gainful employment as a black woman physician in the District of Columbia, particularly by the turn of the century when segregation became more firmly entrenched, became especially difficult.

Some African American women physicians found their primary or sole careers in education rather than medicine. Caroline Still Wiley Anderson worked in the Berean Church Dispensary, but due to lack of funds, medical practice never comprised her sole career. Instead, for thirty-two years, she served as the assistant principal of the Berean Manual Training and Industrial School, which her husband founded. Yet, even a career in education often included an element of medical practice. In addition to elocution, Anderson taught courses in physiology and hygiene.[102] Similarly, as the first county supervisor of Sumter County Colored Schools, Dr. Lucie Bragg Anthony aimed to improve the health of students in rural South Carolina, as well as the quality of their educations, especially through improving their diets. Beginning in 1918, she instituted demonstration clubs to teach nutrition and food preservation. Several years later, she created the Milk Campaign, which raised money for families to purchase dairy cows and increase milk consumption among undernourished children and their parents.[103] Her didactic text, *Little Clusters,* included discussions of child health and psychology, as well as Christian

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[101] Eric S. Yellin, *Racism in the Nation's Service: Government Workers and the Color Line in Woodrow Wilson's America* (Chapel Hill: University of North Carolina Press, 2013), 59.

[102] *The Berean Manual Training & Industrial School Philadelphia* (years 1908-1914), Caroline Anderson Folder, BWPP Box 1, Drexel

[103] The state of South Carolina matched each dollar Anthony raised. Jessie Carney Smith, ed., "Lucie Bragg Anthony," in *Notable Black American Women, Book II* (Detroit: Gale Research Group, Inc., 1996), 16.

character, spelling, basic math, and geography.[104] At least eight Howard graduates worked in education. Several had been teachers prior to entering Howard's Medical Department. Gloria Moldow notes that any doctoral degree could help advance a career in Washington D.C.'s segregated public school system; this system treated an MD the same way it treated a PhD.[105] Thus, several of these women may have intended to use their medical degrees to receive promotions in the education system.[106] Yet, in at least the case of Mary Louise Brown, who spent an additional year studying medicine at one of the most elite medical institutions in the world, the University of Edinburgh, her decisions indicate a desire to practice medicine full time. Lucie Anthony read the *Journal of the National Medical Association*, at least in its first year, and even wrote in to describe it as "most dignified, creditable, interesting and in every way acceptable."[107] Someone with no intention of staying involved in medicine seems unlikely to read and write into a medical journal. Mary Louise Brown, Sara Brown, and Carrie Thomas taught during the day and practiced medicine in the evenings.[108] Presumably, if their medical practices alone could have supported them, they would not have worked as teachers, as well. They each graduated in 1890 or later. That the seven women who had attended Howard worked

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[104] She also included a section on "child astrology," which assigned particular traits to children based on birth month. Ibid., 16.

[105] Moldow, *Women Doctors in Gilded-Age Washington*, 132.

[106] Mary Louise Brown (Howard, 1897), Nancy Fairfax Brown (Howard,), Sara Winifred Brown (Howard, 1903), and Carrie Thomas (Howard, 1890) each worked as teachers in the DC segregated public school system. and Mildred Gibbs (Howard, 1900) became a well-known principal of Thaddeus Stevens School in this same system. Mary Louise Jones (attended the Howard Medical Department 1898-1899; did not complete her degree) became an English teacher in the Howard University Preparatory Department, while Huldah Prioleau (Howard 1903) taught in Charleston, South Carolina.

[107] Lucie Bragg, M.D., "Comments on the Journal," *Journal of the National Medical Association* 1:3 (July-September 1909), 165-166.

[108] Moldow, *Women Doctors in Gilded-Age Washington*, 132.

in settings unrelated to or in addition to medicine strongly suggests that finding gainful employment as a black woman physician in the District of Columbia, particularly by the turn of the century when segregation became more firmly entrenched, became especially difficult. Again, their "missions" in medicine took them outside more narrowly defined clinical spaces and into the domestic sphere of the classroom. Black women physicians' practices often spilled from one professional arena into another. While some may have worked as teachers because they were professionally marginalized and faced the material, economic consequences of racism, they also promoted broader definitions of health and medicine in which a good general education and education about health and hygiene represented requisite elements for well-being and racial uplift. In their "missionary" framing, medicine and education were not always separable pursuits.

Many early African American women physicians adopted public health work as a significant element of their careers, but several women who trained in the later generation of the 1910s and 20s became some of the first Americans to earn Masters of Public Health degrees. May Edward Chinn described feeling "frustration that any doctor experienced in Harlem …due to the fact that conditions were so bad that it seemed that you were not making any headway…I had to attack some of these problems on a bigger than one-to−one basis — although I won't deny that part of my motivation was to begin to make enough money to live on without having to work 15 and 16 hours a day."[109] Both her desire to "make headway" on a community-wide rather than just an individual level and to earn more motivated Chinn to earn her MPH from Columbia in 1933, and Ernest Mae McCarroll Baxter earned hers from the same institution in

[109] Davis, "A Healing Hand in Harlem."

1939. Virginia Alexander and Ruth Temple both earned public health degrees from Yale in 1937 and 1941, respectively. As will be discussed more in Chapter Five, their work in public health stemmed from both their sense of "mission" to their communities and their struggle to establish private practices from a lower-income patient base. Again, their "mission" work sometimes brought them out of the modern scientific clinical spaces associated with medicine in the early to mid-twentieth century and placed their medical practices in the spaces of the community less frequently perceived as part of medicine, such as in makeshift "health homes" or "health temples," schools, churches, and even nightclubs.[110]

Some women's involvement in the medical profession remains unknown. Anna R. Cooper addressed the National Medical Association at their 1909 meeting in Boston on opportunities for specialization, but where she practiced or what positions she held are unknown.[111] Josefa Zaratt, "a Porto [sic] Rican colored woman…of high character and accomplishments" returned to her native Puerto Rico sometime shortly after her graduation from Tufts in 1905 and practiced medicine there, but in what capacity remains unclear.[112] Especially for the several black women physicians who had only brief careers because they died not many years after they graduated from medical school, little is known about their professional lives. Georgianna Patterson Young, for example, practiced in Niagara Falls, before her untimely death

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[110] Temple.

[111] Anna R. Cooper, "The Opportunities in Specialization," *Journal of the National Medical Association* 1:4 (October-December 1909):223-228 (originally read before the National Medical Association, Boston, August 25, 1909).

[112] *Annual Report of the President of Tufts College* (Boston: The Tufts College Press, 1907), 10-11.

from tuberculosis only a decade after graduating from the Woman's Medical College of Pennsylvania, but little else is known about her.[113]

As the discussion above demonstrates, quite typically, many African American women physicians in this period combined several positions during the course of their career, either sequentially or simultaneously. Of the women for whom I have data about their careers, well over half held multiple positions. This likely indicates the difficult financial environment black women physicians often faced. Some, such as May Edward Chinn, occasionally described a diverse patient base, both racially and socioeconomically, "White people she had attended at Harlem Hospital became her private patients. A colony of Mohawk Indians who had settled in Harlem and worked as high-altitude construction workers sent their wives to Dr. Chinn and mixed her modern medicines with their tribal remedies. On the one hand, she administered to the Handmaids of Mary, an American order of Negro nuns, and on the other, she attended to the prostitutes who flocked to Harlem during the 1930 World's Fair."[114] Most often, however, they recounted serving a population who had difficulty providing much, if any, remuneration for medical services. Virginia Alexander's correspondence and financial records, for example, demonstrate recurrent financial problems because of her refusal to collect payment from the impoverished patients who comprised the bulk of her practice.[115] In addition to running Aspiranto Health Home and her work for the US Department of Health, Alexander taught at the

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[113] Correspondence in Young's Black Women Physicians Project File and Deceased Alumnae File, Drexel University College of Medicine Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[114] Davis, "A Healing Hand in Harlem."

[115] Virginia Alexander Papers Box 1, Folders, University of Pennsylvania Archives, Philadelphia, Pennsylvania.

Woman's Medical College of Pennsylvania, held a position as Physician-in-Charge of Women Students at Howard University, and worked as an OBGYN at Women's Medical College Hospital, Mercy Hospital, and Pennsylvania Hospital over the course of her career. This trajectory seems more typical than not, especially for black women physicians in Alexander's cohort who trained in the interwar period. Black women physicians' desire to carry out their medical "missions" and their relegation to the margins of clinical spaces meant that lower-income patients comprised the majority of their clients, and thus they often struggled to glean an income as physicians, despite this period from the late-nineteenth to mid-twentieth century, generally regarded as a time of consolidation and autonomy of the medical profession, making it an exceptionally lucrative career in this era for the white men who comprised the majority of its practitioners.[116]

Specialization

As medicine professionalized in this same era between the Civil War and World War II, specialization became a significant component of this phenomenon.[117] Only two black women physicians trained as homeopaths, and records provide evidence of only a few incorporating alternative therapies, such as hydrotherapy and electrotherapy, into their practices.[118] Even in the years after 1910 when specialization became more common among physicians in general, African American women physicians remained unlikely to specialize. Through what seems to be

[116] Starr, *Social Transformation*, 27.

[117] Rosemary Stevens, *American Medicine and the Public Interest: A History of Specialization* (Berkeley: University of California Press, 1998), passim.

[118] Susan Smith McKinney Steward and Consuelo Clark Stewart trained as homeopaths, and Mary Britton emphasized hydrotherapy, electrotherapy, and massage as major components of her practice. Ruth Temple included hydrotherapy, though allopathic therapies comprised most of her practice.

a combination of inclination and economic reality, they often worked as general practitioners with an emphasis on treating women and children. Like many women physicians in this same period, this often resulted in at least an informal specialization in obstetrics and gynecology.

Public health proves the exception. As mentioned in the previous section, black women physicians in this era had an early interest in population health, beginning with the second black woman to graduate with a degree in medicine, Rebecca Cole. The women who graduated in the interwar years represent some of the earliest public health specialists, and they earned some of the early Masters in Public Health degrees. May Edward Chinn focused on cancer: "The more she learned, the more Dr. Chinn became interested in cancer. By the time her mother died of a heart attack in 1942, cancer had become a 'fanatic preoccupation.' It is almost as if the disease became the target of all the frustration and anger Dr. Chinn felt at the racial and sexual discrimination she encountered in her own life and in those of her patients."[119] Virginia Alexander and Ruth Temple incorporated their formal public health training into their practices in the 1930s and 40s. In the same period, Dorothy Boulding Ferebee and Ionia Whipper made public health a central aspect of their work on the Mississippi Health Project, an effort by the African American sorority Alpha Kappa Alpha to bring medical care and supplies to the drastically underserved black population of the Mississippi Delta from 1935 to 1941.

[119] Davis, "A Healing Hand in Harlem."

Medical Organizations & Societies

The creation of professional societies and organizations represents another hallmark of professionalization. Just as hospitals denied black women physicians internships and admitting privileges, many professional societies refused membership to either or both African Americans and women. Medical societies represented important professional spaces in which members shared professional knowledge through paper presentations and journal articles, socialized and networked, and organized on important professional questions and benefits. The American Medical Association (AMA) even recommended and implemented medical policies on the national level. Organizations also served as markers of prestige, whereby both fellow physicians and members of the public recognized the names and work of local societies and especially the national AMA. Exclusion from such organizations limited professional standing and opportunities. Thus, black women physicians found themselves once again in the position of participating in separatist organizations or on the margins of organizations dominated by white men. African American women physicians' memberships were most commonly limited to their medical school's alumni associations and the National Medical Association (NMA).

Several actively participated in their medical schools' alumni associations. Caroline Anderson served as treasurer of the Women's Medical Alumnae Association for the Woman's Medical College of Pennsylvania and was a member of the Women's Medical Society. Consuelo Stewart became a member of the Alumni Association of the Boston University, and Isabella Vandervall attended the Woman's Medical College of New York Alumnae Association. Notably, these schools represent either women's medical schools or a school with an unusually high proportion of women; Boston University School of Medicine merged with the New England

Female Medical College in 1873 and became the first accredited coeducational medical school in the United States.[120]

Black women physicians also participated in the National Medical Association, an organization created by black men physicians, in part, as an alternative to the American Medical Association, who explicitly chose to exclude black physicians from its organization. This explicit policy of exclusion began on May 5, 1870 when the AMA refused to seat delegates of the Washington DC-based National Medical Society, the United States' only biracial medical society in this period, at its annual meeting in the same city. Historian Douglas Haynes notes that the AMA's discourse from its founding in 1847 into the 1870s: "…included defining the social identity of medical authority in relationship to the subordination of marginal groups—blacks and white women. This discourse rendered the absence of blacks and white women in medicine as natural through the use of masculine, affective rhetoric that defined the AMA as a distinctive space for white males."[121] Obviously, an organization that excluded both blacks (implicitly men) and white women barred black women's membership and likely presumed that no black women physicans existed, their intersectional identity subsumed into either "black" or "women," with either identity barring their membership. The AMA also required membership in a local medical society, and many of these excluded African Americans and/or women. In response to local societies' frequent exclusion of African Americans, the a group of black men physicians officially founded the National Medical Association in 1895.

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[120] "History," Boston University School of Medicine, accessed June 22, 2018, https://www.bumc.bu.edu/busm/about/history/.

[121] Douglas M. Haynes, "Policing the Boundaries of the American Medical Association, 847-70" *Journal of the History of Medicine and Allied Sciences* 60:2 (April 2005), 173.

While dominated by African American men physicians who comprised the vast majority of the profession, women like Luetta Boddie and Anna Cooper were members, attended their meetings, and presented papers.[122] Ernest Mae McCarroll became known as the "First Lady of the NMA." She worked tirelessly to better the caliber of the *Journal of the National Medical Association* and served on the NMA's Publication Committee, the Board of Trustees (1949-1955; 1963-1973), and as chairperson of the Committee on General Practitioner of the Year Award (1955-1968). In 1963, she became the first woman pictured on the cover of the JNMA.[123] The American Medical Women's Association (AMWA) also represents an alternative to organization to the AMA that was founded when women could not join. Black women physicians do not seem to have been prominent members of this organization by and large, but Thelma Coffey Boutte proves an exception. She also represented AMWA at the Medical Women's International Association (MWIA) Meeting in 1973 in Paris.

State and city medical associations represented additional important professional organizations, both for local professional networking purposes and, again, because the AMA required membership in a local organization to obtain membership in the national association. Local-level associations frequently denied African Americans and women membership, and this provided an explicit opportunity for the AMA to do so as well. Consuelo Stewart became an early member of the Homeopathic Medical Society of Ohio in 1907. Luetta Boddie managed to join and even became the secretary of the Georgia State Medical Society, and Ruth Temple

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[122] "Deaths: Dr. Louetta [sic] T. Boddie," *Journal of the National Medical Association* 58:1 (January-March 1966), 86; Cooper, "The Opportunities in Specialization."

[123] Esther Vincent Lloyd, "Ernest Mae McCarroll, ca. 1898-," in *Past and Promise: Lives of New Jersey Women*, Joan N. Burstyn, ed. (Syracuse: Syracuse University Press, 1997), 355.

joined the California Medical Association.[124] Emma Wheeler was a member of Mountain City Medical Society. Yet, most evidence indicates that few black women physicians belonged to state and local organizations, thus further denying them access to professionalized medicine. Again, there are exceptions regarding the AMA and specialty societies; a few black women physicians became members.[125] Unusually, the AMA specifically recognized Lottie Blake in 1957 for her professional contributions. Extremely rarely, black women physicians joined specialty societies. Because of her eventual specialization in cancer detection and treatment, May Chinn became a member of the Society of Surgical Oncology. By and large, evidence suggests black women physicians could not access white-dominated professional organizations and their networks because of deliberately exclusionary practices of professionalized medicine.[126]

Some found ways to work outside of these more traditional professional organizations with other organizations in a professional capacity. Thelma Boutte volunteered with the sorority, Alpha Kappa Alpha's, medical clinics in the Mississippi Delta in 1930s. Sara Brown was a member of the Women's War Council, an American Red Cross Relief Worker, and served as the physician for the Gold Star Mothers Pilgrimage. May Chinn was appointed to the Surgeon General's Advisory Commission on Urban Affairs. Despite significant contributions some individuals made to organizations and benefits they may have accrued through their membership,

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[124] "N.M.A. Communications: Meeting of the National Medical Association Atlanta, GA., August, 1920 Delegates and Individuals Officially Registered," *Journal of the National Medical Association* 13:1 (January-March 1921), 39; "Deaths: Dr. Louetta [sic] T. Boddie."

