

BLACKS AND MEDICINE

THE NEW WORLD (PART II)

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The first part of this presentation went back to the time of the Egyptians. Now, we need to concentrate on the New World. One may and should ask, what happened between the two? The answer has to do with documentation. [The Moors](#) who occupied Spain and Portugal for seven centuries included many dark-skin individuals. This piece of history is usually not taught in school and glossed over in history books because it flies in the face of the Eurocentric narrative evangelizing that great achievements only originated from Europe. Well, the opposite occurred with the Moors! They brought modern civilization to the Ostrogoths and the Visigoths of Europe as universities, arts, sciences, etc. [The Canon of Medicine](#), the famous medical textbook by *Avicenna*, widely used throughout Europe till the seventeenth century, was translated into Latin by the Moors of Spain. For historical accuracy, *Avicenna* is the Latinized name of the author, commonly known as Ibn Sina, but whose real Arabic name is a mouthful, [Abū 'Alī al-Husayn bin 'Abdullāh ibn al-Hasan bin 'Alī bin Sīnā al-Balkhī al-Bukhārī](#) . He was Persian and lived in modern-day Uzbekistan. No documentation exists about the translator or the precise percentage of dark-skinned individuals among the Moors. Furthermore, the population in the Iberic Peninsula has retained no visible trace of Moor descendants despite their footprints in architecture, flamenco music, etc. One can only guess that there must have been intermingling over the centuries. This is a matter of conjecture, and no solid evidence exists to document dark skin individuals' participation in healthcare during that period. [Islamic law didn't allow pictorial documentation](#). What is not debatable is the absence of religious strife among the Catholics, the Jews, and the Muslims during the Moors' reign. The Inquisition would end that quickly.

The participation of Blacks in medicine has always faced numerous hurdles stemming from the fact it crosses a deep fault line. Since we were not considered equal, Caucasians objected to the idea of being treated by Blacks. This had been a widespread problem that has attenuated over the years, but pockets remain where it is still an issue. All the same, considering the resistance erected, it is still remarkable the achievement attained. The documentation exists, but it is often buried in encyclopedias or journals. Culling the information requires the devotion of a curator to sustain the stamina of hope to a fault nary any blind optimism. This type of query doubles as a road test or a winnowing process to distinguish the fervent from the fickle. This will be looked at in chronological order.

DURING SLAVERY.

This was the most restrictive time. Blacks had no access to schooling, and corporal punishment or even death could happen if one dared to learn to read or write. Some contributions managed to take place without proper credit being bestowed.

Onesimus. During the early 18th century in Boston, smallpox became a plague, and the disease carried a very high fatality rate. It came with the slave ships. A slave named [Onesimus](#) showed his master how to get immunized from the disease and never develop it again. The method was simple but effective. It entailed rubbing pus from an infected person into the wound of another uninfected person. A reaction similar to school integration of recent memory became manifest. His master, a preacher, had an explosive thrown at his house for supporting such an idea brought to the fore by a slave. A physician, Zabdiel Boylston, proceeded with the method during an epidemic in 1721 and saved many lives. Edward Jenner would only develop Cowpox as a means of immunity

against smallpox seventy-five years later. Of course, Jenner's story is well chronicled, but Onesimus's is not.

A common practice was to use Blacks as medical assistants. Many of them did gain the competence of the Caucasians, if not surpassing some just by the law of averages, without getting any credit. We previously showcased one such situation with **Anarcha**, but another interesting one had happened one century before in Philadelphia. [Benjamin Rush](#), used a slave, **Marcus Marsh**, as his medical assistant. Rush was considered the preeminent physician and one of the fathers of American medicine, as a faculty member of the newly created U of Penn Med School. He had the additional gravitas of a signer of the Declaration of Independence. Quoting directly from the [Princeton Alumni Weekly](#),

In a letter to Julia [his wife], Rush compared Marsh to a Greek god with 100 arms: Marcus has not, like Briarius, a hundred hands, but he can turn his two hands to a hundred different things." He was "equal to any apothecary in town," more competent even than some physicians Rush knew. ...When the doctor himself contracted yellow fever, Marsh brought him food, water, and medicine in the night; he fed the weakened Rush; he visited Rush's children outside the city to examine them.... "I cannot tell you how much we all owe to Marcus," Rush wrote to his wife when the epidemic finally subsided in November. Without him, the nation's most famous physician might too have numbered among the dead."

There was widespread use of herbs by the slaves who had previous experience from their homeland. They also learned from one another in the New World. Slaves, especially women slaves, practiced midwifery extensively and delivered both black and white babies. They were nurses and even excelled at it. They had predominantly hands-on training. One can peruse this interesting review of the matter, so-called "[slave medicine](#)." Considering that mainstream medicine during that time wasn't so effective, that practiced by the slaves didn't fare so badly. Ingrained bias prevented a fair assessment. The case of Onesimus illustrates it well. Conflating messenger and message into an abhorrent and useless construct became an overarching knee-jerk reaction.

