

A HISTORY OF HEALTH CARE IN MOBILE'S AFRICAN AMERICAN COMMUNITY, FROM SLAVERY TO JIM CROW

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PLANTATION MEDICINE

In the slavery era, the white plantation mistress was typically in charge of all health care in the household, which included administering care to slaves. Large plantations would have a "sick house" where the mistress would preside, assisted by slave women. Poor living conditions and mistreatment often contributed to many serious health risks for slaves. Slave quarters had dirt floors and were cramped, poorly ventilated and damp. Slave women were expected to work in the fields throughout pregnancy and return to work within days of giving birth, which led to exceedingly high rates of stillbirth and infant mortality.

Yet keeping slaves healthy enough to work was considered an economic necessity by plantation owners. In the 1850s, Dr. Josiah C. Nott of Mobile, working with various partners, operated a very successful private infirmary on Royal Street for the treatment of male slaves. As a response to the yellow fever epidemic of 1853, City Hospital added a new wooden building for the treatment of African American patients. This building remained in use until 1912, when it was replaced by a three-story brick building with the black wards on the second and third floors.

There was widespread distrust among African Americans of the methods and intentions of white physicians, so many free and enslaved blacks turned to black midwives and conjurers, or "root doctors," for their health care. Often drawing upon traditional African medicines and spirituality, midwives and root doctors continued to flourish in the African American community until well into the 20th century.

BLACK ABOLITIONIST DOCTORS AND STATES RIGHTS MEDICINE

In the late 18th and early 19th century, a handful of free black men received some informal medical training from white physicians and subsequently earned a living as physicians themselves. One such individual was James Derham, a freed slave originally from Philadelphia, who practiced medicine in New Orleans in the 1790s. James McCune Smith (1813—1865) was the first African American to earn a medical degree, graduating from the University of Glasgow, Scotland, in 1837. Smith practiced medicine for almost 20 years at the Colored Orphan Asylum in Manhattan and was the first African American to own and operate a pharmacy. He also became a leading abolitionist, writing the introduction to the 1855 revised edition of Frederick Douglass' autobiography, *My Bondage and My Freedom*. Douglass said that Smith was "the single most important influence in my life."

As the abolitionist movement gathered momentum and black physicians such as Smith, William Wells Brown, and Martin R. Delaney became leaders in the movement, pro-slavery figures such as Dr. Nott and Dr. Samuel A. Cartwright of New Orleans pushed back. In numerous published writings, they purported to prove scientifically that human races were biologically distinct, that whites were the most highly civilized of all races, and that blacks were better off enslaved. They also advocated for States Rights Medicine, arguing that white Southern medical students should be trained in Southern schools so that they can closely study the specific manifestation of diseases in Southern climates. Dr. Cartwright even claimed to have diagnosed diseases that

were unique to slaves, such as drapetomania, which caused them to run away. In 1859, Dr. Nott founded the Medical College of Alabama in Mobile. As Alabama's first orthodox medical school, the Medical College was used to lure Southern students away from Northern schools as tensions over secession and slavery mounted.

RECONSTRUCTION AND THE FIRST BLACK MEDICAL SCHOOLS

The Civil War brought an end to Southern secession and slavery. When Mobile was occupied by the Union army, the Medical College was closed and turned over to the Freedmen's Bureau. Over the objections of Dr. Nott, the building was used as a school for emancipated slaves (the Freedmen's school eventually relocated and evolved into the Emerson Normal Institute). In dejection, Dr. Nott left Mobile in 1867, eventually settling in New York City.

In the years after the Civil War, as part of the project of Reconstruction, fourteen new medical schools for the training of African American physicians were established across the country (twelve of them in the South). The first was the federally funded Howard Medical School in Washington, D.C., which opened in 1868. Another was Meharry Medical College, founded in Nashville, Tennessee, in 1876, where many of Mobile's first African American physicians were educated. The Medical College of Alabama was founded by Dr. Nott as a whites-only institution and remained so from its reopening in 1868 to its closing in 1920.

Many African Americans regarded a career in medicine as the most accessible path toward middle class prosperity, though there were still significant obstacles and limitations to be faced. Black medical students often had to work their way through school at back-breaking jobs while keeping their grades up. Black physicians who settled in poor and rural areas found an overwhelming need for health care services but few patients who could afford to pay their fees in cash.

HEALTH CARE IN THE JIM CROW ERA

With the political defeat of Reconstruction in 1877, segregation policies were strictly enforced in the health care field for nearly a century. Some health care providers, such as Mobile Infirmary, served only white patients. Others, such as City Hospital and Providence Hospital, admitted black patients in separate wards but did not extend admitting privileges to black doctors and nurses. Furthermore, black patients at segregated hospitals often received substandard care and were denied access to visiting family members. The Hill-Burton Act of 1946—co-sponsored by Senator Lister Hill of Alabama—required all new, federally funded hospitals to implement policies of nondiscrimination, but permitted already existing hospitals to continue on a segregated basis. The “separate but equal” status quo of hospital care was sustained until the late 1960s, when hospitals had to prove compliance with Title VI of the 1964 Civil Rights Act in order to participate in the new Medicare program.