[125] Daisy Brown-Bonner may have been an early member, as evidenced by her *JAMA* obituary. Ruth Temple certainly joined.

[126] Robert B. Baker, "The American Medical Association and Race," *American Medical Association Journal of Ethics* 16:6 (June 2014), 479-488.

by and large, professional organizations and associations served to further limit black women physicians' opportunities and access to networks.

Publications

Publication on professional topics also provides a measure of professional engagement. Caroline Anderson presented an early paper on "popliteal aneurism" to her alumnae association.[127] Lucy Hughes Brown wrote columns for a publication she helped found, *The Hospital Herald*.[128] Black women physicians' papers, articles, and letters to the editor appear sporadically and infrequently in the early years of the *Journal of the National Medical Association*, the primary publication for black physicians from its founding in 1909.[129] At the end of this era, Virginia Alexander published "The Health Status of Negro Workers in the National Youth Administration in the District of Columbia." For most of the period under study, however, African American women physicians published less on scientific or clinical issues in medicine and instead engaged much more with social issues relevant to medicine, challenges and opportunities particular to being a minority in the medical profession, and even occasionally on the history of black women physicians.[130] Unsurprisingly, the areas in which these women

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[127] Caroline Anderson, "Popliteal Aneurism" Transactions of the Alumnae Association of the Woman's Medical College of Pennsylvania (1888), 33-35.

[128] For examples, see Lucy Hughes Brown "Editorial" *The Hospital Herald* 1:2 (January 1899),1 and Lucy Hughes Brown, "Hospital Notes" *The Hospital Herald* 2:1 (January 1900), 10.

[129] Cooper, "The Opportunities in Specialization."

[130] Mary Britton wrote articles on teaching and social issues Rebecca Cole: *The Woman's Era (*1896); Isabella Vandervall: "Some Problems of the Colored Woman Physician" *The Woman's Medical Journal (*July 1917); Sara Brown, "Colored Women Physicians" *The Southern Workman*.

published remain consistent with the areas in which they both chose to work in relation to their "mission" and to which the majority-white male profession relegated them.

Adult Family Life

Just as the last chapter demonstrated how family of origin and class background shaped aspiring black women physicians' educational opportunities, their adult family structures often influenced how they practiced medicine and their financial success. Among the pre-Flexner cohort, many black women physicians did not have children. Mary Britton and Rebecca Cole neither married nor had children, and Josie Wells seems unlikely to have. Consuelo Clark Stewart married William R. Stewart, an attorney and the first African American elected to the Ohio legislature from Mahonig County; they had no children. Lucy Hughes Brown married David Brown, a clergyman, and it seems unlikely they had children. These women devoted much of their time to their successful careers.

Some women in this period had children, but it seems to have required special circumstances. Caroline Anderson married twice and had a total of five children. She married and had two children before attending medical school and only decided to become a physician after her first husband died. It is unclear how or whether she continued to care for her children.[131] She married Reverend Matthew Anderson and raised three daughters while practicing medicine. Her daughters eventually taught at the school where their parents served as principal and assistant principal. Lottie Blake married Dr. David Blake, who was both a pastor

[131] I have so far been unable to find out what happened to the two children from this marriage, William and Letitia Wiley, or whether they were raised by someone else or became a part of the Anderson household upon Caroline's remarriage.

and physician. They had five children, including a daughter, Dr. Sarah Blake, who eventually became an anesthesiologist. Once married, Lottie Blake devoted her time to raising her children and teaching in a missionary school. After David's untimely death from pneumonia, just after the Blakes returned to the United States after running out of funds to continue their missionary work in Haiti, Lottie sent all five children to live with relatives in Columbus, Ohio while she practiced in Charleston. Five years later, she was able to return to Ohio to set up a practice where her children lived. Emma Wheeler's second marriage was also to a physician, John Wheeler, with whom she had three children and raised her adopted nephew. Together, they founded Walden Hospital and had a successful joint career.

In the period from 1910-1941, black women physicians became even less likely to marry or have children. Ionia Whipper remained single throughout her career and had no children. May Chinn lived in the same building as her practice, and for as long as they lived, her parents lived with her. Though she had several suitors, she never married. She recounted being engaged several times: "A few times, she remained engaged for so long that another woman would call and ask if she was ever going to marry the man — and if she wasn't, would she please release him from his promise? Dr. Chinn always bowed out, and she became godmother to the children of several of her former fiancés."[132] She described feeling, "a little afraid of marriage. The Negro man could not get a job, so in order to feel important he fought. It was the Negro woman who kept these families together."[133] Though her father hated that she refused to marry, by the time of his death in 1936, "had completely forgiven me for shaming him by staying single."[134]

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[132] Davis, "A Healing Hand in Harlem."

[133] Ibid.

[134] Ibid.

Virginia Alexander never married or had children. She ran her medical practice, which included an inpatient facility, out of her home where she lived with her father. Occasionally, her sister also lived with her, but she eventually had to ask her to leave because she was so disruptive to Alexander's patients.[135] While she did marry, Ruth Temple ran a similar style of practice out of a bungalow she and her husband purchased in Los Angeles; they lived in its chicken coop for several years while Temple ran her practice out of her house.[136] Temple also never had children, though she essentially raised her younger siblings prior to attending medical school.

Occasionally, African American women in this period established practices while married with children. Isabella Vandervall was married to another physician, and they likely had children prior to Isabella's early death.[137] Luetta Boddie married a Meharry classmate. They had two sons who also became physicians, one of whom Luetta assisted for the last twenty years of her life.[138] Thelma Boutte married Benson Meade Boutte, a New Orleans public school teacher after setting up her private practice; they had one child, Benson V. Boutte in 1947.

Women who trained as physicians but either never worked in medicine or practiced medicine in addition to another source of income seem less likely to marry and especially unlikely to have children. Lucie Anthony married but never had children. Katharine Frances Beatty married, and it is unclear whether she had any children. Mary Louise Brown, Nancy

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[135] Virginia Alexander to Raymond Pace Alexander.

[136] Temple, "Oral History."

[137] See husband's obituary.

[138] "Deaths: Dr. Louetta [sic] T. Boddie."

Fairfax Brown, and Sara Winifred Brown were likely unmarried with no children.[139] Carrie Thomas was also likely unmarried with no children.

African American women physicians who married throughout the period 1864-1941 almost always married another professional, especially members of the clergy or fellow physicians. Caroline Anderson's second husband was a Presbyterian minister. Lucie Anthony's husband was an AME Zion minister. Lucy Hughes Brown's husband was a clergyman. Lottie Blake's husband was both a pastor and physician. Alice Woodby McKane, Isabella Vandervall, Luetta Boddie, Helen Dickens, and Lena Edwards all married fellow physicians. Dorothy Boulding Ferebee married Claude Thurston Ferebee, a dentist. In many of these cases, these women chose their partners, at least in part, for their potential help and commitment to carrying out their "missions."

In general, married women experienced much greater financial security than their unmarried counterparts. Even many married women had no children. The large number of women who did not have children likely demonstrates the constraints African American women physicians worked under and that they perceived working as a physician and caring for a family as incompatible pursuits.

[139] Sara Brown lectured in the Howard Gynecology Department for three years and served as the first female alumni trustee, but she spent the bulk of her career teaching in DC public schools. All three Browns are likely sisters.

Conclusion

This chapter demonstrated the ways in which the African American women who became physicians continued to face a profession that actively marginalized them in terms of their employment, specialization or lack thereof, and professional organization. After struggling to access medical education and then potentially internship and licensing, black women physicians who trained between 1864 and 1941 continued to face an uphill battle to work in their chosen profession and access the kinds of professional prestige and economic benefits medicine automatically bestowed upon white men practitioners. African American women physicians commonly held multiple positions, often simultaneously, and complained about their chronic financial difficulties, both of which point to their continued marginalization within medicine. They also rarely specialized, unless in women and children's health or public health, both of which the medical profession perceived as less prestigious and consequently generally paid less. Professional societies, too, restricted their access, and only a few black women physicians participated much in them, outside of the black National Medical Association. In each of these instances, we see the material realities of racism, in which "racial hierarchies determine who gets tangible benefits."[140]

Yet, black women physicians' marginalization should not overshadow that many of them found their careers profoundly satisfying and meaningful—a means of fulfilling their "missions" to their race and in their communities. Whether because lack of access to hospital privileges demanded it or their more expansive visions of health helped them to imagine alternatives (or both), the home of both patients and practitioners came to occupy a central clinical space and the

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[140] Delgado and Stefancic, *Critical Race Theory*, 21.

arena in which mission work occurred. Black women physicians attempted to adopt much of professionalized, scientific medicine, mainly attending regular schools and largely eschewing alternative therapies. But their choices in clinical spaces and specialization, even if made partially out of constraints, allowed them space (both literal and figurative) to contest this same medicine that marginalized them. This more "marginal" form of medicine as "mission field" likely contributed to these women's lack of recognition from many of their white contemporaries, as well as by historians.

Chapter IV

More Than Icons: A Granular Approach to Exposing the Hidden History of African American Students at the Woman's Medical College of Pennsylvania

As discussed in chapter two, the Woman's Medical College of Pennsylvania (WMCP) represented an important training site for aspiring black women physicians, as the only women's medical school that consistently educated African American students. The school initially kept no records of students' race. The school's archivists became "much interested in 'finding' these early women because our records do not indicate the race of our graduates " only in the mid-twentieth century.[141] This lack of racial record-keeping may have been standard practice at interracial institutions; Howard also initially did not distinguish between black and white students in their internal records. We now know nearly twenty African American women graduated from the institution in the 1864-1941 period, with an especially large number of graduates in the 1880s and 90s. During this same period, WMCP provided medical educations to a high proportion of international women students who studied in the United States. Each of the African American women graduates went on to practice medicine, many of them to professional and public acclaim, and some to financial success. Yet, even at a school willing to admit black students alongside its majority-white student body, African American students faced discrimination, especially in the 1910s and 20s. Significantly, no African American students graduated between 1928 and 1943, the largest gap in the school's history. Reflecting both the national contexts of increased white supremacist activity and segregation and the increasing

[141] Letter from Ida Draeger to Dr. Irma Henderson-Smathers February 15, 1948, Lucy Hughes Brown Folder, BWPP Box 2, Drexel Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

importance of clinical internships for careers in American medicine, the absence of African American students at the WMCP in these years represents a microcosm of these larger national trends.

Founded by Quakers in 1850, the WMCP initially attracted many supporters of abolitionism and women's rights. Its location in Philadelphia, a city with a larger black middle-class intelligentsia in the mid-Atlantic (closer to the South than New York or Boston), also likely increased its appeal as a potential training site for black women physicians. In Philadelphia, even white faculty and administrators likely had some exposure to black professionals. Yet, the school's emphasis on equality should not be overstated. Unlike Howard, the WMCP never explicitly strove to provide a racially-integrated medical education to its students, and its general attitude toward African American students seems more appropriately described as ambivalent than enthusiastic. Especially by the 1910s, recorded incidents of open hostility and racism appear in African American students' correspondence with the college's administration and in alumnae recollections. The timing of these incidents roughly maps onto both the increasingly stringent requirements regarding internship and residency and harsher racial attitudes in American society more generally. Examining black student experience at the WMCP reveals the complicated relationship African American students had with the school, especially in the twentieth century, while simultaneously exposing the variety of student experiences and backgrounds. This more granular approach to studying the history of African American women both exposes this lesser-known history of the WMCP and prevents their use as "icons," or people "…who are regarded not as varied, self-interested political actors, or as people to be served or scrutinized in meaningful ways, if they are regarded at all…forever trapped in a cycle of

ennoblement, flattening, and dehumanization."[142] While little remains known about some of the WMCP's graduates, often particularly of their student experiences, uncovering as much as possible helps to humanize them and better understand the complexities and nuances of their lives as medical students, paying particular attention to region and class.

Table 4.1
African American WMCP Alumnae, Alphabetical
Virginia Alexander, 1925
Caroline Still Wiley Anderson, 1878
E. Mae McCarroll Baxter, 1925
Lucy Manetta Hughes Brown, 1894
Daisy Brown-Bonner, 1907
Rebecca Cole, 1867
Melissa Evelyn Thompson Coppin, 1900
Pauline Dinkins, 1919
Juana F. Bennett Drummond, 1888
Matilda A. Evans, 1897
Lula Fleming, 1895
Eliza Grier, 1897
Leah Griffin, 1928
Halle Tanner Dillon Johnson, 1891
Verina Harris Morton Jones, 1888
Alice Woodby McKane, 1892
Lillian Moore, 1923
Alice Hathaway Purvis-Robie, 1898
Georgianna Patterson Young, 1878

Table 4.2
African American WMCP Alumnae, Chronological
Rebecca Cole, 1867
Georgianna Patterson Young, 1878
Caroline Still Wiley Anderson, 1878
Juana F. Bennett Drummond, 1888

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[142] Doreen St. Félix, "How the Alabama Senate Election Sanctified Black Women Voters," *The New Yorker,* December 14, 2017, https://www.newyorker.com/news/daily-comment/how-the-alabama-senate-election-sanctified-black-women-voters.

Table 4.2
African American WMCP Alumnae, Chronological
Verina Harris Morton Jones, 1888
Halle Tanner Dillon Johnson, 1891
Alice Woodby McKane, 1892
Lucy Manetta Hughes Brown, 1894
Lula Fleming, 1895
Matilda A. Evans, 1897
Eliza Grier, 1897
Alice Hathaway Purvis-Robie, 1898
Melissa Evelyn Thompson Coppin, 1900
Daisy Brown-Bonner, 1907
Pauline Dinkins, 1919
Lillian Moore, 1923
Virginia Alexander, 1925
E. Mae McCarroll Baxter, 1925
Leah Griffin, 1928

Nineteenth Century

Rebecca Cole (1846-1922) became the first African American woman to graduate from the WMCP in 1867, as well as becoming the second in the US; Rebecca Lee Crumpler graduated from the New England Female Medical College in 1864. Cole received an excellent education and attended the prestigious Institute for Colored Youth in Philadelphia. In 1862 the school awarded her a prize of ten dollars "for diligence in study, punctuality of attendance and good conduct," and she graduated in 1863.[143] At the WMCP, her preceptor was Dr. Ann Preston, and Cole wrote her required senior thesis on "The Eye and its Appendages."[144] She went on to work at the New York Infirmary for Women and Children, assist in an institution in South Carolina

[143] Annual Report of the Institute of Colored Youth (1862), Rebecca Cole Folder BWPP, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[144] Rebecca Cole, "The Eye and Its Appendages," Rebecca Cole Folder BWPP, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

during Reconstruction, and superintend the Government Home for "children and old women" in Washington, D.C. She ultimately opened the Woman's Directory in Philadelphia with another WMCP alumna, Dr. Charlotte Abby, and she spent most of her more than fifty-year career in her native city.