In summary, during slavery, Blacks did partake in medical care extensively, but empirically since they had no other choice. A striking case study is [James Durham](#). Born a slave in 1762, he had a string of masters who were physicians. The first one, Dr. Kearsley, taught him how to read and write in English, French, and Spanish. Each successive owner taught him medicine, and by the time he was 21, he was allowed to practice in New Orleans under the tutelage of his then-owner, Dr. Robert Dow, born in Scotland. He eventually became a free man and established his own practice. He acquired a national reputation for handling diphtheria and yellow fever. No less than the famous Benjamin Rush asked him to come to Philadelphia to practice medicine. As of 1802, there was no trace of him. He certainly didn't receive a medical degree. Still, he was a very competent and renowned physician, and many cognoscenti will refer to him as the first practicing black physician in the US. Since we live in a culture where formal education and the coveted diploma weigh heavily on one's credentials, we need to look at illustrious professionals who found a way to blossom against all odds but received limited, if any, credit for their work.

Physicians. The first one known to have graduated from a medical school is [James McCune Smith](#). Born in 1813, he was a bright child, and at age 11, in 1824, he was picked to make a presentation to Lafayette. His brilliance didn't help him gain access to college because of racial discrimination. He had to go to Scotland for his education, and in succession, he obtained a bachelor's, a master's, and his medical degree. He was a fierce fighter against slavery and a prolific writer in different disciplines. He was so erudite that he wrote a preface for Frederick Douglass's second book and became a faculty member in anthropology at Wilberforce University in Ohio. Some 27 years later, the first Black female physician graduated from med school in Boston, [Rebecca Lee Crumpler](#), and penned a medical textbook, *Book of Medical Disclosures*, one of the earliest treatises about maternal-child health ever written. From the very beginning, black physicians faced a bevy of roadblocks. A convincing article was published in [The Atlantic](#) a few years ago. The author described her great-grandfather, who graduated at the top of his class, and the travails he had to go through. The contributions of Blacks in Medicine have benefited the whole of society, we must remember and point this out to nincompoops ready to spew vitriol on or about us. The first medical institution to open its doors to members of all races went back to 1868 when Howard University School of Medicine became a reality. Some pioneers' successes are more well-known than others, but their stories must be told and retold to poke a big hole in the narrative that we lack the intellectual wherewithal to compete at this level. [Daniel Hale Williams](#) deserved far more credit than he ever received. In 1891, he opened Provident Hospital and Training School for Nurses in Chicago. This was the first black-owned hospital and the first interracial hospital in the country. In 1893, he performed the first open heart surgery in the world on a stab wound victim, James Cornish, who survived and lived an additional 20 years. Dr. Williams helped create the National Medical Association in 1894, the Black physicians' equivalent of the AMA that was very reluctant to admit them in their midst. [William Augustus Hinton](#) had an outstanding career at Harvard Medical School and was the foremost world expert on syphilis. His CV is eye-popping. Harvard undergraduate 1902-1905; [Harvard Med School 1909-1912](#) and yes, with honors. Despite such stellar performance, he wouldn't get a chance to train as a surgeon. Turning the situation to his advantage, he went into pathology and lab medicine, developed an eponymous test for syphilis, and wrote a seminal book about the condition. He became the first-ever African American professor at the med school. The school finally, 60 years after his death, unveiled his portrait in a great tribute. [Solomon Carter Fuller](#), our first psychiatrist, who graduated from BU Med School in 1897, did groundbreaking work with the German neuropathologist Alois Alzheimer on the disease, and he was the one who translated his publications into English. He returned to the US to continue this type of research and was a world expert on [Alzheimer's](#) and wrote an authoritative publication about it. It's interesting to read this acknowledgment from the [BU website](#) about the institution's mistreatment of such a star:

His relationship with BU, unfortunately, did not end well. Fuller was paid less than his fellow professors who were white. For five years, he served as acting chair of the department of neurology, without ever getting the title. When he retired in 1953, it was because a white junior assistant professor had been promoted to full professorship and named department chair. Fuller was unhappy, and said so: "With the sort of work that I have done, I might have gone farther and reached a higher plane had it not been for the colour of my skin," he wrote....Eventually, Fuller did get the

title of emeritus professor of neurology at Boston University, and he later put his energy into training Black psychiatrists so they could treat Black World War I veterans.