Overcrowding of black wards at many segregated hospitals led to the establishment of new facilities for black patients. In 1902, 318 black psychiatric patients were transferred from Bryce Hospital in Birmingham to a repurposed federal arsenal at Mount Vernon, Alabama, due to the successful petitioning of Dr. James T. Searcy, the Chairman of the Bryce Hospital Board of Trustees. The new institution, the Mount Vernon Hospital for the Colored Insane (later renamed Searcy Hospital), remained a segregated, custodial hospital for black patients until 1969. In 1906, Dr. George H. Searcy, the son of James, discovered that 88 patients at Mount Vernon had contracted pellagra, a painful and potentially fatal skin disease caused by a nutritional deficiency of niacin. This was the first reported diagnosis of pellagra in the United States. The disease was later found to be endemic in the rural South, where many people subsisted on corn-based diets.

In 1942, Saint Martin de Porres Hospital opened at 623 South Wilkinson Street. It was Mobile's first maternity hospital for African Americans, administered by the Sisters of Mercy. It opened as a small house with one ward

and five maternity beds, but soon added another ward with four more beds. The hospital was one of the few across the South to have a bi-racial staff and advisory board. Father Vincent Warren, who was white, was the first director. Dr. Charles Gibson, an African American obstetrician, practiced at the hospital from its inception. A total of 92 babies were delivered at the hospital in its first year, with only two deaths—one mother and one child. After a successful national fundraising campaign, plans for a major expansion were finally realized in 1950. In the spring of that year, St. Martin de Porres reopened as a general hospital in Choctaw Park, at the intersection of Virginia Street and South Washington Avenue. It had a total capacity of 35 beds along with two private rooms, diagnostic and therapeutic facilities and other modern amenities. Dr. Escous B. Goode, a graduate of Meharry Medical College, joined the staff and later served as the hospital's first African American president. St. Martin de Porres continued to serve the African American community until its closure in 1971. Today, the Choctaw Park facility is used by Allen Memorial Home.

Long after the rise of black medical schools, the number of licensed black health practitioners was woefully inadequate, particularly in the rural South. By 1920, only 106 licensed black physicians were practicing in Alabama, less than 5% of all licensed physicians in a state where 38% of the population was African American. The first licensed African American physician in Mobile was Dr. Robert A. Boyd, who was listed in both the *Transactions of the Medical Society of the State of Alabama* (as a non-member) and the City of Mobile Directory. A graduate of Howard Medical School, Dr. Boyd had offices on the Southwest corner of Cedar Street and State Street (1881-1884) and Royal Street and St. Michael Street (1885-1886). Little else is known about Dr. Boyd, who appears to have been forgotten by locals within a generation.

In the first few years of the 20th century, a small cluster of African American physicians had set up offices on lower Dauphin Street, which was then a bustling black business center. A. N. Johnson (1865—1921), a highly successful black businessman and local leader in the Republican Party, erected a new building at 500 Dauphin Street, which by 1903 was the “largest building occupied by colored business and professional men in Alabama,” according to William R. Reed. It was home to Johnson's newspaper, the *Mobile Weekly Press*, his undertaking company, and The People's Drug Store, Mobile's first black-owned drug store, which Johnson had purchased from Dr. T. N. Harris (1868—1943) in 1901. Dr. Harris resided in the building and two other black health care practitioners had offices there—Dr. T. H. Jones, a dentist, and Dr. Alfred D. Simington (1868—1944). Another prominent black physician, Dr. Roger Williams (1869—1929), a close friend of Harris, opened his first drug store, To Live and Let Live, at 607 Dauphin Street in 1901. A few years later, in 1905, Dr. Harris opened a private medical infirmary around the corner, at St. Francis Street and Warren Street, which also became his new residence.

As the more prosperous black physicians began to expand their offices and hire additional staff, demand grew for formally trained black nurses. Alabama's first training program for African American nurses was founded by Dr. Halle Tanner Dillon (1864—1901) at Tuskegee Institute in 1892. Dr. Dillon, an 1891 graduate of the Women's Medical College of Pennsylvania, was the first known woman of any race to pass Alabama's medical exam. The Tuskegee Institute Training School of Nurses was affiliated with the school's infirmary, which later evolved into the John A. Andrew Memorial Hospital. In World War I, African American nurses served on the home front, fighting the influenza pandemic of 1918. By the following year, there were training schools for black nursing students in Talladega, Montgomery, and Decatur. When Mobile's St. Martin de Porres Hospital opened in 1942, it had several black nurse's aides who were trained informally by the Sisters. By 1964, the Hospital had five graduate nurses and 12 practical nurses who were black. In the interim, City Hospital had launched Mobile's first training program for black LPN students in 1955, and Providence Hospital's School of Nursing (the oldest in the city) had begun admitting African Americans in 1958.

The 1910 publication of Abraham Flexner's *Medical Education in the United States and Canada*, also known as the Flexner Report, dealt a serious blow to the pipeline of African American healthcare workers. The Flexner Report, commissioned by the Carnegie Foundation for the Advancement of Teaching, gave a harsh assessment to the vast majority of medical schools in the United States, finding them inadequately funded and equipped and too lax in their academic standards. Flexner, a classics scholar by training, recommended closing all but 31 medical schools in the United States, including five out of the seven remaining schools affiliated with HBCUs. The deference paid to this report by many philanthropic benefactors meant that only Howard and Meharry, out of all the black medical schools, were able to survive after 1923. Consequently, the number of black physicians declined dramatically and remained low for generations to come. A 2004 report by the Sullivan Commission on Diversity in the Healthcare Workforce, "Minorities in the Healthcare Profession," found that only 9% of nurses, 6% of physicians, and 5% of dentists were of African American, Hispanic American, or Native American descent.

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