Caroline Still Wiley Anderson (1848-1919) and Georgianna E. Patterson Young (1845-1887) both graduated twelve years later, in 1878. Anderson first enrolled at Howard after the death of her first husband but soon transferred to the WMCP, possibly because of its location in her hometown. Anderson attended after she had two young children, and the school's proximity to her extensive Philadelphia-based family and social network could have been critical to completing her degree.[145] Faculty minutes record the receipt of "An application from Miss Caroline V. Wiley, medical student who had attended one course of lectures in Howard University, Washington D.C."[146] They conclude that Anderson's attendance "brought up the standing of the Medical School belonging to that Institution."[147] The minutes on Anderson's application end with the sentence: "This was decided to be good."[148] While it is unclear whether "this" referred to Anderson's application to attend the WMCP or the faculty's perception that her attendance at Howard improved its medical school's standing, at least as recorded in the minutes, they clearly welcomed Anderson's application and admitted her. A member of Philadelphia's prominent Still family and an early Oberlin College graduate, Anderson served an internship at

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[145] Again, I have been unable to find out who raised Anderson's children from her first marriage, William and Letitia Wiley.

[146] Rachel, L. Bodley, Dean, WMCP Faculty Minutes, 1876-1881, 60, Caroline Anderson Folder BWPP, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[147] Ibid., 60.

[148] Ibid., 60.

the New England Hospital for Women and Children in Boston, despite an attempt to deny her the opportunity once the staff learned she was black. She went on to a highly successful and varied career in Philadelphia that included serving as the City District Physician, founder of the Berean Church Dispensary, and Assistant Principal of the Berean Manual and Industrial Training School. She remained closely connected to the WMCP, particularly in the first ten years after completing her degree. In 1888 she both presented a paper to the Alumnae Association and was elected its treasurer.[149] Mrs. Helen Vera Waller, one of Anderson's daughters, made a small contribution of five dollars to the Alumnae Bed Fund ("used for Alumnae who are ill and need hospital care") after being solicited in 1952.[150]

Much of Anderson's classmate's life remains a mystery. Georgianna Young, like Anderson, probably came from a prominent family. The Pattersons were the only property-owning African American family in Niagara Falls, New York in 1850.[151] Her father, Samuel Patterson, opened a tavern after moving from Virginia to New York.[152] Twenty-five years later, however, sixteen African American men owned property in the town, including the wealthiest among this group, Jason Young, who married Georgianna Patterson.[153] Young seems either to have purchased or inherited the Falls Hotel, previously owned by his wife's father.[154]

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[149] "Popliteal Aneurism," *Transactions of the Alumnae Association of the WMCP* 1888, 33-35, Caroline Anderson DAF, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[150] Letter from Mrs. Helen Vera Waller to Dr. Marion Fay, Caroline Anderson DAF, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[151] "African Americans in Niagara Falls," 31, Georgianna E. Young DAF, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[152] Ibid., 31.

[153] Ibid., 32.

[154] Ibid., 32.

Georgianna likely attended the WMCP after her marriage but unaccompanied by Jason, who probably ran the family's hotel during the latter half of the 1870s.[155] It remains unclear whether she received an undergraduate degree; one was not necessary to enroll at the WMCP at this time. The college's faculty minutes indicate that she likely received some training, either formally or informally, from doctors M. D. Benedict and Sarah M. Loguen, the latter of whom was the fourth black woman physician trained in the US and also hailed from a family prominent in the Upstate New York African American community.[156] Perhaps the most significant information known about Young's tenure at the WMCP was that: "…she did not reveal her race while a student."[157] Young's apparent decision to conceal her African heritage almost certainly indicates she felt her racial status would prove disadvantageous as a medical student. Interestingly, her classmate, Caroline Anderson, identified Young as an African American alumna in 1906, well after Young's death.[158] Equally little can be gleaned regarding Young's career, likely because it was cut short when she died of tuberculosis a mere nine years after earning her degree.[159] She must have returned to her hometown, and she continued practicing throughout her illness: "She had long been in failing health, but while battling the disease had been courageously engaged in the

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[155] Her last name is Young rather than Patterson on all extant school records.

[156] "The 'time' of Miss Georgianna E. Young was next considered and certificates from Dr. M. D. Benedict of Syracuse, N. Y. and Dr. Sarah M. Loguen of the Woman's Hospital, Phila., read." Rachel, L. Bodley, Dean, WMCP Faculty Minutes, 1876-1881, 125, Caroline Anderson Folder BWPP, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[157] C. Bruce Lee to The Director, Records Office, Women's Medical College, April 7, 1964, Georgianna E. Young DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[158] Caroline Anderson to Annie W. Bosworth, 1906.

[159] Ida Draeger to C. Bruce Lee, April 16, 1964, Georgianna E. Young DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

practice of her profession."[160] Family described her as "extremely professional in attitude."[161] While a somewhat vague term, "professional" became a trait that physicians of both sexes deliberately tried to cultivate in this era, partially to attempt to distinguish physicians from tradespeople in the public's eye, and certainly one that was emphasized at the WMCP.[162] Young's practice may have been lucrative. Her great nephew inherited her "sterling silver spoons and a lovely tea set," possessions of at least a very solidly middle class household, though given Young's class background, her income probably was supplemental rather than her family's primary source.[163]

After these three early graduates, ten more African American women graduated from the WMCP between 1888 and 1900, marking the high watermark for black students graduating prior to the Second World War. The regions these women came from began to diversify, with several coming from the South; two were former slaves. Many of the women in this generation earned accolades as pioneers. Juan Fernandez Bennett Drummond, Verina Harris Morton Jones, and Eliza Grier represent the first African American women physicians licensed in Massachusetts, Mississippi, and Georgia, respectively. Shortly thereafter, Halle Tanner Dillon Johnson and Matilda Evans became the first licensed women physicians of any race in their respective states

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[160] Ibid., 1.

[161] C. Bruce Lee to Ida Draeger, April 20, 1964, Georgianna E. Young DAF, Drexel Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[162] Peitzman, *New and Untried Course*, 93.

[163] C. Bruce Lee to Ida Draeger, April 20, 1964, Georgianna E. Young DAF, Peitzman, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania. Ironically, another great nephew attended the Medical College of Pennsylvania (MCP), the WMCP's successor institution in the 1980s. See the note on photograph loaned to Archives by Dave Lee, 1st year medical student at Medical College of Pennsylvania, February 1986, Georgianna E. Young DAF, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania. "You follow in the footsteps of your great aunt, Georgianna E. Patterson Young…[who] graduated from Womans' [sic] Medical College in 1878."

of Alabama and South Carolina. The African American WMCP alumnae of this era worked as medical missionaries and settlement house administrators, opened dispensaries and nurse training schools, and ran private practices.

Juan Fernandez Bennett Drummond (1864-1925) was born and raised in New Bedford, Massachusetts.[164] She enrolled in 1886 and graduated from the WMCP in 1888. She returned to New Bedford after her graduation and set up a practice in her home and later had a private office. She married Andrew F. Drummond, who was likely a pharmacist, and had four children.[165] Her obituary indicates she was, "the first Negro woman in Massachusetts to receive a certificate of registration in medicine giving her the privilege to practice her profession in this state."[166]

Verina Harris Morton Jones (1865-1943) was also a member of the class of 1888. Like Bennett Drummond, she came from out of state to attend the WMCP. Hailing from South Carolina, she became the first black woman to graduate from the WMCP from outside the Northeastern United States. Again, little can be accessed regarding what she experienced at WMCP, other than that she received some financial support during the 1886-1887 session and

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[164] Some confusion exists surrounding Bennett Drummond's first name. Despite her gender, her name appears to be Juan rather than Juana. She was named after her grandmother, Juan Fernandez Cuffe, who was named for the Juan Fernandez Islands (off the coast of Chile). See correspondence from Carol P. McCoy, PhD in Juana Bennett Drummond DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[165] *The Pharmaceutical Era*, January 15, 1891, 54. "Mr. William H. Drummond will have a new store at the corner of Elm and Second streets in New Bedford. He will be assisted by his brother, Mr. Andrew F. Drummond." "Negro Woman Physician Dies," *New Bedford Evening Standard*, November 5, 1926, Juana Bennett Drummond DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[166] "Negro Woman Physician Dies," *New Bedford Evening Standard*, November 5, 1926, Juana Bennett Drummond DAF, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania. The same obituary notes that she was a descendant of Paul Cuffe/Cuffee, a well-known Revolutionary War privateer, shipbuilder, merchant, Pan-Africanist, and author of *Memoir of Captain Paul Cuffee* (1811), who helped ensure the enfranchisement of African Americans in Massachusetts by refusing to pay taxes because he was denied the right to vote. Drummond's relationship to Cuffe/Cuffee means she was also part Wampanoag, a New England Native American tribe.

was voted in as a member of the Woman's Medical College of Pennsylvania Alumnae Association.[167] She, too, built a successful practice after graduating from the institution. She became the first woman physician registered in Mississippi after taking her first position, resident physician at Rust College in Holly Springs, Mississippi. She later went on to become a prominent physician on Long Island and in Brooklyn, where she headed Lincoln Settlement House, originally an extension of Lillian Wald's Henry Street Settlement House. Though impossible to glean from sources, it is certainly possible that these two women found support in having a fellow African American student in what were relatively small classes.

[167] Verina M. Harris Morton Jones DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

Illustration 4.1: Class of 1888

Similar to Caroline Anderson, Halle Tanner Dillon Johnson (1864-1901) attended medical school after her husband suddenly died, she had a child to support, and she returned to Philadelphia to be nearer her family. Also like Anderson, Dillon Johnson's father was a prominent member of Philadelphia black society as a bishop in the African Methodist Episcopal Church, Bishop B. T. Tanner. Little remains of her experience at the WMCP, though we know Booker T. Washington personally recruited her to become a resident physician at the Tuskegee Institute.[168] After her 1891 graduation, she became the first woman to pass the Alabama state

[168] Booker T. Washington to Halle Tanner Dillon, April 16, 1891 in *The Booker T. Washington Papers*, Volume Three, 1889-95, Louis R, Harlan, ed. (Urbana: University of Illinois Press, 1974), 136-137. Photocopy in Halle Tanner Dillon Johnson Folder, BWPP, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

licensing exam, much to the shock of the white, male examining board. She immediately wrote to Dean Clara Marshall to describe her successful passage, which demonstrates a desire to keep her mentor abreast of this significant achievement.[169] While working at Tuskegee, she also founded a dispensary and nurse training program.[170] During the same years, she met and married her second husband, Revered John Quincy Johnson, who taught math at the Institute. After moving and opening a practice in Nashville, Tennessee, Johnson's promising career was sadly cut short when she died of complications of childbirth with her fourth child. In chronicling "progress among colored people," G. F. Richings remembered Johnson: "As a splendid type of noble womanhood I know of no better subject than Dr. Hallie [sic] Tanner Johnson. She is a daughter of Bishop B. T. Tanner, of the A. M. E. Church, who is justly proud of her."[171]

Alice Woodby McKane (1865-1948), like Drummond, came to Philadelphia from Massachusetts. To our knowledge, no other African American women enrolled in Alice McKane's class, but Halle Tanner Dillon Johnson was in the class ahead of her (1891). Shortly after her 1892 graduation, she and her husband, Cornelius McKane, founded the McKane Nurse Training School in Savannah, Georgia, making Alice the first licensed woman physician of any race to practice in the state of Georgia.[172] Soon after, they traveled to Liberia. Cornelius had

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[169] Halle Tanner to Clara Marshall, October 3, 1891, Halle Tanner Dillon Johnson Folder, BWPP, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[170] Nurse Eunice Rivers, instrumental in carrying out the Tuskegee Syphilis Study, perhaps represents the training school's most famous alumna (Class of 1922).

[171] G. F. Richings, *Evidences of Progress Among Colored People*, 11th Edition (Philadelphia: George S. Ferguson Company, 1904). Photocopied excerpt, Halle Tanner Dillon Johnson BWPP File, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[172] J. A. Rosers, "Facts About the Negro," *New York Courier* July 29, 1967, Alice R. Woodby-McKane DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

Liberian ancestors and wanted to return to practice there. The McKanes were far from the only African Americans making decisions like this in the 1890s. Though it predated the Garveyite Back-to-Africa Movement of the 1920s, a cadre of white and black Americans encouraged African American emigration to Africa, particularly Liberia.[173] There the McKanes founded the first hospital in Liberia, along with another nurse training school. Unusually, Alice also conducted medical examinations on African American Civil War veterans who had emigrated; black women physicians rarely examined men patients.[174] Less than a year after their arrival in Liberia, however, Alice became quite sick, and both McKanes returned to Savannah. In keeping with the sense of "mission" discussed in the last chapter, the McKanes not only worked in Africa but also provided medical care to indigent African Americans in Georgia through continuing their nurse training program and founding McKane Hospital for Women and Children.[175] The McKanes eventually moved to Boston where Alice continued to practice medicine and became involved in suffrage, the Republican Party, and the NAACP.

Lucy Hughes Brown (1863-1911) came to the WMCP from North Carolina, the second African American woman to attend from the South. She lived there her entire life prior to moving to Philadelphia. In 1885 she graduated from Scotia Seminary in Concord, North Carolina. She married the Reverend David Brown in 1889. She enrolled in the WMCP in 1890

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[173] Black and white motivations rarely aligned regarding this. African Americans typically encouraged emigration for improved social and economic conditions. Caucasian Americans' motivation more often stemmed from not wanting competition for jobs and avoiding shared social spaces with free blacks generally.

[174] Charles J. Elmore, "Black Medical Pioneers in Savannah, 1892-1909: Cornelius McKane and Alice Woodby McKane" *The Georgia Historical Quarterly* 88:2 (2004).

[175] Ibid.

and graduated in 1894.[176] During her second year she received a "beneficiary favor," or scholarship, from the school, along with five other students.[177] After graduating, she briefly operated a private practice but spent most of her life founding and running a nurse training school in Charleston, South Carolina.

Lula Fleming (1862-1899) graduated in the class of 1895. While serving as a medical missionary in the Congo, she contracted sleeping sickness. She returned to Philadelphia, where she died, in 1899. Coverage of her funeral indicates that she maintained ties to the WMCP and was a respected member of her class because: "A distinguished company of…women physicians, who knew the deceased in her student days, were present."[178] Additionally, "The Rev. Matthew Anderson, pastor of the Berean Presbyterian Church, offered the closing prayer…," which may indicate a connection between Fleming and Caroline Anderson, who graduated roughly two decades prior Fleming and considered herself a missionary among African Americans in Philadelphia.[179]

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[176] "Dr. Lucy Hughes-Brown" *Medical Woman's Journal* (December 1949):37, Lucy Hughes Brown Folder, BWPP Box 2, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[177] WMCP Faculty Minutes, September 19, 1891, Lucy Hughes Brown Folder, BWPP Box 2, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[178] Newspaper clippings, "Philadelphia and Vicinity: Last Rites," *The Examiner*, July 6, 1899 and "A Medical Missionary's Funeral," Lulu Fleming BWPP File, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[179] Newspaper clipping, "A Medical Missionary's Funeral," Lulu Fleming BWPP File, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

Matilda Arabella Evans (1872-1935) attended Oberlin on an Avery Scholarship, a fund for minority students.[180] She received a scholarship at the WMCP in 1893 and for the 1894-1895 session.[181] She graduated in the class of 1897. Immediately afterward, she "came South and have built up …a most enviable reputation. I have done well and have a very large practice among all classes of people. I have not lost one day, since I left College."[182] She described her general practice in glowing terms: "It seemed when I came to Columbia that the harvest was ready and waiting for me. The obstacles I did not consider very much and I have had unlimited success. I was the first woman physician to hang out a shingle in this state and I held this honor for eight years. Since I have returned to my native state, others have been inspired and have gone to our beloved College to take degrees."[183] Evans emphasized the high regard both she and the school held in her community and that their reputations were linked. She maintained close enough ties to the school that ten years after her graduation she wrote on behalf of her protege, Melissa Thompson, who later attended the WMCP. It is certainly possible that Evans encouraged her to choose this particular school and that the compelling appeal she made for Thompson contributed to her opportunity to study at the WMCP.