Racial discrimination is qualification blind; this is a perfect poster story to illustrate that. We will see many other cases with the same twist. In this case, the institution offered a mea culpa with an asterisk by not admitting wrongdoing. Even with hopefully the best intent, it comes across as contrived instead of contrite. [Charles Drew](#) was an eminent physician who unfortunately died at age 46 from a car accident in 1950. Admitted to Harvard Med School, he chose McGill to study medicine and developed an interest in transfusion medicine. He pursued a Fellowship at Columbia P&S Hospital and a doctorate in medical sciences from the same institution (the first Black to do so). His legacy to humanity was the establishment of a blood bank that saved thousands of lives of British soldiers during World War II and later of American soldiers. He became director of the American Red Cross but resigned a few years later over the racist policy of not allowing Blacks to donate blood and or the refusal to accept blood from nonwhites for whites. This is a famous quote from him that's worth contemplating:

We believe that the Negro in the field of physical sciences has not only opened a small passageway to the outside world, but is carving a road in many untrod areas, along which later generations will find it more easy to travel.

[Jane Cook Wright](#) was another outstanding physician who contributed enormously to furthering healthcare for humanity. Daughter of a Harvard-graduated black physician, she attended NY Med and did postgraduate training at Harlem Hospital. She joined her father to do cutting-edge research on cancer at the [Harlem Hospital Cancer Research](#) Center. She published in 1951 a seminal paper on the use of [methotrexate and breast cancer](#) [no less than the Journal of the NMA!] at a time when the idea of chemotherapy for cancer was at the frontier of medical practice. She was a founding member and the only female of the American Society of Clinical Oncology, ASCO. She became the Director of Cancer Research at NYU Bellevue Med Center and later a Dean at NY Med College in 1967. In a tribute written in her honor, let's cite this quote, "She never gives up and never sees the 'No' in anything," Dr. Jones said of her mother in a 2010 interview. "She just tries to think outside of the box and how it can be done and solved." She died at age 93.

Some people touched the lives of a lot of others but are only known by a niche. Their life stories are memorable. [Gerald E. Thompson](#). A med school classmate who went to Harlem Hospital for his training in Internal Medicine used to rave about this first-rate clinician who was a throwback to the days of emphasis on physical exam and thorough command of physiology and pathology. He was punctilious about finely-tuned differential diagnoses. I had heard from a professor at our med school, the famed Eli Friedman, who also raved about his prowess in helping to establish dialysis as a life-saving method. Well, he has done this and a lot more in academia. A top performer at Howard Med, he trained at my alma mater, Downstate, in Internal Medicine and Nephrology. He did a stint at U of Washington in Seattle, where dialysis was just started, to gain expertise. He returned to Brooklyn Kings County Hospital and has since advocated for underserved populations at every echelon of his career. Chair of the Department of Medicine at Harlem Hospital for over 15 years, he established a premier training center where many of us found fertile territory for learning. He moved on to Columbia University as Chief of Medical

Affairs, then Dean, and so on, and always strived to find a way to offer healthcare access to people with low incomes in Harlem. He has climbed many summits in academia, such as the chair of the Board of the American Board of Internal Medicine, the president of the American College of Physicians, the past president of the Association of Academic Minority Physicians, and Professor Emeritus at Columbia P&S. Yet, he always found a way to help recruit minority students by being involved in the admissions process. This is wokeism at its best: academic excellence, support for social justice, and perennial authenticity after reaching the pinnacle of success. [Samuel Kountz](#). This is a good story with a sad ending. A world-class surgeon who helped to establish kidney transplant as a relatively safe procedure developed encephalitis and permanent brain damage after a trip to South Africa in 1977 and died four years later. He was the first African American medical graduate of Arkansas Med School. He went on to train at Stanford in Surgery. In 1961, he and another surgeon accomplished a first in a successful kidney transplant on two relatives instead of twins, as was the standard till then. He left a lofty academic position on the West Coast to come to Downstate Med School in 1972 to help improve the healthcare of African Americans. He was 51 at the time of his death.

Physicians are not the only professionals that spearheaded medical progress. We will, in a timely manner, sift through the available data and find some nuggets. We can debut with this individual, not well-known but whose influence reached all premier academic centers at the time of his life. [Ernest Everett Just](#). This is a redux of a previous story. He was a genuinely brilliant individual who was the valedictorian at Dartmouth (the first African American admitted and the only student graduating cum laude in his class) and U of Chicago for his doctorate (also with honors). He became the world's leading authority in cell biology. He wouldn't be hired by any white academic institution and taught at Howard. He did outstanding research at the Woods Hole Marine lab and became dejected when he was turned down for an appointment at Rockefeller University and left the US to do research in Europe. He returned once war broke out, and within a year, he died of pancreatic cancer, a bitter man, in 1941. He left behind an extensive bibliography and two textbooks on cell biology. He was one of the founding members of the African American Greek fraternity (of which I am a proud member) Omega Psi Phi. (to be continued).