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[180] Minority Student Records, Copy from Oberlin College Archives, Matilda A. Evans DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[181] Matilda Evans to Alfred Jones, March 13, 1907, Matilda A. Evans DAF and Faculty Minutes, August 18, 1894, 308, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[182] Matilda Evans to Alfred Jones, March 13, 1907, Matilda A. Evans DAF, Drexel Legacy Center Archives and Special Collections, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[183] Ibid.

Eliza Grier (1864-1902) is one of the only nineteenth-century graduates whose own words remain. Like Fleming, Grier was born into slavery. Perhaps coincidentally, she and Fleming, the only two women born as slaves to become physicians, both attended the WMCP. Grier received her undergraduate training from Fisk University in Nashville, Tennessee. She completed the "Normal Course," or teacher training. She attended Fisk every other year and returned to North Carolina to pick cotton (presumably as a sharecropper) in alternating years in order to support her studies; thus, she completed her undergraduate degree in seven years.[184] In her final year at Fisk, Grier wrote to the WMCP "with some hesitation" and with the hope that "you will at least read my letter if you do not have time to think of what I am about to say."[185] Though unclear whether Grier had a longstanding interest in medicine as a career or originally intended to use her teaching degree, her letter provides some of the only motivation for becoming a physician at prior to beginning medical study. Echoing many of the black women physicians' emphasis on "mission," or medicine as a form of calling to serve members of their race, whether in the United States or Africa, she writes: "I desire to be of the most possible benefit to my race and to my fellow creatures. I think I can accomplish more by having a medical education."[186] Interestingly, she includes a discussion of why she believes few African American women have become physicians: "Few of our colored girls have dared to enter the Medical Sciences. I presume for several reasons viz: on account of timidity - on account of

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[184] Eliza Grier to President or Proprietor of WMCP, December 6, 1890, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania. Eliza Grier BWPP Folder, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[185] Ibid.

[186] Ibid.

means whereby to pursue such a course."[187] Grier highlighted the financial hardships that burdened her as an undergraduate and would continue to plague her throughout her medical training and career: "I have no money and no source from which to get it, only as I work for every dollar."[188] She expressed her desire to attend the WMCP "or some other good school" and asks about the cost of tuition and the existence of "any possible chance to do any work that would not interfere with one's studies."[189] Finally, she ends with an appeal that emphasizes her unusual position as an emancipated slave, medicine's position as a high status profession, and the school's position as a potential arbiter of fairness: "Do you know of any possible way that might be provided for an emancipated slave to receive any help into so lofty a profession? If you cannot do otherwise than give me a chance, a fair chance. I will begin with that."[190] Though we no longer have the school's response, it must have been at least somewhat favorable, as Grier was admitted and enrolled. Records also indicate that she received an one hundred dollar scholarship for the 1894-1895 session, along with her classmate Matilda Evans and six other students.[191]

With the exception of Physiology, Grier performed "adequate[ly] and in some cases better than most of her classmates."[192] The dean recalled that she "had a 'respectable standing' as a student of medicine" but also recognized her difficult financial situation: "…how much

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[187] Ibid.

[188] Ibid.

[189] Ibid.

[190] Ibid.

[191] Faculty Minutes, August 18, 1894, 308, Eliza Grier BWPP Folder, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[192] Archivist's note, Eliza Anna Grier DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

better work she would have done had she not been constantly harassed by want of adequate means of support it is difficult to say."[193] As discussed in Chapter Two, soon after her graduation, she became the first licensed African American woman in Georgia. She suffered ill health, and her practice consequently suffered as well. When in dire financial straits, Grier contacted Susan B. Anthony for help, rather than the WMCP. Anthony, in turn, chose to contact the dean of WMCP. No records indicate that Grier ultimately received help from either source.

Neither Evans nor Grier recounted discrimination at the WMCP, but a white classmate, Edith Flower Wheeler, described one such incident that occurred at commencement. She portrayed Evans and Grier as "both well educated and nice girls."[194] Students marched in pairs, arranged alphabetically, as part of the graduation ceremony. Wheeler recalled that one student did not want to walk next to "a Negro," despite her "F" last name falling between Evans and Grier: "One F was a girl from the good old Abolition [sic] state of Massachusetts but to march with a Negro wasn't what the war was fought for and she suggested a refusal."[195] This incident certainly suggests the possibility that others occurred that remain unrecorded.

Alice Purvis-Robie (1872-1934), a native of Washington DC, graduated from Wellesley College in 1896 and must have immediately enrolled in the WMCP. The only information about her held in the WMCP's archives, however, is an obituary note in the Alumnae Association's *Transactions*: "Class of 1898: Dr. Alice H. Purvis-Robie of Watertown, Mass. died in California

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[193] WMCP Dean to Rev. O.W. Whitaker, January 5, 1898, Eliza Anna Grier DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[194] Edith Flower Wheeler, *She Saunters Off into Her Past*, Eliza Anna Grier DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[195] Ibid.

on October 23, 1934 of a stroke."[196] Despite having a famous abolitionist grandfather, Robert Purvis, and a well-known physician father, Charles Burleigh Purvis, little can be gleaned about Purvis-Robie's career.[197] Despite Purvis-Robie's father's appointment as a professor at Howard University Medical School, she attended the WMCP. After graduating from the WMCP in the class of 1898, she interned at the New England Hospital for Women and Children in Boston in 1902, as her fellow black women physicians Sarah Loguen Fraser and Caroline Still Wiley Anderson had in the mid-nineteenth century.[198] She set up a practice in Watertown, Massachusetts, a suburb of Boston, and in 1904, she married Frederick H. Robie, a white bookkeeper.[199] It seems that at some point Purvis-Robie left the Boston area and practiced in Tucson, Arizona, and perhaps Alameda, California, where she died.[200] Clearly, Purvis-Robie came from an elite background and had connections to Philadelphia's black elite through her grandparents.

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[196] Ida J. Draeger to Gene Galasso, Alice Purvis-Robie DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[197] Robert Purvis was a prominent abolitionist of mixed African, Jewish, and English ancestry and a significant member of the Philadelphia African American community. He married Harriet Davy Forten, a daughter of another member of the Philadelphia black elite, James Forten. One of their sons, Charles Burleigh Purvis, earned his medical degree from Cleveland Western Reserve Medical College in 1865. He was a founding member of the National Medical Society, a predecessor of the NMA, as well as a founder of Howard University's Medical School, where he taught from 1868 until 1905. In 1871, he married Ann Hathaway, a white woman from Maine, and their daughter, Alice, was born in 1872. In 1881, he was appointed Surgeon-in-Charge at Freedmen's Hospital by President Chester Arthur. Famously, he saw President Garfield when he was shot by an assassin July 2, 1881 and was a close friend of Frederick Douglass, with whom he organized to oppose implementing a segregated school system in Washington, D.C. Julie Winch, *A Gentleman of Color: The Life of James Forten* (Oxford: Oxford University Press, 2002), 360.

[198] *Annual Report*, 55.

[199] Winch, *A Gentleman of Color*, 360.

[200] "Robie, Alice Hatheway Purvis," The University of Arizona Health Sciences Library Special Collections, accessed December 8, 2017, http://ahsl.arizona.edu/spec-coll/personal-names/robie-alice-hatheway-purvis.

The WMCP enjoyed a prestigious reputation within the black community as an institution for educating black women physicians in this era. An 1885 article in the *Philadelphia Gazette*, states: "The young men are being put to trades as fast as openings can be found and many of them have entered the learned professions. There are eight practicing colored doctors in this city who have diplomas from first-class medical colleges, and of this number two are women."[61] The two the article mentions are Rebecca Cole and "Carrie" Anderson, both graduates of the WMCP, an institution the author considered a "first-class medical college."[62] Around the turn of the century, G. F. Richings wrote about "lady physicians" as one significant arena in which black women provided "evidence of progress." Over half the examples he cited were graduates of the WMCP, including Halle Tanner Dillon Johnson, Caroline Anderson, Alice Woodby McKane, and Lulu Fleming.[63] In 1906, as he prepared for the Atlanta Conference on Negro Problems, W. E. B. Du Bois even wrote to the school to inquire about its "Negro" graduates.[64]

These women's largely successful careers certainly suggest that the training they received and credential they earned through the WMCP helped set them on this trajectory. The school provided at least a measure of financial support to several of them.[201] Yet, as we examine student experiences in more granular detail, a complicated picture of the WMCP's relationship to African American students emerges. Even when the school seemed to support African American students, both by the relatively large number it graduated, as well as through a degree of financial support, records do not indicate that the school particularly welcomed these students. Georgiana Young's decision to "not reveal her race while a student" exemplifies the potential problems being identified as a black student at a white school could cause. In spite of whatever

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[201] Lucy Hughes Brown, Verina Harris Morton Jones, and Matilda Evans all received scholarships or "beneficiary favors."

discrimination these students faced, the WMCP must have provided excellent professional training to its students in this era. These black women physicians withstood the new licensing requirement implemented by many states. Yet, as medicine continued professionalizing in the twentieth century, a harsher attitude toward African American students at the WMCP took hold. The ethos that may have allowed the school to provide at least a somewhat supportive environment in the nineteenth century seemed to shift in the early twentieth. By the 1910s and 20s, African American students represented a burden to Dean Martha Tracy, and these students provided much more explicit criticism of the school. The timing of this shift is unlikely coincidental. Racial attitudes continued to harden, and as medicine professionalized, clinical experience in the form of internships became required. Attaining one relied on personal connections between medical school administrators and hospital physicians. Despite a prominent white woman physician's recommendation, no white physicians wanted to offer internships to black women graduates of the WMCP.

Twentieth Century

Only two African American students graduated between 1901 and 1920. Though Daisy Brown-Bonner's (1879-1917) father was born a slave, he became a physician when he graduated from Meharry Medical College in 1886. His successful practice allowed him to send his daughter to medical school at the Woman's Medical College of Pennsylvania, and she then joined him as a partner upon her 1907 graduation.[202] Pauline Dinkins (1891-1961) was born in

[202] Polonius Hamilton Green, *Beacon Lights of the Race* (Memphis: E.H. Clarke and Brother, 1911), 492-494.

Marion, Alabama to parents who had both been born into slavery. Her father, Charles Spencer Dinkins, became president of Selma University when Pauline was two, and she received degrees from this university and Hartshorn Memorial College in Richmond, Virginia in the early twentieth century. Dinkins began her medical education at Meharry, but for unclear reasons transferred to the WMCP. She graduated in the class of 1919. Immediately after her graduation she returned to Selma and began corresponding with the WMCP's dean, Dr. Martha Tracy, initially regarding urgently needing her diploma to take the Alabama state licensing exam. Her letter took a sudden turn, however, when she decided to explain why she chose not to attend the class luncheon to say goodbye to faculty and classmates, for whom she "had aught against the persons there gathered:" "To tell you the truth, I was never able to make myself feel like a real member of the class, nor ever like a real part of the College. I surely tried hard to do this, but I failed."[203] Strikingly, she continued: "Every bit of my energy was taken in forcing myself to stay to the end."[204] She clarified that her struggles at the WMCP arose because, "…it simply infuriates me to hear one ill word said about the negro race."[205] Dinkins recounted her "first occasion of unhappiness," which occurred during the first week of her junior year. In surgery clinical conference an African American woman with arthritis was presented. The attending physician said, "'Because of her race,' etc. From that day, I was truly sensitive beyond measure,

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[203] Pauline E Dinkins to Martha Tracy, June 23, 1919, Pauline Dinkins BWPP Folder, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[204] Ibid.

[205] Ibid.

and never did I recover from one wound before I received another. Not personal grievances, mind you, but to me, the whole is far dearer than the part which is I."[206]

Dean Tracy appeared to respond collegially and matter-of-factly, stating that she mailed the diploma and was sorry she had not had the chance to say goodbye to Dinkins in person. She responded at length to Dinkins' concerns about racist comments her professors made. Instead of sympathizing with Dinkins, she chided her for not embodying the objective role of detached, scientific physician:

> It is unfortunate for you that you take the attitude you do in regard to the scientific facts stated concerning the Negro race. You have no more reason to feel personally grieved in regard to such statements than I have to hear the true statement made that the Americans are the most extravagant people in the world and the most careless in the care of their young children, having very often the highest infant mortality rate. This is a sad fact but nevertheless it is a fact. If those of us who are interested in public health should sit down and cry when this statement was made to us we would accomplish little in bettering conditions. The Irish might just as well take this attitude when informed that there is a higher tuberculosis rate in Ireland than in other countries.[207]

She couched her admonition in terms of the ideals of what a scientific woman physician should be: dispassionate, objective, and impersonal in matters of "facts." Because Dinkins "received a scientific education," Tracy believed she should "meet these matters in a philosophical frame of mind with an earnest desire to do what you can to improve conditions."[208] Instead of exhibiting her "oversensitive temperament," Dinkins needed to realize that what her professor told her were merely "facts …accurately stated." Instead of taking it personally, "that your race has not received an equal opportunity for education in this country," when Dinkins should instead "show

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[206] Ibid.

[207] Martha Tracy to Pauline Dinkins, June 30, 1919, Pauline Dinkins BWPP Folder, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[208] Ibid.

[herself] to be a worthy member of that race and of the medical profession…by endeavoring to do what you can to inform those with whom you come in contact" so that these "facts about the Negro race" will not be true in the future.[209] Tracy implied that Dinkins' responsibility was to teach African American patients practices that will improve their health rather than to feel offended by comments made by white physicians about African American patients. Tracy presumed African American patients would represent "those with whom you come in contact" for Dinkins. Tracy's response and Dinkins' prior complaint about the way an African American woman patient was presented in surgery clinical conference demonstrates that racist thought became part of medical school teaching at the WMCP.

Nevertheless, Dinkins maintained some connection to the WMCP, despite her fraught relationship to its faculty and her self-reported lack of connection with other students. Significantly, no other black students attended the WMCP during any of the years she spent there, very unlike the 1880s and 1890s. She responded cordially and deferentially to Dean Tracy "for the good will expressed" in her letter and informed her that she passed her licensing exam and began working, as well as commenting on male physicians' lack of stress on "social medicine," implicitly an overture that emphasized their shared identity as women physicians; she made no further mention of race or discrimination.[210] Dinkins' reasons for maintaining her respectful manner were likely related to her reliance on the WMCP dean for professional advancement. In the same letter, she asks for Tracy's assistance in getting an organization's support for her to give public lectures on the topic of social medicine. No record indicates that

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[209] Ibid.

[210] Pauline Dinkins to Martha Tracy, Pauline Dinkins BWPP Folder, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

Tracy ever responded or that Dinkins ever found this support; they seem unlikely to have corresponded further. Many years later, she wrote: "I am sure that every alumna of W.M.C. feels grateful to all those who obstructed the annihilation of the only medical school of its kind in the United States."[211] Nearly thirty years after her graduation, perhaps she was able to remember mainly "…the pleasant things which did make it possible for me to hold even in the poor fashion in which I did," as she once hoped.[212]

Though little remains of Lillian Atkins Moore-Clark's experience at the WMCP, perhaps in part because of a career shortened by an untimely death a mere eleven years after graduating in the class of 1923, we know her father was a physician in Hampton, Virginia.[213] Most significantly for understanding her medical student years, Martha Tracy referred to the challenge of finding an internship for Moore as a "problem," and one that she would "face again" "when three young colored women graduate from this College in 1925."[214] Tracy's exasperated tone, though somewhat sympathetic toward her African American students, also expressed the burden they came to represent to her. Moore-Clark eventually interned at Frederick Douglass Hospital and practiced for the remainder of her short career in Philadelphia.[215]

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[211] Letter from Pauline Dinkins to Drs. Caroline Vetkoskey and Catherine Macfarlane, July 1, 1946, Pauline Dinkins BWPP Folder, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[212] Pauline Dinkins to Martha Tracy, Pauline Dinkins BWPP Folder, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[213] Class of 1923," Transactions of the Fifty-Ninth Annual Meeting of the Alumnae Association of the Woman's Medical College of Pennsylvania (Philadelphia: 1934), 24, Lillian Atkins Moore-Clark Folder, BWPP, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[214] Martha Tracy to Dr. Charles J. Hatfield, January 25, 1924, Lillian Atkins Moore-Clark Folder, BWPP, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[215] "Class of 1923," 24.

Virginia Alexander (1899-1949) was born in Philadelphia. Her mother died when she was quite young, leaving her to help raise her younger siblings. Her father always struggled to make a living, but Virginia nevertheless managed to perform well in school and attended the University of Pennsylvania. She received an external scholarship to the WMCP, but she also worked as a waitress, maid, and clerk, during her tenure as a medical student in order to obtain adequate financial support.[216] Despite her financial burdens, Alexander eventually showed excellent promise as an aspiring physician while at the WMCP. She received the second highest score on a medical aptitude test, with the school's dean, who was tested simultaneously as the students, earning the third highest score.[217] To enhance her clinical experience, she pursued work in the Pathological Library at Douglass Hospital, one of the black hospitals in Philadelphia and ran a community center for "colored girls."[218] Eight years after her graduation, *The Crisis* published a profile on Alexander that included scathing recollections of her medical school experience: "The difficulty [of attending medical school] …was not simply that of money. The Woman's Medical College of Pennsylvania at that time and perhaps even now distinctly did not want nor encourage colored students. To survive the first year at the Woman's Medical College,

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[216] "Virginia M. Alexander," Virginia Alexander Folder, BWPP Box 1 alpha A-Ba, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania. The scholarship was originally offered to Alexander's closest friend and Penn classmate, Sadie Mossell, but she wanted to earn a doctorate in economics instead and encouraged Alexander to take the scholarship for medical study. Rae Alexander-Minter, "Virginia Alexander," Paper delivered at the unveiling of portrait of Dr. Alexander at the Medical College of Pennsylvania, March 14, 1986, Virginia Alexander Folder, BWPP Box 1 alpha A-Ba, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[217] Clipping, *Medical Woman's Journa*l (July 1949): 34-35, Virginia Alexander Folder, BWPP Box 1 alpha A-Ba, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[218] "Junior Class," *Bulletin of the Woman's Medical College of Pennsylvania* 74:1 (January 1924): 16, Virginia Alexander Folder, BWPP Box 1 alpha A-Ba, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

and to save one's soul required not brilliance but a far-fixed vision and tremendous physical strength."[219] This article provides the most pointed and direct critique of the WMCP's treatment of African American students, stating simply that it "…did not want nor encourage colored students" and describing surviving attending medical school there as tantamount to "saving one's soul." The same article corroborates and expands upon the problems Pauline Dinkins reported to Dean Martha Tracy:

> The difficulties which they threw in the way of colored girls are almost inconceivable. There was one professor who took especial delight and pains in retelling to his classes, where there were colored students, every discreditable, dirty and insulting story about colored people he could think of; and when on complaint the Dean had to interfere, the professor simply walked in and lectured the girls about trying to 'get above their people! It did not make any difference what they tried to accomplish, they must remember that they were still 'Negroes!'"[220]

This passage likely describes the same professor about whom Dinkins complained. Despite evidence of this persistent problem, no records indicate that this professor received any kind of reprimand. The issue does not appear in the school's faculty minutes; rather, all records of the event come from correspondence written by students and student recollections, suggesting only the school's African American students, not the school itself, perceived these racist incidents and their perpetrator as problematic enough to demand redress.

By the time Alexander graduated in 1925, internship and residency had become requisite elements of becoming a licensed physician. At this time, medical students relied on the personal connections of members of their school's faculty and administration for internship placement. The WMCP struggled to find a placement for Alexander, who "labored under the double

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[219] "Can a Colored Woman be a Physician?," *The Crisis*, February 1933, Virginia Alexander Papers Box 1 Folder 1, University of Pennsylvania Archives, Philadelphia, Pennsylvania.

[220] Ibid.

handicap of being a woman and a Negro."[221] "She received many refusals including one from a large hospital whose president frankly said, 'If you were first among a thousand applicants you would still not be admitted.' Even the colored Kansas City General Hospital hesitated at a woman interne, but finally set a precedent by accepting Dr. Alexander as the first woman member of its medical staff."[222]

Clearly, Alexander recalled her student experience at the WMCP with anger. Like Dinkins, however, she must have maintained at least a somewhat relationship with the school out of professional necessity. Because Alexander wanted to practice in Philadelphia, this professional relationship held even more importance than it likely had for Dinkins. In her early career, Alexander served on the staff of the Philadelphia Women's Medical College Hospital, the hospital affiliated with the WMCP, and she held a courtesy appointment there at its end.[223]

Ernest Mae McCarroll (1898-1990) was born in Birmingham, Alabama and graduated from Talladega College in 1917. After completing preparatory courses at Fisk University, she enrolled at the WMCP. She appears very sporadically in the archives during her medical school years. The college's *Bulletin* noted that she "was an officer at Sleighton Farm for Girls."[224] Most notably, her name appears with Alexander's to complain about racism from a faculty member, discussed in more detail below. Like Alexander, she would have experienced discrimination when she applied for an internship, and the two of them interned at Kansas City

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[221] Clipping, *Medical Woman's Journa*l (July 1949): 34-35, Virginia Alexander Folder, BWPP Box 1 alpha A-Ba, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[222] Ibid.

[223] Ibid.

[224] "Junior Class," 16.

General Hospital, No. 2. She mainly practiced in Newark, New Jersey, where she pioneered public health practices in stopping the spread of sexually transmitted illnesses and became one of the most prominent women members of the National Medical Association, popularly known as its "first lady."

In this same era, there were several African American women students who enrolled but never graduated. Kathryn Preston Johnson graduated from the University of Pennsylvania and would have completed her degree in 1925, along with Virginia Alexander and Ernest Mae McCarroll. Mildred E. Freeman attended the WMCP contemporaneously but also never graduated. A letter from Ernest Mae McCarroll, Kathryn Preston Johnson, Mildred Freeman, and Virginia Alexander to Dean Martha Tracy describes the same situation Alexander recalled in her *Crisis* profile and echoes Pauline Dinkins' revelations in her letter five years earlier: "When the situation became intolerable, our self respect demanded that we register protest. While the conference subjected us to fresh insults, it was of distinct value to get from Dr. Jump an expression of his attitude toward ourselves and our race."[225] Though this group of students was able to band together to "register their protest," unlike Pauline Dinkins, who represented the sole African American student when she was a WMCP student, I have found no record of any action against Dr. Jump. The four students claim that Dr. Tracy "received and heard us with an open mind," but one cannot help but wonder whether Dr. Jump's racism and Tracy's inaction contributed to Johnson and Freeman's decisions never to complete their medical degrees.

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[225] Ernest Mae McCarroll, Kathryn Preston Johnson, Mildred E. Freeman, and Virginia M. Alexander to Dr. Martha Tracy, April 17, 1924, Virginia Alexander Folder, BWPP Box 1 alpha A-Ba, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

Certainly, this incident and repeated discrimination remained at the forefront of how Alexander remembered her WMCP experience.

Leah Elizabeth Griffin (1901-1964) was the last African American woman to graduate from the WMCP prior to the start of the Second World War. Born in Albany, Georgia, Griffin graduated from Atlanta University in 1923, whose motto "I'll find a way or make one" embodied the spirit of African American women who hoped to become doctors in the era. A "serious college science student," Griffin decided to attend medical school during her junior year.[226] Her biology professor, Mabel Hancock, had also initially hoped to become a physician before "settl[ing] for a professorship in [a] small Negro college" and seems to have mentored Griffin.[227] After experiencing this nurturing college relationship, arriving at the WMCP must have been a shock. Comparing the two institutions, her cousin recalled the WMCP, "…was not Atlanta where the Negro had created miniature cultural and political oases within which he was a complete being," implying that Griffin was not always treated as "a complete being."[228] Remembering Griffin's relationships with the WMCP faculty, she wrote:

> Then there were the professors to whom she became endeared at Woman's Med. How hard won these cherished new friendships were! They had to be deserved. Woman's Medical College had not earned the reputation of being the world's finest medical college for women through easy discipline.[229]

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[226] Ethlynne Holmes Thomas, "A Tribute to Leah Elizabeth Griffin," Leah Elizabeth Griffin DAF, WMCP Archive, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[227] Ibid.

[228] Ibid.

[229] Ibid.

While these "hard-won friendships" may simply refer to the challenging nature of impressing a medical school professor, in light of contemporary accounts, one cannot but wonder whether Griffin faced an extra degree of "discipline" due to her race. Despite suffering a traumatic brain injury that required many months of recovery while a student, Griffin graduated in 1928 and returned to rural Georgia where she "practiced actively" for the rest of her life. Another African American student would not graduate from WMCP until 1943.

Conclusion

The Woman's Medical College of Pennsylvania served its African American students well in many respects. We should not forget how unusual it was for a majority-white school to admit black students at all in this era. Indeed, the WMCP trained the third largest number of African American women after the historically black universities, Howard and Meharry, and represents the only women's medical school to train a significant number of black women. Yet, these numbers alone belie students' experience of harsh discrimination at the school. As medicine professionalized, and clinical experience through internships became required by the early twentieth century, the school began to view its African American students as burdens rather than assets, and overt discrimination became common. Though it continued to admit African American students in small numbers, the WMCP in many ways provides a microcosmic view into hardening attitudes against black women in medicine more generally. As medicine became a more powerful and autonomous profession, it became more strongly associated with white masculinity. At a time of renewed white supremacy throughout the United States, aspiring

African American women physicians found it harder than ever to enter the medical profession, reminding historians that professionalization involved excluding women of color through marginalization during medical school and through severely limiting their internship opportunities while making internship a new requirement. In the declining numbers of African American women medical students and their struggles to procure internships demonstrate the very material consequences of racism. For example, no African American students attended during the Great Depression, an event disproportionately harmful to African Americans. The often insurmountable task of being accepted for a clinical internship as a black woman, a mandatory aspect of becoming licensed and able to practice medicine, likely deterred many from attending medical school in the first place once it became a much greater financial risk. Exposing the collective forgotten history of black students attending the Woman's Medical College of Pennsylvania through what remains of their experiences of the school gives voice to these remarkable women as individuals rather than flattened icons. That this history remains largely unknown and unlooked for, despite an archive dedicated to it since the 1970s in one of the largest women in medicine collections in the world, demonstrates medicine's strong association with whiteness. Even in a setting created with the explicit purpose of studying women's contributions to medicine and their marginalization within it, these particular black women's histories were mostly forgotten.

Chapter V

"A Much Wider Field in Which to Operate:" Black Women Physicians in Public Health

In discussions of racially-marginalized groups, public health most often connotes oppression by medical professionals, whether they enforced the Contagious Disease Acts in the British colonies or constructed racial hierarchies of immigrant groups to the United States. Yet, a competing and complementary narrative emerges when African American women physicians are placed at its center. For these women, engaging in public health work constituted a form of racial uplift and an arena in which to challenge both the definition of a physician and contemporary ideas about inherent racial inferiority. Out of both economic necessity and ideological commitment, these women challenged the professional delineation between public health and medicine, frequently incorporating the two elements into their practices. At the heart of their practice lay a belief that with better education and resources, African Americans could improve their health, thus simultaneously challenging contemporary beliefs that African Americans were innately unhealthy.

Nineteenth Century

From the beginning of black women's professional involvement in medicine, public health marked a central component of the scope of their practice. Rebecca Cole, the second black woman physician in the United States, began her career as the "sanitary visitor" in the late 1860s for the New York Infirmary for Women and Children run by two of the first women physicians, famous sisters, Elizabeth and Emily Blackwell. Elizabeth recalled that: "With tact and care,"

Cole provided "simple, practical instruction to poor mothers on the management of infants and the preservation of the health of their families."[230] After spending much of the rest of the Reconstruction era practicing in South Carolina, Cole returned to her native Philadelphia and opened the Women's Directory with white woman physician and fellow WMCP alumna, Charlotte Abby. In this work, Cole likely continued to hone an interest in public health while still treating individual patients, a balance that would become common among African American women physicians engaged in public health work.

Cole exhibited her longstanding interest and expertise in public health in a response she gave to W.E.B. DuBois, at that time an assistant instructor in sociology at the University of Pennsylvania, at the first meeting of the Women's Missionary Society of Philadelphia in 1896.[231] This society was not specifically medical, but DuBois, interestingly seems to have taken an interest in black women physicians. Here, he interacted with Cole, one of the earliest African American women physicians. Ten years later, he wrote to the WMCP to inquire whether any black students had attended or were attending there. *The Crisis*, which DuBois edited, featured information about black women medical school graduates and their difficulty securing clinical internships. He likely wrote the profile on Virginia Alexander, with whom he had an extra-marital relationship.[232] In addition to DuBois himself, his presence in these women's lives provides a proxy for the standing African American women held in their communities in general.

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[230] Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women: Autobiographical Sketches* (London: Longmans, Green, and Co., 1895).

[231] Despite DuBois' title, he actually had no contact with students and did not teach. He was hired specifically to do the research for what became*The Philadelphia Negro*. See Greg Johnson, "W.E.B. DuBois at Penn," accessed February 20, 2018, https://www.upenn.edu/spotlights/web-dubois-penn.

[232] My evidence for this comes from the head archivist at the University of Pennsylvania Archives who stays in touch with two of Alexander's nieces. They have discussed their family history with him.

Many of their lives intersect with the "great men" of African American history in this period: Frederick Douglass, Booker T. Washington, and W.E.B. DuBois.

At the time of this meeting, DuBois was just about to begin work on what would become his groundbreaking first book, *The Philadelphia Negro: A Social Study*, which surveys the city's Seventh Ward, predominantly inhabited by impoverished African Americans. Despite his professional and scholarly prominence, Cole openly criticized DuBois' use of the statistics he presented on African Americans' disproportionately high incarceration and tuberculosis mortality rates. She questioned the very motives of the creators of these statistics:

> Now who made these figures but men of a class who are so warped by that strange American disorder, colorphobia, that before accepting their verdict we must be excused for saying we are not ready for the question…And who makes up the police records? To what class do most of the men in this department belong but to Irish democracy? Who can tell how many white offenders go free, either by bribery or by their own aptitude to escape the consequence of their actions?[233]

Cole blamed the "young, inexperienced white physicians" who she claimed treated the vast majority of the poor for the reported higher incidence of tuberculosis among African Americans: "They have inherited the traditions of their elders, and let a black patient cough, they immediately have visions of tubercles. Let him die, and though in the case there may be good reason for a difference of opinion, he writes, 'tuberculosis,' and heaves a great sigh of relief that one more source of contagion is removed."[234]

While she denied any "implicit faith in these statistics," Cole agreed that African American residents of poorer neighborhoods suffered higher incidents of disease: "We must

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[233] Rebecca J. Cole, "First Meeting of the Women's Missionary Society of Philadelphia, *The Woman's Era*, Volume III No. 4 (October and November 1896), Rebecca Cole BWPP Folder, Drexel University College of Medicine, Legacy Center Archives and Special Collections, Philadelphia, Pennsylvania.

[234] Ibid.

teach these people the laws of health; we must preach this new gospel, that the respectability of a household ought to be measured by the condition of the cellar; that to prolong the hours of toil or study or pleasure habitually into the night, when we must be up betimes in the morning, is to rob our offspring of vitality, and invite epilepsy, consumption, and a train of other evils."[235] She advocated addressing what we would now term "structural inequality" through improved sanitation and housing and displayed her expertise in demanding "cubic air space laws," which would regulate the number of people who could live in one dwelling, "that people may not be crowded together like cattle while soulless landlords collect fifty per cent on their investments."[236]

Addressing contemporary racial theories, such as whether African American mortality rates reflected the "fate of all exotics," Cole repeatedly emphasized that to the degree that a higher incidence of disease and death truly existed, this phenomenon demonstrated only poor living conditions based on racial and class discrimination and a lack of education rather than any form of inherent biological inferiority that predisposed African Americans to be more likely to contract disease. Cole denied that high rates of vice, disease, and crime could be attributed to racial causes, stating instead that they "have no complexion." These problems could only be met with improved sanitation and hygiene practices.

Strikingly, Cole questioned the very epistemology upon which public health statistics were based. If structural inequality became reified in the statistics without questioning how the data was collected or accurately ascribing possible causes, the "data" itself could not be trusted.

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[235] Ibid.

[236] Ibid.

While impossible to know if Cole's response to his presentation in any way influenced DuBois' findings in *The Philadelphia Negro*, many of his conclusions about the true causes of inequality echo hers, especially in the role white perception of black residents played in misidentifying inequality as biological rather than social.

Writing roughly twenty years later, Sophia Bethena Jones echoed Cole's attribution of social factors to explain high African American mortality in "Fifty Years of Negro Public Health." Jones became the first black faculty member at Spelman, as well as the founder of the college's nurse training program; she, as well as several contemporary black women physicians, believed trained nurses served a vital component of public health.[237] At the time she wrote her article for the *Annals of the American Academy of Political and Social Science* she was serving as resident physician of the Greensboro Agricultural and Mechanical College in North Carolina. She questioned who created statistical data and how less than Cole but emphasized that statistics can be subject to manifold interpretations:

> …satisfactory though the statistical method might be, it should be remembered that behind and beyond its facts and deductions lies a vast territory, covered over with a maze of social and economic problems of vital importance to the Negro race and to the whole nation. An enormous infant mortality may conceal the criminal negligence of parents, the heartless indifference of municipalities, or an economic slavery depriving the infant of its right to be well born.[238]

She continued to address the issue of statistical interpretation in terms of high rates of tuberculosis among African Americans:

> Reading between the columns of figures setting forth a large death rate from tuberculosis, one may detect the tragedy of human tribute paid for the maintenance of city slums and

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[237] See, for example, the discussion of Lucy Hughes Brown in Chapter Three.

[238] S. B. Jones, M.D., "Fifty Years of Negro Public Health," Annals of the American Academy of Political and Social Science (September 1913), 138.

> alleys, for ignorance and poverty, for debauchery or for the ambition of youth that overestimates the physical means for its realization. In connection, therefore, with the vital statistics of the Negro race these human problems must be considered, for a resolute attempt at their solution is certain to change the interpretation that is now placed upon them.[239]

These women both alluded to and contested contemporary racial theories that posed innate racial inferiority, including health inferiority, of people of African descent prevalent in late-nineteenth and early-to-mid-twentieth-century thought. Jones addressed the premise that African Americans' health was better during slavery, part of a contemporary notion that represented the antebellum period as a golden age, even for enslaved individuals. Throughout their respective texts, Cole and Jones refuted notions of biological inferiority and questioned underlying assumptions regarding the creation and interpretation of public health statistics. Their engagement in these debates represents both a professional and political act. Their public health work and political engagement with medicine cannot be easily disentangled. For many black women physicians who engaged with public health as the field professionalized, public health work provided a field in which to enact political visions, whether through government programs or explicitly non-governmental alternatives. We will examine this trend even more thoroughly in the next section through an analysis of the careers of Virginina Alexader, May Chinn, Dorothy Boulding Ferebee, and Ruth Temple, all of whom graduated from medical school in the late 1910s or early 1920s and three of four of whom earned early masters of public health degrees from Ivy League universities.

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[239] Ibid., 138.

Twentieth Century

Nineteenth-century women physicians' emphasis on public health continued for their twentieth-century successors. While black women physicians in the nineteenth century practiced in a time prior to a professionalized public health workforce, their twentieth century counterparts focused on public health through a mixture of professional and non-professional training. Those who acquired professional training obtained their degrees from the most prestigious schools and departments of public health. Likely because of public health's perceived lack of prestige in comparison to medicine, especially surgical subspecialties, a handful of elite black women physicians could attend Columbia and Yale for graduate training in public health, while the same schools continued to bar African American women from enrolling as medical students.

At the height of the influenza pandemic of 1918, Johns Hopkins opened the first endowed school of public health in the United States, thanks to funding provided by the Rockefeller Foundation. Shortly thereafter, the Rockefeller Foundation also funded the opening of schools of public health at Harvard and Toronto. By the mid-1930s, Berkeley, Columbia, Michigan, Minnesota, MIT, Penn, Wayne State, and Yale all offered degrees in public health. These programs proliferated due to the passage of the 1935 Social Security Act, which allocated federal funding through the states for public health training.[240] Several black women physicians took advantage of this expansion in funding for public health education to further their careers and help carry out their "mission" as discussed in chapter three.

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[240] K. Gebbie, L. Rosenstock, L.M. Hernandez, eds, "History and Current Status of Public Health Education," *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century* (Washington, DC: National Academies Press, 2003), 41-43.

Ruth Temple, May Chinn, E. Mae McCarroll Baxter, and Virginia Alexander each earned masters in public health degrees. In each case, however, their work in public health predated earning their degrees in the specialty, and often, their work continued to comprise a mixture of public health and private practice. For each of these women, public health and medicine represented inseparable aspects of the same endeavor: improving patients' lives and health, whether addressed at the individual or population level.

While still a medical student at Loma Linda, a nascent idea of the direction of Ruth Temple's future career took root when she "saw what a real physician could be for a community" through reading Ellen G. White's *The Ministry of Healing and the Work of Christ* in a course taught by physiology professor Dr. A.W. Truman, an event she later described as the start of "my life's work."[241] A devout Seventh-Day Adventist, Temple knew she would dedicate her life to ameliorating suffering through a holistic, community-based approach to health that included both treating acute illnesses and educating the public about disease prevention and a healthful lifestyle. Immediately upon her 1918 graduation she "started practicing in southeast Los Angeles as my mission field, like my father went South."[242] In seeing "needs that were so appalling," Temple decided to establish a clinic; in an area with a population of 250,000 people, no clinics existed.[243] Five years later, she began working at the Los Angeles City Health Department, which included a City Maternity Service for delivering all babies born in homes in LA.[244] While

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[241] Ruth Janetta Temple, "Black Women Oral History Project," interview by Tahi Mottl June 12, 1978, Schlesinger Library, Radcliffe College, Cambridge, Massachusetts, 20.

[242] Ibid., 16.

[243] Ibid., 20.

[244] The program was run through the city health department but funded through the University of Southern California (USC). Ibid., 16.

she initially faced reluctance from its director who told Temple, "I don't think this is a woman's work," he allowed her to try it.[245] From 1923 until 1928, she "had her share" of the roughly 300 babies a month the Los Angeles City Maternity Service delivered, in addition to continuing her private practice.[246] This combination of work marked much of her career, straddling the line between medicine and public health.

By the late 1920s, Temple planned to specialize in obstetrics and planned to take the board certification examination when the Los Angeles City Health Department offered to pay for her to train in public health at Yale. There she became a special protege of Dr. C. E. A. Winslow, the founder of Yale's Department of Public Health. Winslow is perhaps best remembered for his definition of public health adopted by the World Health Organization (WHO): "the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations public and private, and communities and individuals." Temple seems to have wholeheartedly embraced her mentor's definition and pursued improving her community's health through as many of these avenues as possible.

Temple opened what would become Temple Health Clinic. She and her husband purchased a house that served as the clinic, including a hydrotherapy room; the couple used the backyard chicken coop as their living quarters.[247] Every third Sunday Temple held what she termed "Community Health Day," where she displayed an exhibit entitled, "From the Village of Misery Up to the Land of Health and Happiness," which demonstrated steps to avoiding preventable diseases. While Temple held Community Health Day in her own impoverished neighborhood of

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[245] Ibid., 13.

[246] Ibid., 13.

[247] Temple, "Oral History," 20-21.

Southeast Los Angeles, the audience included residents of much wealthier neighborhoods, as well as her own. The wide-ranging interest in the program eventually led Temple to establish Community Health Week, suggested by one of her sisters who was a nurse.[248] Ultimately, this became California Community Health Week.

In addition to this monthly programming, Temple implemented "Health Study Club" in 1928 out of the sadness and frustration of losing a patient she felt she could have saved. A mother brought a sick infant to Temple, and she determined the baby had contracted pneumonia. She directed the mother to take her child to the hospital, but she refused. She then offered to treat the baby in the woman's home using hydrotherapy as part of the regimen, but that also frightened the mother. Temple simply had to watch the baby die because the mother refused her services. Thus, she initially directed the program at parents in order to enable them to keep their families healthy, but she soon expanded it to include youth, beginning with a "gang leader." In 1946, Temple was appointed Assistant City Health Officer.

While Temple's programming in many ways represented a departure from mainstream medicine because she focused primarily on the population level rather than the treatment of individual patients, her work received an unusually high degree of recognition from professional organizations. The Los Angeles County Medical Society encouraged and supported the programs, which Temple noted was rare for a county medical society. Furthermore, the president of the American Medical Association wrote to Temple to tell her her program was "the most practical and outstanding program for using the total resources of a community as any program

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[248] Ibid., 21.

he's ever seen any place in the world." Even an expert in global health, Samuel DeShay, worked to implement much of Temple's programming throughout Africa and India.

On the opposite coast, May Edward Chinn struggled to break into a formal role in public health to the degree that Temple successfully had. Originally a music major at Columbia, Chinn took one course with esteemed microbiologist Jean Broadhurst in which she was assigned a final paper on sewage disposal. After submitting the paper, her professor asked to meet with her. Chinn recalled her saying, "I never heard of a music major writing a paper like this on sewage disposal…I think you have a future in science."[249] Thus began Chinn's interest in public health and her eventual switch to a career in medicine through Broadhurst's mentorship.

After completing medical school and an internship at Harlem Hospital, Chinn opened a private practice. As discussed in chapter three, she struggled to survive financially with a private practice alone, and like many of her contemporaries, she conceptualized medicine as something larger than treating individual patients. Chinn decided to take additional work at the Speedwell Clinic for both financial and philosophical reasons. Founded by a pediatrician, the Speedwell Clinic operated on the premise that if a child was quite sick, he should be hospitalized but discharged to a clinic as soon as possible to avoid additional illness. Neighborhood women staffed the clinics and took care of tasks like monitoring feeding and ensuring the children returned to their normal weights after hospitalization. A public health nurse examined each child daily, and a doctor visited roughly twice a week and attended to any serious medical problems. Family care centers became part of these clinics; all family members could be examined by a

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[249] May Edward Chinn, "Black Women Oral History Project," interview with Ellen Craft Dammond June 27, 1979; July 13,1979; September 12, 1979, Schlesinger Library, Radcliffe College, Cambridge, Massachusetts, 22.

doctor annually. Chinn saw all of Speedwell's African American patients, in addition to her racially-diverse group of private patients.[250] She also observed that tuberculosis and venereal disease clinics were closing throughout Harlem due to insufficient funding, despite the neighborhood having the highest incidence of venereal disease in New York City.[251] Chinn frequently attended National Negro Health Week Conferences, held annually at Tuskegee University. On her way back to New York from Alabama one year, she realized "…the health problems in Harlem was [sic] not a single problem, it was a community problem" and decided to earn a degree in public health.[252]

She worked on her masters in public health at Columbia while continuing her other jobs, graduating in 1933. While the details of Chinn's attempt at a career formally in public health remain obscure, she recalled that, "…the men [physicians] fought me…both the Negro and the Caucasian doctors. They were all against me. They went down to the Department of Health and registered their protest…they said they didn't want to be tied to the apron strings of a woman."[253] Through contacts she had from her time as an intern, Chinn ultimately made significant contributions to cancer research and detection, the latter of which became an important outlet for her training in public health. In her eighties she served as a physician for day care centers. Like many of her contemporaries, Chinn's careers in medicine and public health are not easily separable. Chinn described her desire to work in public health as "a little selfish" because official positions at the Department of Health paid better than her private practice, but despite her

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[250] Ibid., 52.

[251] Ibid., 53.

[252] Ibid., 55

[253] Ibid., 56

purported motives, Chinn held a commitment to public health throughout her career.[254] "I had a different point of view from just an office practice…I wanted to do something that was very live."[255] Like Temple, Chinn took a holistic approach to health larger than fixing individual ailments.

Ironically, Dorothy Boulding Ferebee, who never earned a formal degree in public health, became one of the most recognized and lauded public health professionals of her era, along with Ruth Temple. Like Temple, Ferebee began specializing in obstetrics early in her career and completed an internship at Freedmen's Hospital, as well as attending several postgraduate clinics in both Boston and Washington, DC between 1924 and 1927. She taught Howard medical and nursing students this field from 1927 until 1929, and the Board of Trustees then appointed her physician to women students in 1929. In 1935, she became medical director of the Howard University Health Service for all students.[256] She seemed to view her work at the University Health Service as form of public health intervention because so many of the students who enrolled at Howard had never had any continuity of care, some receiving very little medical care throughout their lives, nor did they have much education about health and hygiene; Ferebee worked to rectify both aspects.

Contemporaneous with her official positions, Ferebee became involved with public health in the wider Washington, DC community. She began organizing Southeast House while still an intern at Freedmen's because: "I did a great deal of ambulance work, service which primarily

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[254] Ibid., 56

[255] Ibid., 55-56.

[256] Dorothy Boulding Ferebee, "Black Women Oral History Project," interview with Merze Tate December 28 and 31, 1979, Schlesinger Library, Radcliffe College, Cambridge, Massachusetts, 5.

took me to fights and to disruptive family life down in southeast Washington. I learned a great deal about the needs of Negro people here, because most of them were concentrated in that area. Almost every Saturday night there was a big explosion or some kind of fight, and I came to know where the difficulties were."[257] Additionally, she noticed many young children left at home with either very elderly or young family members unable to provide adequate supervision, and despite the fact that the District of Columbia operated beautiful playgrounds with seesaws, swings, and swimming pools, they forbade black children from playing in them, even surrounding them in barbed wire explicitly to keep them out. Through the local community chest and a few private donations, she was able to open a day care center where children could play safely. Over the course of fifty years, the services offered grew to include after-school programs, youth counseling, youth diversion, youth employment training, youth community conservation improvement, juvenile restitution, cultural arts, tutoring programs, housing assistance, adult leisure time, geriatric day care, and community outreach.[258] In Ferebee's work creating and fostering Southeast House, we again see an expansive notion of health that included a healthy and safe community for all its residents, even within the confines of segregation. She continued to work on improving the environment in which African American residents of the District of Columbia lived through serving on the board of directors of the Community Chest from 1936 to 1942 and the American Council to Improve Our Neighborhoods (ACTION), recognized by President Eisenhower, from 1951 to 1961.[259]

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[257] Ibid., 6.

[258] Ibid., 12

[259] Ibid., 32-33.

From the early 1920s, Ferebee envisioned what would become the Mississippi Health Project, but her endeavor finally came to fruition in the summer of 1935 as a means of providing healthcare to black sharecroppers in the South. She organized the project with the support of her sorority, Alpha Kappa Alpha, the first sorority for African American women founded in 1908 at Howard. Many of the white plantation owners initially expressed hostility toward "Negro women… com[ing] into their county to do a health job."[260] They refused to allow any of the people who worked on their plantations to leave the fields to attend the clinics. Undeterred, Ferebee set up the first mobile health clinic in the country. The group had driven from Washington, DC to Mississippi in five cars, and they used these to drive themselves, as well as the equipment, medicine, and vaccines they brought with them, onto plantations to set up outdoor clinics. At first only one plantation owner agreed to let the group on his property, but others followed, at least in succeeding years. Ferebee described the work as, "an educational teaching job as well as a health job."[261] In addition to providing examinations, treatments, and immunizations, the group displayed posters showing, "'This is what you're going to look like when you get good food.' And, 'This is how you're going to act when your mother gives you the kind of medicine that you need.'"[262] The group also implemented, "dietal therapy," or nutrition education. This aspect of the program proved especially important because so many of the sharecroppers were malnourished: "…gradually we not only educated our own people, but we

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[260] Ibid, 29.

[261] Ibid, 29.

[262] Ibid, 29.

educated the hostile plantation owners who never sold anything but fatback and cornmeal in their commissaries."[263] The program lasted six summers, until World War II disrupted it.

Mordecai Johnson, the first African American president of Howard, publicized Ferebee's work on the Howard University Health Service, Southeast House, and the Mississippi Health Project, which caught the interest of the State Department. Beginning in the early 1950s, Ferebee worked with students and mothers and children in eighteen countries in Africa, as well as Chile, Colombia, France, Germany, Guadeloupe, Haiti, Israel, Lebanon, Martinique, Peru, the Philippines, and Puerto Rico, largely working on programs to help women access clean water and food for their families more easily, as well as general health education.[264] She became a consultant in preventive medicine to the Peace Corps in 1961 and the State Department's medical division in 1964.[265] In these latter years, she worked directly with physicians and health officers. She served on the board of the American Association for the United Nations (along with Eleanor Roosevelt) from 1948 to 1952 and on the UNICEF board from 1968 to 1972.[266] She also became a lecturer in preventive medicine at her former medical school, Tufts, and received numerous public health awards. In her capacity as a global health practitioner, as well as in the rest of her career, Ferebee promoted an expansive definition of health and medicine that encompassed access to a healthy and healthful life, not just treatment of illness in individual patients.

Virginia Alexander ran the Aspiranto Health Home in her neighborhood of North Philadelphia after graduating from the Woman's Medical College of Pennsylvania and interning

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[263] Ibid., 30.

[264] Ibid., 30.

[265] Ibid., 23-24.

[266] Ibid., 33; 24.

at Kansas City General Hospital, Number Two and Wheatley Provident. She described Aspiranto Health Home as "community service in private practice…a type of socialized practice of medicine."[267] She ran a birth control clinic, operating room, and birthing clinic all within her home and clinic; like her contemporaries Temple and Chinn, Alexander lived in the same building in which she practiced.

In the 1930s, Alexander began compiling information on the health status of African Americans in North Philadelphia. As part of this study she examined a multitude of aspects of health, including the lack of recreation facilities available to black residents of this area and their varied (though universally racist) treatment in a number of area hospitals. She lamented the lack of training opportunities and exposure to seeing contagious diseases in city hospitals because black physicians could neither train nor work there, despite African Americans comprising more than half the patient population.[268] She used her findings to urge the building of an interracial health center to:

> …provide additional training for a number of Negro physicians, and it might lead to more liberal policies in some of the existing hospitals of the city. This center would serve as a demonstration unit for the city at large. If colored and white physicians, nurses, social workers, and office force, chosen for their professional qualifications and for their concern for the problems of the people they would serve, could work harmoniously on a community health project in a section where the facilities are now lacking, a center of understanding might be created which would have far-reaching influence throughout the city.[269]

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[267] Virginia M. Alexander to Helen O. Dickens, June 18, 1935, Virginia Alexander Papers Box 1, Folder 15, University of Pennsylvania Archives & Records Center, Philadelphia, Pennsylvania.

[268] Virginia Alexander and George Simpson, "Negro Hospitalization," *Opportunity: A Journal of Negro Life* (August 1937), 231-232, VA Papers Box 2, Folder 25, University of Pennsylvania Archives & Records Center, Philadelphia, Pennsylvania.

[269] Ibid., 232.

Alexander's study resulted in securing funding from the Rosenwald Foundation to eventually build the North Philadelphia Clinical Centre.

Alexander became physician-in-charge of women students at Howard and worked for the US Department of Health. She earned her masters in public health, like Dr. Temple, from Yale in 1937. At an award ceremony of the Pennsylvania Institute of Negro Health in which both she and Ferebee received awards, she described herself as:

> …delighted with my new work…thrilled. It opens up a much wider field in which to operate—the field of public health. Although I may sometimes doubt my ability to meet fully the challenge which is now being presented, I am alert to its possibilities, and I know this is the best spirit with which to meet the situation. My work in North Philadelphia is often recalled to me since I have been in Washington. I feel that I shall always take pride in it since it had so much to do with building the foundations of my present development."[270]

Referring to both Alexander and Ferebee, Dr. Hopkins who presented their awards said, "perhaps no other Negroes in the medical profession have done more in the interest of public health among Negro children."[271] While many of her male contemporaries were serving in the military during World War II, Alexander volunteered in Birmingham, Alabama caring for miners and studying their health problems. Contemporaneously, she also studied health issues in adolescents in what would become "The Health Status and Needs of the Negro Adolescent" and "The Health Status of Negro Workers in the District of Columbia." Alexander's work included more scholarship than that of her contemporary black women physician public health workers, but like them, Alexander sought to use her professional training and expertise to address as many

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[270] "Dr. V.M. Alexander Touched By Tribute Paid By Colleagues," Virginia Alexander Papers Box 2, Folder 33, University of Pennsylvania Archives & Records Center, Philadelphia, Pennsylvania.

[271] "Scrolls to Honor 2 Women Doctors," Virginia Alexander Papers Box 2, Folder 33, University of Pennsylvania Archives & Records Center, Philadelphia, Pennsylvania.

health problems from as many angles as possible. Alexander's career, like those of her contemporaries, comprised a mix of public health and medicine that cannot be easily delineated due to the expansive notion of health and medicine this group of women held. Alexander also conceived of an alternative healthcare system that better served African Americans, as modeled by her Aspiranto Health Home.

Ernest Mae McCarroll Baxter focused on the problem of venereal disease in Newark, New Jersey. Like Alexander, she graduated from the Woman's Medical College of Pennsylvania in 1925 and interned at the "colored" Kansas City General Hospital No. 2. She earned her masters in public health at Columbia, like Chinn, in 1939. She then received further training in public health at Harvard. She became Deputy Health Officer of Newark in 1953. As with other black women physicians who specialized in public health, she practiced firmly in both public health and medicine, a combination that garnered the most recognition and professional prestige for women in this era. Dr. McCarroll was the first black physician appointed to Newark City Hospital. Geraldine Burton Branch, an obstetrician-gynecologist who graduated from New York Medical College in 1936, earned her MPH from UCLA in 1962.

Conclusion

Regardless of their precise notion of the government's role, each of these women believed that with sufficient help, African Americans could improve their health. Thus, whether explicitly or implicitly, black women physicians used public health to address racial health disparities on the basis that these disparities resulted from social conditions, not innate, biological inferiority.

The belief that these conditions could be improved and African American health ameliorated unites a century of public health work. Beneath each of these women's work lay the notion that African Americans hold agency over their health; they simply needed improved health educations and environments, deficiencies imbedded in structural racism and inequality, to better overall health.

Their work in public health also provided them an expansive arena in which to practice medicine. Professionalized medicine began to emphasize the "scientific" and "clinical" in as many arenas as possible from the medical school laboratory to the hospital, and individual bodies, body parts and systems—even cells, became sites of treatment and study. Many black women physicians posited an alternative that gave primary importance to the health of neighborhoods and communities in promoting the health of individual bodies. While black women physicians were of course not alone in this conception, their experiences of living and working in predominantly poor African American neighborhoods with women and children shaped their conception of the role of physician that straddled public health and professionalized medicine. In the twentieth century, they still clung to what in many ways constituted a sanitarian worldview, more akin to a pre-germ theory worldview, while simultaneously positioning themselves as fully modern, scientific experts in the professionalized field of public health, often with the most prestigious degrees in their field. Their work in public health often took them to alternative clinical spaces, such as those run out of their own homes or community centers, due to both their commitment to alternative visions of what a medical practice could and should be and constraints placed upon them and their patients that frequently excluded them from more standard clinical spaces, like the city hospital. Thus, these women utilized public health as an

arena in which to contest both the scope and definition of a physician as well as theories that pathologized race and class. While they sometimes specialized in public health, it rarely comprised their only specialty, demonstrating a more integrated, less separable perspective on the divide between public health and medicine. These more expansive conceptualizations of health were marginalized by a profession that continued to largely marginalize the practitioners who held these beliefs. Yet, medicine's marginalization of these particular physicians in no way diminishes the important contributions these women made to the health of their communities, their genuine fulfillment they derived from their work, or their agency to make decisions regarding their choice of profession, even if constrained. As we will see in the conclusion, the Critical Race Theory concept of "interest convergence" helps partially explain why this group of women could find success in public health practice.

Chapter VI

Epilogue

"Actual Physicians:" African American Women Physicians from the Mid-Twentieth Century to Today

Black women in medicine operated on its margins because of medicine's exclusivity as an enterprise that became inherently white and masculine as it professionalized. African American women physicians struggled to enter medical school, and the most prestigious programs generally continued to deny them admission until at least the mid-twentieth century. As clinical internship became a requirement, the profession placed an additional "stumbling block" in aspiring black women physicians' ways, and the numbers earning medical degrees declined. The few black women who earned medical degrees found themselves practicing in fields and institutions largely deemed inferior by many elite, white practitioners: public health, women's health, and pediatrics, often in institutions of the nascent weak American welfare state, such as public health clinics, small community hospitals, and alternative clinical spaces carved out of physicians' own homes. Black women physicians' roles in the maternalist welfare state comport with black physicians support for more state involvement in medicine in general. In 1939 the NMA endorsed the Wagner-Murray-Dignell Bill, which would have established national health insurance under the Social Security Act. This directly opposed an action taken by the white-dominated AMA five years earlier when it adopted its official position against compulsory health insurance. The NMA came out in support of Medicare in 1963 while the AMA officially

opposed it.[272] Yet, even as professionalized, scientific medicine excluded African American women, these same women represent much more than victims of oppression and exclusion. They found profound ways of impacting health in their communities and carrying out their missions of service to their race as scientific practitioners of the very profession that often sought their exclusion.

Throughout this dissertation, a new narrative about African American women's participation in professionalized medicine emerged that shows African American women became physicians, albeit in small numbers, and played a vital role in providing medical services in their communities; a decline in their participation occurred contemporaneously to the height of medicine's status as "autonomous." This narrative has been left out of the history of medicine because medicine's construction as white and male caused most historians to overlook it; many (myself initially included) simply assume very few, if any, black women became physicians before the Civil Rights Movement. Including African American women within the "grand narrative" reveals medicine's exclusivity and its construction as gendered and raced. When African American women become the central agents or the protagonists in this narrative, it reveals the degree to which medicine's prestige became associated with whiteness and masculinity as it professionalized.

A host of twentieth-century events contributed to increasing numbers of black women physicians after 1941. The 1940s saw a spate of protests by black organizations and both black and white physicians to attempt to further integrate medicine. In 1942, the New York County

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[272] "African American Physicians and Organized Medicine, 1846-1968," American Medical Association, accessed August 10, 2018, https://www.ama-assn.org/sites/default/files/media-browser/public/ama-history/african-american-physicians-organized-medicine-timeline.pdf

Medical Society began criticizing *JAMA* for printing ads that specified a desired religion or race in its "Physicians Wanted" column, and in 1950 the AMA finally stopped placing these designations in its journal.[273] During World War II, medical schools lost many of their traditional white men students and applicants to military service, and briefly, more women attended medical school, even in the most elite institutions; a few of these were black women. The first African American woman earned an MD from Yale in 1948, and finally, Harvard in 1951.

In 1945, twenty-six of seventy-eight accredited medical schools barred black students entirely, including all medical schools located in the South.[274] With the Civil Rights Movement beginning in the 1950s, integrating these schools over the ensuing decades provided far more educational opportunities for both African American women and men, though the environment often remained hostile to these students. Many local medical societies also began desegregating amidst public pressure. Second-wave feminism contemporaneously pushed for more expansive professional roles and opportunities for women. The number of women medical students and physicians began increasing dramatically during the 1970s, and some of these increases included women of color. Affirmative action policies dramatically helped to increase both the number of women and people of color who attended medical school and dismantle unacknowledged quotas that strictly limited the number of women and minorities in many medical schools. In the *Regents of the University of California v. Bakke*, a 1978 Supreme Court case, a fractured court ruled that the affirmative action admissions program at the University of California Davis Medical School was unconstitutional because it reserved a specific number of seats for black and

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[273] Ibid.

[274] Ibid.

Latino students; it determined race could be *a* factor in admissions but not *the* deciding factor.[275] In 1993, President Bill Clinton appointed Dr. Joycelyn Elders Surgeon General of the United States. A professor of pediatrics specializing in pediatric endocrinology, as well as vice admiral in the Public Health Service Commissioned Corps, Elders continued the tradition of combining black women physicians' historic specialization in public health and pediatrics. Elders' appointment as Surgeon General made her the most publicly prominent African American woman physician in the nation's history. Elders spoke out on the possible benefits of legalization of drugs and comprehensive sex education, including distribution of contraceptives, in public schools, views fairly far to the left in the early 1990s, which made her the target of conservatives. Public backlash to her "outspokenness" caused the Clinton administration to force her resignation in December of 1994.[276] But perhaps opposition to Elders also stemmed from seeing an "outspoken" black woman occupy the country's highest medical office and the continued perception that "real doctors" are white men.

Unfortunately, interest convergence may partially explain why more black women have been able to become physicians subsequent to the 1950s, to the degree that they have. Critical Race Theory scholars use the term "interest convergence" to explain that advances for minorities often "coincide with changing economic conditions and the self-interest of white elites."[277] While more African American women became physicians beginning in the mid-twentieth century, they

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[275] "Brown v. Board: Timeline of School Integration in the U.S.," Teaching Tolerance, accessed August 9, 2018, https://www.tolerance.org/magazine/spring-2004/brown-v-board-timeline-of-school-integration-in-the-us.

[276] Douglas Jehl, "Surgeon General Forced to Resign by White House," *New York Time*s, December 10, 1994, https://www.nytimes.com/1994/12/10/us/surgeon-general-forced-to-resign-by-white-house.html.

[277] Delgado and Stefancic, *Critical Race Theory*, 22.

largely continued to specialize in public health and women and children's health. These specialties became dominated by women by the late twentieth century. Not coincidentally, insurance reimbursements fell, and they paid disproportionately less than procedure-based specialties, just as surgical specialties increased reimbursement and compensation.[278] Adverse economic conditions in these less prestigious specialties allowed for some gains for women in general and African American women over the course of the twentieth century. Prestige in medicine and white masculinity remain intertwined.

While African American women continue to make strides in medicine, their numbers remain small, with real and persistent consequences. Just as doctors like Rebecca Cole and Sophie Bethena Jones attempted to address "health disparities" in their work, these same inequalities continue to persist for African Americans, more than a century later. Current public health research demonstrates that racial and gender "concordance," or similarity of race and gender of patients and physicians, strongly positively affects the quality of care patients receive.[279] Lack of black women physicians may at least partially explain why black women continue to disproportionately suffer adverse health outcomes, from maternal mortality rates equivalent to those of women in Mexico and Uzbekistan to significantly higher mortality from heart to disease to cervical cancer, not to mention from violence.[280] Even one of the most elite black women in

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[278] Comments from Kelly Knight and Vincanne Adams at Culpeper Seminar.

[279] For just one recent example, see Gina Kolata, "The Secret to Keeping Black Men Healthy? Maybe Black Doctors," *The New York Time*s, August 20, 2018, https://www.nytimes.com/2018/08/20/health/black-men-doctors.html

[280] Nina Martin and Renee Montage, "Black Mothers Keep Dying After Giving Birth. Shalon Irving's Story Explains Why," *All Things Considered*, NPR, December 7, 2017, audio 12:11, https://www.npr.org/2017/12/07/568948782/black-mothers-keep-dying-after-giving-birth-shalon-irvings-story-explains-why; Linda Villarosa, "Why America's Black Mothers and Babies Are in a Life-or-Death Crisis," *New York Times Magazine*, April 11, 2018, https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html.

the world, Serena Williams, experienced a medical team who ignored Williams' concerns over symptoms of a pulmonary embolism after giving birth to her daughter, Alexis Olympia, via C-section, in September 2017. Williams did in fact have a pulmonary embolism, the complications of which led to her nearly dying in the hospital; one of the most physically fit and athletically gifted women in the world spending the first six weeks of her child's life completely bedridden.[281] While African American women physicians continue to face the material consequences of racial realism in terms of disparities in compensation and prestige, African American women as patients face it in terms of their health outcomes and those of their children, whether through high infant mortality or rates of police violence. Though it has taken decades for the medical profession to acknowledge it, physicians and other public health experts are finally beginning to recognize that structural racism, including providers' racial biases, likely play a large, if not the largest, role in black women's poor health and mortality; black women physicians recognized this phenomenon in the nineteenth century. To paraphrase Dr. Rebecca Cole's 1896 response to DuBois, the problem of African American tuberculosis mortality was not racial (biological) but racist (social).

This cycle of adverse health outcomes due to lack of concordant providers continues, at least in part, because African American women continue to struggle with the perception that a legitimate physician is at least white, if not white and a man. When Dr. Tamika Cross, an OB-GYN and African American woman, was on a flight between Detriot and Minneapolis on October 9, 2016, a fellow passenger became unresponsive and flight attendants asked if any physicians were present. Cross volunteered her services, but according to her, a flight attendant

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[281] Villarosa, "Why America's Black Mothers and Babies Are in a Life-or-Death Crisis."

responded, "Oh no, sweetie, put [your] hand down. We are looking for actual physicians or nurses or some type of medical personnel, we don't have time to talk to you," implying that Cross could not possibly be both a black woman and an "actual physician."[282] The perception that a doctor will be white remains widespread. This history of black women physicians catalogued in this dissertation demonstrated that it often took women with an exceptional degree of determination, and sometimes, social clout, to enter the medical profession. These stories of these women's exceptionalism certainly merit laud, but in order to gain more women of color in the medical profession, their presence must become unexceptional; not every white man physician who serves his patients extremely competently needed to struggle with institutional barriers and implicit biases in order to become a good doctor (and rarely would he have faced either). Yet, these very struggles and assumed exceptionalism remain part of black women physicians' experiences. To improve African American health, African American providers must become normative, and when black women's health remains disproportionately dire, more black women physicians are needed more urgently than ever. Making American medicine the "modern" field that professionalized in the late-nineteenth and early-twentieth centuries meant excluding African American women and linking medicine's growing prestige to white masculinity. Making health accessible and equitable in the twenty-first requires decoupling medicine's now long-standing association from whiteness and masculinity and broadening the

[282] Derek Hawkins, "Flight attendant to black female doctor: 'We're looking for actual physicians'" *The Washington Post*, October 14, 2016, https://www.washingtonpost.com/news/morning-mix/wp/2016/10/14/blatant-discrimination-black-female-doctor-says-flight-crew-questioned-her-credentials-during-medical-emergency/?noredirect=on&utm_term=.92fc7eb7b3bd.

field to include a more capacious perception of what a doctor looks like and who can become a physician.

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Appendix I: List by Graduation Year

1860s - 2

1864
Rebecca Lee Crumpler, New England Female Medical College

1867
Rebecca Cole, WMCP

1868
Sarah Parker Remond, Santa Maria Nuova Hospital

1870s - 8

1870
Susan Smith McKinney Steward, New York Medical College for Women

1876
Sarah Loguen Fraser, Syracuse University

1877
Grace Roberts, Howard
Eunice P. Shadd, Howard

1878
Caroline Anderson, WMCP
Grace Roberts, University of Michigan Homeopathic Medical Department
Nannette W. Stafford, Howard
Georgianna Patterson Young, WMCP

1880s - 5

1884
Katharine Frances Beatty, Howard
Consuelo Clark Stewart, Boston University

1885
Sophia Bethena Jones, Michigan

1888
Juan F. Bennett Drummond, WMCP
Verina Harris Morton Jones, WMCP

1890s - 34

1890
Carrie Thomas, Howard

1891
Halle Tanner Dillon Johnson, WMCP
Oceola C. Queen, Meharry

1892
Julia R. Hall, Howard
Alice Woodby McKane, WMCP

1893
Artishia Garcia Gilbert, Louisville National Medical College*
Annie D. Gregg, Meharry
Sarah Garland Boyd Jones, Howard
Georgia Esther Lee Patton Washington, Meharry

1894
Lucy Manetta Hughes Brown, WMCP
May M. Brown, Cleveland College of Medicine
Sarah Helen Fitzbutler, Louisville National Medical College
Lucinda Davis Key, Meharry
Mary R. Fitzbutler Waring, Louisville National Medical College*

1895
Lula Fleming, WMCP
Francis W. Puryear, Meharry
Emma Ann Virginia Reynolds, Chicago Medical College

1897
Mary Louise Brown, Howard
Matilda Evans, WMCP
Eunice Foster, Howard
Artishia Garcia Gilbert, Howard
Eliza Grier, WMCP
Lucy Ella Moten, Howard
Emma Wakefield Paillett, Flint

1898
Katherine Louise Crawford, Michigan
Jessie Catherine Dickerson, Cleveland Homeopathic Medical College
Hattie L. Hadley, Meharry
Fannie M. Kneeland, Meharry
Mary Susan S. Moore, Meharry
Alice Hathaway Purvis-Robie, WMCP
S. Lucie Boynton Robison, Meharry

1899
Justina Ford, Hering Medical College
Annie B. Marsh, Meharry
Carrie L. Wilson, Meharry

1900s - 38

1900
Melissa Evelyn (M.E.) Thompson Coppin, WMCP
Mildred E. Gibbs, Howard
Lucille F. Weathers Miller, Meharry
Harriet E. Riggs, Howard

1901
Isabella Garnett, Chicago College of Physicians and Surgeons
Blanche Beatrice Thompson Saunders

1902
Lottie Isbell Blake, American Medical Missionary College
Edwardina M. Grant, Cleveland Homeopathic Medical College
Laura E. Joiner, Howard
Annie B. Page, Louisville National Medical College
Georgia Ann Proctor, Meharry

1903
Mary Elizabeth Britton, American Medical Missionary College of Chicago
Sara Winifred Brown, Howard
Huldah Josephine Prioleau, Howard
Ionia Rollin Whipper, Howard

1904
Caroline L. Cooper, Meharry
Georgia Rooks Dwelle Howell, Meharry
Hattie D. Frazier Mitchell, Meharry
Ella N. Prescott, Flint

Josie E. Wells, Meharry

1905
Lee Ella Bell Paey, Meharry
Esther A. Brown Vaughn, Louisville National Medical College
Elnora Wells, Meharry
Emma Rochelle Wheeler, Meharry
Josefa Zaratt, Tufts

1906
Luetta Theodocia Sams Boddie, Meharry
Mattie Elizabeth Howard Coleman, Meharry
Sadie L. Grant, Meharry
Grace Ann Diuguid Kimbrough, College of Physicians and Surgeons of Chicago

1907
Lucie Bragg Anthony, Meharry
Daisy Brown-Bonner, WMCP
Mary Etta Potter, Louisville National Medical College
Donnie Redmond Scarlett, Meharry
Sirporah S. Turner, Meharry

1908
Ruth B. Carroll, Meharry
Margaret Chelnisie Johnson Tucker Vital, Meharry

1909
Elizabeth Estelle McCoy, Knoxville Medical College
Mary Elizabeth Hyatt Smith, Louisville National Medical College

1910s - 21

1910
Mary Irene Browne, Meharry
Saluka G. Youngeblood Holmes, Meharry
Julia Katherine Davis Pronty, Meharry

1912
Lydia Eudora Ashburne Evans, Howard
Marie Jeanette Jones, Illinois
Agnes Parham Berry Montier, Temple University School of Medicine
Birdie E. McLain Springs, Bennett Medical College

1913
Daisy Hill Northcross, Bennett Medical College

1914
Mabel Clotelle Smith Fugitt, Meharry

1915
Fannie Hagen Emanuel, Chicago Hospital College of Medicine
Isabella Vandervall Granger, New York Medical College for Women
Leola E. Hubbard Peebles, Meharry

1916
Rosa Belle Ligon, Meharry
Ellasteen Bush Turner, Meharry
Hattie W. Warner Ward, Meharry

1917
Lillian Singleton Dove, Meharry

1918
Estelle Olivia Russell Brown, Meharry
Ludie Thamil Gilmer, Meharry
Ruth Janetta Temple, Loma Linda University

1919
Pauline Dinkins, WMCP
Sarah Ella Marie Kinner, Howard

1920s - 10

1921
Ruth Marguerite Easterling, Tufts

1923
Lillian Moore, WMCP
Mary R. Fitzbutler Waring, National Medical College of Chicago*

1924
Lena Frances Edwards, Howard
Dorothy Celeste Boulding Ferebee, Tufts

1925
Virginia Alexander, WMCP
E. Mae McCarroll, WMCP

1926
May Edward Chinn, Bellevue Hospital Medical College

1928
Leah Griffin, WMCP

1929
Elizabeth Webb Hill, Illinois

1930s - 4

1933
Myra Adele Logan, New York Medical College

1934
Thelma Yvonne Coffey Boutte, Meharry
Helen Dickens, Illinois

1936
Geraldine Burton Branch, NY Medical College

1940-41 - 1

1940
Margaret Morgan Lawrence, Columbia

Appendix II: List by Medical School

American Medical Missionary College
Charlotte (Lottie) Cornelia Isbell Blake, 1902

American Medical Missionary College of Chicago
Mary Elizabeth Britton, 1903

Bellevue Hospital Medical College (New York University)
May Edward Chinn, 1926

Bennett Medical College
Birdie E. McLain Springs, 1912
Daisy Hill Northcross, 1913

Boston University School of Medicine
Consuelo Clark Stewart, 1884

Chicago College of Physicians and Surgeons
Isabella Garnett, 1901
Grace Ann Diuguid Kimbrough, 1906

Chicago Hospital College of Medicine
Fannie Hagen Emanuel, 1915

Chicago Medical College/Northwestern Women's Medical College
Emma Ann Virginia Reynolds, 1895

Cleveland College of Medicine
May M. Brown, 1894

Cleveland Homeopathic Medical College
Jessie Catherine Dickerson, 1898
Edwardina M. Grant, 1902

Columbia University College of Physicians and Surgeons
Margaret Morgan Lawrence, 1940

Flint Medical College
Emma Wakefield Paillet, 1897
Ella N. Prescott, 1904

Hering Medical College

Justina Ford, 1899

Howard University College of Medicine - 21
Grace Roberts, 1877*
Eunice P. Shadd, 1877
Nannette W. Stafford, 1878
Katharine Frances Beatty, 1884
Carrie Thomas, 1890
Julia R. Hall, 1892
Sarah Garland Boyd Jones, 1893
Mary Louise Brown, 1897
Eunice Foster, 1897
Artishia Garcia Gilbert, 1897*
Lucy Ella Moten, 1897
Mildred E. Gibbs, 1900
Harriet E. Riggs, 1900
Laura E. Joiner, 1902
Sara Winifred Brown, 1903
Huldah Josephine Prioleau, 1903
Ionia Rollin Whipper, 1903
Lydia Eudora Ashburne Evans, 1912
Sarah Ella Marie Kinner, 1919
Lena Frances Edwards, 1924
Nancy Fairfax Brown, ?
Georgiana Rumly/Rumbley?

Knoxville Medical College
Elizabeth Estelle McCoy, 1909

Loma Linda University
Ruth Janetta Temple, 1918

Louisville National Medical College
Artishia Garcia Gilbert, 1893*
Sarah Helen McCurdy Fitzbutler, 1894
Mary R. Fitzbutler Waring, 1894*
Annie B. Page, 1902
Esther A. Brown Vaughn, 1905
Mary Etta Potter, 1907
Mary Elizabeth Hyatt Smith, 1909

Meharry Medical College - 33
Oceola C. Queen, 1891

Annie D. Gregg, 1893
Georgia Esther Lee Patton Washington, 1893
Lucinda Davis Key, 1894
Francis W. Puryear, 1895
Hattie L. Hadley, 1898
Fannie M. Kneeland, 1898
Mary Susan S. Moore, 1898
S. Lucie Boynton Robison, 1898
Annie B. Marsh, 1899
Carrie L. Wilson, 1899
Lucille F. Weathers Miller, 1900
Blanche Beatrice Thompson Saunders, 1901
Georgia Ann Proctor, 1902
Caroline L. Cooper, 1904
Georgia Rooks Dwelle Howell, 1904
Hattie D. Frazier Mitchell, 1904
Josie E. Wells, 1904
Lee Ella Bell Paey, 1905
Elnora Wells, 1905
Emma Rochelle Wheeler, 1905
Luetta Theodocia Sams Boddie, 1906
Mattie Elizabeth Howard Coleman, 1906
Sadie L. Grant, 1906
Lucie Bragg Anthony, 1907
Donnie Redmond Scarlett, 1907
Sirporah S. Turner, 1907
Ruth B. Carroll, 1908
Margaret Chelnisie Johnson Tucker Vital, 1908
Mary Irene Browne, 1910
Saluka G. Youngeblood Holmes, 1910
Julia Katherine Davis Pronty, 1910
Mabel Clotelle Smith Fugitt, 1914
Leola E. Hubbard Peebles, 1915
Rosa Belle Ligon, 1916
Ellasteen Bush Turner, 1916
Hattie W. Warner Ward, 1916
Lillian Singleton Dove, 1917
Estelle Olivia Russell Brown, 1918
Ludie Thamil Gilmer, 1918
Thelma Yvonne Coffey Boutte, 1934

National Medical College of Chicago
Mary R. Fitzbutler Waring, 1923*

New England Female Medical College
Rebecca Lee Crumpler, 1864

New York Medical College
Myra Adele Logan, 1933
Geraldine Burton Branch, 1936

New York Medical College for Women
Susan Smith McKinney Steward, 1870
Isabellla Vandervall Granger, 1915

Santa Maria Nuova Hospital*
Sarah Parker Remond, 1868?

Syracuse University School of Medicine
Sarah Loguen Fraser, 1876

Temple University School of Medicine
Agnes Parham Berry Montier, 1912

Tufts University Medical School
Josefa Zaratt, 1905
Ruth Marguerite Easterling, 1921
Dorothy Celeste Boulding Ferebee, 1924

University of Illinois College of Medicine
Marie Jeanette Jones, 1912
Elizabeth Webb Hill, 1929
Helen Octavia Dickens, 1934

University of Michigan Homeopathic Medical Department
Grace Roberts, 1878*

University of Michigan Medical School
Sophia Bethena Jones, 1885
Katherine Louise Crawford, 1898

Woman's Medical College of Pennsylvania - 19
Rebecca Cole, 1867
Georgianna Patterson Young, 1878
Caroline Still Wiley Anderson, 1878
Juan F. Bennett Drummond, 1888

Verina Harris Morton Jones, 1888
Halle Tanner Dillon Johnson, 1891
Alice Woodby McKane, 1892
Lucy Manetta Hughes Brown, 1894
Lula Fleming, 1895
Matilda A. Evans, 1897
Eliza Grier, 1897
Alice Hathaway Purvis-Robie, 1898
Melissa Evelyn Thompson Coppin, 1900
Daisy Brown-Bonner, 1907
Pauline Dinkins, 1919
Lillian Moore, 1923
Virginia Alexander, 1925
E. Mae McCarroll Baxter, 1925
Leah Griffin, 1928

*indicates multiple degrees

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